



College & Association of
**Respiratory
Therapists**
of Alberta



A YEAR OF RESILIENCE AND RENEWAL

**ANNUAL
REPORT**

2017



ABOUT THE COVER: "*Chamaenerion angustifolium*", is commonly called Fireweed as it flourishes after a forest fire. It was chosen as a theme in this year's report as it speaks of resilience and renewal which represents the spirit of Respiratory Therapists in Alberta who have demonstrated these qualities in the face of disasters such as last year's evacuation in Fort McMurry during the forest fire and the 2013 flood in Calgary.

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ABOUT THIS REPORT

This report is for reporting period of **April 1st, 2016 to March 21st, 2017**. It 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, public and private industry. 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 October 3rd, 2017.





ABOUT CARTA

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 practising 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.

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."

Banking Services

BANK OF NOVA SCOTIA
101 8120 Beddington BLVD NW
Calgary T3K2A8

ALBERTA TREASURY BRANCH FINANCIAL
217 16th Ave NW
Calgary AB T2M0H5

Legal Services

JAMES B. ROONEY Q.C.
Dentons Canada LLP
850 2nd St SW
15th Floor, Banker's Court
Calgary AB T2P0R8

DERRICK PAGENKOPF
Gowlings Lafleur Henderson
1400 700 2nd St SW
Calgary AB T2P4V5

Audit Services

DEBORAH V. WALKER
Professional Corporation
127 Cranwell Close SE
Calgary AB T3M1B1



MISSION

Protecting the public through quality regulation of the practice of Respiratory Therapy.

VALUES

Integrity, respect, accountability, ethics and practice excellence.

VISION

Promoting excellence in Respiratory Therapy through regulation, education and member support.

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.



REGISTRAR'S OFFICE & APPOINTED PUBLIC MEMBERS



Bryan Buell RRT BGS CTAJ
Registrar/Executive Director
Calgary



Gerry Spence RRT
Deputy Registrar
Calgary



Ross Plecash MEng PEng FEC
Public Member
Edmonton



Max Kruger LLB
Public Member
Calgary



Alessandro Carducci
Business System Analyst
Calgary



COUNCIL

Elected by members.



Irina Charania RRT BSch CRE
President
Calgary



Karrie Whalen RRT BSc
President Elect,
Director at Large
Edmonton



Mark Rimkus RRT BSc PEng
Treasurer
Edmonton



Juanita Davis RRT FCSRT
Executive Secretary
Calgary



Tammie Chisan RRT CRE
Director at Large
Calgary



Patricia Beckham RRT
Director at Large
Edmonton

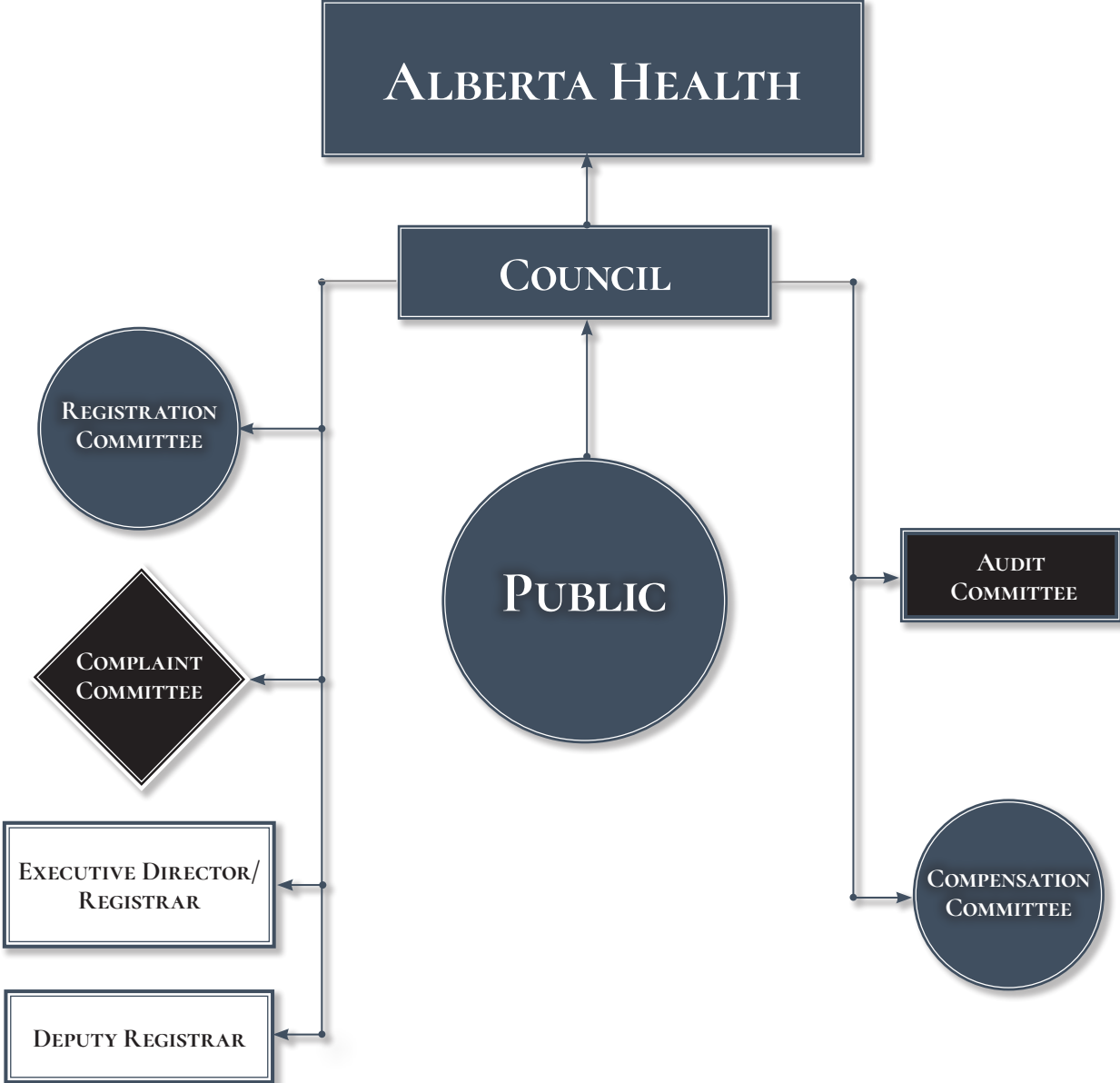


Jennifer Stefura RRT BSc MAL
Director at Large
Calgary

Three Director-at-Large positions will be coming available for the 2018 term.



ORGANIZATION CHART



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 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 NARTB. Leveraging the economies of scale with our regulatory counterparts from other provincial jurisdictions, we are able to optimize value for the patient, client and resident populations served by regulated members throughout 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.

**KNOWLEDGE
BASED
GOVERNANCE
STRATEGY**

**PRAGMATIC
CONSENSUS**

**EFFECTIVE
STEWARDSHIP**

**ENGAGING
LEADERSHIP**

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 volunteer-ism 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 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 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 Regulated Members & Employees

- 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

- To become a leader in regulation while protecting the environment.

COMMITTEES & SERVICE TO THE PROFESSION

CARTA REGISTRATION AND COMPETENCY COMMITTEE

Chairperson: Mr. Jeffery Ung, RRT Calgary

Members: Ms. Dolores Michelin, RRT, Calgary
Ms. Judy Duffett-Martin, RRT, Calgary
Mr. Will Cunningham, RRT, Calgary
Mr. Travis Eremko, RRT, Calgary

CARTA HEARING TRIBUNAL PANEL MEMBERS

Hearings Director: Gerald Spence, RRT Calgary

Panel Members: George Verghese RRT, Cardston
Gregory Hind RRT, Calgary
Linda Sutherland, RRT, Calgary
Timothy Gill, RRT, Grande Prairie
Nicholas Edicott RRT, Calgary
Micheline Courtney RRT, Calgary
Daryl Ewanchuk RRT, Edmonton
Linda Tymchuk RRT, Edmonton

Public members to hearing tribunal panels are appointed by order in Council and are approved by the Minister of Health and Wellness.

ADVISOR TO ACORN (Acute Care of At Risk Newborns)

Barbara Caron RRT

PUBLIC MEMBERS' REPORT

I joined the council last fall and have participated in a handful of meetings thus far, whereas my colleague Ross Plecash has been a member for quite some time now. The council meets every few months to discuss any ongoing issues raised by members and to be briefed by the executive director on developments from his standpoint. As some readers will know, there is also an annual general meeting that coincides with the educational symposium provided to members. I had the pleasure of attending both the AGM and the symposium in Edmonton this year and was quite impressed with both the turnout and also the large number of continuing education sessions made available.

