





**College and Association  
of Respiratory Therapists  
of Alberta**



**ANNUAL REPORT  
2015**

Accountable Innovative  
Competent *Compassionate*  
**Professional**  
*Patient Advocates*  
**LEADERS**  
*with Integrity*

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# ABOUT respiratory therapy

*The Respiratory Therapy profession consists of a diverse professional population who collaborate with other members of the health care team.*

Respiratory Therapists use the protected title Registered Respiratory Therapist together with the professional designation 'RRT' as identified in *Schedule 26* of the *Health Professions Act*. Regulated members provide a wide variety of diagnostic and therapeutic services of exceptional quality to individuals suffering from lung or heart problems, as well as an assortment of related disorders.

These services are provided in acute care hospitals, extended care facilities, clinics, laboratories, and clients' private residences.

Regulated members provide health services in a wide variety of public and private clinical practice settings and are also actively engaged in the stabilization and transportation of critically injured patients. Regulated members actively leverage existing and emerging technologies to provide patients with access to exceptional quality care experiences.



## PROFESSIONAL...

The following Practice Statement for the Respiratory Therapy profession is identified in *Schedule 26 of the Health Professions Act*:

*“In their practice, Respiratory Therapists do one or more of the following: provide basic and advanced cardio-respiratory support services to assist in the diagnosis, treatment and care of persons with cardio-respiratory and related disorders, and provide restricted activities authorized by the Regulation.”*



## ADAPTABLE...

*“Regulated members provide health services in a wide variety of public and private clinical practice settings and are also actively engaged in the stabilization and transportation of critically injured patients. Regulated members actively leverage existing and emerging technologies to provide patients with access to exceptional quality care experiences.”*

# ABOUT this report

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This report is produced for the benefit of all stakeholders including: the people who receive health services from regulated members, the public, the Minister of Health, the Alberta provincial government, our regulated members and employees, approved education programs and industry public and private corporations. We hope that readers will make use of the information and perspectives provided within this report, and see them as an invitation to further dialogue with the CARTA Council. We continue to engage in constructive discussions, we seek to adapt and develop solutions based on what we learn, and we aim to contribute to, and succeed in, value creation for people with the goal of providing exceptional corporate social responsibility.

This annual report is submitted to the Minister of Health in a form acceptable to him or her, and contains the information requested by the Minister pursuant to *Sec. 4* of the *Health Professions Act*. This report also includes the independent auditor's report created in accordance with Canadian Accounting Standards for Not-for-Profit Organizations (ASNPO).

The College and Association does not establish professional fees for health care services rendered, or have an authorization under *Sect. 27* of the *Act* to establish professional fees. The activities of the College and Association do not include collective bargaining. This is performed by the Health Sciences Association of Alberta which is the organization certified as the official

bargaining agent on behalf of Respiratory Therapists working in the public sector for Alberta Health Services.

The College and Association is a corporation under the authority of the *Act*, and registered with Alberta Corporate Registries. The organization was originally incorporated as the Alberta Society of Respiratory Therapists on August 23rd, 1971. Our provincial corporate access number is 500064191 with August 23rd being our anniversary date. We operate as a not-for-profit entity in accordance with the *Federal Income Tax Act* and are exempt from charging the Goods and Services Tax to our regulated members fees or services. Council reviewed and approved of this report at a meeting on August 6th, 2015.



## CORPORATE PROFILE

The College and Association of Respiratory Therapists of Alberta is a provincial regulatory body dedicated to delivering value added services to the public and to members practicing in the healthcare industry. Our primary focus is to protect the public by providing our members the resources they require to effectively serve Alberta communities.



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# CARTA

## governance

Under the authority of the *Health Professions Act*, the Council is responsible for governing the profession in the public interest. An important aspect of governance is the responsibility the Council has to act as a stakeholder in the development of regulation in the province, develop profession specific Standards of Practice, Codes of Ethics, as well as create and amend corporate by-laws to support the mandate in accordance with the *Act*.

The corporation also directs and regulates the profession, establishes, maintains and enforces standards for registration and continuing competence, and approves programs of study and education courses for purposes of registration requirements.

To achieve these objectives the Council has representation on a variety of organizations involved in matters related to professional regulation which include: the Canadian Board for Respiratory Care Incorporated (CBRC), the Committee on Accreditation for Respiratory Therapy Education (CoARTE), and the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB). To

fulfill its governance mandate and uphold regulatory excellence, the Council maintains membership in; the Council on Licensure Enforcement and Regulation, the Alberta Federation of Regulated Health Professionals, and the Alberta Foundation of Administrative Justice.



The Council executes its duties by integrating governance best practices in transparency, appropriate disclosure, regulated member and employee engagement, and broad based stakeholder consultation.

These best practices are the basis by which the regulatory body actively participates with the other members of the National Alliance of Respiratory Therapy Regulatory Bodies. Leveraging the economies of scale with our regulatory counterparts from other pro-

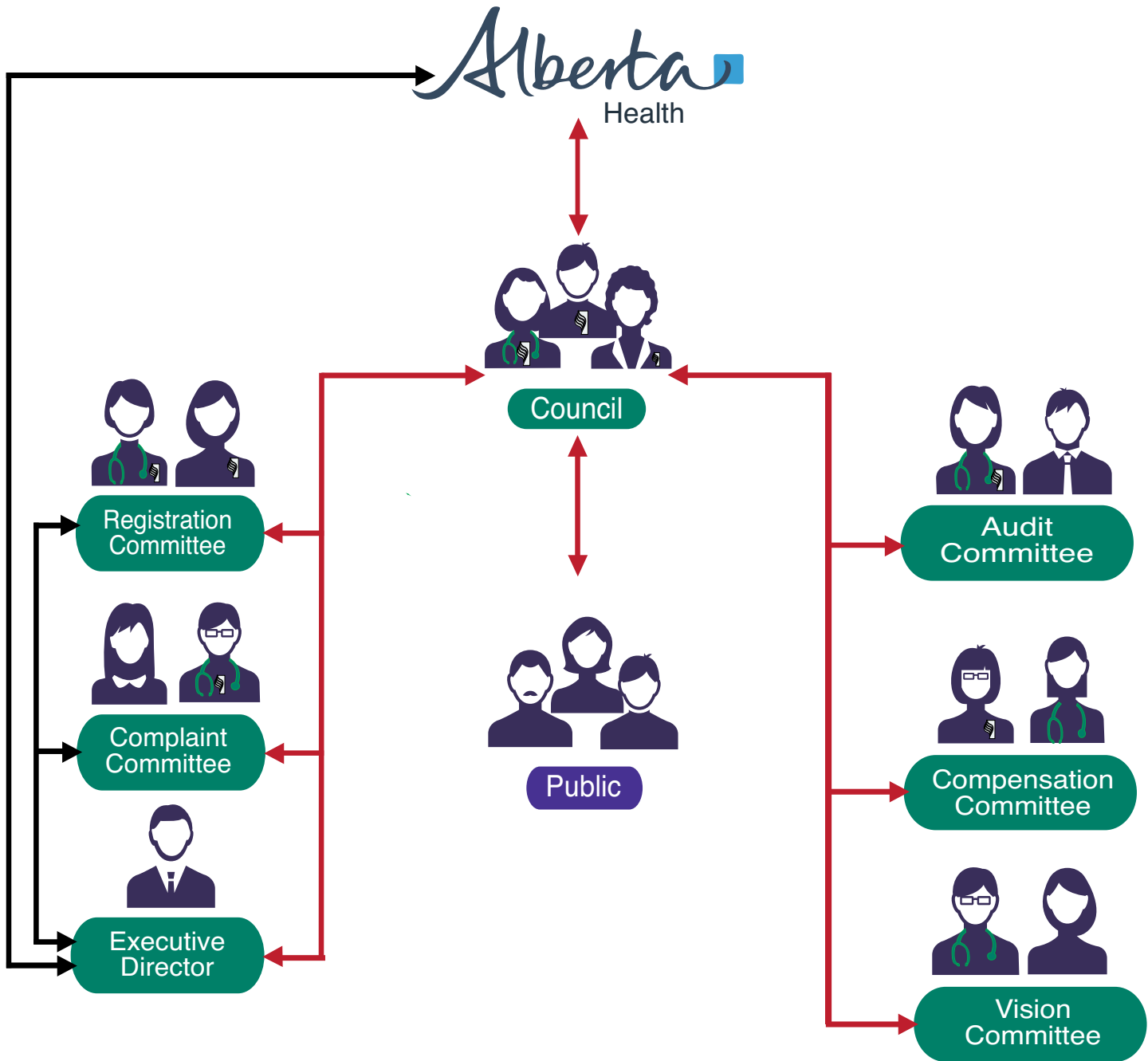
vincial jurisdictions, we are able to optimize value for the patient, client and resident populations served by regulated members through-out the country.

The Council has built a strong governance team and sustains a knowledge-based governance strategy by exploring tactics to effectively manage change in today's operating environment. Additionally, it employs techniques to create continued growth and success, while developing resources to remain effective and meet regulated members' needs.

The decision making model that the Council incorporates is based on pragmatic consensus. Council routinely considers the value proposition as it relates to its legislative mandate when making business decisions. Reflecting the characteristics of the Respiratory Therapy membership, assumptions are frequently challenged by the Council in an attempt to be innovative and responsive to a rapidly changing health care environment. In this regard, stakeholders look towards the Council for leadership.



# ORGANIZATIONAL flowchart



*\*See page 49 for a list of this year's committee members*

# COUNCIL members

## ELECTED COUNCIL

New regulated members are elected to council by all of the current regulated members of CARTA.

## Vacant: PRESIDENT ELECT



**PRESIDENT**  
Irina Charania RRT



**EXECUTIVE SECRETARY**  
Juanita Davis RRT



**TREASURER**  
Phil Lamont RRT



**DIRECTOR AT LARGE**  
Shannon Foster RRT



**DIRECTOR AT LARGE**  
Tammie Chisan RRT



**DIRECTOR AT LARGE**  
Karrie Beck RRT



**DIRECTOR AT LARGE**  
Patricia Beckham RRT



**EXECUTIVE  
DIRECTOR**

Bryan Buell  
RRT BGS



**PUBLIC  
MEMBER**

Ross Plecash  
M Eng, P Eng, FEC



**PUBLIC  
MEMBER**

Robert Alexander  
CA CBB

Public members are appointed to the council by the Minister of Health through an order in council.





