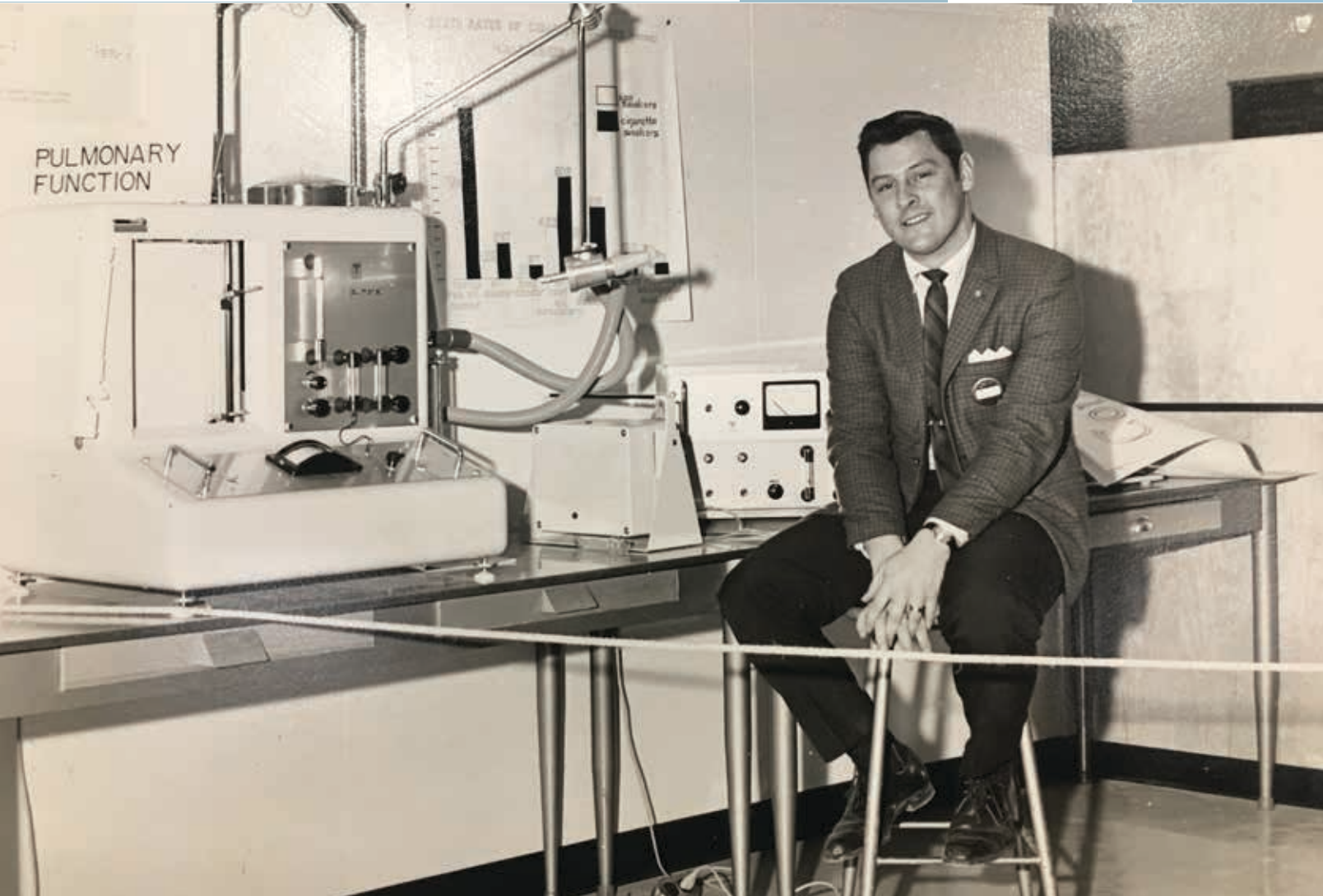


College and Association of
Respiratory Therapists
of Alberta



50 
Years

RESPIRATORY
THERAPY

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ABOUT THIS REPORT

This report is for the reporting period of April 1st, 2017 to March 31st, 2018. It is produced for the benefit of all of our 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 September 14th, 2018.

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

ATB FINANCIAL Calgary North Hill

217 16th Ave NW,
Calgary AB
T2M0H5

LEGAL SERVICES

THOMAS P. O’LEARY

Dentons Canada
850 2nd St SW
15th Floor, Banker’s Court
Calgary AB T2P0R8

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

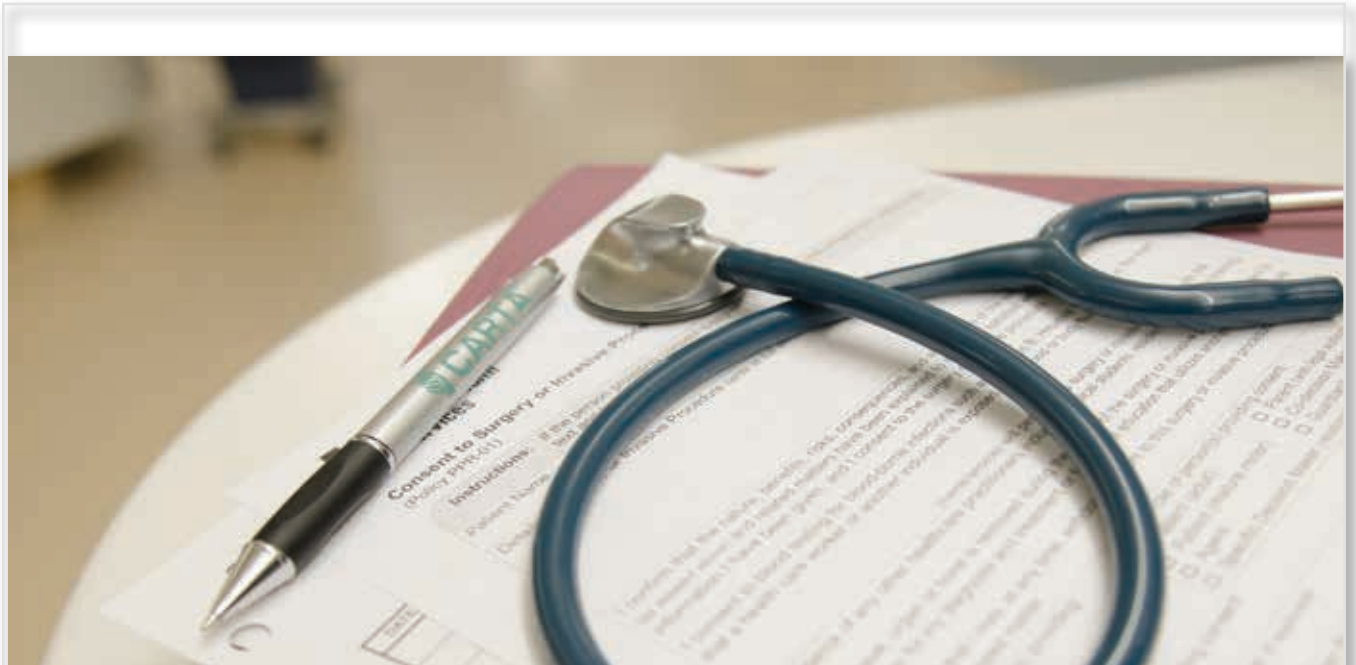
Promoting excellence in Respiratory Therapy through regulation, education and member support.