Readers will also know that being a self-governing profession, CARTA has been entrusted with a great deal of responsibility by the legislature to ensure that its membership provides the highest level of care to Albertans. Public members are appointed to audit the activities of the council. As one of the two public members currently appointed, I can advise with a great deal of confidence that the council is taking its role to protect the public extremely seriously. For example, much time is spent debating the national labour mobility standards that are the trend in Canada at the moment and concerns that certain jurisdictions don't have the same high standards that CARTA has established and how do we prevent lesser-qualified persons from coming in through the "back door". Your council members also express concerns about aging equipment being used in the clinical setting and how we as a council can deal with that. We are also briefed on ongoing disciplinary actions. These are but a few examples of the work that goes on behind the scenes.

Self-governing professions have a duty to maintain the public trust and I can assure readers that CARTA is discharging its mandate to protect the health and safety of Albertans with vigilance. The council has my full confidence and members should be proud to have such a dedicated team in place.

Max Krueger LLB
Public Member



Ross Plecash MEng PEng FEC
Public Member
Edmonton



Max Krueger LLB
Public Member
Calgary



PRESIDENT'S REPORT

Irina Charania RRT BScH CRE



Another productive year has come to an end, during which the College has continued to make progress on many important initiatives. Significantly, ongoing collaboration with our national colleagues has resulted in the completion of the National Competency Framework. This document outlines competency expectations for all new graduates who will be entering the profession. This provides clear benchmarks for both educational institutions and employers in regards to the baseline new graduates will achieve as they transition from their formal training phase to the workforce. Importantly, this document explicitly acknowledges that Respiratory Therapists continue to learn and grow as professionals over their entire career. This is done by explicitly outlining competency expectations for experienced practitioners and specifically acknowledges that different professional paths may be selected by Respiratory Therapists.

Additionally, collaboration has continued with the Canadian Society of Respiratory Therapists to draft an agreement regarding the accreditation services provided by the Council on Accreditation for Respiratory Therapy Education, to ensure alignment with the mandate of our College. This includes the expectation of transparency and clear communication of the successes programs are achieving in ensuring the National Competency Framework benchmarks are met by all students as outlined in the document.

The amazing contributions our 1805 members continue to make to the healthcare system in Alberta, in providing safe and effective patient care, were acknowledged at our Annual General Meeting.



The efforts our members made to support Albertans affected by the Fort McMurray fire were specifically acknowledged, with the Respiratory Homecare Association of Alberta once again demonstrating their commitment to patients by pooling resources to ensure no individual was left without the necessary equipment during this difficult time. The many other therapists from across the province who aided with the evacuation and subsequent care of patients were also instrumental as our province was once again faced with an unprecedented disaster.

At the council level, I am excited to welcome Max Kruger as a public member to the council, Jennifer Stefura as a Director at Large, and Karrie Whalen to the President-Elect position. I also want to thank Phil Lamont for his tremendous contributions to our profession over his many years as a Director at Large, and well beyond his work with CARTA.

I remain truly honoured and humbled to be a member of this amazing profession. My sincere gratitude goes out to each and every RRT in this province for your continued efforts to ensuring that Albertans receive the safest and most appropriate care possible, your collaborative efforts do not go unnoticed.

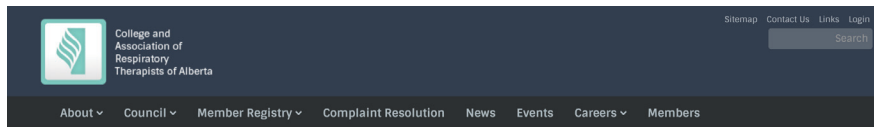
Respectfully submitted,

Irina Charania RRT, BScH, CRE
President



By DarrenRD - File:Landscape view of wildfire near Highway 63 in south Fort McMurray. jpg, CC BY-SA 4.0, <https://commons.wikimedia.org/w/index.php?curid=48561288>

CARTA's New Website



Foreign Qualification Recognition
Learn more about what is required.



What We Do
Learn more about what we do.



Learn more about us.
Explore the growing profession of Respiratory Therapy.



CARTA Members Area
Access your members only section.



The web-site will be refreshed this spring and includes a redesign to provide an easy to use and more intuitive online experience for members when they require answers to FAQs, renew registration, access professional practice information inspect careers an added features include application services as well as information for foreign qualification recognition.

REGISTRAR'S REPORT

Bryan Buell RRT BGS CTAJ



I am happy to submit my 16th annual report to the Health Minister and **1,805** regulated members of the College and Association. For a detailed membership demographic breakdown please refer to page 25.

The words resiliency and honour come to my mind when I consider the practice of all regulated members in Alberta. The sights, sounds and smells we encounter in the practice setting on a daily basis can prove to be challenging both personally and professionally.

This past year I had the honor of being embedded with the emergency response team of the Respiratory Homecare Association of Alberta (RHCAA) as they quickly implemented their Fort McMurray wild-fire emergency response plan. The response objective was to respond to every client need as they emerged in the multiple evacuation centers located throughout the province.

Through daily meetings facilitated by the College and Association the RHCAA reported on the progress of the response plan and identified any obstacles that were interfering with the execution

of the plan. Solutions to eliminate or go around the obstacles were brainstormed and successfully implemented. Human resources and equipment needs were reviewed daily with morning briefings provided by RHCAA president Doreen Tennant. A summary of these briefings were then submitted by myself to the Alberta Health members sitting on the larger provincial emergency response team.

In Fort McMurray 267 clients did not have time to take their equipment with them while evacuating on such short notice. Due to the excellent work of the RHCAA members the clients received their continuous positive airway pressure therapy in the evacuation centers. Outstanding compassionate service delivery during the largest natural disaster in Canadian history is just another part of the skill-set of the Registered Respiratory Therapist in Alberta.

During the emergency response it became evident that our own members were affected by the disaster. In an attempt to help our colleagues the RHCAA was successful in raising \$8,000 in donations to be able to provide a financial gift of \$500.00 for each active Fort McMurray member. With the assistance of Alberta Treasury Branches providing reduced fees account services all monies were disbursed to regulated members just prior to the Christmas holiday season.

Once again it was a pleasure to assist some recent graduates who were unsuccessful on their first attempt at writing the approved registration examination. We now have successfully assisted 60 of 63 individuals to pass their subsequent writing of the examination. Typically what is involved is the application of some problem solving skills and support which sharpens the focus of the graduate to succeed.

In the office we monitor emerging workforce indicators and trends for purposes of impact assessment on regulated members. We have noticed that regulated members are increasingly female, the average age is decreasing and the majority of

regulated members work part-time rather than full-time.

We have identified that the number of recent graduates are increasing in number and are working in casual positions for multiple employers. Most of the employment growth is occurring in the independent sector of our industry.

Your registration committee continues to review applicants for registration referred to them by the registrar. Following the standards agreed at the Convention on the Recognition of Qualifications concerning Higher Education originally in 1997 and updated in 2010. I appreciate their many thoughtful decisions with fairness to the applicant and public protection being of paramount priority. Once again this year there were no requests for review of the registration committee's decision by a panel of the council this year. It is truly an honor to be able to collaborate with them three to four times per year.

Our registration committee and I are growing increasingly concerned about the type of Respiratory Therapists we are receiving from other Canadian jurisdictions and the potential risk to the public as well as the added costs associated with investigating complaints. There appears to be a lack of awareness of the mandatory registration section of the *Health Professions Act* as well as the requirement for having sufficient liability insurance.

In many circumstances these individuals misrepresent themselves to their new Alberta employers as being registered with the Alberta regulatory body. The confusion appears to be regarding their mistaken understanding of labour mobility as per the New West partnership involving British Columbia, Alberta and Saskatchewan and chapter seven of the *Agreement on Internal Trade in Canada*. They also seem to think if they originate from an un-regulated jurisdiction such as British Columbia they are somehow exempt from having to be registered with our regulatory body.

Our new refreshed web-site will be launched in the late spring and we will have information related to domestic labour mobility as well as foreign applicant assessment information. International applicants will be guided to perform significant preliminary work prior to arrival to Canada or applying for registration. This will enable them to make informed decisions whether they should obtain additional education or whether their qualifications might be sufficient to become registered. We anticipate it will expedite processing foreign applications for registration and improving the quality of those people being referred by the registrar to the registration committee for a review of their respective application.