# VISION

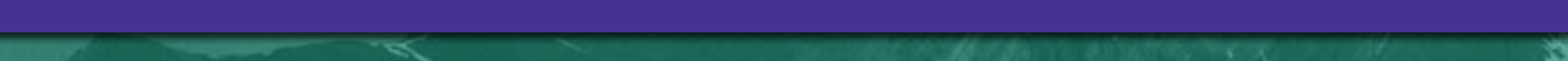
PROTECTING THE PUBLIC THROUGH QUALITY  
REGULATION OF THE PRACTICE OF  
RESPIRATORY THERAPY

# VALUES

INTEGRITY, RESPECT, ACCOUNTABILITY,  
ETHICS AND PRACTICE EXCELLENCE

# MISSION

PROMOTING EXCELLENCE IN RESPIRATORY THERAPY  
THROUGH REGULATION, EDUCATION AND  
MEMBER SUPPORT







## History of the Current CARTA Logo

The current logo for the corporation was created by a committee co-chaired by Holly Watson RRT and Ralph Sperry RRT in 1995. It is easily recognized as a stylized logo in the shape of the province. The flowing branches in the wind to the left are symbolic of the rich agricultural heritage of the province and the Respiratory Therapists who help their patients breathe easier. The corporate colors, used throughout this report, symbolize the technological change embraced by and inherent in all regulated members.



# PUBLIC MEMBERS' report

## Public Members: Our Role

The professional practice of Respiratory Therapy is regulated under the *Health Professions Act*, which is contained in legislation set out by the Government of Alberta. The profession itself, however, is governed by the members of CARTA, through an elected Council and several volunteer committees. The Council consists of elected members of the College who work to establish the *Standards of Practice, Codes of Ethics*, and Bylaws that govern the profession in the best interests of the public. Public members are not members of the profession, but volunteers appointed to the Council by the Government to assist in governance. Public members work with other council members to enhance the College's ability to balance the values and interests of its members with those of the public.

Public members, then, sit on CARTA Council to represent the interests of the people of Alberta. This is the simple part. Complexity arises in determining how those interests are affected by CARTA, its Council, and its professional members. To be successful, the public members must understand the present and future challenges faced by the profession, the approaches taken to meet those challenges, and how these changes fit into the highly complex and changing world of health care in Alberta. We do this by actively participating in council meetings, planning sessions, and other Council activities.

### ROBERT ALEXANDER

A Public Member who was re-appointed by the Minister of Health three years ago. He is a Chartered Accountant by profession and an avid sports enthusiast. Mr. Alexander has recently been appointed by the Health Minister to the Health Professions Advisory Board and will be departing from council upon beginning activities with the Board.



### ROSS PLECASH

A Public Member who was re-appointed by the Minister of Health to the Council for a second three year term. He is a Professional Engineer and recently created an independent consultancy after working with the regulatory body for engineers, APEGA.



## Public Members: Our Opinion

We are pleased to report that the interests of the people of Alberta continue to be well-served by CARTA, its Council, and its members. The past year has seen Council create and express a vision for the future direction of the profession. It has re-invested in the profession by committing funding to update the *National Competency Framework and Examination Blueprint*. The blueprint sets the standard to which schools offering programs in respiratory therapy are assessed. The framework, and the National Competency Profile that accompanies it, ensure that rigorous and consistent standards exist for beginning entry to practice. The Council has made significant amendments to improve the quality of non-invasive mechanical ventilation therapy for patients receiving care in the community.

CARTA's Council was instrumental in prompting the reinstatement of the Respiratory Therapy Refresher program by NAIT, which is currently in the development stage. The Council has continued its efforts to improve governance by developing a strategic roadmap called CARTA 2017. Key highlights of this roadmap include:

1. To renew membership by recruiting dedicated professionals;
- 2.. To continue its financial vigilance.

Council meetings are organized, efficient, and well attended. Decisions are made based on clear and sufficient information, after open

and honest debate. The success of the Council arises not only from the professionalism of its members and CARTA's staff, but also from the commonality of our shared vision:

***“To achieve member excellence by assuring best practices, delivering health services efficiently and effectively and ensuring accountability to each other and the public.”***

One of the greatest challenges faced by CARTA is striking and maintaining a balance between the high standards required for entry to the profession and allowing competent professionals the mobility to move into and out of the Province. The entry standards exist to ensure that patients are being served by those with the necessary knowledge and skills. Education and training for the profession varies widely around the world, making the assessment of credentials complex. Your public members are proud to say that CARTA's Council views this as one of its most important tasks. The Council works hard to keep itself informed of national and international developments, to contribute to the establishment of national standards, and to maintain the balance between mobility and competence for its members.

In all, your public members are extremely satisfied with the work of CARTA's Council and staff. Both the profession and the public can 'breathe easy' knowing that they are in capable, knowledgeable, and dedicated hands.

# REGISTRAR'S report

## BRYAN BUELL

Bryan Buell has fulfilled the duties of Executive Director and Registrar for the last 18 years. He has practiced as an RRT for 38 years in a variety of clinical, education and administrative areas.



I am pleased to provide this report on the activities for the 2014-2015 registration year. Organic membership growth continues with reduced labour mobility from other jurisdictions compared to the previous two years. Our operations have executed high levels of operational efficiency due to our ability to leverage technology through website use.

We have been very busy on the National Alliance of Respiratory Therapy Regulatory Bodies front collaborating on the development of a new National Competency Framework which will provide evidence for our area of practice as a profession. In addition the framework will provide an entry-to-practice *National Competency Profile* describing the competencies graduates from council approved education programs will possess.

Mrs. Jennifer Oliverio RRT (pediatrics/neonatal) and Mr. Amin Thawer RRT (diagnostics) have volunteered their time to participating in the English speaking work groups to help develop the industry competencies. These will be surveyed by the consultants; Cambridge Professional Development Incorporated. The consultants were selected by the National Alliance of Respiratory Therapy Regulatory Bodies to lead on the project to create the National Competency Framework. The consultants were selected because of their extensive successful

experience in similar work within the European Common Union.

I would like to encourage all regulated members to participate in the respiratory therapy industry survey which will be available this autumn. Member participation is essential to provide strong evidence of area or scope of practice. The data obtained from this survey provides compelling evidence to help employers and governments make well informed decisions about utilization of the profession in the health care system. I hear many regulated members comment that their skill-sets are not optimally deployed by employers. Nation-wide industry survey evidence significantly increases the likelihood of improving this situation.

Our Council has agreed to formally meet with the Board of Directors of the Canadian Society of Respiratory Therapists in May to discuss two primary issues of mutual importance:

1. Accreditation services;
2. Patient and family centered care industry and patient survey findings.

It will be our inaugural meeting with the National Association Board which we anticipate will become an annual occurrence for the host regulatory body of the CSRT Educational Conference.

Our office has been very busy collaborating with the operations staff of the CSRT assisting them with program preparations for the 51st Annual Education Conference in Calgary. A key feature this year is the work which originated at the Provincial Leadership Network on development of amendments to the *Code of Ethics* to include patient and family centered care. We have also developed an industry survey in collaboration with the CSRT to assist them in the development of a national consensus statement on patient and family centered care for Respiratory Therapy.

Don Winn and Associates have been instrumental in assisting us on this important work and will convene another workshop in May to help the participants work through development of both statements. The Provincial Leadership Network provided very useful direction for this purpose as well as corporate priority recognition which benefited our vision committee's work.

Our Vision Committee has met on multiple occasions and provided essential direction to the Council for the future of the profession. No vision is beneficial if there isn't an operational plan to implement the strategies to achieve the vision. Council approved a three year budget that addresses immediate and longer range financial support dedicated to the strategies that work towards this vision.

Our examination preparation workshops have proven to be successful again. We were able to aid all participants in the lead up to the registration examination. The refresher program self-directed learning modules and a capstone examination are currently available in the members section of the website. These resources have proven to be very beneficial for the former provisional members. I would like to thank the entire Respiratory Therapy faculty at NAIT for their efforts to make the online modules available.

Dialogue continues with provincial government officials with respect to sourcing the clinical component of the refresher program. We remain optimistic that this important component of former regulated members returning to work will become a government priority.

On a personal note I was very gratified to learn that my alma mater, Simon Fraser University, has selected me as one of their fifty inspiring Science Faculty Alumni. This recognition in conjunction with their 50th anniversary celebrations was entirely unexpected and I believe speaks to the significant value that all Registered Respiratory Therapists bring to their respective practice areas.

Respectfully submitted,

Mr. Bryan Buell RRT, BGS, Registrar

## TOP 50 INSPIRING ALUMNI

In celebration of the 50th Anniversary of Simon Fraser University in Burnaby BC, Bryan was recognized for his efforts as an RRT and was selected as one of their 50 Most Inspiring Alumni.



## IRINA CHARANIA

Irina Charania graduated from The Michener Institute of Applied Sciences and has practiced in a variety of clinical areas. She now works as a Simulation Consultant for eSim Provincial at Alberta Health Services and Cumings School of Medicine at the University of Calgary.



It is with great excitement that I reflect back on the past year, and even greater anticipation for what will be accomplished in the year ahead. I am convinced that registered respiratory therapists, who interact daily with patients and clients along the continuum of care, have a vital role to play in the continued evolution of our healthcare system. These individuals are committed to ensuring that every breath, whether it is the first breath of a premature baby or the last breath of a palliative care patient, is as comfortable as possible for every client in their care. These front-line leaders collaborate daily with members of the healthcare team, including clients and other Registered Respiratory Therapists. They advocate for their clients as they transition between different aspects of our healthcare system and play a vital role in helping en-

sure that patients and clients receive the highest quality of care available. Registered Respiratory Therapists are valued members of each healthcare team.

It has been my experience that every champion needs a good support system. In my opinion this support system for Regis-

tered Respiratory Therapists is vast. Spending the day with some of the supporters of our front-line champions on October 23rd 2014 during the leadership network meeting at the Education Symposium, both confirmed my belief in the support available, and rekindled my excitement for what the future holds. Our





profession had the tremendous honour of hosting Janet Davidson, Deputy Minister of Health and Alberta Health Services as the keynote speaker for the educational symposium. Hearing Ms. Davidson's vision for the future of Alberta's healthcare system and understanding the role of our profession in turning the vision into a reality was truly inspiring.

Also in October we hosted the 2014 Annual General Meeting for the National Alliance of Respiratory Therapy Regulatory Bodies in Banff. The primary mandate of this organization is the creation and regular updating of the *National Entry-to-practice Standards* document, more formally known as the *Respiratory Therapy National Competency Profile*. The National Alliance has engaged the services of Cambridge Professional Development Inc. to create the next iteration of this document and to create the first *National Competency Framework*.

Representatives from all across the country were recruited to form working groups to help in the creation of this framework. Alberta was represented by Jennifer

Oliverio from the Alberta Children's Hospital and Amin Thawer from Peak Pulmonary. They also had a working group of assistants who included; Roberta Dubois from the Red Deer Regional Hospital, Candice Keddie from the Stollery Childrens Hospital, Christine Guss from the Peter Lougheed Hospital and Zubin Sologar from Provincial Home Oxygen. Every Registered Respiratory Therapist in the country will have an opportunity to contribute to the validation of this national competency framework and I sincerely hope that each of our regulated members is able to take the time to provide valuable input.