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.



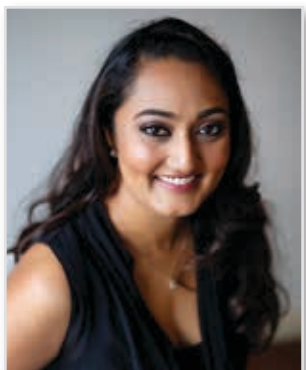
REGISTRAR'S OFFICE & APPOINTED PUBLIC MEMBERS



Bryan Buell
RRT BGS CTAJ
Registrar/Executive Director
Calgary.



Gerald Spence
RRT, CTAJ
Deputy Registrar
Calgary



Angelina Bakshi
P.Eng, MBA, CSR-R, FBE
Public Member
Edmonton



Larry Loven
Public Member
Edmonton



CARTA would like to thank **Mr Sanowar Hossain** from Lethbridge as a Public Member on Council.

*There are two Director at Large positions
to be filled in the fall of 2019*

ELECTED COUNCIL MEMBERS



Karrie Whalen
RRT BSc
President
Edmonton

**To be
filled in
the Fall of
2019**

VACANT
President Elect



Mark Rimkus
RRT BSc P.Eng
Treasurer
Edmonton



Tammie Chisan
RRT, CRE
Executive Secretary
Strathmore



Patricia Beckham
RRT
Director at Large
Edmonton



Jennifer Stefura
RRT, BSc, MAL
Director at Large
Calgary



Sarah Bieganek
RRT, BSc, MA
Director at Large
Edmonton



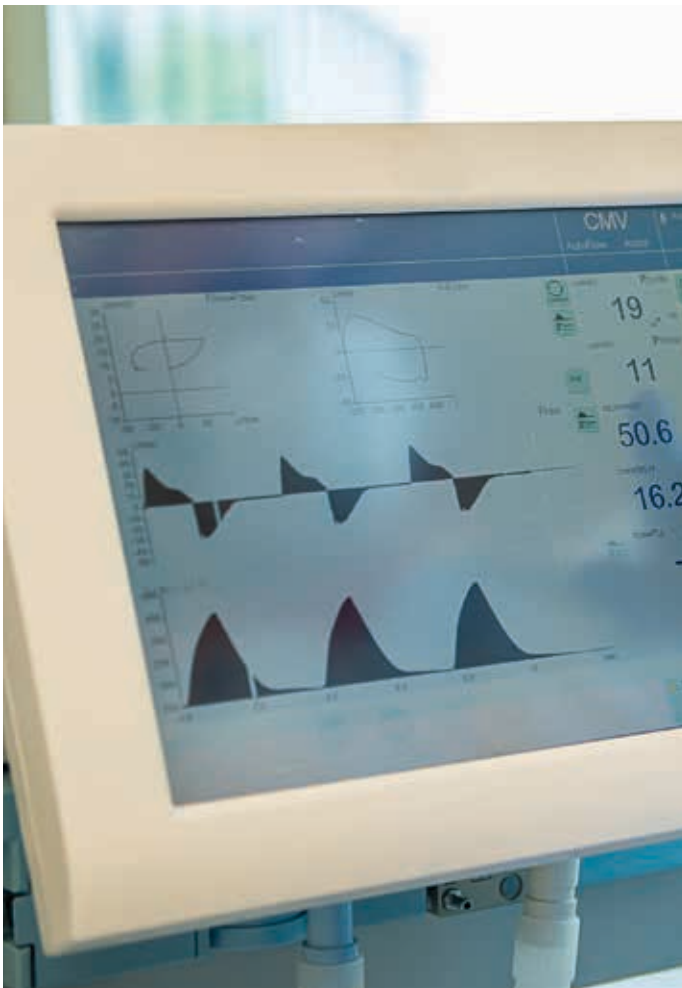
Melissa Morrison
RRT
Director at Large
Calgary

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, development of profession specific Standards of Practice and Codes of Ethics, as well as create and amend corporate by-laws to support the mandate in accordance with the *Act*.

The Council 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.



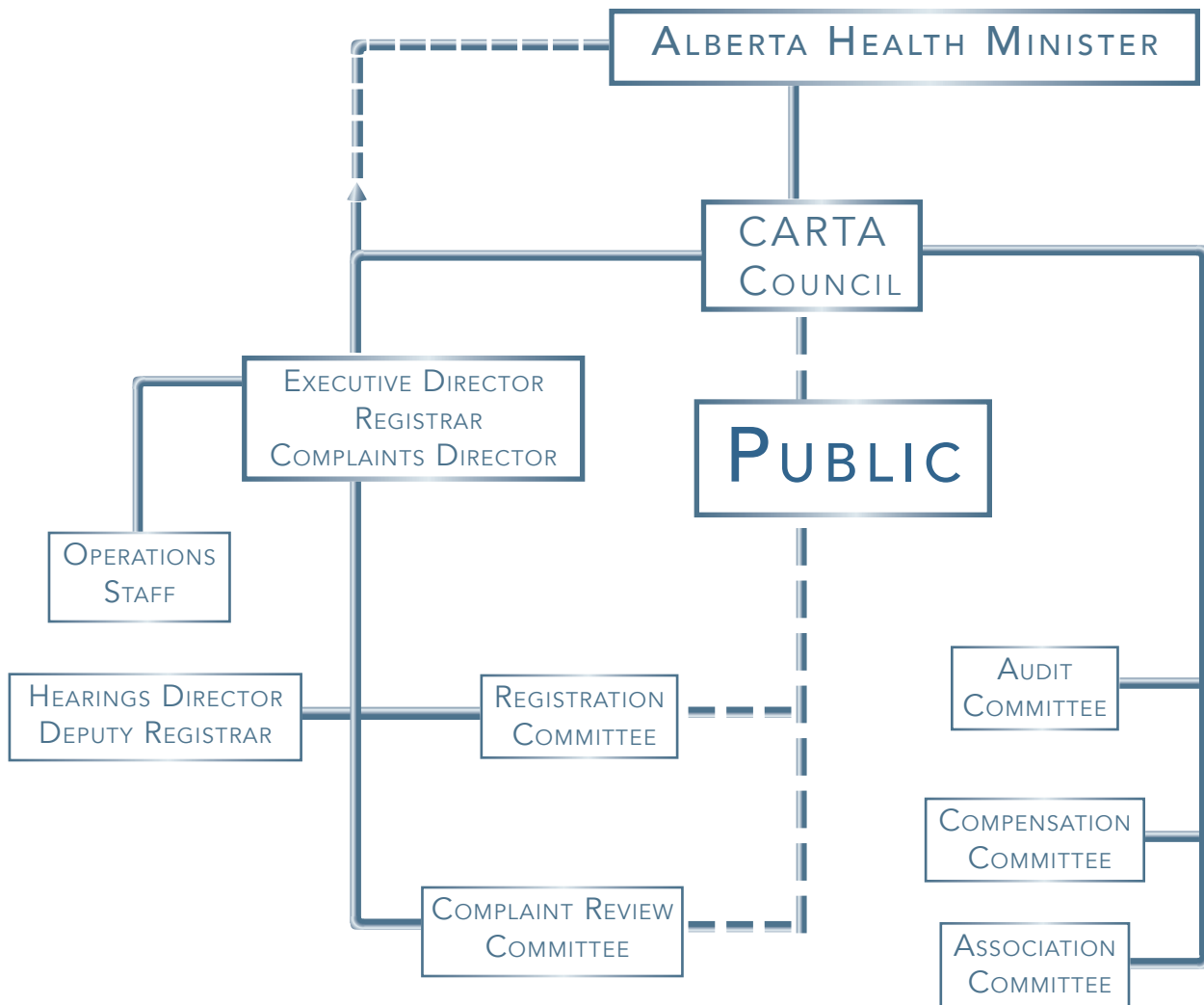
The Council executes its duties by integrating governance best practices in: transparency, appropriate disclosure, regulated member engagement, and broad based stakeholder consultation. These best practices are the basis by which the regulatory body actively participates with the other members of the 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.