I was very surprised to recently receive the following communication from the dean of the John F. Kennedy School of Public Policy at Harvard he writes,

"You are a part of a wonderful community of people who are doing good in the world. Thank you for your commitment to the mission of Harvard Kennedy School!"

With best regards,

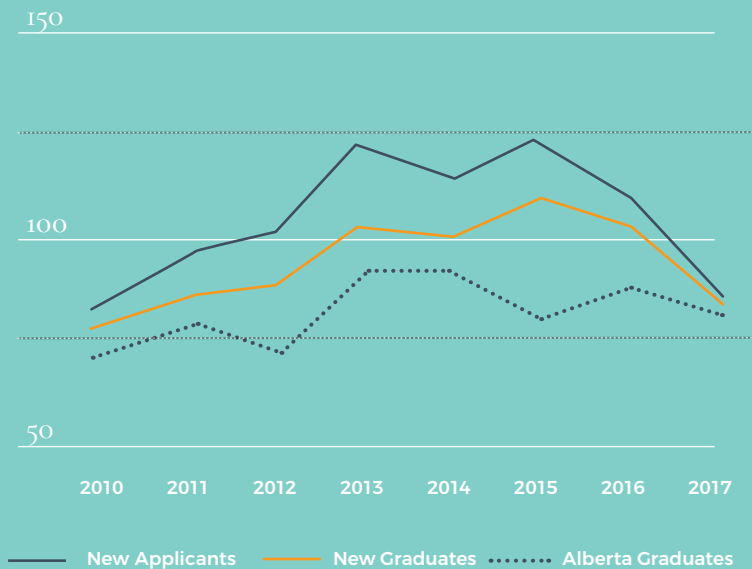
*Douglas W. Elmendorf
Dean and Don K. Price Professor of Public Policy"*

The practice of Registered Respiratory Therapists from Alberta does not go unrecognized by influential people from around the globe. I would like to congratulate all of my professional colleagues for their hard work and efforts to provide exceptional patient and family centered care.

Respectfully submitted,
Bryan Buell RRT, BGS, CTAJ
Registrar

MEMBERSHIP & REGISTRATION RENEWAL

New Applicants per Year



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!

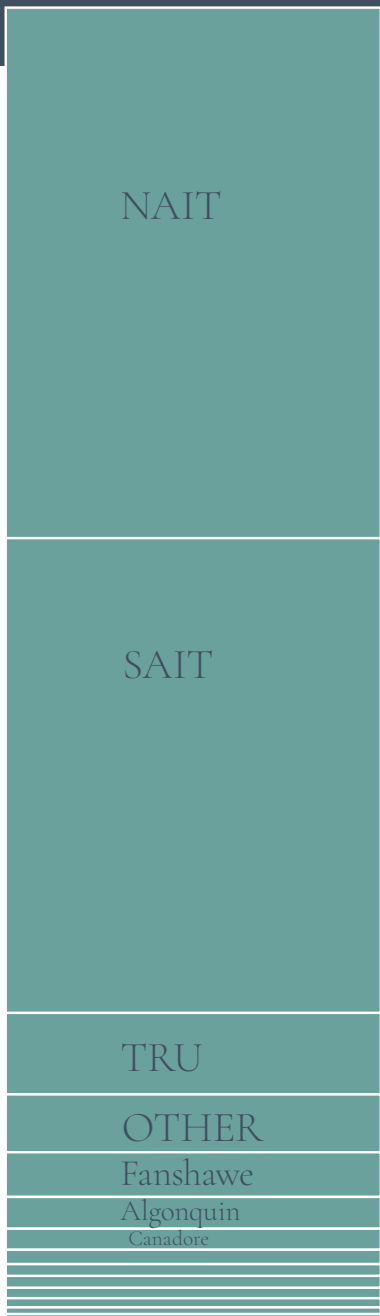
CARTA receives applications for registration pursuant with the *Health Professions Act*. Applicants are notified by the Registrar when a completed application has been received or advised of what remains outstanding for an application to be considered. Applicants are added to one of three registers if 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 2010 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.



Members by TRAINING INSTITUTION



Northern Alberta Institute of Technology (NAIT)	728	40.3%
SAIT Polytechnic	652	36.1%
Thompson River University	106	5.9%
Other	79	4.4%
Fanshawe College of Applied Arts and Technology	61	3.4%
Algonquin College of Applied Arts and Technology	44	2.4%
Canadore College of Applied Arts and Technology	29	1.6%
New Brunswick Community College (NBCC) St John	20	1.1%
QEII/Dalhousie School of Health Sciences	17	0.9%
The Michener Institute for Applied Health Sciences	16	0.9%
Conestoga College	14	0.8%
University of Manitoba - School of Rehabilitation	14	0.8%
College of the North Atlantic	12	0.7%
Vanier College	9	0.5%
La Cite Collegiale	3	0.2%
College de Rosemont	1	0.1%

OUR newest members are still primarily trained within the province, 81 (94%), at SAIT and NAIT. Only 5 were trained outside of Alberta this year.



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 North America. Prior to submitting an application for registration renewal all regulated members must complete the following minimum mandatory requirements as outlined in *Section 13* of the *Respiratory Therapists Profession Regulation* (the “*Regulation*”):

1. Fifteen hundred (1,500) practice hours within the preceding four (4) years;
2. Forty-eight (48) continuing competency hours within the preceding two (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 course designed to enhance professional development;
- b) Attendance at professional development sessions on respiratory therapist 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 the scope of 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 of 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.

Section 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, which are then presented to the Council for review and approval or decline.

Mandatory Reading Requirement

This annual activity mandated by the Council has proven to be quite well received with members who appreciate council guidance on professional development activities that align with the College's mandate to protect the public interest. Previously council has mandated reading on handbooks such as Occupational Health and Safety Hazards and Controls, Disruptive Behaviour in the Healthcare Workplace, Patient Safety Competencies: Enhancing Patient Safety Across the Health Professions and most recently a Professional Practice Guideline on Documentation. Some future topics under consideration include a practice Guidance Document on Medication Administration and Precepting Respiratory Therapy Students or Regulated Members learning Restricted Activities.

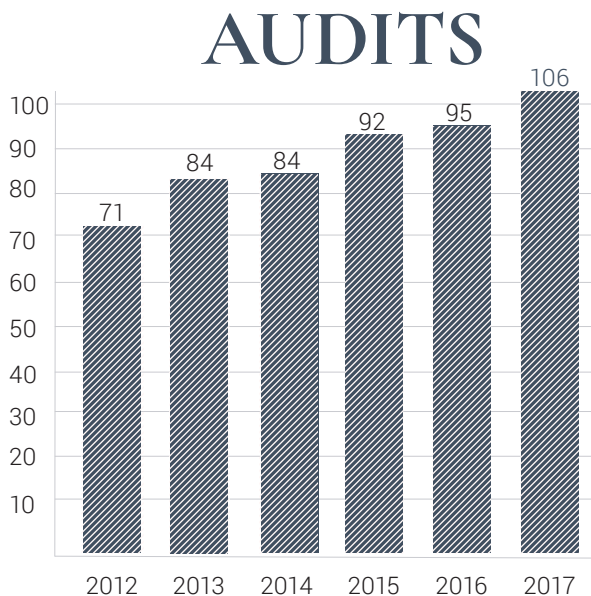
Provincial Jurisprudence Education

Council is exploring the possibility of implementing a mandatory exercise of successful completion of provincial jurisprudence education content. Such education would include basic information related to professional practice for respiratory therapists in the province. Topics would include mandatory registration, assessing incapacity of regulated members, cooperating with investigators during investigations, standards of practice, code of ethics, regulation requirements for entry to practice and registration renewal, mandatory liability insurance coverage details, minimum language proficiency requirements, obligatory reporting of unprofessional conduct as defined by the Health Professions Act. In addition to understanding Occupational Health and Safety obligations of regulated members etc.

Continuing Competency Audit Process

Members renewing their registration are randomly selected to verify their submissions of continuing competency hours. Each year approximately five per cent of the membership are audited. In some limited circumstance the Deputy Registrar will select some regulated members who report hours that appear to be outliers in the data such as reporting the 4 year practice hour total as 1 year only or continuing competency hours that when added to the practice hours vastly exceed what

a typical total for a full time equivalent would be. This approach helps to maintain current and accurate data for the entire population of regulated members.