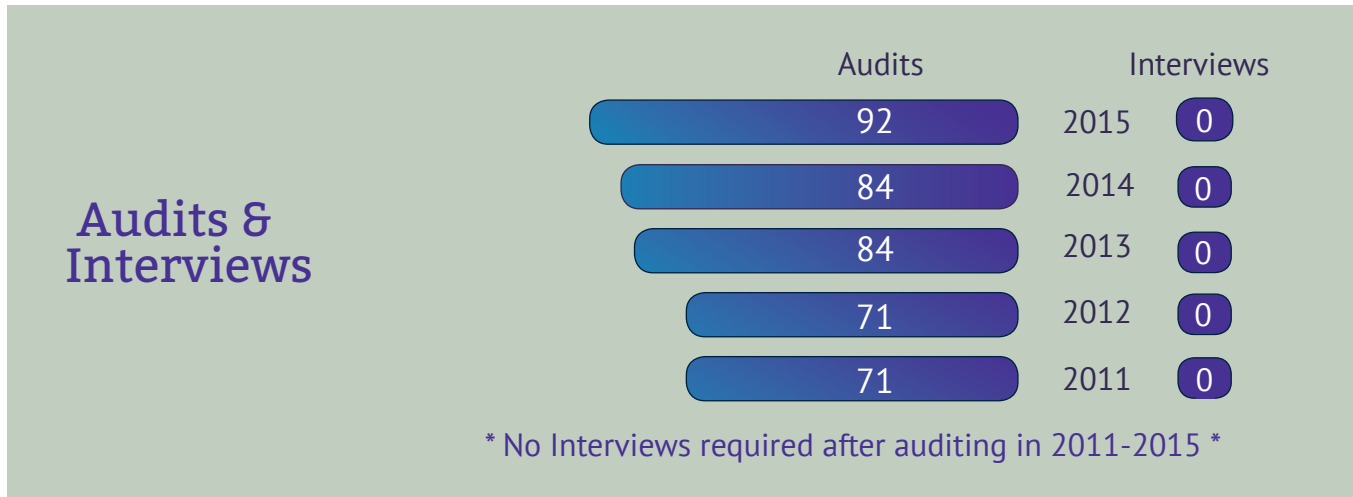
In January of 2015, I accepted a position with the Council on Accreditation of Respiratory Therapy Education (CoARTE), as the National Alliance Representative. This position has given me the opportunity to increase transparency between CoARTE and regulators across the country. In this role I attended a consensus workshop in March of 2015 where a number of decisions were reached in regards to future changes to the accreditation process, as well as communication between regulators and CoARTE. Of special in-

terest to me was a decision to define appropriate use of simulation for attaining the entry-to-practice requirements. A working group will be convened to address this.

It is hard to believe that I have only been in the role of president for eight months. During that time I had the honor of welcoming the 51st Annual Canadian Society of Respiratory Therapists Education Conference to Calgary in May of 2015. As we look ahead to the rest of 2015 and into 2016, I am excited about the progress we are making. I am also looking forward to hearing from you in regards to how we can best support you in your continued efforts to provide Albertans with accessible, patient centered Respiratory Therapy.



# CONTINUING competency



## Continuing Competency Program Requirements

The *Health Professions Act* requires all regulated members to participate in a continuing competency program. The Respiratory Therapy program is one of the most robust in the country. Prior to submitting an application for renewal all regulated members must complete the following minimum mandatory requirements as outlined in *Sec. 13 of the Respiratory Therapists Profession Regulation*:

1. 1,500 practice hours within the preceding 4 years;
2. 48 continuing competency hours in the preceding 2 years.

## Accepted Professional Development Activities

Recognized continuing professional development activities, listed in Section 14 of the *Regulation* include the following:

- a) Attendance at a respiratory health-related, scientific or clinical courses;
- b) Attendance at respiratory therapists clinical practice issues;
- c) Attendance at a respiratory health-related study club;
- d) Self-directed study to enhance professional development;
- e) Providing respiratory health-related presentations beyond regular employment obligations, to regulated members or other groups;
- f) Successful completion of a course leading to a respiratory therapy baccalaureate degree or the successful completion of a course in graduate studies;
- g) Presentation of a research paper or abstract at a scientific meeting;
- h) Publication in a peer-reviewed journal;
- i) Publication in the College newsletter;
- j) Other activities approved by the Council, the Registrar or the Competence Committee.



*Sec. 15 of the Regulation* specifies that the Council may establish program rules to govern the continuing competence program. The Registrar and Competence Committee may make recommendations on, or amendments to, the rules for the Council to review and approve or decline.

### **Mandatory Reading Requirement**

In 2013 all Respiratory Therapists were required to read and answer a 10-question quiz on the contents of *Disruptive Behaviour in the Healthcare Workplace*, published in 2013 by the Health Quality Council of Alberta. Continuing on last year's successful implementation, this year every regulated member had to again read and take a 10 question multiple choice quiz prior to gaining access to the registration renewal form.

This year's mandatory reading was on the first edition of the *Patient Safety Competencies: Enhancing Patient Safety Across the Health Professions*, published in 2008 by the Canadian Patient Safety Institute.

Once completed, quiz results and correct answers are released to the regulated members. Remedial activity, which ranges from rereading part to rereading all of the required material is recommended as required.

### **The Audit Process**

Members who renew their registration are randomly selected to verify their submissions of continuing competency hours. Each year approximately five percent of all Respiratory Therapists are audited by the Registrar or the Deputy Registrar. This year 92 members participated in the random audit. CARTA is happy to report that every audited member fully cooperated and met the minimum standards.

Due to the random nature of the selection process some members have been audited more frequently than others. They have approached CARTA and expressed an interest in standardizing this process. The regulatory body is exploring alternative approaches to ensure audits occur fairly across the profession.

# APPROVED examination & education programs

## Approved Examinations

The council recognizes two approved examinations for purposes of registration and issuing practice permits. The most commonly recognized approved examination is that prescribed by the Canadian Board for Respiratory Care (CBRC) and the other approved examination is the Registered Respiratory Therapist Examination as prescribed by the National Board for Respiratory Care (NBRC). The NBRC examination was determined to be substantially equivalent by the Health Disciplines Board of Alberta in 1988 and remains recognized.

The following are excerpts from the results and conclusions sections of the psychometrics report for the July 2014 and January 2015 administrations of the CBRC examination:

### July 2014

*“There were no defects or deficiencies on the forms that may have resulted in an unfair examination, nor were there any noteworthy defects or deficiencies in concordance between the English and French language forms. There were errors and deficiencies in the form assembly process. These issues were identified by the CBRC prior to printing. These issues resulted in a higher than typical item omit rate, but the deficiencies did not compromise the overall reliability of the assessment.*

*The examination content was verified to reflect an appropriate balance of items to measure the competencies identified in the test specifications. Seventeen out of eighteen individual competency or category domains were represented in the July 2014 form. All national competency profile specified broad, compound competency domains were represented in the July 2014 form.”*

### January 2015

*“There were no defects or deficiencies on the forms that may have resulted in an unfair examination, nor were there any noteworthy defects or deficiencies in concordance between the English and French language forms. The examination content was verified to reflect an appropriate balance of items to measure the competencies identified in the test specifications. Seventeen out of eighteen individual competency or category domains were represented in the January 2015 form. All national competency profile specified broad, compound competency domains were represented in the January 2015 form.”*

## Online Practice Examination Development

The CBRC is in the process of developing a practice examination that candidates can attempt prior to actually writing the high stakes timed registration examination. It is anticipated that the online practice examination will help reduce candidate examination writing anxiety. Examination candidates will be familiar with the test format for case study and multiple choice questions and the level of desired detail required in the actual examination.

## Approved Education Programs

*Sec. 3 of the Act* requires the College to establish standards for registration, which the Council does through approving programs of study and examinations. Currently the Council recognizes most but not all education programs in Canada and the United States. Canadian programs are accredited by the Committee on Accreditation in Respiratory Therapy Education (CoARTE) and in the United States of America by the Council on Accreditation in Respiratory Care (COARC).

The programs that remain under consideration in Canada are College de Valleyfield in Valleyfield Quebec and St. Clair College in Windsor, Ontario. Both programs are brand new and the council is unable to confirm that a sufficient number of competencies are taught for purposes of entry-to-practice. The Qatar campus of the College of the North Atlantic program is also an accredited program that is not approved by the Council as the competencies acquired are not substantially equivalent to those in Alberta.

The Council is currently reviewing the accreditation status of College Ellis located on two campuses in Quebec. The program has been on probationary accreditation status for a considerable length of time after originally being granted approved accreditation status by the CoARTE.

In the United States the accredited program at Independence University in Utah (formerly the California College of Health Sciences) is not an approved program because the Council is unable to actually confirm which substantially equivalent clinical competencies are acquired by students enrolled in the program.

The committee receives annual reports from all schools with respect to program and curriculum changes and conducts program site visits once every three to five years depending on the accreditation status of the program. This year the Northern Alberta Institute of Technology participated in a site visit by the CoARTE and received a full accreditation status with a report to address some minor deficiencies identified. SAIT Polytechnic will participate in a similar site visit in November of 2015.

**Algonquin College of Applied Arts and Technology;**

**Canadore College of Applied Arts and Technology;**

**Cegep de Chicoutimi;**

**Cegep de l'Outaouais;**

**Cegep de Sherbrooke;**

**Cegep de Ste-Foy;**

**College de Rosemont;**

**College of the North Atlantic;**

**Community College of New Brunswick- Dieppe;**

**Conestoga College Institute of Technology and Advanced Learning;**

**Fanshawe College of Applied Arts and Technology;**

**La Cite Collegiale- College d'arts Appliques et de Technlogie;**

**New Brunswick Community College;**

**Northern Alberta Institute of Technology;**

**Queen Elizabeth II/Dalhousie University School of health Sciences;**

**SAIT Polytechnic;**

**Michener Institute for Applied Health Sciences;**

**Thompson Rivers University;**

**University of Manitoba- School of Medical Rehabilitation;**

**Vanier College**



# MEMBERSHIP & registration renewal

Regulated members of the College and Association have successfully completed an approved program of study as well as successfully completed an examination approved by the Council. Alternatively, some members are admitted into the College and Association as substantially equivalent based on a detailed assessment of the competencies they possess from their education and work experience.

The data presented in this report illustrates a membership that has been growing to accommodate future anticipated workforce needs as a result of an aging work force demographic, while respecting an individual's career objectives related to work-life balance. The Council takes pride in supporting and engaging work experience for regulated members where legislated obstacles or barriers are minimized or eliminated.

This creates an environment where innovation and creativity are nourished, enabling them to achieve clinical excellence while protecting the public. We are very proud of the positive day-to-day interactions our regulated members have with patients and clients. We believe that Registered Respiratory Therapists are a profession made up of patient or client choice!

CARTA receives applications for registration pursuant with the *Health Professions Act*. Applicants are notified by the Registrar when a completed application has been received or advised of what remains outstanding for an application to be considered. Applicants are added to one of three registers if they meet the requirements of the *Regulation*.