ORGANIZATION CHART

Direct Report ———
Indirect Report - - - - -



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 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 privacy is protected;
- CARTA actively participates 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 COMMITTEE

Chairperson- Mr. Jeffery Ung, RRT Calgary

Members

Ms. Dolores Michelin, RRT Calgary
Ms. Judy Duffett-Martin, RRT Calgary
Mr. Will Cunnington, RRT Calgary
Mr. Travis Eremko, RRT Calgary

CARTA COMPETENCY COMMITTEE is the registration committee

CARTA HEARING TRIBUNAL PANEL MEMBERS

Preliminary Investigations conducted by Integrated Risk Investigations Security Services

Hearing Director: Gerald Spence, RRT Calgary

Panel Members:

George Verghese RRT, Cardston
Dolores Michelin RRT, Calgary
Nicholas Castle RRT, Calgary
Gregory Hind RRT, Calgary
Timothy Gill, RRT, Grande Prairie
Micheline Courtney RRT, Calgary
Linda Tymchuk RRT, Edmonton
Catherine Johansen RRT, Medicine Hat
Linda Sheen RRT, Edmonton
Connie Kadey RRT, Drumheller
Amy Whitney RRT, Cochrane
Lisa Lem RRT, Edmonton
Shannon Foster RRT, Edmonton

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



Alberta Legislature Building at sunset



Angelina Bakshi

P.Eng, MBA, CSR-R, FBE

Public Member

Edmonton



Larry Loven

P.Eng, MBA, CSR-R, FBE

Public Member

Edmonton

PUBLIC MEMBERS' REPORT

CARTA, through its dedicated staff and committed Council members, has continued to serve the interests of both the Alberta public and the Respiratory Therapy profession effectively and well through the year.

Council continued in its focus on competence, by working on the accreditation system for the RT programs in Alberta and across Canada, seeking to ensure that the required entry-to-practice competencies are properly imparted. This is an ongoing challenge, one of critical importance when considering the national and international mobility of respiratory therapists, and your Council continues to treat it with the care and attention that it deserves.

The regulation of any health profession requires that the activities performed the responsibilities borne by regulated professionals and are properly defined. To that end, Council has continued to examine questions regarding restricted activities, the risks arising from the use of obsolete equipment, the roles and responsibilities of preceptors in the preparations and development of new RTs, documentation practices, medically-assisted dying, and other areas of concern for the profession. As public members, we strive to understand the impacts of these activities and provide our input on behalf of the Alberta public, and can report that we are impressed with the Council's dedication to this process.

The financial health of the College and Association is also the responsibility of Council, and the public members are pleased to report that this responsibility has been discharged well. The College and Association is in excellent financial shape, and your public members can say that Council continues to view this responsibility seriously.

This year saw the expiry of the terms of two public members, Ross Plecash and Max Kruger. The hand-off occurred in late 2017, right after the CARTA AGM, and went smoothly.

As new public members onboarded to CARTA, we have appreciated the welcome we received by our elected colleagues on council. They continued to actively take our perspectives and considerations seriously and we commend their professionalism. College staff provided valuable background information in an organized manner and were transparent and open about the issues at hand and the impacts any recommendation would have on RT practices. We approved the 2018-2019 budget with perceptiveness on emerging issues that the college and association may need to address in future. As public members we look to ensure the financial sustainability and ability to continue to serve the membership, patients and the general public in a meaningful manner. We look forward to continuing to serve all Albertans as the public members of the College and Association of Respiratory Therapists of Alberta.



Karrie Whalen

BSc, RRT
President
Edmonton

PRESIDENT'S REPORT

This past year, April 1, 2017 to March 31, 2018 has been a year of transition for myself as I move from President Elect to President position on council. I am honored to have the opportunity to serve as president for CARTA council

One of the highlights from the past year for council and myself was our inaugural presentation of two outstanding clinical preceptor awards to the general membership. Both current students and recent graduates from the Northern Alberta Institute of Technology and the Southern Alberta Institute of Technology were asked to put forth submissions to council for consideration. A submission from each school was selected and announced at our fall Annual General Meeting. The selected award winners each demonstrated key principles of preceptorship that council found to be of upmost importance. Preceptors are the foundation of a student's journey from classroom to practical application of the theory and skills required to be a respiratory therapist. Preceptors work with students in acquiring new competencies for safe, ethical and quality respiratory therapy practice. It is through the dedication of the preceptors that upon graduation we have skilled, competent graduates who are prepared to deliver high quality care to the population of Alberta.

We have continued our tradition of collaboration with our national professional association, the Canadian Society of Respiratory Therapists. This past year we engaged in a joint promotion initiative with securing advertising in the Career Counselor National publications, the National Newcomers magazine and the Alberta University Student Newspapers to highlight the profession as a potential career choice.

Nationally we also continue to work with the National Alliance of Respiratory Therapy Regulatory Bodies. This year we participated in reviewing requests for proposals for education accreditation/program approval services and developing a model for future membership fees to expand services.