Interviews with Registration Committee

Once again we are pleased to report that all regulated members were fully compliant with submitting their audit forms to the Deputy Registrar and nobody was referred to the registration committee for further review. In response to regulated member input at the leadership network meeting last October we are exploring the feasibility of developing a mobile telephone application for regulated members to track their continuing competency activities more conveniently. It is quite possible that an app will be available for regulated member use for the 2018 registration renewal and beyond.

*No Interviews have
been required since
2009*

APPROVED EXAMINATION & EDUCATION PROGRAMS

In recognizing approved examinations, the Council focuses on the principles of fairness, validity and reliability. They recognize two approved examinations for the purposes of registration. The Canadian Board for Respiratory Care (CBRC) Examination is used for purposes of recognizing graduates from both Alberta programs and graduates from other Canadian jurisdictions. The council also currently recognizes the RRT level of examination prescribed by the National Board for Respiratory Care (NBRC) in the United States of America. In 1988 the Health Disciplines Board of Alberta originally recognized the “RRT” level of examination as examined by the NBRC for assessing substantial equivalency.

The following are excerpts from the results and conclusions sections of the psychometricians report for the January 2016 and July 2016 administrations of the CBRC examination.

January 2016 CBRC Examination Summary and Recommendations

The January 2016 CBRC examination displayed general strong psychometric properties, met or exceeded generally accepted psychometric standards. The content domain was well specified and the forms achieved good balance in the proportional inclusion of items to assess the specified content domains. There were strong item and test summary statistics and distributions, and there were good overall score distributions. All reliability and validity indicators were within or above generally accepted psychometric standards.

July 2016 CBRC Examination Summary and Recommendations

The July 2016 CBRC examination displayed generally strong psychometric properties, met or exceeded generally accepted psychometric standards. The content domain was well specified and the form achieved good balance in the proportional inclusion of items to assess the specified content domains. There were strong item and test summary statistics and distributions, and there were good overall score distributions. All reliability and validity indicators were within or above generally accepted psychometric standards.

The information contained in both excerpts from the respective examination reports represent the views of Richard Braha Assessment Consultants Incorporated.

Approved Education Programs

Section 3 of the Act requires the College to establish standards for registration that include approving programs of study. Currently the council recognizes most but not all accredited education programs in Canada and the United States. The Council relies heavily but not exclusively on accreditation services performed by the Committee on Accreditation in Respiratory Therapy Education (CoARTE) in Canada and the Council on Accreditation in Respiratory Care (CoARC) in the United States of America.

This year the Council undertook the task of requesting accreditation reports of all Canadian programs accredited by CoARTE to assess the magnitude of partial conformity to the National Competency profile for purposes of entry to practice recognition in Alberta. There remain a number of respiratory therapy education programs that are not recognized as approved programs by the CARTA Council. These programs include: the campus of College Ellis located in Quebec, the College of the North Atlantic, Qatar campus, the College Valleyfield in Quebec and the St Clair College

in Windsor, Ontario. The latter two schools are new and insufficient data exists on graduate performance in writing of the approved examination to be confident that these graduates have the competencies required to uphold the standards of practice in Alberta.

While accredited by CoARC, the Council does not recognize Independence University in Utah (formerly known as the California College of Health Sciences) in the United States as an approved program. We are unable to actually confirm which clinical competencies graduates from this program acquire.

Individual Competency Exception

Graduates of education programs not formally recognized by CARTA are welcomed to apply for registration. The Registration Committee may examine the application utilizing the principles of the 2010 amendments to The Lisbon Convention for Higher Education Credential Assessment, and may establish a finding of substantial equivalence based on actual competencies acquired by the applicant.

Approved Education Programs

This year both Alberta approved programs were surveyed by CoARTE and received accreditation with report status. After submitting their report, NAIT received accreditation status from CoARTE. SAIT will submit their report to CoARTE in September of 2016. The following is a list of Council approved education programs:

- 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 St-Foy;
- College de Rosemont;
- College of the North Atlantic St John's Campus;
- Community College of New Brunswick-Dieppe;
- Conestoga College Institute of Technology and Advanced Learning;
- Dalhousie University School of Health Sciences;
- Fanshawe College of Applied Arts and Technology;
- La Cite Collegiale-College d'arts Appliques et de Technologie;
- Michener Institute for Applied Health Sciences;
- New Brunswick Community College;
- Northern Alberta Institute of Technology;
- Southern Alberta Institute of Technology;
- Thompson Rivers University;
- University of Manitoba- School of Medical Rehabilitation;
- Vanier College.

DISCIPLINARY COMPLAINTS AND INVESTIGATIONS

Assessment Report

Pursuant with *Section 54* of the *Health Professions Act* anyone may file a complaint which must be signed and dated. Pursuant with *Section 57* of the *Act* employers must file a complaint with the complaints director if they suspend, terminate or the employee resigns for conduct in the opinion of the employer is unprofessional conduct.

Complaints and Investigations

- 1. Previous Complaints Satisfactorily Resolved Between Parties:** One complaint received the previous year was satisfactorily resolved after the complaints director encouraged the complainant and investigated person to communicate with each other and resolve a minor contravention of the employer's privacy policy involving use of a mobile telephone with photo capture capabilities.
- 2. Complaints received this year Satisfactorily Resolved between Parties:** One complaint received this year was satisfactorily resolved after the complaints director encouraged the complainant and investigated person to communicate with each other and reach a satisfactory resolution to a minor matter regarding contravention of the employer's policy with respect to practising without current cardiopulmonary resuscitation certification and failing to arrive at work for a regularly scheduled shift.
- 3. Complaints received this year with Ongoing Investigation:** Four complaints were received from the employer involving the same investigated person. The complaints range from possible contravention of the employer's policies and procedures, possible contravention of the standards of practice and code of ethics of the profession and possible contravention of the *Health Professions Act*. The four complaints remain under investigation at the end of the reporting period.
- 4. Complaints received, investigated this year and referred to a Hearing Tribunal:** One complaint was received this year that was referred to a hearing tribunal. The complaint involves the employer's termination of the investigated member for conduct which in the opinion of the employer is unprofessional conduct. The complaints director made a determination that there were reasonable and probable grounds that the events occurred and there may be a contravention of the employer's policies, the standards of practice and code of ethics of the profession and possible contravention of the *Act*.

Hearing Tribunals

The complaints director referred one investigation to a hearing tribunal this year after a complaint investigation was conducted in the previous year. The complaints director concluded that there were reasonable and probable grounds the alleged events occurred and that possibly the standards of practice and code of ethics of the profession and the *Act* were contravened.

The matter involved an investigated person who worked in an independent pulmonary function laboratory who admitted to being guilty of unprofessional conduct. The investigated person agreed to multiple sanctions and was ordered to remit payment of investigation costs to the College in the amount of \$24,031.99. Compliance with the tribunal order and payment of all the costs remains outstanding.

Incapacity Assessment

This year the complaints director ordered two (2) regulated members to undergo incapacity assessments and treatment pursuant with *Section 118* of the *Act*. Both members cooperated fully with the complaints director and one member was successfully reinstated. The other member is still undergoing treatment with an ongoing surveillance plan being developed.