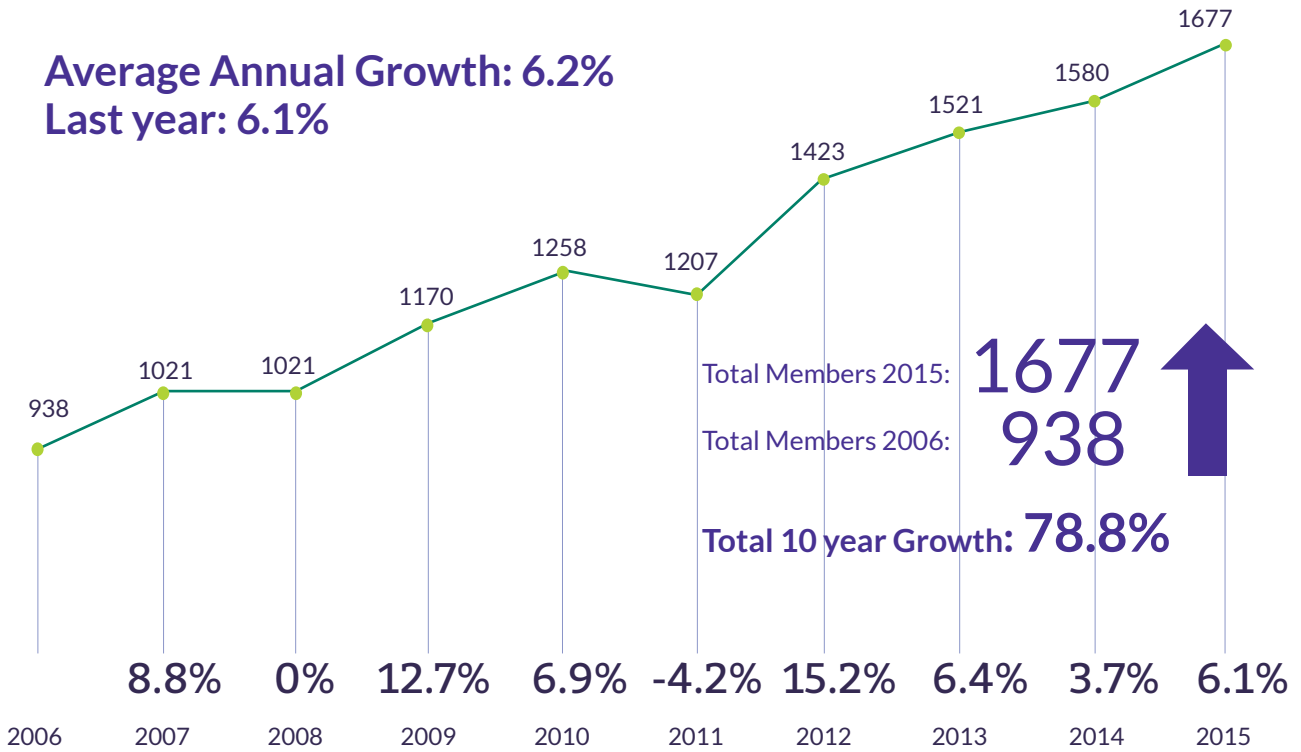
If an applicant does not meet the requirements their application is referred to the Registration Committee for review. The Committee considers all written and verbal representations made by the applicant before carefully making a decision with respect to the application. If the applicant is not issued a practice permit they are advised regarding what is required to become registered. The protocols used by the Registration Committee are consistent with the *2000 Lisbon Convention on Credential Recognition*.

Unsuccessful applicants are also advised of their legal right to request a review by CARTA Council. Applicants wishing to do so must make the request in writing which includes reasons for the request. The Council appoints a panel to adjudicate the request which will provide reasons for any decision not to issue a practice permit.

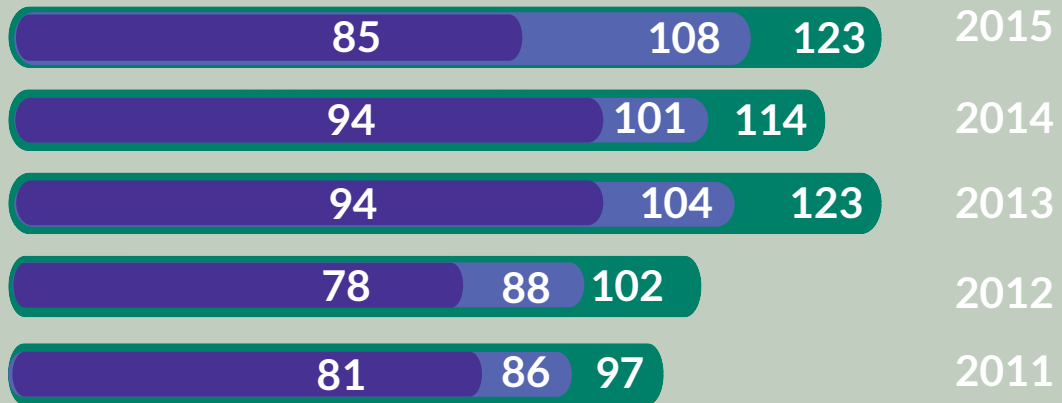
*The college is happy to report 97 new members, for a 6% growth in the last year alone, with members graduating from 16 schools located across Canada. Respiratory Therapy membership has grown in nine of the last ten years, for an aggregate growth of 79%.*

# MEMBERSHIP growth

Average Annual Growth: 6.2%  
Last year: 6.1%



## NEW registrants



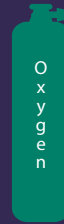
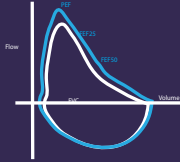
**ALBERTA GRADS**  
Those students who graduated from either NAIT or SAIT Polytechnic.