Within Alberta we have continued our work with a variety of organizations. We have maintained ongoing engagement on a wide variety of issues with the Alberta Health Services Provincial Professional Practice Council and with the lead on behalf of the Council Roberta Dubois RRT, MA. We attended the Alberta Health Services Connect Care project announcement and stakeholder consultation on design strategies that comply with standards of practice for respiratory therapists. Assisted the College of Physicians and Surgeons of Alberta to revise existing Pulmonary Function and Sleep Diagnostic Laboratory Standards. These examples are only a small snapshot of the work we do with our provincial regulated health professional colleagues and for our own profession.

Respectfully submitted,

Karrie Whalen BSc, RRT

President CARTA Council





Bryan Buell

RRT BGS CTAJ

Registrar/Executive Director

Calgary.

REGISTRAR'S REPORT

It continues to be an honour to be appointed as the registrar for the profession and serving the public as well as the 1,808 regulated members. This year has been one of consolidation as our growth in membership has slowed. New members continue to arrive from other jurisdictions through the Canada Free -Trade Agreement as well as those who graduate from our approved programs at the Northern and Southern Institutes of Technology.

Our registration committee continues to execute their duties with the highest level of quality maintaining a standard of excellence that the public and every member can be extremely proud of. I appreciate their comprehensive attention to detail regarding every application they review. Thoughtful committee decisions leave the public well protected and applicants believing their application was seriously considered.

I have actively participated in the registrars committee of the National Alliance of Respiratory Therapy Regulatory Bodies in attempt to define and source a suitable replacement for the national accreditation services. The Canadian Society of Respiratory Therapists (CSRT) Board of Directors notified us that they were ceasing the accreditation service for entry to practice effective August 2019. A national request for proposals process was conducted and at the time of writing we are approaching the final aspects of that process.

On December 31st the Canadian Medical Association ceased providing entry to practice accreditation operations reducing alternatives for consideration. We have been offering leadership to the Program Approval Interest

Group of the Alberta Federation of Regulated Health Professions on distinguishing the difference between accreditation and program approval by our respective Councils. The learning has been rich and the exchange very beneficial for all participants.

I enjoy collaborating by acting as a resource with the Alberta Health Services Respiratory Therapy Provincial Professional Practice Council who are committed to standardizing respiratory therapy patient services throughout our province.

The upcoming year will be exciting as we develop a strategy for membership engagement to propose amendments to our Regulation, standards of practice and the code of ethics. I encourage you to participate in creating your future to be of more service to the public. With the advancements in technology the application of non-ionizing radiation (ultrasound) in our practice is emerging. Application of ultrasound is becoming an adjunct to services we provide to patients such as arterial catheter insertion, assisting in bronchoscopy and determining chest tube positioning in adult patients as well as determining proper tube positioning for endotracheal intubation in neonatal patients. Currently, application of ultrasound is not contained as a restricted activity we are authorized to perform.



The independent sector of our profession is rapidly growing as new standards for pulmonary function and sleep diagnostic testing have been implemented by the College of Physicians and Surgeons of Alberta. That organization has also appointed a representative from our College to participate on both advisory committees for these services. Deputy registrar Gerald Spence has been appointed to the pulmonary function committee and I was appointed to participate on the sleep diagnostic advisory committee.

I enjoy collaborating by acting as a resource with the Alberta Health Services Respiratory Therapy Provincial Professional Practice Council who are committed to standardizing respiratory therapy patient services throughout our province. Both urban and rural regulated members benefit from this creative collaboration and our patients are the ultimate benefactors.

The Alberta Health Services Respiratory Clinical Network's Sleep Disorders Workgroup has been very active again this year. They have significantly enhanced their stakeholder role and have contributed on the development of standards and competencies required to practice in sleep diagnostics services. I enjoy the opportunity to act as a regulatory resource for the group and observe the true value of multi-disciplinary collaboration at its best.

The Respiratory Homecare Association of Alberta has also been very active collaborating with the Alberta Health Services Respiratory Benefits Program for a seamless transition of transferring most of the administrative aspect of the program to Alberta Bluecross. I participate acting as a regulatory resource with this provincial organization who discuss common issues that the industry encounters.

Progressive work continues dealing with technological change as it relates to pulse oximetry strips becoming obsolete and developing an acceptable alternative.

In collaboration with the CSRT our public information campaign continues to be successful. Our advertisements in every Alberta university student newspaper publication, national high-school student counsellor, Alberta school superintendent and newcomer counsellor publications are having a positive impact.

This year our re-branded web-site was launched with enhanced membership services including online application services and hosting a continuing competency mobile telephone application. The website also has our people prominently displayed throughout rather than stock photographs. We are about real people providing exceptional health services providing public access to the latest technology available.

Our council endorsed the integrated health record at request of Alberta Health. The large digital transformation being designed for Alberta Health Services is a subset of the integrated health record which also includes individual physician's offices. It is abundantly clear that the digital transformation is real and won't be going away. Our profession embraces technology and as early adopters we look forward to the new opportunities that await our patients as well as the profession.

Yours in Healthcare!

Bryan Buell RRT, BGS, CTAJ,
Registrar

CARTA's 2017-2018 Accomplishments

Assisted **College of Physicians of Alberta** revise the existing ***Pulmonary Function & Sleep Diagnostics Laboratory Standards***

Attended the **AHS Connect Care** project announcement & stakeholder consultation on design strategies that comply with ***Standards of Practice***

Assisted **6** provisional members prepart to re-write the approved registration exam by providing **2** workshops & exam preparation strategies as well as provided practice questions on multiple topics

Our Registrar, **Bryan Buell**, and Deputy Registrar, **Jerry Spence** were respectively appointed by the **Council of the College of Physicians and Surgeons of Alberta** to participate in the ***Sleep Diagnostic Laboratories Accreditation Advisory Committee & the Pulmonary Functions Laboratories Accreditation Advisory Committee***

Multiple presentations of new ***standards of practice for electronic & paper documentation*** were made throughout the province

5 New professional regulated members added & approved by council for the ***Hearing Tribunal Pannel*** pool

A new ***Mandatory continuing competency activity*** for all renewing members on ***standards of practice in preceptoring students*** was developed and implemented

Maintained ongoing engagement with ***AHS Provincial Professional Practice Committee*** on a variety of issues lead by **Roberta Dubois, RRT MA** on behalf of **CARTA Council**



No adjustments to the independent auditor's ***financial report*** for the **2nd consecutive year**

Ongoing **Stong Fiscal standing** & spending practices

Ongoing ***Financial Surplus*** despite increasing costs associated with disciplinary hearings & investigations

Deputy Registrar, **Jerry Spence** has been invited to co-chair a working group for program approval in the ***Alberta Federation of Regulated Health Professions*** of which CARTA representatives have been participating in.