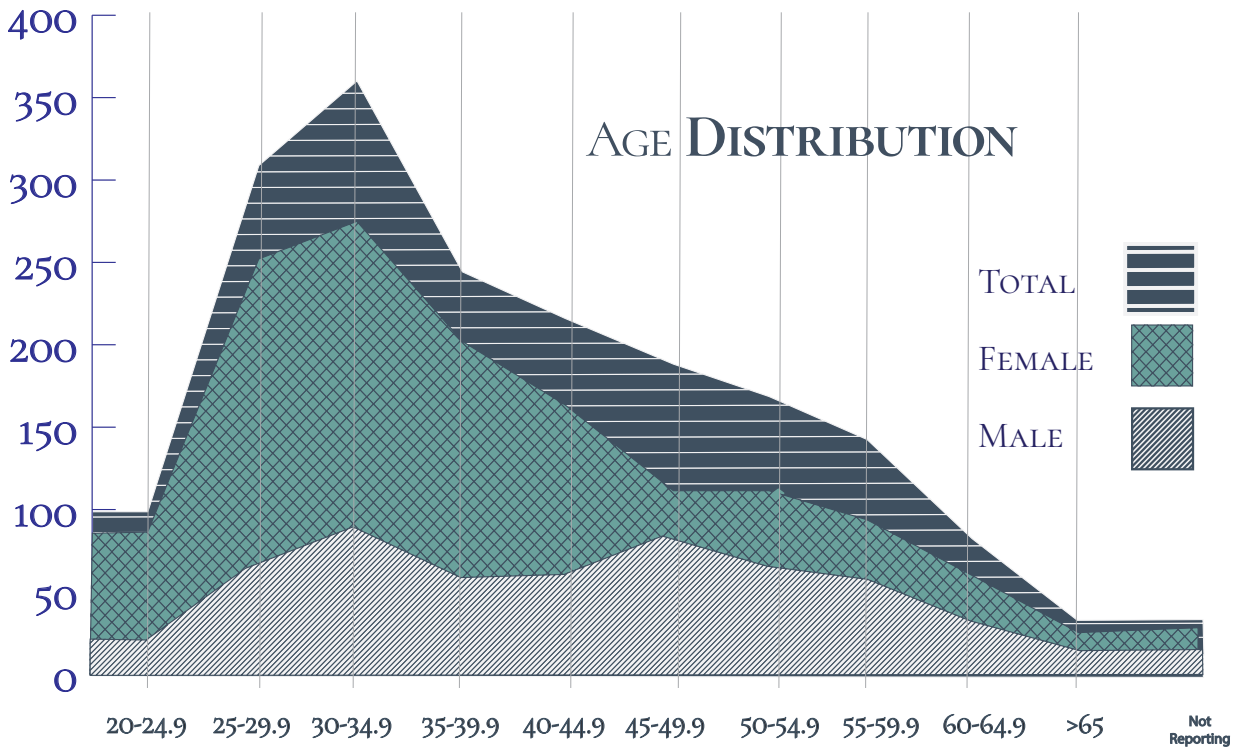
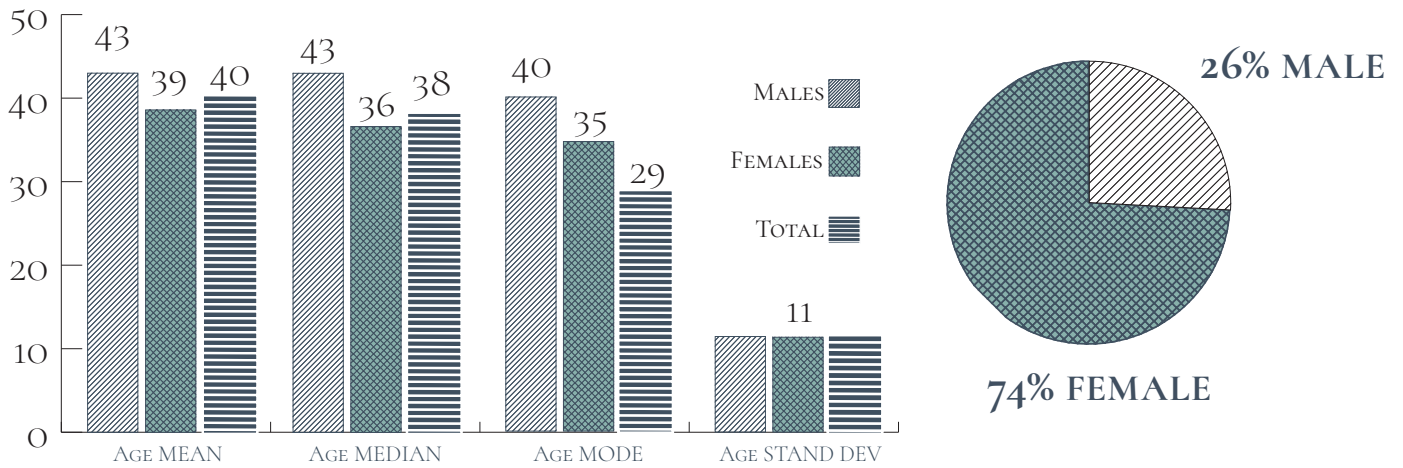
The complaints director re-instated one member who had been previously incapacitated after they demonstrated successful completion of the refresher program and that their physician reported the member is free from their previously identified incapacity. The member accepted a practice permit with conditions.

Complaint Review

Under *Section 68* of the *Act* complainants have a right under the *Act* to request a review of a decision by the complaints director not to refer a complaint to a hearing tribunal. There were no requests for review received this year.

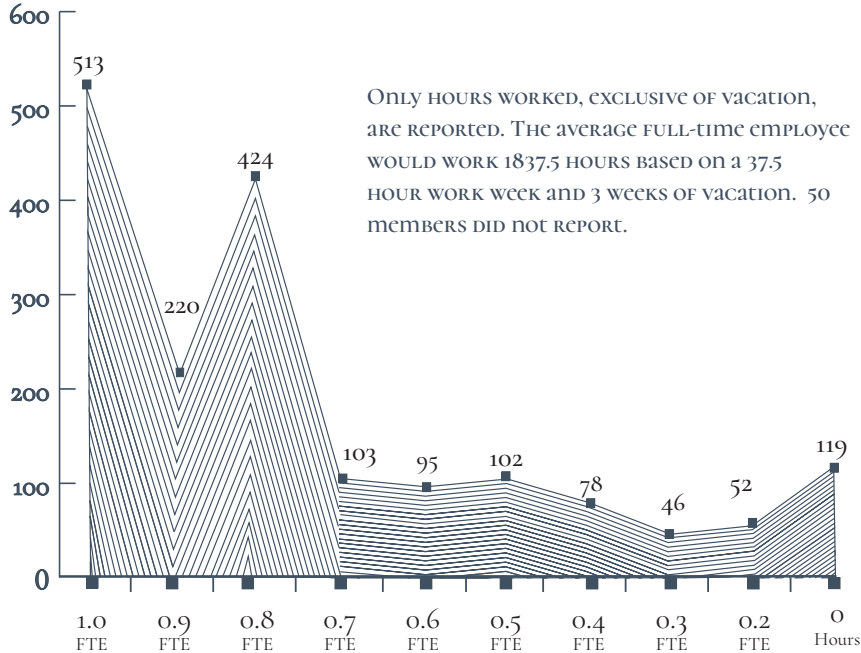


AGE MEAN, MEDIAN & MODE



1805 Members

MEMBER DEMOGRAPHICS



Only HOURS WORKED, EXCLUSIVE OF VACATION, ARE REPORTED. THE AVERAGE FULL-TIME EMPLOYEE WOULD WORK 1837.5 HOURS BASED ON A 37.5 HOUR WORK WEEK AND 3 WEEKS OF VACATION. 50 MEMBERS DID NOT REPORT.

68%
OF MEMBERS (1175)
WORKED < FULL
TIME HOURS
(<1837.5 Hours/year)

HOURS WORKED

28%
OF MEMBERS (511)
WORKED FULL
TIME (> 1837.5
HOURS/YEAR)

6.5%
OF MEMBERS (119)
DID NOT WORK
AT ALL
IN THE 2016-2017
REPORTING PERIOD

37%
OF MEMBERS (676)
WORKED < 0.5 FTE
(<919 Hours/Year)

GROWTH

MEMBERSHIP INCREASED BY 5% THIS YEAR WHICH IS 87 MEMBERS, THIS IS DOUBLE LAST YEARS GROWTH OF 2.4% OR 41 MEMBERS.