**NEW GRADS**  
The total number of recent graduates from their respective approved programs.

**NUMBER OF APPLICANTS**  
The total number of all applications including new graduates and experienced RRTs.

# MEMBERSHIP in numbers

## THE WORKPLACE



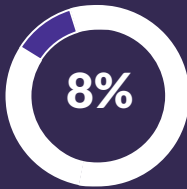
70%

ACUTE  
CARE



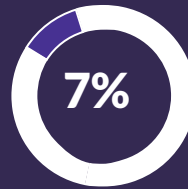
10%

COMMUNITY  
CARE



8%

CLINICS &  
DIAGNOSTICS



7%

PRIVATE  
CARE

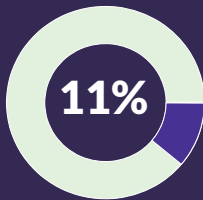


2%

EDUCATION &  
ADMINISTRATION

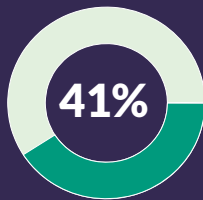
## HOURS OF PRACTICE

< 500  
hours



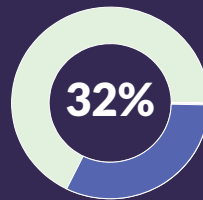
11%

501 -1500  
hours



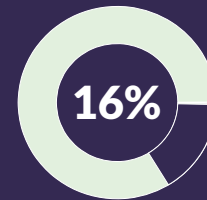
41%

1501 -2000  
hours



32%

> = 2200  
hours



16%



Full Time

335



Part Time or Casual

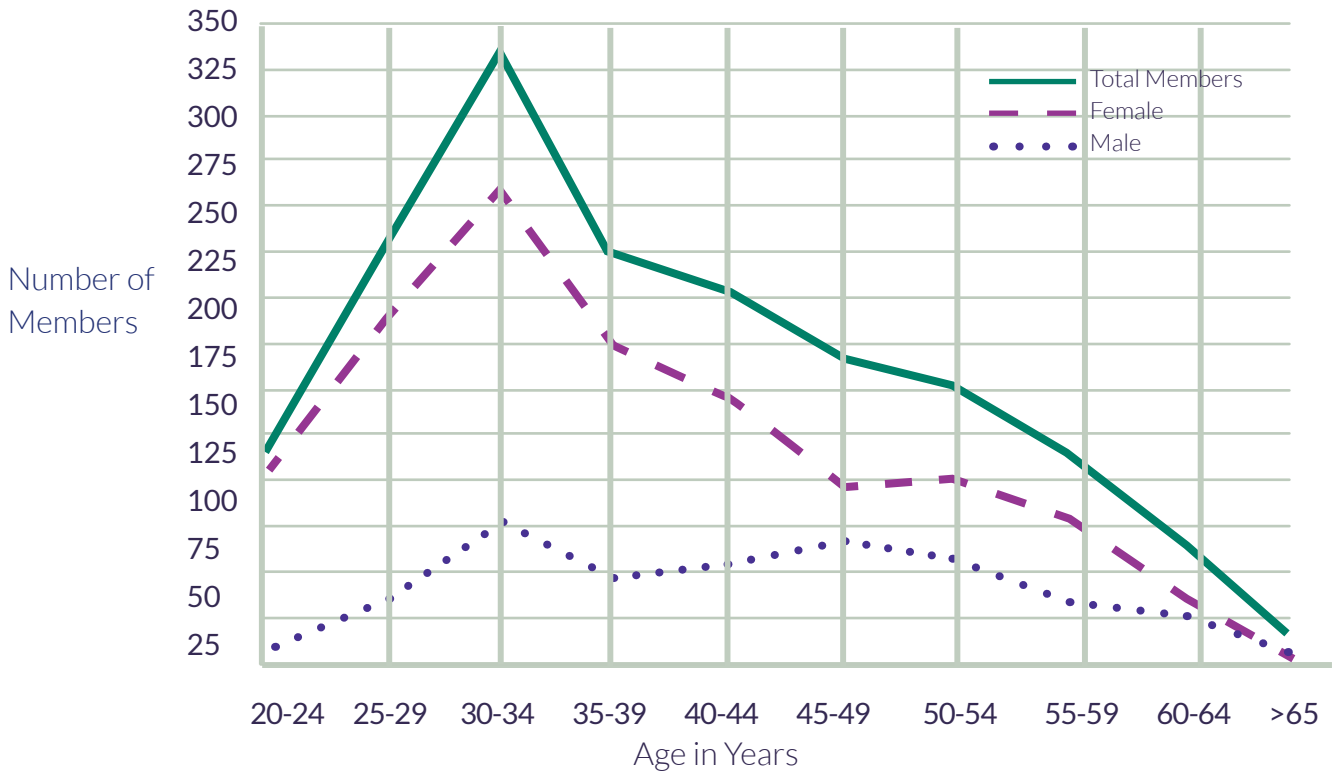
1224



No Reported Hours

268

## GENDER AND AGE

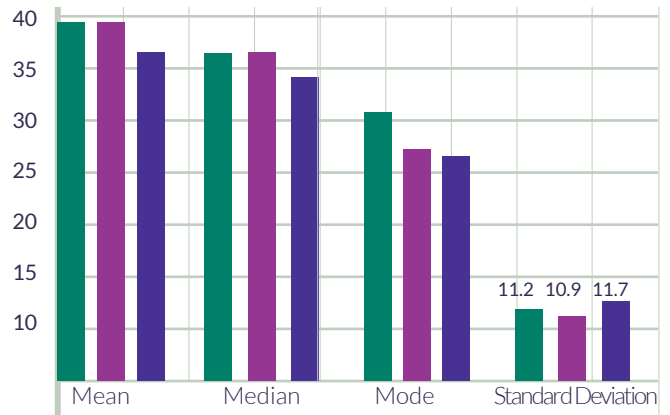


### GENDER

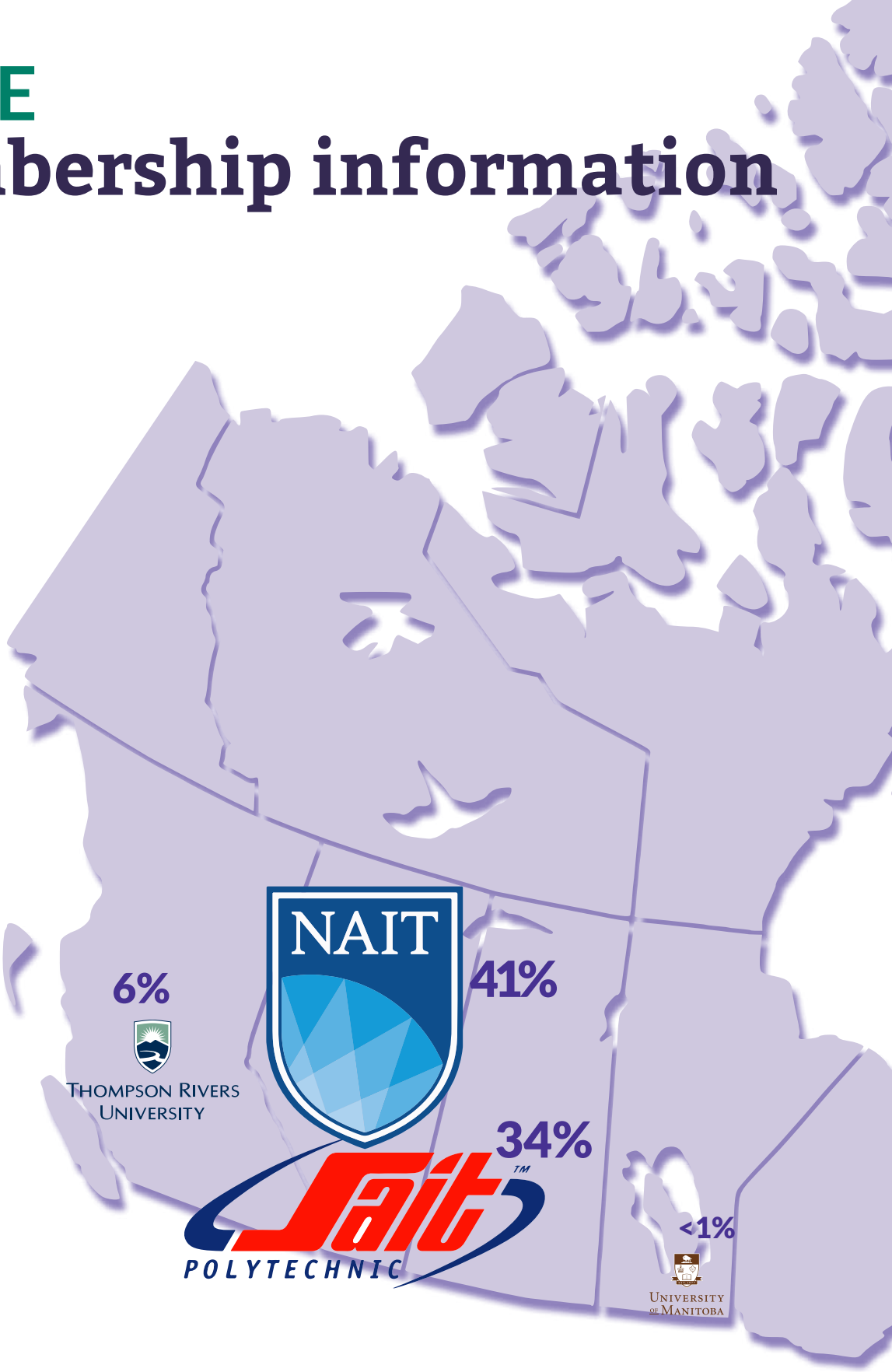


<span style="color: purple;">■</span> Females	1221
<span style="color: blue;">■</span> Males	456
<span style="color: green;">■</span> Total Members	1677

### AGE



# MORE membership information



4%



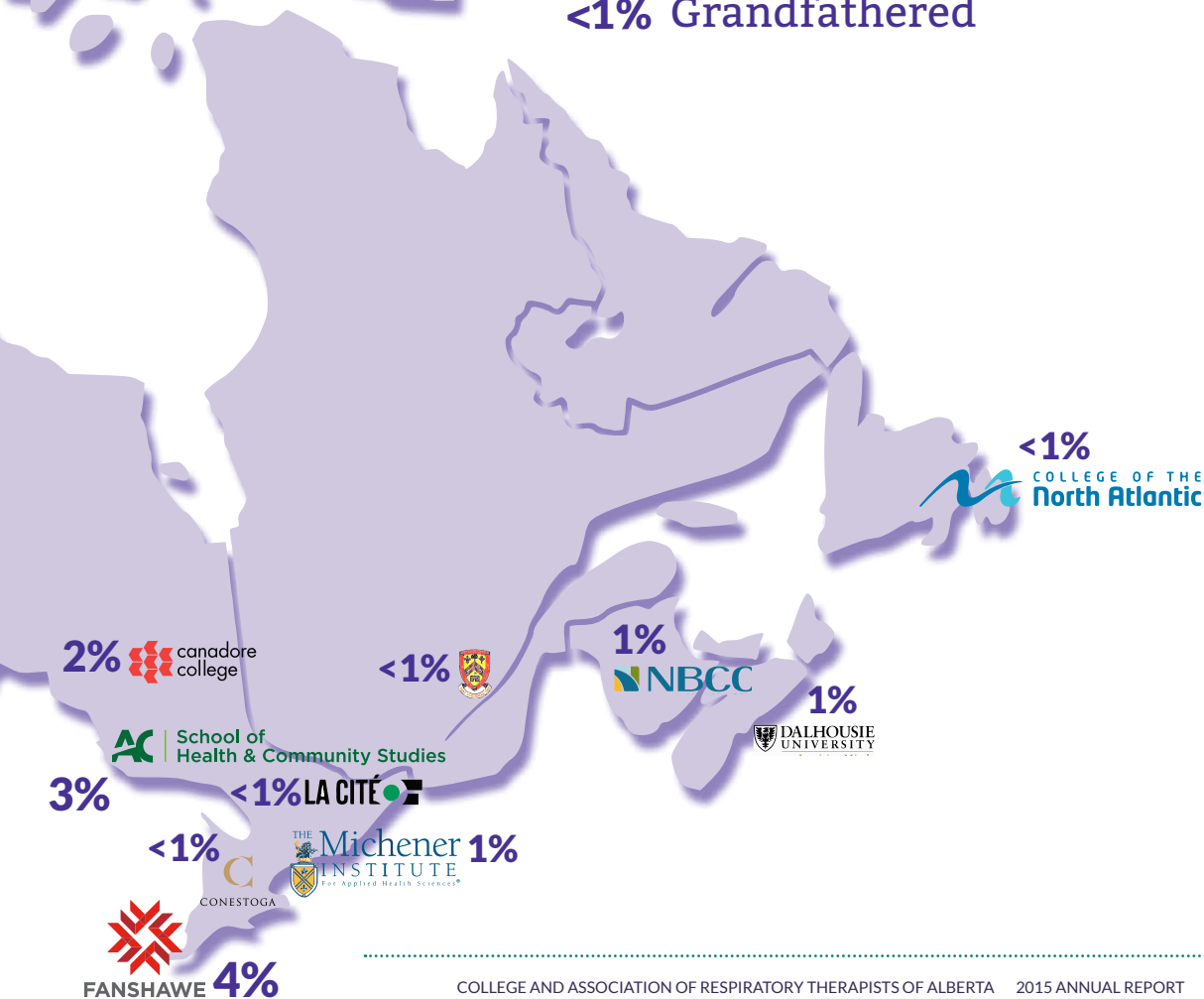
<1%





## WHERE WE TRAINED

- 41% NAIT
- 34% SAIT Polytechnic
- 6% Thompson Rivers University
- 4% Other(USA)
- 4% Fanshawe College
- 3% Algonquin College
- 2% Canadore College
- 1% New Brunswick Community College
- 1% Michener Institute
- 1% QEII (Dalhousie School of Health Sciences)
- <1% College of the North Atlantic
- <1% University of Manitoba
- <1% Conestoga College
- <1% Vanier College
- <1% La Cite Collegiale
- <1% Grandfathered



# COMPLAINTS & discipline

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## Documented Complaints

This year four complaints were filed to the Complaints Director pursuant to *Sec. 54* and *57* of the *Act*. Two of these complaints were filed separately by two members of another profession in regards to the same regulated CARTA member. The third and fourth complaints were filed by the same regulated member about two separate individuals pursuant to *Sec. 57* of the *Act*. This year there were no complaints filed by members of the public.

Of the four complaints received only one hearing tribunal has been scheduled, which is for the allegation in which the complaints director found sufficient evidence of unprofessional conduct. This matter involved the inappropriate use of social media pursuant to *Sec. 57* of the *Act*. The hearing tribunal is scheduled for April 2015.

Of the three complaints not referred to a hearing tribunal, one complaint was filed by the employer pursuant to *Sec. 57*. After review of the investigation report, insufficient evidence was found and the matter was disposed. Of the two remaining complaints, both filed pursuant to *Sec. 54*, one was withdrawn by the complainant as they were being interviewed as a witness in the other complaint investigation. The remaining complaint was investigated and after review of the report it was determined by the Complaints Director that no evidence of unprofessional conduct existed. This decision is under review by a Complaints Review Committee.



Complaints and Hearings	
Complaints Received ( Section 54 )	2
Complaints Received ( Section 57 )	2
Public Hearings Convened	1
Private Hearings Convened	0
Requests for Review	2
Complaints Referred to Tribunal Hearing	1

## Complaints Review:

In 2013, a decision to not refer a complaint to a hearing tribunal due to insufficient evidence, was appealed by the complainant pursuant to *Sec. 68* of the *Act*. The request for review will be completed in the near future. A delay was encountered for a number of reasons. The most notable was the availability of a public member to participate on Complaint Review Committee.

This year, the Complaint's Director, received one request to review a decision not to refer a matter to a hearing tribunal due to lack of evidence has been received and remains outstanding. It is anticipated that both matters will be concluded in the near future.