Updated the **Respiratory Homecare Association of Alberta**, on contemporary workplaces issues such as ammendments to the ***Labour Standards Regulation & Occupational Health and Safety***

Collaborated with **NARTRB** reviewing requests for proposals to **education accreditation** & developing a model for **future program expansion** based on membership fees

The website was refreshed with improved online application & renewal function

Participated in **Program Advisory Committees** for **SAIT & NAIT**

Foreign Applicant assessment information package updated

2 awards were presented to **Outstanding Clinical Preceptors**, **Susan Down RRT, Calgary** & **Kelsey O'Neill RRT, Edmonton.**

Continued **collaboration** with **CSRT** in promoting our profession by placing **advertisments** in multiple publications including **Career Counselor Magazine, local University papers, National Newcomers Magazine**

Ongoing facilitation of domestic and international **labour mobility** by verifying registration, answering questions for the ***Labour Mobility Coordinating Group***, & other itnerested parties

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 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.

CONTINUING COMPETENCY

The **Health Professions Act** requires all regulated members to participate in a continuing competency program. The requirement 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 Preceptor Respiratory Therapy Students or Regulated Members learning Restricted Activities.



Member Education of Requirements, Legal and Ethical Obligations.

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.

2018 OUTSTANDING RESPIRATORY THERAPIST



Public Members Ross Plecash and Max Kruger Present Amin Habib his outstanding RRT Award.



Travis Eremko RRT, Edmonton, thanks the group for the Award.

Congratulations to Amin Habib RRT from Edmonton and Travis Eremko RRT from Calgary co-recipients of the outstanding service award for this year. The award is presented by a council decision after they review nominations submitted by 5 regulated members who provide a biography of the accomplishments of the nominee. The criteria for selection include professional service to the public, volunteer service to their local community and/or the profession as well as being a regulated member in good-standing with the regulatory body.

This is the second time that council has decided to give the award to two recipients. The last year was 2014 when Knowlson Rideout RRT and Allan Shemanko RRT were presented their awards. The following is a list of previous award winners:

1974 Linda Curtis RRT;
1975 James Coward RRT;
1976 W.C.B. Reeves RRT;
1977 Michael Andrews RRT;
1978 Helmut Janisch RRT;
1979 Nelson Kennedy RRT;
1980 Audrey Runge RRT;
1983 Henry van Reede RRT;
1984 Keith Wilson RRT;
1985 Mary Rehill RRT;
1986 Eleanor Lord RRT;
1987 Marlene Irwin RRT;
1988 Don Smailes RRT;
1991 Cliff Seville RRT;

1993 Bryan Buell RRT;
1995 David Stone RRT;
2001 Ann Hudson-Mason RRT;
2003 Connie Brooks RRT;
2004 Dallas Schroeder RRT;
2007 Kathryn Courtney RRT;
2009 Monica Peterson RRT;
2010 Anne-Marie Stevenson RRT
2012 Roger Johns RRT;
2014 Knowlson Rideout RRT and Allan Shemanko RRT;
2015 Rodney Rousseau RRT
2016 Doreen Tennant RRT
2017 Travis Eremko RRT and Amin Habib RRT

APPROVED EXAMINATION

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.

July 2017 Examination Summary

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 examinations. The examination content was verified to reflect an appropriate balance of items to measure the competencies identified in the test specifications. All National Competency Profile specified broad, compound competency domains were represented in the July 2017 form.

The July 2017 Canadian Board for Respiratory Care examination displayed generally 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 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.

A scoring error was detected. The error affected one third of examinees. The Canadian Board for Respiratory Care and its partners acted to identify the deficiency and remedy the error in a timely manner. The error did not affect the above reported examination analyses and review, or the examination linking or equating processes.

Opinion expressed by Richard Braha Assessment Consultants Inc.

January 2018 Examination Summary

The Canadian Board for Respiratory Care retained a new psychometric service following the scoring error detected on the July 2017 examination. Yardstick Assessment Strategies was retained to conduct an IRT Equating Process.

The equated pass mark for the January 2018 administration of the Canadian Board for Respiratory Care (CBRC) entry to practice examination is between 155 and 156 points out of 244 total items. Rounding or adjustments to the pass mark are a policy decision determined by the CBRC. Yardstick supports a pass mark of 156 out of 244 for the January examination.

Yardstick Assessment Strategies were not requested to express an opinion on the January 2018 examination similar to the detailed analysis performed by the previous psychometrician.

High stakes standardized examinations such as the Council approved examination administered by the Canadian Board for Respiratory Care are not immune to human error which contributed to the scoring error contributing to confusion when writers received their original results. Fortunately the error was discovered after a more detailed review of the scoring process and the necessary safeguards are in place to reduce such an event from re-occurring. The Council appreciates the contributions Alberta regulated members played behind the scenes in finding a swift resolution to the scoring problem.

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.

In recent years, 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 in Quebec, the College of the North Atlantic Qatar campus, the College Valleyfield in Quebec and the St. Clair College in 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 meet 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 applicant 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



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 & INVESTIGATIONS

Complaints and Investigations

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.

Previous Complaints

One previous complaint that remains outstanding as we patiently wait for the outcome of a grievance mediation process between the employer and employee as well as a medical assessment to continue to practice.

One previous complaint pursuant with **Section 57** of the **Act** was referred to a hearing after reasonable and probable grounds existed that multiple events occurred and there was possible contravention(s) of the standards of practice and code of ethics of the profession as well as contravention of multiple employer policies and procedures. The investigated person admitted to unprofessional conduct and agreed to have their practice permit revoked indefinitely. As a result of the admission the hearing tribunal panel did not award any sanctions for costs or fines related to the matter which is now considered to be disposed.

A matter from the year previous that was resolved at a hearing tribunal which resulted in non-performance in payment of costs by the investigated person to the regulatory body. They had admitted to unprofessional conduct agreed to have their practice permit revoked indefinitely and initially agreed to pay the costs in equal installments within a year.

A judicial court order by the Court of Queens Bench was sought and awarded to the regulatory body. The regulatory body registered the outstanding debt and previously agreed penalties for non-performance against two properties owned by the former regulated member. Currently the former regulated member's bank is attempting to liquidate the property and distribute the remaining funds to the creditors listed. Given the outstanding amounts owed to preferred creditors we are not optimistic that we will receive the funds owed in whole or in part.

Complaints Received This Year

This year we received a total of nine (9) complaints. Three of the complaints were satisfactorily resolved pursuant with **Section 55(2)(a)** where the complaints investigator encourages the complainant and investigated person communicate with each other in attempt to arrive at a mutually satisfactory resolution. All three complaints were related to administrative workplace matters.

This alternate dispute resolution approach is particularly helpful in resolving relatively minor matters where no patient is harmed or exposed to significant potential for harm. The parties are able to fully understand the actions in the matter that resulted in the complaint being originally filed with the complaints director. In such cases there is usually some misunderstanding that occurs for one or both of the parties involved.

One complaint about patients being exposed to significant potential for harm was investigated and referred to a hearing tribunal as it was determined that sufficient evidence existed and there may have been a contravention of the standards of practice and code of ethics of the profession and that the conduct may have harmed the reputation of the regulated health profession.