5%

WHERE WE WORK

**1324 Members
work in the
public sector**

73.2%

**298 Members
work in
the private
sector**

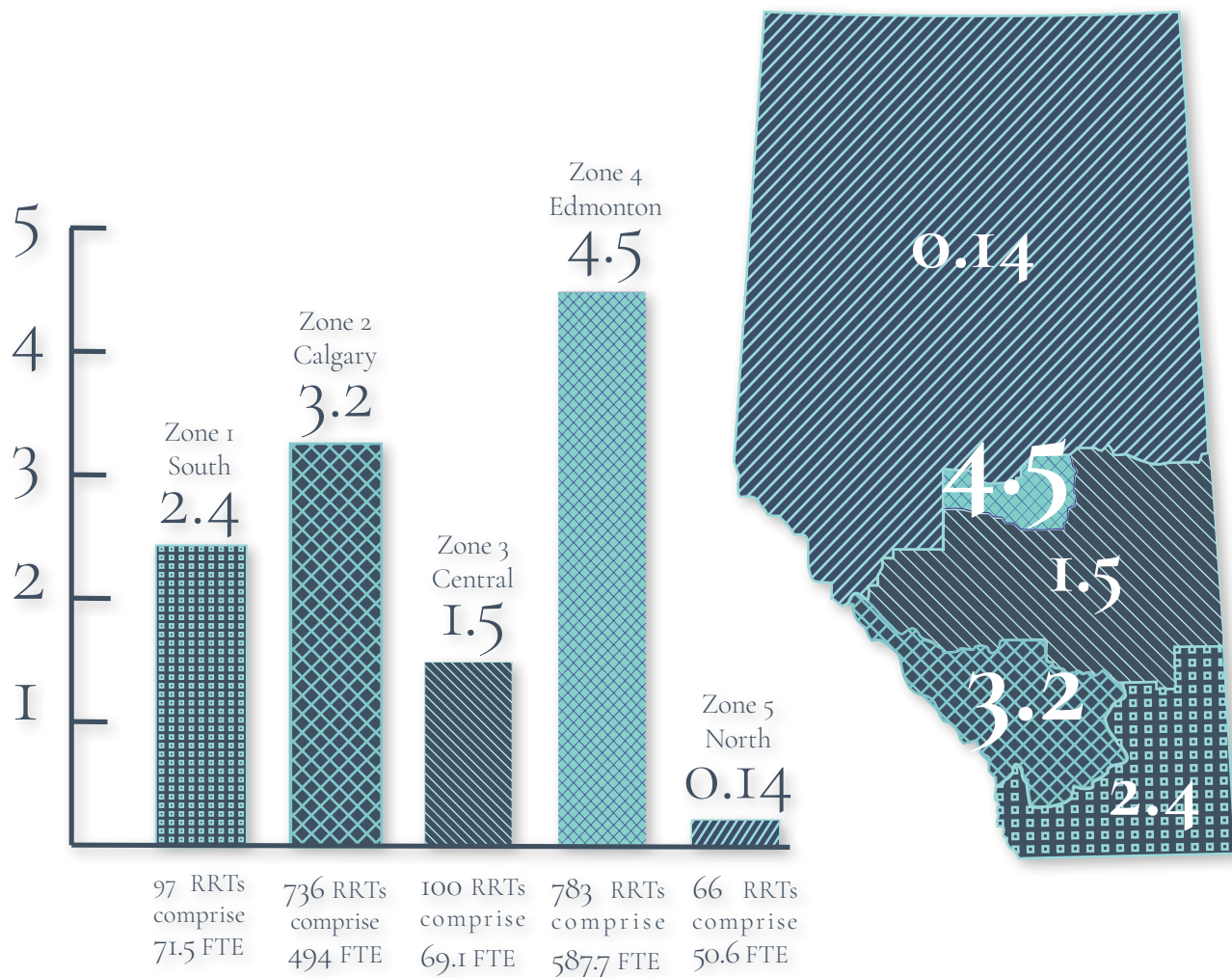
16.5 %

**95 Members
have not
reported**

5.3 %

FULL TIME EQUIVALENTS PER ZONE

The FTE per 10,000 is calculated by looking at the total full time equivalents (self reported by member) and the population of the zone (2014 census data). There is considerable variation in this number from a low of 0.14 per 10,000 in Zone 5 North, to a high of 4.5 per 10,000 in Zone 4 Edmonton. The number of non working RRTs does not include those who have not registered with CARTA.



Summary of CARTA Financials 2017

CARTA continues to prepare its financial statements in accordance with Canadian Accounting Standards for Not-For-Profit Organizations (ASNPO). These statements continue to be audited independently and in accordance with Canadian Generally Accepted Auditing Standards (GAAP). This year's audit was completed in May of 2017. It indicated that, to the year-end January 31, 2017, CARTA has continued to comply in all material respects with ASNPO requirements.

In the independent audited financial statements which follow, CARTA has over its 2016-2017 fiscal year continued to effectively manage its finances and remains a going concern. CARTA has seen its current assets grow to \$80,519 this year, up 11% from the fiscal year end of January 2016. This growth was predominately due to an increase of \$67,099 in membership revenues over the course of the year.

Notably this year, we once again hosted our bi-annual symposium. Through this symposium, we experienced the predicted increase in both revenues and correlated operating expenses. Revenues generated through the symposium decreased slightly, to \$20,150, down 2% from the revenue of \$20,563 generated in 2015. Our overall symposium expenses of \$53,937, increased slightly, up 0.87%, from the symposium expenses of \$53,474 in 2015, and represented 25% of our operating expenses for the 2017 fiscal year. We will continue to plan and allocate our budget accordingly for our next scheduled symposium in 2018.

Our administrative expenses this year increased 10%, up \$42,320 to from the total administrative expenses of \$457,384 in 2016. This increase was primarily due to an increase of 11%, or \$31,040 in wages and benefits, and an increase of 6%, or \$8,687, on our annual rent expense.

Over the past eight years, our total expenses, as a percentage of our overall revenues, have ranged from a low of 68% in 2014, to a high of 90% in 2012. For this fiscal year, our overall expenses of \$701,915, represented 87% of our overall revenues, which sit at \$808,707, for the current fiscal year end.

Our current assets continued to grow this year, up 8.17% overall, predominately as a result of an increase in cash of \$44,385. We continue to have \$700,000 in restricted cash and investments. Restricted cash, of \$485,992, in short term guaranteed investment certificates ("GIC") matured over the course of the 2017 fiscal year. Our current restricted cash and investments is comprised of: \$147,137, in short term investments maturing in the 2018 fiscal year, \$203,760 in investments maturing between April of 2018 and August of 2020, and \$349,103 in restricted cash. The use of these assets continues to be restricted, as set out in note 9 of this year's financial statements.

Our current liabilities decreased 9.8% this year, to \$151,963, and consisted primarily of \$123,746 in unearned revenues. CARTA continues to collect its revenue in the months in which they are earned and this unearned revenue represents the work CARTA had yet to do as of January 31, 2017, for the periods of February and March of 2017.

Overall, we have strived to be prudent managers of CARTA's finances. We continue to aim to offer our bi-annual symposium at an affordable price for our members, while budgeting appropriately to offset the increased expenses generated by this event. We continue to look to invest CARTA's free capital in areas such as GIC's, which provide a low risk environment in which we can continue to get returns on our investments. We fully intend to continue being excellent stewards of CARTA's finances, and we look forward to what 2018 holds.

80.5k

11% GROWTH IN REVENUE FOR THE FISCAL YEAR END OF JANUARY 2016, PREDOMINATELY DUE TO MEMBERSHIP REVENUE.

700k

IN RESTRICTED CASH AND INVESTMENTS ARE SET ASIDE FOR USE IN THE EVENT OF A PUBLIC HEALTH EMERGENCY, AND MAINTENANCE OF THE COMPETENCY PROFILE AND ENTRY EXAM.

100%

COMPLIANCE WITH THE CANADIAN ACCOUNTING STANDARDS FOR NOT FOR PROFIT ORGANIZATIONS (ASNPO).

REVENUE AND EXPENSES

+ 8.17%

INCREASE IN RESTRICTED ASSETS, PREDOMINATELY DUE AS A RESULT OF INCREASED CASH.

+10%

ADMINISTRATIVE EXPENSES INCREASED 10% DUE TO AN 11% INCREASE IN WAGES AND BENEFITS, AND A 6% INCREASED IN RENT.

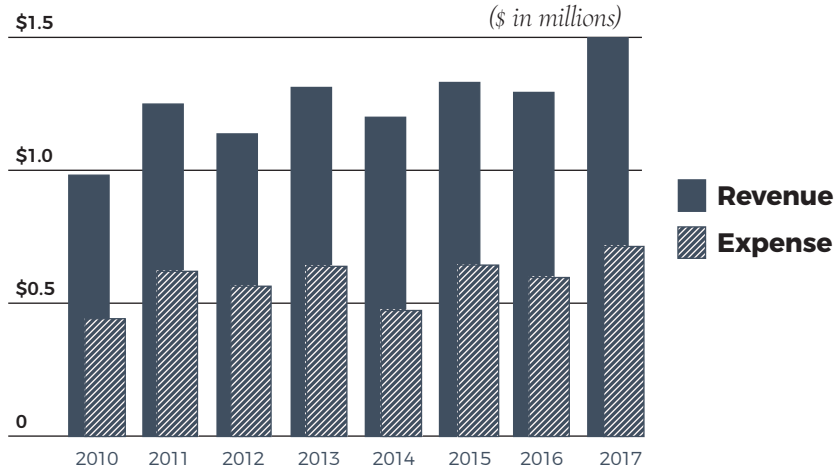
+25%

INCREASE IN OPERATING EXPENSES EVERY OTHER YEAR. REVENUE FROM THE SYMPOSIUM IS DOWN 2% SINCE THE 2014 SYMPOSIUM, AND EXPENSES INCREASED LESS THAN 1%.