## Hearings

Administrative tribunal hearings are convened after the Complaints Director establishes that sufficient evidence of unprofessional conduct exists. This determination is made after the Complaints Director reviews the investigation report provided by an appointed investigator.

This year one hearing was convened to dispose two complaints involving the same regulated member. The regulated member admitted to being guilty of unprofessional conduct in both matters and presented a mutually agreed *Statement of Facts* to the hearing tribunal panel. The regulated member was order to remit \$7,000 in costs associated with investigations and the hearing to the College and Association of Respiratory Therapists.

One of the complaints received this year was referred to a Hearing Committee in April of 2015. The complaints director determined upon review of the investigation report that sufficient evidence of unprofessional conduct existed with respect to patient information and the inappropriate use of social media. The hearing that was convened in the reporting period was a public hearing. No private hearings were convened in the reporting period ( See the table above ).

# CORPORATE SOCIAL responsibility

Corporate Social Responsibility (CSR) is defined as an organization's commitment to operating in an economic, social and environmentally sustainable manner, while recognizing the interests of its stakeholders, including; regulated members, business partners, local communities, the environment and society at large. CSR goes beyond activities such as volunteerism and charity. Organizations such as CARTA who practice CSR develop policies, procedures and programs in areas such as: employee relations, community development, environmental stewardship, marketplace practices, transparency of processes and accountability. The following are some of the CSR practices CARTA has been actively engaged in this year:

## OUR ORGANIZATION

- Our web-site is a source of electronic truth which also reduces the need for paper records and reports, with the exception of those specifically required, such as the hardcopy of this report submitted to the Minister of Health;
- We securely cross-shred and destroy office paper documents. This makes recycling easier while ensuring our privacy is protected;
- CARTA offices actively participate in the Building Paper, Electronic Recycling Program created by Green Calgary. We also use recharged ink cartridges for our office printers
- We are committed to transparency about our business practices as well as our regulatory responsibilities and publish our social responsibility activities in this annual report;



## OUR OFFICES

- We use types of computer monitors that are the most energy efficient and position them to minimize glare and employee eye fatigue;
- Our office chairs are sourced for their ergonomic design so that employees are comfortable as well as properly supported when sitting while at work;
- We lease office space in a Building Owners and Managers Association (BOMA) certified building which is highly energy efficient and meets or exceeds extensive environmental practice standards.

## OUR EMPLOYEES AND REGULATED MEMBERS

- Our employees enjoy the use of building exercise facilities and safe secured parking facilities
- Our employees routinely participate in building security, fire and evacuation practices and drills;
- Many of our regulated members volunteer their time and services for a variety of professional, community, sport, cultural and education events throughout the year in the province;
- We value the contributions made by our employees to an innovative profession and treat them with respect consistent with all Labour and Occupational Health and Safety Legislation.

## OUR COMMUNITY

- We continue to source products and services from providers in our supply chain who treat us fairly and with integrity. We look for suppliers who respect our vision and mission, and we look to be fiscally responsible stewards of our regulated member's limited resources;
- When possible we source 30% to 100% recycled paper products that possess the trademark of the not-for-profit Forest Stewardship Council indicating that the wood used to make the product is well managed according to strict environmental, social and economic standards.

## OUR FUTURE

- We are exploring the concept of environmental carbon offset credits for longer distance travel.

# FINANCIAL statement

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**CARTA** continues to prepare its financial statements in accordance with Canadian Accounting Standards for Not-For-Profit Organizations (ASNPO). These statements are then independently audited in accordance with Canadian Generally Accepted Auditing Standards (GAAP). This year's audit completed in May of 2015 indicated that CARTA's year-end financial statements have in all material respects, continued to comply with ASNPO requirements.

In the following independently audited financial statements, it is evident that over the February 2014 – January 2015 fiscal year, CARTA continued to be an excellent steward of member funds. CARTA saw asset growth of 12% year over year, primarily as a result of growth in current assets of 17%. Within current assets, short-term investments, consisting of 1 year GIC's earning interest between 2.12% and 2.95%, grew 77% year over year. Again this year, liabilities decreased 15% with no outstanding wages or credit cards payable as of January 31, 2014. Unearned revenues, consisting of membership services for the months of February and March of 2015 remained outstanding as of CARTA's 2015 fiscal year end. A portion of this unearned revenue is considered earned each month in accordance with GAAP.

While last year the college did not experience any revenue growth, CARTA is happy to announce that this year revenues were up 5%. This increase was primarily a result of the 97 new members, which translated into a 4.7% increase in membership revenue. While revenues increased, CARTA also saw an increase in expenses this year, as a result of both the consulting services required by CARTA, and the 2014 Symposium, which CARTA subsidizes for members. Both of these expenses were anticipated and budgeted for at the start of the year.

Overall we believe that we have continued to do an excellent job of managing our funds, and we fully intend to continue this trend moving forward.

**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA**

**FINANCIAL STATEMENTS**

**January 31, 2015**

**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA****INDEX**

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Statement of Operations	4
Statement of Changes in Net Assets	5
Statement of Financial Position	6
Cash Flow Statement	7
Notes to Financial Statements	8 - 13



**DEBORAH V. WALKER PROFESSIONAL CORPORATION**  
**127 CRANWELL CLOSE SE**  
**CALGARY, ALBERTA T3M 1B1**  
**587-353-0525 or 403-399-7742**

**INDEPENDENT AUDITOR'S REPORT**

To the Members of the College and Association of Respiratory Therapists of Alberta

I have audited the accompanying financial statements of the College and Association of Respiratory Therapists of Alberta, which comprise the statement of financial position as at January 31, 2015 and the statements of operations, changes in net assets, and cash flows for the year ended January 31, 2015, 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 accounting standards for not-for-profit organizations (ASNPO), 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.

**Auditor's Responsibility**

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I 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.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

**Opinion**

In my opinion, the financial statements present fairly, in all material respects, the financial position of the College and Association of Respiratory Therapists of Alberta as at January 31, 2015, and its financial performance and its cash flows for the year ended January 31, 2015 in accordance with Canadian accounting standards for not-for-profit organizations.

Calgary, Alberta  
 May 9, 2015

**Deborah V. Walker Professional Corporation**  
 Certified General Accountant

**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA**  
**STATEMENT OF OPERATIONS**  
**For the year ended January 31, 2015**

	<u>2015</u>	<u>2014</u> Restated
<b>REVENUE</b>		
Membership revenue	\$ 684,419	\$ 653,376
Symposium revenue	20,563	-
Interest (Note 3)	17,397	18,842
Advertising revenue	8,325	7,950
Other	1,100	2,830
Cost Recovery - National Alliance	4,774	-
Grant revenue (Note 8)	<u>-</u>	<u>18,852</u>
	<u>736,578</u>	<u>701,850</u>
<b>OPERATING EXPENSES</b>		
Symposium (Note 9)	53,474	-
Consulting	37,055	-
Professional development (Note 10)	28,719	10,991
Accommodation, travel and parking	28,543	20,274
Investigations and conduct (Note 11)	24,844	6,792
Promotion and meals	10,493	5,835
Memberships	3,750	3,750
Telephone	2,526	2,654
Awards, diplomas and certificates	2,476	1,963
Materials, supplies and other	<u>348</u>	<u>5,430</u>
	<u>192,228</u>	<u>57,689</u>
<b>ADMINISTRATIVE EXPENSES</b>		
Wages and benefits	224,100	286,259
Promotion and web page	39,461	23,507
Rent	33,793	33,150
Office and general	28,008	17,919
Professional fees	15,980	15,702
Bank charges	15,580	17,223
Equipment rental	10,209	12,756
Amortization of tangible assets	9,637	7,577
Memberships and subscriptions	6,678	4,695
Training	5,148	3,806
Insurance	1,627	1,664
Donations	<u>100</u>	<u>-</u>
	<u>390,321</u>	<u>424,258</u>
EXCESS OF REVENUE OVER EXPENSES	<u>154,029</u>	<u>219,903</u>
<b>OTHER</b>		
Gain (loss) on disposal of assets	<u>-</u>	<u>(431)</u>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b><u>\$ 154,029</u></b>	<b><u>\$ 219,472</u></b>

The accompanying notes are and integral part of these financial statements

4.

**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA**  
**STATEMENT OF CHANGES IN NET ASSETS**  
**For the year ended January 31, 2015**

NET ASSETS	<u>Invested in capital assets</u>	<u>Restricted (Note 7)</u>	<u>Unrestricted</u>	<u>Total 2015</u>	Total <u>2014</u>
					Restated
Balance, beginning of year	\$ 15,284	\$ 700,000	\$ 215,683	\$ 930,967	\$ 711,495
Excess of revenues over expenses	(9,637)	-	163,666	154,029	219,472
Investment in capital assets	<u>15,109</u>	<u>-</u>	<u>(15,109)</u>	<u>-</u>	<u>-</u>
<b>Balance, end of year</b>	<b><u>\$ 20,756</u></b>	<b><u>\$ 700,000</u></b>	<b><u>\$ 364,240</u></b>	<b><u>\$ 1,084,996</u></b>	<b><u>\$ 930,967</u></b>

The accompanying notes are and integral part of these financial statements

5.

**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA**  
**STATEMENT OF FINANCIAL POSITION**  
**January 31, 2015**

**ASSETS**

	<u>2015</u>	<u>2014</u> Restated
<b>CURRENT</b>		
Cash and cash equivalents	\$ 483,584	\$ 354,403
Restricted cash (Note 3)	73,030	193,919
Short term investments - restricted (Note 3)	280,442	158,115
Interest receivable	1,183	1,204
Prepaid expenses	<u>6,505</u>	<u>10,113</u>
<b>TOTAL CURRENT ASSETS</b>	<b>844,744</b>	<b>717,754</b>
INVESTMENTS - restricted (Note 3)	346,528	347,966
CAPITAL ASSETS (Note 4)	<u>20,757</u>	<u>15,284</u>
<b>TOTAL ASSETS</b>	<b>\$ <u>1,212,029</u></b>	<b>\$ <u>1,081,004</u></b>

**LIABILITIES**

<b>CURRENT</b>		
Accounts payable and accrued liabilities	\$ 8,941	\$ 18,021
Credit card payable (Note 5)	-	4,037
Payroll liabilities	5,825	10,187
Wages payable	-	10,421
Unearned revenue (Note 14)	<u>112,267</u>	<u>107,371</u>
<b>TOTAL LIABILITIES</b>	<b><u>127,033</u></b>	<b><u>150,037</u></b>

**NET ASSETS**

Net assets invested in capital assets	20,756	15,284
Restricted net assets (Note 7)	700,000	700,000
Unrestricted net assets	<u>364,240</u>	<u>215,683</u>
<b>TOTAL NET ASSETS</b>	<b><u>1,084,996</u></b>	<b><u>930,967</u></b>
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>\$ <u>1,212,029</u></b>	<b>\$ <u>1,081,004</u></b>

Approved by the Directors:

\_\_\_\_\_, Director

\_\_\_\_\_, Director

The accompanying notes are and integral part of these financial statements

6.