Complaints Still Under Investigation

Five of the complaints continue to be under various stages of investigation at the time of writing. Four of the complaints were related to possible contravention(s) of the employer's policy and procedure as well as possible contravention(s) of the standards of practice and code of ethics of the profession.

One complaint is very complex involving possible significant harm experienced by at least two patients, possible contravention of the standards of practice and code of ethics of the profession and possible conduct that harms the integrity of the profession. Interim conditions during the proceedings pursuant with section 65 of the Act have been implemented while the investigation remains ongoing.

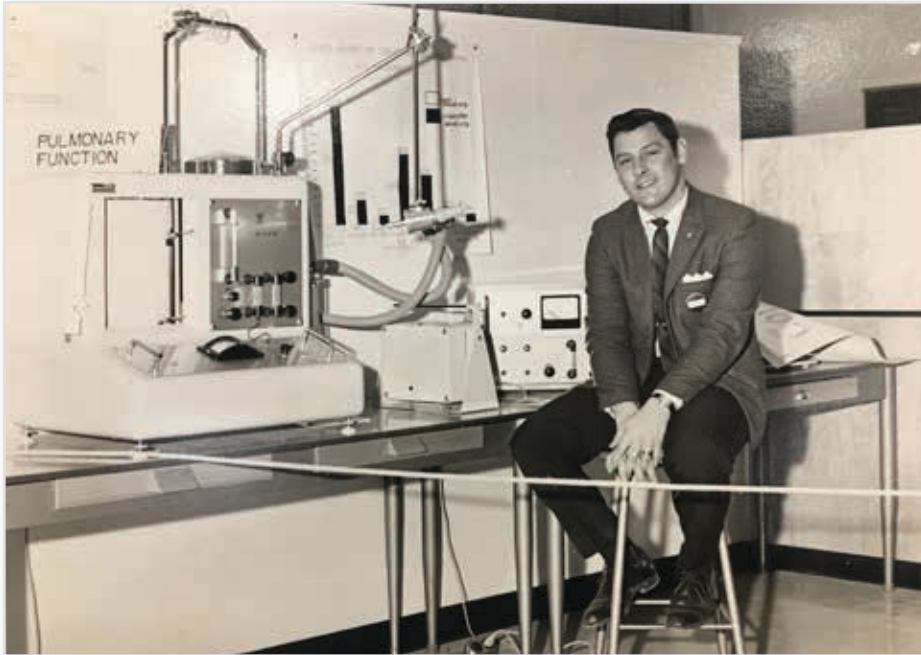
Complaints Received this Year Referred to a Hearing Tribunal this Year

One of the complaints investigated this year was also referred to a hearing this year, satisfactorily resolved and now considered disposed. The regulated member admitted to being in error and agreed to undergo some additional education and evaluation before returning to employer supervised practice for 30 days. The regulated member also agreed to remit \$3,500 in partial costs associated with the investigation. The costs were immediately paid in full, the additional education and supervised practice were successfully completed.

Incapacity Assessments

Pursuant with **Section 118** of the *Act* the regulatory body may request incapacity assessments of regulated members. This year one regulated member was assessed for incapacity related to alcohol consumption and related health conditions. The incapacity was satisfactorily resolved and the regulated member returned to work after being assessed and provided evidence of active participation in a treatment plan that was provided to the complaints director.

A regulated member from the previous year relinquished their practice permit and was assessed. They remain in treatment which includes a 24 hour a day monitoring device involving breath analysis every 12 hours that confirms the identity of the former regulated member, the location where the breath analysis occurred as well as whether it was in close proximity to a liquor store or liquor dispensing location. In addition, the former regulated member is undergoing counselling from professionals determined to be reputable and acceptable to the regulatory body. We remain optimistic for a successful outcome in this particular case.



Mike Andrews 1967

50 
Years

NAIT'S
50TH

ANNIVERSARY.

A wonderful gala event for all attendees was planned and implemented in conjunction with the NAIT Alumni Association by Ms. Diane Gauvreau RRT and Mr. Clifford Reeves RRT long serving regulated members and NAIT employees. Special thanks to them for organizing such a memorable event.

The Respiratory Therapy program blew past the 50-year milestone last autumn, with a special gathering of over 200 former alumni in the NAIT CAT crossing. The evening had significant representation from multiple graduating classes including individuals from as far back as 1967 and as recent as 2016.

The Respiratory Therapy program has graduated more than 1,800 licensed Registered Respiratory Therapists and has the distinction of being the first Respiratory Therapy program in Canada to be based at a technical institute under the authority of the Technical Institutes Act. NAIT also had the honour of welcoming Michael Andrews PhD to the stage, the original instructor that taught and built the program for the first class of graduates in 1967.

Mr. Kevin Shufflebotham current provost of NAIT and former regulated member also made welcoming remarks to the attendees on behalf of the Technical Institute. New and recent graduates had the unique opportunity to mingle, share stories of past and present experiences and highlight the many new advancements of our profession as well as marvel on how far this program has grown in the past 50 years!



Leslie Fenrich, Cheryl Babiak



Trish, Manfred Metz, Greg Ryan



Cliff Seville and his wife, Janice. Jocelyn Forseille (back to camera).



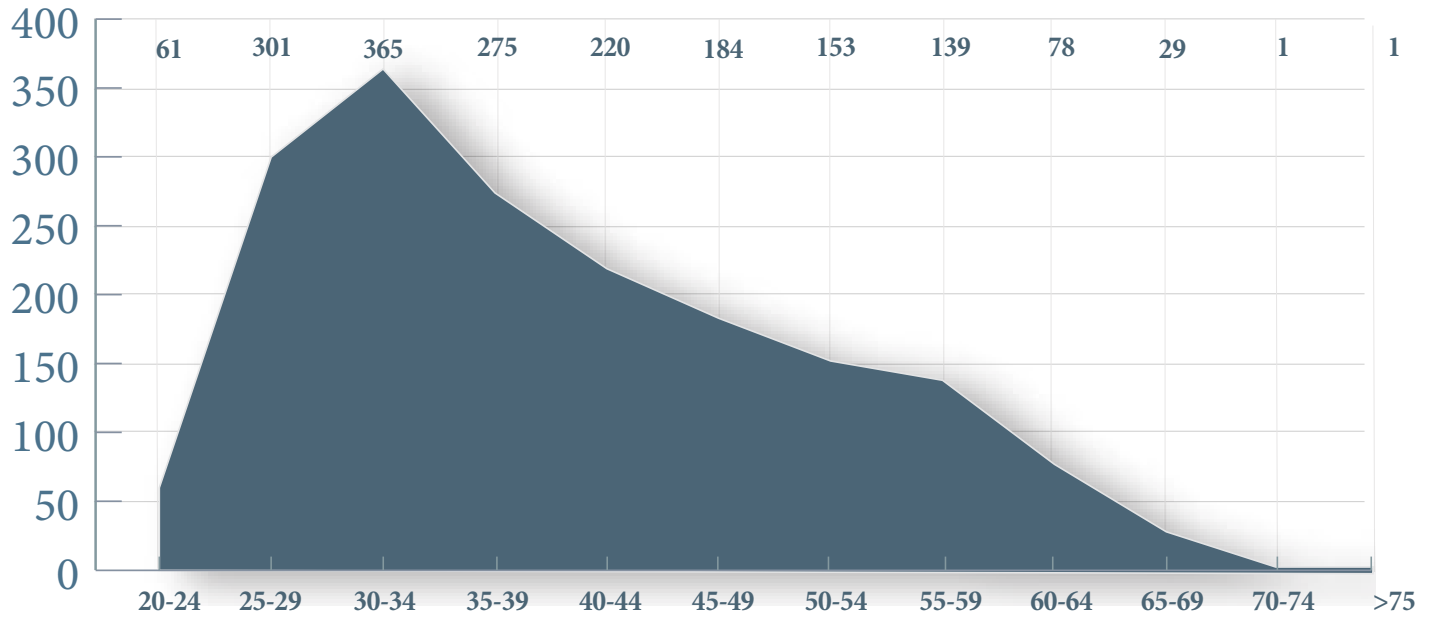
Michael Andrews PhD (L) Diane Gauvreau RRT (M) and Clifford Reeves RRT (R)