-9.8%

LIABILITIES HAVE DECREASED THIS YEAR PRIMARILY DUE TO \$123,746 IN UNEARNED REVENUE.

Statement of Operations Revenue and Expense Trend



INDEPENDENT AUDITOR'S REPORT

Deborah V. Walker Professional Corporation

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, 2017 and the statements of operations, changes in net assets, and cash flows for the year ended January 31, 2017, 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, 2017, and its financial performance and its cash flows for the year ended January 31, 2017 in accordance with Canadian accounting standards for not-for-profit organizations.

June 13, 2017

Deborah V. Walker Professional Corporation
Chartered Professional Accountant, CGA Calgary, Alberta
127 Cranwell Close SE Calgary AB T3M 1Bq
403-399-7742 587-353-0525

STATEMENT OF OPERATIONS

For the year ended January 31, 2017

REVENUE	2017	2016
Membership revenue	\$760,966	\$693,867
Symposium revenue	\$20,150	-
Interest (Note 4)	\$14,625	\$16,854
Cost Recovery - National Alliance	\$9,050	\$7,500
Advertising Revenue	\$2,250	\$8,550
Other	\$1,666	\$1,417
	\$808,707	\$728,188

OPERATING EXPENSES	2017	2016
Investigations and conduct (Note 12)	\$88,253	\$43,150
Symposium (Note 10)	\$53,937	-
Accommodation, travel and parking	\$26,542	\$36,493
Meals	\$10,593	\$8,575
Professional Development (Note 11)	\$12,594	\$5,386
Printing, supplies and other	\$13,587	\$13,762
Memberships	\$5,750	\$4,500
Telephone	\$2,303	\$2,231
Awards, diplomas, certificates	\$782	\$1,737
Consulting	-	\$230
	\$214,341	\$116,064

The accompanying notes are an integral part of these financial statements

STATEMENT OF OPERATIONS *continued*

ADMINISTRATIVE EXPENSES	2017	2016
Wages and benefits	\$301,625	\$270,585
Advertising, promotions and web	\$56,780	\$60,073
Rent	\$45,263	\$36,576
Professional fees	\$25,375	\$17,642
Amortization of tangible assets	\$16,625	\$14,122
Bank charges	\$15,223	\$13,971
Office and general	\$11,472	\$23,382
Memberships and subscriptions	\$9,961	\$6,571
Training	\$2,258	\$727
Insurance	\$1,792	\$1,605
Donations	\$1,200	-
	\$487,574	\$445,254

EXCESS OF REVENUE OVER EXPENSES	\$106,792	\$166,870
OTHER Gain(loss) on disposal of assets	(352)	(369)
EXCESS OF REVENUE OVER EXPENSES	\$106,440	\$166,501

NET ASSETS	Invested in Capital Assets	Restricted (Note 9)	Unrestricted	Total 2017	Total 2016
Balance, beginning of year	\$24,561	\$700,000	\$526,937	\$1,251,498	\$1,084,997
Excess of revenues over expenses	\$(16,976)	-	\$123,416	\$106,440	\$166,501
Investment in capital assets	\$20,489	-	(\$20,489)	-	-
Balance, end of year	\$28,074	\$700,000	\$629,864	\$1,357,938	\$1,251,498

The accompanying notes are an integral part of these financial statements

STATEMENT OF FINANCIAL POSITION

ASSETS

CURRENT	2017	2016
Cash and cash equivalents	\$557,871	\$513,486
Restricted cash (Note 4)	\$349,103	--
Short-term investments	\$200,964	\$161,241
Short-term investments - restricted (Note 4)	\$147,137	\$485,992
Interest receivable	\$2,788	\$1,157
Prepaid expenses	\$19,780	\$19,615
Accounts receivable	\$425	-
TOTAL CURRENT ASSETS	\$1,278,068	\$1,181,491
INVESTMENTS -restricted (Note 4)	\$203,760	\$214,008
CAPITAL ASSETS (Note 5)	\$15,557	\$19,284
INTANGIBLE ASSETS (Note 6)	\$12,561	\$5,276
TOTAL ASSETS	\$1,509,901	\$1,420,059

LIABILITIES

CURRENT	2017	2016
Accounts payable and accrued liabilities	\$9,497	\$15,344
Credit card payable (Note 7)	-	\$1,984
Payroll liabilities	\$6,185	\$11,207
Wages payable	\$12,535	\$4,259
Unearned revenue	\$123,746	\$135,767
TOTAL LIABILITIES	\$151,963	\$168,561

NET ASSETS	2017	2016
Invested in capital and intangible assets	\$28,074	\$24,561
Restricted net assets	\$700,000	\$700,000
Unrestricted net assets	-\$629,864	\$526,937
TOTAL NET ASSETS	\$1,357,938	\$1,251,498
TOTAL LIABILITIES AND NET ASSETS	\$1,509,901	\$1,420,059

CASHFLOW STATEMENT

OPERATING ACTIVITIES	2017	2016
Cash receipts from membership dues	\$757,570	\$724,867
Cash paid to suppliers and employees	\$(690,033)	\$(542,277)
Symposium, newsletter, and other cash receipts	\$24,066	\$9,967
Interest received	\$12,994	\$16,880
	\$104,597	\$209,437

INVESTING ACTIVITIES	2017	2016
Purchase of capital assets	\$(3,605)	\$(14,042)
Purchase of investments	\$309,380	\$(234,271)
Purchase of intangible assets	\$(16,884)	\$(4,252)
	\$288,891	\$(252,565)

INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	\$393,488	\$(43,128)
CASH AND CASH EQUIVALENTS, beginning of year	\$513,486	\$556,614
CASH AND CASH EQUIVALENTS, end of year	\$906,974	\$513,486

Cash and cash flow consist of:	2017	2016
Cash	\$557,871	\$513,486
Restricted cash	\$349,103	--
	\$906,974	\$513,486

The accompanying notes are an integral part of these financial statements

NOTES TO FINANCIAL STATEMENTS

1. Nature of the 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

The 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 include 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 one year. Cost approximates the 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

NOTES TO FINANCIAL STATEMENTS

CONTINUED

2. Accounting Policies (continued)

f) Purchased intangible assets are recorded at cost. Amortization is recorded at the following rates, which have been established by estimates of useful lives as follows:

Website	3 years straight line
Computer Software	2 years straight line

g) 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.

h) 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. Short Term Investments

The short-term investments consist of guaranteed investment certificates maturing within 1 year earning interest of 0.50% to 1.75%. The cost approximates the market value.

4. Restricted Cash and Investments

	2017	2016
Restricted Cash	\$349,103	-
Short-term investments	\$147,137	\$485,992
Investments	\$203,760	\$214,008
	\$700,000	\$700,000

The use of these investments are restricted - see note 9. The short-term investments consist of guaranteed investment certificates maturing within 1 year earning interest of 0.50% to 1.75%. Investments consist of guaranteed investment certificates, with various maturity dates from April 2018 to August 2020, earning interest of 1.65% to 1.7% per annum. The cost approximates the market value.



NOTES TO FINANCIAL STATEMENTS

CONTINUED

5. Capital Assets	2017		2016	
	COST	ACCUMULATED AMORTIZATION	COST	ACCUMULATED AMORTIZATION
Computer Hardware	\$17,397	\$10,511	\$16,545	\$5,804
Furniture and Equipment	\$24,313	\$15,642	\$23,836	\$15,293
	\$41,710	\$26,153	\$40,381	\$21,097
Net Book Value		\$15,557		\$19,284

6. Intangible Assets	2017		2016	
	COST	ACCUMULATED AMORTIZATION	COST	ACCUMULATED AMORTIZATION
Intangible assets subject to amortization:				
Computer Software	\$472	\$472	\$472	\$236
Website	\$40,950	\$28,434	\$24,066	\$19,026
	\$41,422	\$28,906	\$24,538	\$19,262
Net Book Value		\$12,516		\$5,276

7. Bank Indebtedness

The organization has a credit card with a limit of \$25,000. The organization pays the balance of the credit card each month. As at January 31, 2017, the balance was \$ nil (2016- \$1,984).

8. Unearned Revenue

	2017	2016
Unearned Revenue	\$123,746	\$135,767
	\$123,746	\$135,767

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.

NOTES TO FINANCIAL STATEMENTS

CONTINUED

9. Restriction 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 time frame;
- \$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.