**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA**  
**CASH FLOW STATEMENT**  
**For the year ended January 31, 2015**

	<u>2015</u>	<u>2014</u> Restated
<b>OPERATING ACTIVITIES</b>		
Cash receipts from membership dues	\$ 694,089	\$ 658,830
Cash paid to suppliers and employees	(597,205)	(487,265)
Symposium, newsletter, and other cash receipts	29,988	10,780
Interest received	17,418	19,078
Cost recovery	-	2,000
Grants received	-	3,202
	<u>144,290</u>	<u>206,625</u>
<b>INVESTING ACTIVITIES</b>		
Purchase of capital assets	(15,109)	(13,348)
Purchase of investments	(120,889)	106,178
	<u>(135,998)</u>	<u>92,830</u>
INCREASE IN CASH AND CASH EQUIVALENTS	8,292	299,455
CASH AND CASH EQUIVALENTS, beginning of year	<u>548,322</u>	<u>248,867</u>
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<b><u>\$ 556,614</u></b>	<b><u>\$ 548,322</u></b>
Cash and cash equivalents consist of:		
Cash	\$ 483,584	\$ 354,403
Restricted cash	<u>73,030</u>	<u>193,919</u>
	<b><u>\$ 556,614</u></b>	<b><u>\$ 548,322</u></b>

The accompanying notes are and integral part of these financial statements

7.



**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA  
NOTES TO FINANCIAL STATEMENTS  
January 31, 2015**

**1. NATURE OF ORGANIZATION**

The College and Association of Respiratory Therapists of Alberta (CARTA) is a self-governing professional organization established for the certification and governance of respiratory therapists in Alberta. It is a not-for-profit organization and as such is not subject to federal or provincial taxes under section 149(1) of the income tax act.

**2. ACCOUNTING POLICIES**

These financial statements of the organization have been prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO), on a going-concern basis that assumes that the organization will be able to realize its assets and discharge its liabilities in the normal course of business.

- a) Cash and cash equivalents include amounts on deposit with financial institutions, bank overdrafts that fluctuate frequently from being positive to overdrawn, and term deposits that mature within three months from the date of acquisition. Cash and cash equivalents includes restricted cash on deposit with financial institutions.
- b) The organization recognizes its revenue on a deferral basis and earns most of its revenue from fees to its members and advertising. Revenue is recognized when fees are collected or collection is reasonably assured.

Grants are recognized on a deferral basis and recognized as revenue in the year the related expenses are incurred.

- c) The organization reports its investments at cost and consists of the cash value of guaranteed investment certificates. Short term investments consist of guaranteed investment certificates with maturities of less than 12 months. Long term investments consist of guaranteed investment certificates with maturities of greater than 1 year. Cost approximates market value.
- d) Volunteers contribute a significant number of hours per year to assist the organization in carrying out its service delivery activities. Because of the difficulty of determining their fair value, contributed services are not recognized in the financial statements.
- e) Purchased capital assets are recorded at cost. Amortization is recorded at the following rates, which have been established by estimates of useful lives. Assets with a declining balance, that have additions during the current year, are amortized at one-half their normal rates, and no amortization is taken in the year of disposition.

Computer hardware	45%	declining balance
Furniture and equipment	20%	declining balance
Website	3 years	straight line

**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA**  
**NOTES TO FINANCIAL STATEMENTS**  
**January 31, 2015**

- f) Financial assets and liabilities are measured initially at fair value. Subsequent measurement is at amortized cost, except for investments in equity instruments that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in net income.

Financial assets measured at amortized cost consist of cash, term deposits and accounts receivable.

Financial liabilities measured at amortized cost consist of the bank overdraft, accounts payable and wages payable.

- g) When preparing financial statements according to Canadian accounting standards for not-for-profit organizations, management makes estimates and assumptions that affect the reported amounts of revenues and expenses during the year, the reported amounts of assets and liabilities at the date of the financial statements, and the disclosure of contingent assets and liabilities at the date of the financial statements. Management bases their assumptions on a number of factors including historical experience, current events, actions that the organization may undertake in the future, and other assumptions believed reasonable under the circumstances. Material measurement uncertainties include estimates of useful lives of capital assets and impairment of long lived assets and accrued liabilities. Actual results could differ from the estimates; the resolution of these uncertainties will be determined by future events.

**3. RESTRICTED CASH AND INVESTMENTS**

	<u>2015</u>	<u>2014</u>
Restricted cash	\$ 73,030	\$ 193,919
Short term investments	280,442	158,115
Investments	<u>346,528</u>	<u>347,966</u>
	<u>\$ 700,000</u>	<u>\$ 700,000</u>

The use of these investments are restricted - see note 7. The short term investments consist of guaranteed investment certificates maturing within 1 year earning interest of 2.12% to 2.95%. Investments consist of guaranteed investment certificates, with various maturity dates from August 2016 to April 2018, earning interest of 1.05% to 3.8% per annum.

**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA  
NOTES TO FINANCIAL STATEMENTS  
January 31, 2015**

**4. CAPITAL ASSETS**

	<u>2015</u>		<u>2014</u>	
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Cost</u>	<u>Accumulated Amortization</u>
Computer hardware & software	\$ 12,854	\$ 9,314	\$ 9,028	\$ 7,982
Furniture and equipment	22,177	14,222	18,453	12,699
Leasehold improvements	-	-	3,073	3,073
Website	<u>20,286</u>	<u>11,024</u>	<u>12,726</u>	<u>4,242</u>
	<u>\$ 55,317</u>	<u>\$ 34,560</u>	<u>\$ 43,280</u>	<u>\$ 27,996</u>
<b>Net Book Value</b>		<u><b>\$ 20,757</b></u>		<u><b>\$ 15,284</b></u>

**5. BANK INDEBTEDNESS**

The organization has a credit card with a limit of \$25,000. The organization pays the balance of the credit card at the end of each month. As at January 31, 2014 the balance was \$nil (2014 - \$4,037)

**6. UNEARNED REVENUE**

	<u>2015</u>	<u>2014</u> Restated
Unearned revenue	\$ <u>112,267</u>	\$ <u>107,371</u>
	<u>\$ 112,267</u>	<u>\$ 107,371</u>

Membership dues are collected in February and March for the period of April 1 to March 31. As at January 31, two months of the services have not been provided for the membership dues. These services which have not yet been provided, according to accounting principles, require that this unearned portion must be deferred and taken into income in the following period.

**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA**  
**NOTES TO FINANCIAL STATEMENTS**  
**January 31, 2015**

**7. RESTRICTIONS ON NET ASSETS**

With respect to the net assets of the organization; funds will be reserved specifically for the following amounts and purposes:

\$350,000 for business continuation purposes in the event of a public health emergency such as an influenza pandemic or other such event that could potentially jeopardize normal day to day business operations for an extended timeframe;

\$200,000 for maintenance of a psychometrically reviewed competency profile for entry to practice into the profession;

\$150,000 for maintenance of a psychometrically reviewed registration examination for entry to practice into the profession.

**8. GRANT REVENUE**

During the prior year the organization received a federal Summer Employment Program grant of \$3,202 and nil for the current year. In the prior year the organization also received a grant from Alberta Human Services for Foreign Qualification Recognition Initiatives in the amount of \$15,650.00.

**9. SYMPOSIUM EXPENSES**

Included in the 2014 symposium expenses are:

Meals	\$ 27,299
Speaker & entertainment	9,523
Honorarium	9,311
Meeting room rental	3,156
Travel	2,659
Printing	785
Postage	310
Supplies	249
Delegate packages	139
Accommodations	<u>43</u>
Total	<u>\$ 53,474</u>





**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA**  
**NOTES TO FINANCIAL STATEMENTS**  
**January 31, 2015**

**14. CORRECTION OF PRIOR YEAR STATEMENT**

The prior year deferred revenue had not be allocated correctly to the liabilities and had been taken into income. The result of this correction to the prior years is an increase in deferred revenue of \$107,371, a decrease of membership revenue of \$5,454 and a decrease in retained earnings of \$152,371. Also, the prior year has been restated to correctly allocate the prior year adjustment causing a decrease in website expense of \$12,726 and an increase in wages of \$12,726.

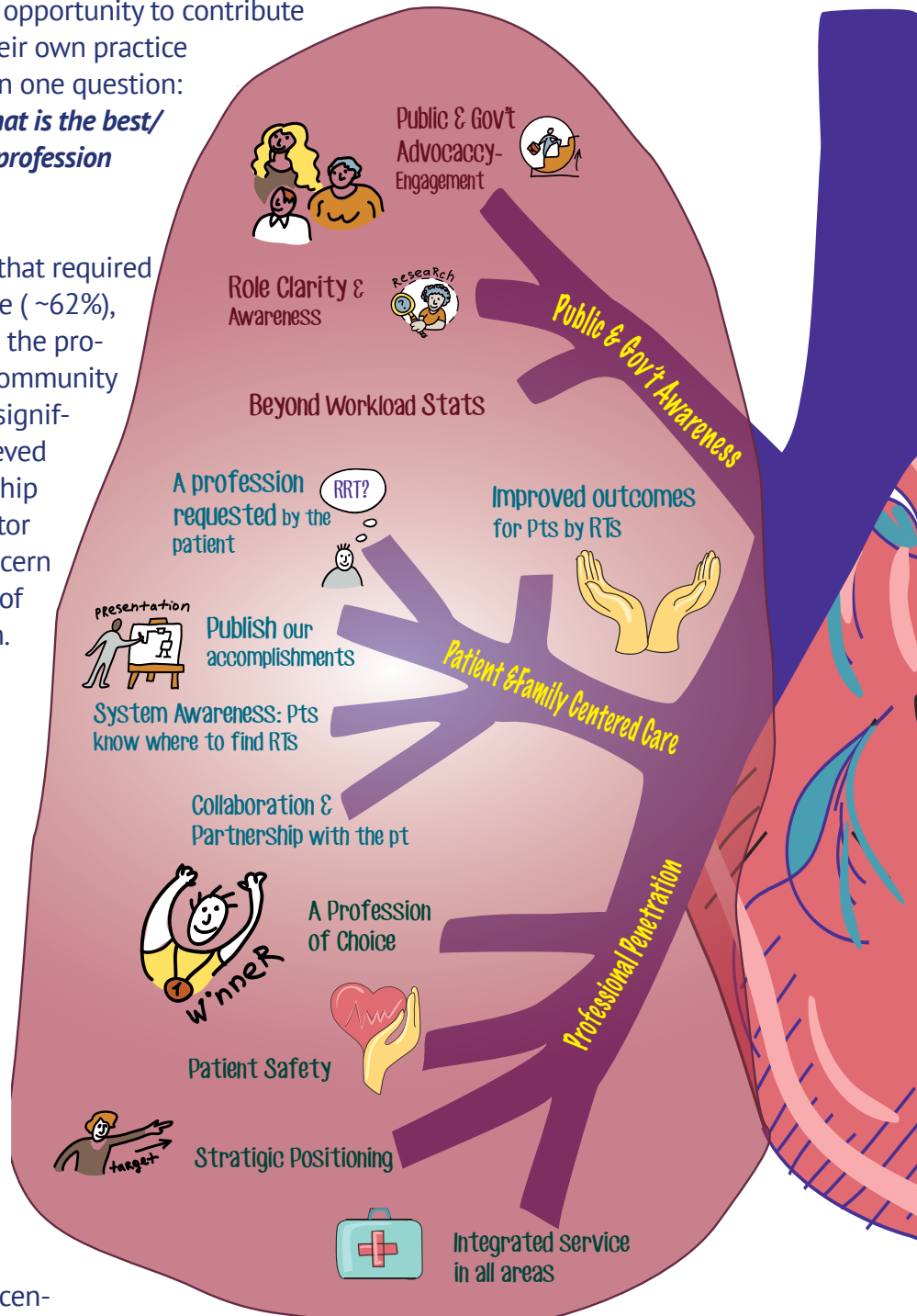
# LEADERSHIP workshop 2014

At the October 2014 CARTA Educational Symposium, members were invited to participate in a workshop which focused on mapping out the future of the profession by identifying and building on inherent strengths. Many participants voiced the opinions that such an exercise was long overdue and provided them the opportunity to contribute propositions that were relevant to their own practice settings. The focus for the day was on one question: *“You fall asleep and awake in 2017, what is the best/most appropriate positive impacts our profession made on healthcare?”*