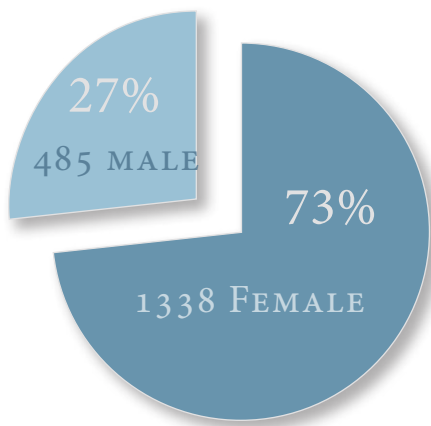
Dr. Fred McDonald (L) Michael Andrews PhD (M) and Mr. Donald Smails (R)

DEMOGRAPHICS

AGE DISTRIBUTION

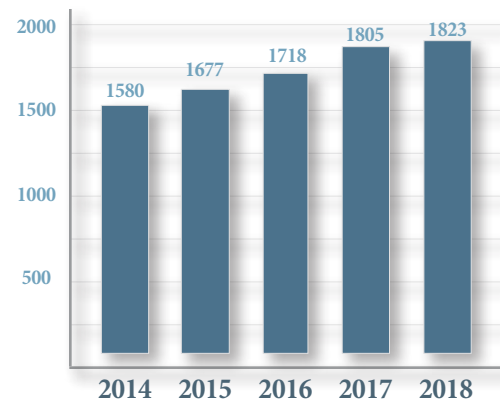


MALE AND FEMALE



1823 TOTAL

MEMBERSHIP GROWTH



1823 TOTAL
INCREASE OF 18 MEMBERS

MANAGEMENT'S DISCUSSION AND ANALYSIS OF AUDITED STATEMENTS



Our operations continue to be efficient realizing a net surplus of \$170,998 compared with \$106,440 the year previous. Every other year we host an education symposium alternating between Edmonton and Calgary as venues. The events are not conducted to realize a profit but rather to provide affordable exceptional educational programming. We typically rely on the interest from investments for the preceding and current year to subsidize the education symposium.

Members will note that the operating expenses associated with investigations and conduct continue to rise as the number of complaints continues to rise. The nature of the complaints is becoming more complex and thus costs are increased. This year we had to seek an enforcement order from the Court of Queens Bench as a former member failed to remit payments to the College as part of an order by a hearing tribunal. Our awards expenses increased and are associated with the introduction of the preceptor awards for the approved programs at NAIT and SAIT.

Our administrative expenses and benefits decreased as we rely on a part-time administrative support person to assist with filing after registration renewal rather than a full-time position. Our operations staff rely heavily on the website and technology to be efficient providing membership services. Expenses associated with the website increased slightly as a result of the expenses associated with the refresh.

Our staff also perform multiple roles such as combining hearings director with deputy registrar responsibilities and also combining registrar, complaints director and privacy officer together. We contract our bookkeeping and accounting services enjoying the synergies of scale for these services.

Our investment portfolio for restricted funds involves a laddering strategy intended to renew maturing guaranteed investment certificates as interest rates slowly increase over time. Special acknowledgement must be attributed to our book-keeper Lynda Baker for her diligent attention to detail on a transaction by transaction basis for every revenue and expense.

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, 2018 and the statements of operations, changes in net assets, and cash flows for the year ended January 31, 2018, 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, 2018, and its financial performance and its cash flows for the year ended January 31, 2018 in accordance with Canadian accounting standards for not-for-profit organizations.

Calgary, Alberta Deborah V. Walker Professional Corporation April 25, 2018 Chartered Professional Accountant

College and Association of Respiratory Therapists of Alberta

Statement of Operations

For the year ended January 1st, 2018

Revenue	2018	2017
Membership Revenue	\$ 105.66	\$ 105.48
Symposium revenue	33.55	43.53
Interest	567.77	485.39
Cost Recovery	56.99	22.00
Advertising Revenue	457.31	585.33
Other	458.44	484.22
Total Revenue	\$ 2307.27	\$ 2696.50
Operating Expenses		
Investigations and conduct (Note 12)	\$ 95,020	\$ 88,253
Accommodation, travel and parking	19,890	26,542
Professional development (Note 11)	15,463	12,594
Printing and design- Annual Report	12,684	12,528
Memberships	6,000	5,750
Meals	4,499	10,593
Telephone	2,235	2,303
Consulting, supplies and other	1,608	1,059
Awards, diplomas and certificates	1,435	782
Symposium (Note 10)	-	53,937
Total Operating Expenses	\$ 158,906	\$ 214,341
Administrative Expenses		
Wages and benefits	\$ 262,691	\$ 300,676
Advertising , promotion and web page	62,799	56,780
Rent	44,503	45,263
Professional Fees	23,116	25,375
Amortization of tangible assests	18,677	16,625
Office and general	16,696	12,421
Bank Charges	15,180	15,223
Memberships and Subscriptions	11,219	9,961
Training	2,704	2,258
Insurance	1,795	1,792
Donations	-	1,200
Total Administrative Expenses	\$ 459,370	\$ 487,574
Excess of Revenue over Expenses	\$ 176,557	\$ 106,792
Other: Gain (Loss) on disposal of assets	\$ (5,559)	\$ (352)
Excess of Revenue over Expenses	\$ 170,998	106,440