10. Symposium Expenses

Included in the 2017 symposium expenses are:

	2017	2016
Meals	\$26,767	-
Accommodations	\$7,095	-
Speaker and Entertainment	\$6,221	-
Travel	\$4,568	-
Honorarium	\$3,850	-
Audio visual	\$3,656	-
Delegate packages	\$662	-
Miscellaneous	\$616	-
Supplies	\$472	-
TOTAL	\$53,937	-

II. Professional Development

	2017	2016
Conduct Committee	\$6,824	\$923
Executive Director	\$3,098	\$2,429
Council Committee	-	\$1,797
Deputy Registrar	\$2,672	\$237
	\$12,594	\$5,386

NOTES TO FINANCIAL STATEMENTS

CONTINUED

12. Investigations and Conduct

	2017	2016
Investigations into conduct	\$47,840	\$24,478
Legal fees associated with conduct and hearings	\$40,413	\$18,672
	\$88,253	\$43,150

13. Lease Commitments

The organization entered into a lease for the office premises and storage November 2015 for 6 years, requiring monthly payments of \$1,688 (after Nov 2019 - \$1,781) plus GST. In addition operating costs of an estimated \$20,000 per year will be payable. In July 2015 the organization entered into a 5 year lease for storage requiring annual lease payments of \$1,953.

2018	\$ 23,217
2019	\$ 23,235
2020	\$ 23,325
2021	\$ 23,325
	<u>\$ 93,102</u>

14. Financial Instruments

An organization can be exposed to various risks through its financial instruments. The organization's financial instruments in the statement of financial position consist of cash, accounts receivable, marketable securities, accounts payable and accrued liabilities. It is management's opinion that the organization is not exposed to significant credit, currency, interest rate, liquidity, or market risk arising from these financial instruments. The fair value of these instruments approximate their carrying value.

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The organization is exposed to this risk mainly from it's accounts payable.

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk, and other price risk. The organization is mainly exposed to the interest rate risk, as described above. Market risks are managed by the application of an approved investment policy that restricts the nature of the investments held. If the carrying value of the instruments differ from fair value, this difference would be disclosed in note 3 and 4.

15. Comparative Figures

Certain comparative figures have been reclassified to conform with the current year classifications of operating and administrative expenses. Printing expenses of \$9,030 has been reclassified from office and general under administrative to printing, supplies and other under operating expenses. Costs associated with the annual general report of \$3,100 has been reclassified from advertising, promotion and web page under administrative to printing supplies and other under operating expenses.

OUTSTANDING SERVICE AWARD 2016: DOREEN TENNANT RRT

Rural Respiratory Therapy is Doreen Tennant's passion! Doreen has improved community and Rural practice for patients and clients throughout the entire province. Doreen graduated from the Respiratory Therapy Program at NAIT in 1980. After working at the U of A for a year, she moved back to her home town of Vegreville, where she worked as a regional therapist. She set a standard in the province as to what community therapists could do. She set up Respiratory Therapy services and programs in Vegreville, Two Hills, Mundare, Willingdon, and Viking.

Continuing her passion for patient care, she began Lakeland Respiratory Consulting Services with her husband, Brian in 1993. For over 20 years, her passion has helped many clients in these communities benefit from her knowledge and care. She has passed on her commitment to patients to many students and therapists wanting to improve their practice. She has helped initiate programs such as Pulmonary Rehabilitation and has been a strong advocate to improve Respiratory Practice throughout the province.

In 1995, she accepted a position with the Lakeland Regional Health Authority as Regional Manager of Rehabilitation Services. In this role, she helped initiate Telehealth Services to rural sites and manage Rehabilitation for RRT, SLP, OT, PT, and Therapy Assistants. She has served on numerous committees and boards and has volunteered many hours to great causes. Some of these include Provincial Telehealth Committee, Rural Rehab Network, Central Zone Rehabilitation Council and Practice Lead for Respiratory Therapy in Central Zone, Provincial Respiratory Professional Practice Committee, and a volunteer member of the Board of Director of the Lung Association of Alberta and NWT. Most recently she has been monumental in coordinating the care for clients effected by the Fort McMurray fire.



In the past year, Doreen has had her own struggles with her health. She received a medical diagnosis and underwent successful treatment. A year after this set back, she is feeling great and has a new outlook on patient care. Through her own experience of being the patient, she has gained more understanding of what her patients are going through.

Doreen's family is also very important to her. She and Brian have 2 beautiful daughters, two sons in laws, 2 amazing granddaughters and spends much of her free time babysitting and enjoying being a Grandma.

FROM LEFT TO RIGHT: RECIPIENT DOREEN TENNANT RRT, PUBLIC MEMBERS ROSS PLECASH AND MAX KRUGER.

Regulated members may nominate any regulated member for the outstanding service award by submitting a nomination form and one page nominee biography to the office on or before October 18th, 2017

The Fort McMurray Fires

by Doreen Tennant RRT, President RHCAA

As president of the Respiratory Homecare Association of Alberta (RHCAA) I would like to thank our member company's management and staff, CARTA, Alberta Health Services and Industry for all of there assistance and support in the deployment of the RHCAA Emergency Response Plan on May 3, 2016, in relation to the Ft. McMurray wildfires. The RHCAA has previously enacted the plan for the Slave Lake fires and the Calgary/High River floods. It was through these experiences we learned how to be better prepared and the importance of working cohesively and collaboratively with each other (even though we are competitors) to effectively and efficiently deliver respiratory therapy equipment and supplies to those displaced by the fires. The RRTs working with the clients certainly had their challenges as many or most clients did not have any information or details available for their equipment types, settings or prescriptions. Our member companies became a single entity, assisting each other without delay. Alberta Health/Alberta Health Services assisted with our plan in deploying RRTs to evacuation centers and assiting in a central call line.

\$10,000
IN DONATIONS, COLLECTED BY MEMBER COMPANIES, WAS DISTRIBUTED TO RRT'S LIVING IN FT. McMURRAY.

DAILY
TELECONFERENCES WITH RHCAA MEMBER COMPANIES, CARTA, ALBERTA HEALTH AND ALBERTA HEALTH AND WELLNESS WERE HELD DAILY, INCLUDING ON THE MOTHER'S DAY WEEKEND, TO UPDATE ON SUCCESSES AND CHALLENGES.

267
CLIENTS WER PROVIDED WITH RESPIRATORY EQUIPMENT (PRIMARILY CPAP MACHINES) FROM THE RHCAA MEMBER COMPANIES.

PLAN
REMAINED
IN PLACE FOR
14 DAYS.

\$500K
WAS SPENT ON
EQUIPMENT, SUPPLIES
AND STAFFING BY
MEMBER COMPANIES.

100%
OF THE RCHAA
MEMBER COMPANIES
PARTICIPATED.

On behalf of the RHCAA, I would like to say thank you to everyone who assisted us in the deployment of the RHCAA Emergency Response Plan. To my fellow colleagues, I would have to say that I have never been more proud to be an RRT. This is a trememdous profession filled with the most compassion and caring individuals. The work we do contributes to make the world a better place.

2016 EDUCATION SYMPOSIUM

The 2016 education symposium was convened in Edmonton at the Courtyard Marriott Hotel West Edmonton, October 21st and 22nd and was preceded on October 20th by the provincial leadership network meeting and Annual General Meeting. The theme for the symposium was *Maintaining Integrity of our Profession and Clinical Problem-Solving*. Professional inspirational speaker Tina Varughese was the keynote speaker for the first day presenting on *Give a (Re) Boot to Work-life Balance* and Linda Tymchuk RRT, keynote speaker for the second day, spoke about *Maintaining the Integrity of the Respiratory Therapy Profession*.

The program consisted of a wide variety of speakers who presented on themes of clinical problem-solving, technical issues as well as for social issues such as challenges in palliative care and contemporary issues such as the future of our profession, human simulation and emerging new roles for the Respiratory Therapy profession. Presentations were made on the College's complaints, investigations and hearings processes by the Complaints Director, Hearings Director, Investigator and a recent graduate Megan Hart RRT, BSc. who presented on speaking up in difficult situations. The new website was presented as well.

135 attendees registered as delegates over the course of the three days. Evaluations were favourable with some very constructive recommendations to enhance the delegate/learner experience for the next symposium scheduled to be convened in Calgary in the autumn of 2018.

The next symposium is in the early planning stages and we are looking for regulated members interested in sitting on the program planning committee. If you are interested please contact the office for more details.



From Top: Attendees at 2016 Conference. 2nd: Tom Paraino, 3rd: Bryan Buell introduces Carolyn McCoy, Bottom: Linda Tymchuk.



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College & Association of
**Respiratory
Therapists**
of Alberta