Participants felt the top three issues that required change are a “Degree Entry to Practice (~62%), Public Engagement in understanding the profession (~57%), and Support for the community of Respiratory Therapy practice. Also significant, 30-35% of those surveyed believed that changes were needed to leadership and mentorship practices, the preceptor program, and Regulation. Of less concern were the Standards of Practice, Code of Ethics, and the Education Symposium.

The group found **five areas of focus** (see diagram) where CARTA and the leadership group could work collectively towards moving our profession forward, mapping out strategies for 2015-2016, leading to a description of what 2017 would look like. Below is a brief summary list of desired outcomes for the year 2017.

**Leadership:** Credentialed and formalized leadership programs; Identify; celebrate and recognize leaders/preceptors; create practice mentors and support; a preceptor mandate; inform members; partner with an organization for programs/incentives, funding for groups and arranging educational events.



**Area of Practice:** Limited authorities for prescribing oxygen, inhaled medications, diagnostic tests such as chest x-rays and simple spirometry; have 80% of RRTs understand the boundaries of full area (scope) of practice; certification programs for ECMO, anesthesia assistance, transport, neonatal care, sleep diagnostics and homecare; increase number of practice settings for RRTs; develop tracking metrics for RRT related outcomes;

**Professional Penetration:** Right place, right skill, right time; establish a patient safety dashboard; collect data of resources provincially; reporting and benchmarking services provided such as a catalogue of our services, workloads, resources, skill-sets; optimize employer utilization of area of practice; strategic positioning initiatives; increased awareness of RRTs working in leadership/administration positions.

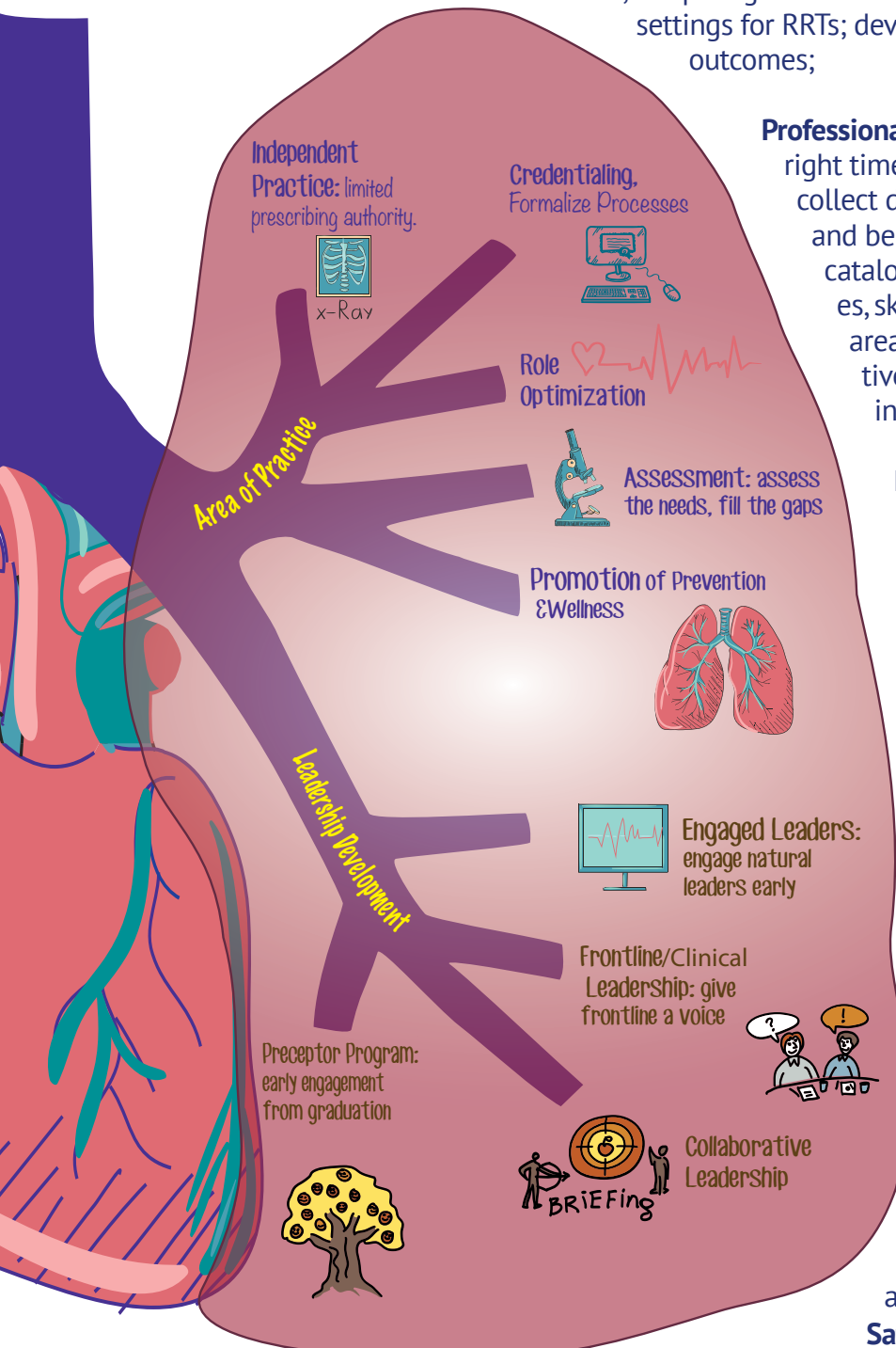
**Patient and Family Centered Care:**

Increase public awareness of our profession; increase RRT awareness of PFCC; establish RRT role as patient and family advocate; increase patient satisfaction of RRT service; decrease length of stay/ readmissions/ emergency department wait times; enhanced patient safety; delegation of resources to measure outcomes.

**Public and Government Awareness:**

Continue good working relationships with other regulatory bodies; define and present role expectations for public; list key RRT services available to ALL Albertans; improve government awareness of the RRT profession.

There will be an update this fall during the AGM and special meeting, at the **Red Deer Sheriton Hotel** on **Saturday October 17th, 2015 at 10:30 am.**



# THE BEST of our members

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## OUTSTANDING SERVICE AWARD WINNERS

Congratulations to Knowlson Rideout RRT of Calgary and past president Allan Shemanko RRT MSc of Whitecourt co-winners of the outstanding service award for 2014. This is the first time in the history of the award that two recipients in one year were selected by the Council.

Both members were recognized by the council in October during the 2014 Annual General Meeting in Calgary. The outstanding service award is presented to regulated members in good-standing who have been nominated by four of their colleagues. The criteria for selection are based on the member's contribution to patients and families as well as outstanding service to the profession.

To nominate a regulated member for outstanding service just download the nomination form from the web-site and submit a one page professional biography of the regulated member which will be used to present the award at the annual general meeting to the office on or before the nomination deadline of 16:00 hours August 31st in any year.

# RECOGNITION OF VOLUNTEERS and service to the profession

## Hearing Tribunal Complaint Committee

Mr. George Verghese RRT - *Cardston, AB*  
Ms. Connie Brooks RRT - *Edmonton*  
Ms. Micheline Courtney RR - *Calgary*  
Mr. Timothy Gill RRT - *Grand Prairie*  
Mrs. Linda Sutherland RRT - *Calgary*  
Mr. Nicholas Castle RRT - *Calgary*  
Mrs. Linda Timchuk RRT - *Edmonton*  
Mr. Jeff Ung RRT - *Calgary*  
Ms. Dolores Michelin RRT - *Calgary*

## Registration Committee

Mr. Jeffery Ung RRT - *Chairperson - Calgary*  
Ms. Judy Duffett-Martin RRT - *Calgary*  
Ms. Dolores Michelin RRT - *Calgary*  
Mr. William Cunnington RRT - *Calgary*  
Mr. Travis Eremko RRT - *Calgary*  
Mr. Kirby Peterson RRT - *Medicine Hat*  
Mr. Nicholas Castle RRT - *Calgary*

## Vision Committee

Mr. Robert Alexander - *Chairperson and Council Public Member - Calgary*  
Ms. Kim Tilley RRT - *Edmonton*  
Mr. Joel MacPherson RRT - *Edmonton*  
Mrs. Juanita Davis RRT - *Calgary*  
Mr. William Cunnington - *Calgary*

## Education Symposium Committee

Mrs. Brenda Grieve RRT - *Calgary*  
Mrs. Marianne MacKenzie RRT - *Calgary*  
Ms. Dolores Michelin RRT - *Calgary*  
Ms. Michele Healey RRT - *Calgary*  
Ms. Kim Tilley RRT - *Edmonton*  
Mr. Glenn Day RRT - *Calgary*  
Mrs. Patty Wickson RRT - *Calgary*  
Mr. Kip Panesar RRT - *Calgary*

## Registration Desk- A/V Volunteers

Mrs. Marianne MacKenzie RRT - *Calgary*  
Ms. Michele Healey RRT - *Calgary*  
Mr. Glenn Day RRT - *Calgary*  
Mr. Kip Panesar RRT - *Calgary*

**Advisor to ACORN:** Mrs. Barbara Caron RRT - *Calgary*

**Webmaster:** Mr. Kip Panesar RRT - *Calgary*

**Annual Report:** Graphics, Design and Photos: Shannon Silver Images - *Calgary*  
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## QUESTIONS ?

Please contact CARTA by phone, email or mail.  
The contact information is below. Office hours  
are : 8:00 am - 4:00 pm, Monday through Friday.