The accompanying notes are an integral part of these financial statements

College and Association of Respiratory Therapists of Alberta

Statement of Changes in Net Assets

For the year ended January 1st, 2018

Net Assets	Invested in Capital Assets	Restricted (Note 9)	Unrestricted	Total 2018	Total 2017
Balance Beginning of Year	\$ 28,074	\$ 700,000	\$ 629,864	\$ 1,357,938	\$ 1,251,498
Excess of Revenues over Expenses	(24,225)	-	195,223	170,998	106,440
Investment in Capital Assets	29,689	-	29,689	-	-
Balance End of Year	\$ 33,538	\$ 700,000	\$ 795,398	\$ 1,528,936	\$ 1,357,938

The accompanying notes are an integral part of these financial statements

College and Association of Respiratory Therapists of Alberta

Statement of Financial Position

For the year ended January 1st, 2018

Assets: Current	2018	2017
Cash and Equivalents	\$ 9,414	\$ 557,871
Restricted Cash (Note 4)	-	349,103
Short-term Investments	909,967	200,964
Short-term Investments -Restricted (Note 4)	64,018	147,137
Interest receivable	7,040	2,788
Prepaid Expenses	17,284	19,780
Accounts Receivable	-	425
Total Current Assets	\$ 1,004,723	\$ 1,278,068
Investments - restricted (Note 4)	635,982	203,760
Capital Assets (Note 5)	11,786	15,557
Intangible Assets (Note 6)	21,786	12,516
Total Assets	\$ 1,674,243	\$ 1,509,901

Liabilities: Current	2018	2017
Accounts payable and accrued liabilities	\$ 7,300	\$ 9,497
Credit Card payable (Note 7)	4,102	-
Payroll liabilities	5,968	6,185
Wages payable	2,504	12,535
Unearned revenue	125,433	123,746
Total Liabilities	\$ 145,307	\$ 151,963

Net Assets	2018	2017
Invested in capital and intangible assets	\$ 33,538	28,074
Restricted net assets (Note 9)	700,000	700,000
Unrestricted net assets	795,398	629,864
Total Net Assets	\$ 1,528,936	\$ 1,509,901
Total Liabilities and Net Assets	\$ 1,674,243	\$ 1,509,901

The accompanying notes are an integral part of these financial statements

College and Association of Respiratory Therapists of Alberta

Cash Flow Statement

For the year ended January 1st, 2018

Operating Activities	2018	2017
Cash receipts from membership dues	\$ 768,330	\$ 757,570
Cash paid to suppliers and employees	(605,455)	(690,033)
Symposium, newsletter and other cash receipts	6,109	24,066
Interest received	18,254	12,994
	\$ 187,238	\$ 104,597
Investing Activities		
Purchase of capital assets	\$ (5,362)	\$ (3,605)
Purchase of investments	(1,055,106)	309,380
Purchase of intangible assets	(24,330)	(16,884)
	\$ (1,084,798)	\$ 288,891
(Decrease) Increase in Cash and Cash Equivalents,	\$ (897,560)	\$ 393,488
Cash and Cash Equivalents, beginning of year	906,974	513,486
Cash and Cash Equivalents, end of year	\$ 9,414	\$ 906,974

The accompanying notes are an integral part of these financial statements

College and Association of Respiratory Therapists of Alberta

Notes to Financial Statements

For the year ended January 1st, 2018

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 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
- 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	3 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.

College and Association of Respiratory Therapists of Alberta

Notes to Financial Statements - Continued

For the year ended January 1st, 2018

3. Short Term Investments

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

4. Restricted Cash and Investments

Restricted Cash and Investments	2018	2017
Restricted Cash	\$ -	\$ 349,103
Short-term Investments	64,018	147,137
Investments	635,982	203,760
	\$ 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 one year earning interest of 0.35% to 1.75%. Investments consist of guaranteed investment certificates, with various maturity dates from April 2018 to April 2022, earning interest of 1.45% to 2% per annum. The cost approximate the market value.

5. Capital Assets

	2018		2017	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer hardware	\$ 11,418	\$ 7,342	\$ 17,397	\$ 10,511
Furniture and equipment	20,651	12,941	24,313	15,642
	\$ 32,069	\$ 20,283	\$ 41,710	\$ 26,153
Net Book Value		\$ 11,786		\$ 15,557

6. Intangible Assets

Intangible assets subject to amortization:

	2018		2017	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer software	\$ 580	\$ 290	\$ 472	\$ 472
Website	64,701	43,239	40,950	28,434
	\$ 65,281	\$ 43,529	\$ 41,422	\$ 28,906
Net Book Value		\$ 21,752		\$ 12,516

College and Association of Respiratory Therapists of Alberta

Notes to Financial Statements - Continued

For the year ended January 1st, 2018

7. Bank Indebtedness

The organization has a credit card with a limit of \$25,000. The organization pays the balance of the credit card off at the end of each month. As of January 31, 2018 the balance was \$4,102 (2017-\$nil).

8. Unearned Revenue

	2018	2017
Unearned Revenue	\$ 125,433	\$ 123,746
	\$ 125,433	\$ 123,746

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.

9. 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 practice into the profession.

10. Symposium Expenses

Included in the 2017 symposium expenses are :

	2018	2017
Meals	-	\$ 26,797
Accommodations	-	\$ 7,095
Speaker and Entertainment	-	\$ 6,221
Travel	-	\$ 4,568
Honorarium	-	\$ 3,850
Audio Visual	-	\$ 3,656
Delegate Packages	-	\$ 622
Miscellaneous	-	\$ 616
Supplies	-	\$ 472
		\$ 53,937

College and Association of Respiratory Therapists of Alberta

Notes to Financial Statements - Continued

For the year ended January 1st, 2018

11. Professional Development

	2018	2017
Conduct Committee	\$ 9,789	\$ 6,824
Executive Director	\$ 3,415	\$ 3,098
Deputy Registrar	\$ 2,259	\$ 2,672
	\$ 15,463	\$ 12,594

12. Investigations and Conduct

	2018	2017
Investigations into conduct	\$ 46,633	\$ 47,840
Legal fees associated with conduct hearings	\$ 48,387	\$ 40,413
	\$ 95,020	\$ 88,253

13. Lease Commitments

The organization entered into a lease for the office premises and storage November 2015 for six 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 five year lease for storage requiring annual lease payments of \$1,860 plus GST.

2019	\$22,391
2020	\$23,235
2021	\$22,615
2022	\$16,031
	<u>\$84,272</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 its 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 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 notes 3 and 4.

15. Comparative Figures

Certain comparative figures have been reclassified to conform with the current year classifications of operating expenses. Printing and design expenses for the annual report have been reclassified from Printing, supplies and other to its own category. Printing supplies and other has been renamed Consulting, supplies and other to better reflect the items left in this category.

This 2018 Annual Report has been:

Printed by: Budget Printers
Northland Mall
Calgary AB
403 247 0896

Designed by: Shannon Silver Images
Calgary AB
403 891 5030
www.shannonsilverimages.ca



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