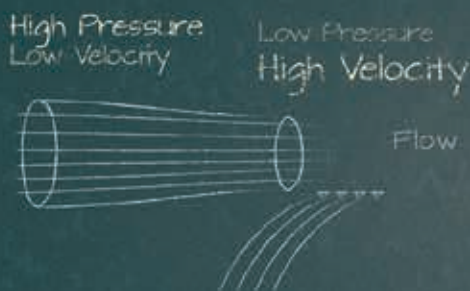




# College & Association of Respiratory Therapists of Alberta

## Venturi Effect



Entrainment

$$C_1 = \frac{\text{Volume (Litres)}}{\text{Plateau} - \text{PEEP (cmH}_2\text{O)}}$$

$$R_{aw} = PIP - Plat / \text{Flow (L/sec)}$$

$$a:A \text{ ratio: } P_aO_2 / P_{AO_2}$$

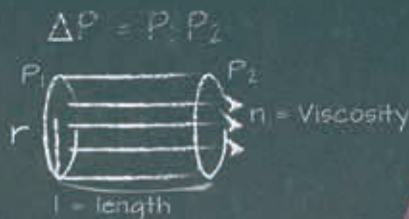
$$PF \text{ ratio} = P_aO_2 / P_{AO_2}$$

$$C_aCO = (Hgb \times 1.34) S_aO_2 + (P_aO_2 \times 0.003)$$

$$\text{Deadspace: } V_D / V_T = P_aCO_2 - P_eCO_2 / P_aCO_2$$

$$\text{Shunt Equation: } Q_s / Q_t = \frac{(P_{AO_2} - P_aO_2) \times 0.003}{(C_aO_2 - C_vO_2)} + \frac{(P_{AO_2} - P_aO_2) \times 0.003}{(C_aO_2 - C_vO_2)}$$

## Poiseuille's Law: $R = \frac{\Delta P \pi r^4}{8nl}$



# Annual Report 2019



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# ABOUT THIS REPORT

This report is for the reporting period of April 1st, 2018 to March 31st, 2019. 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.

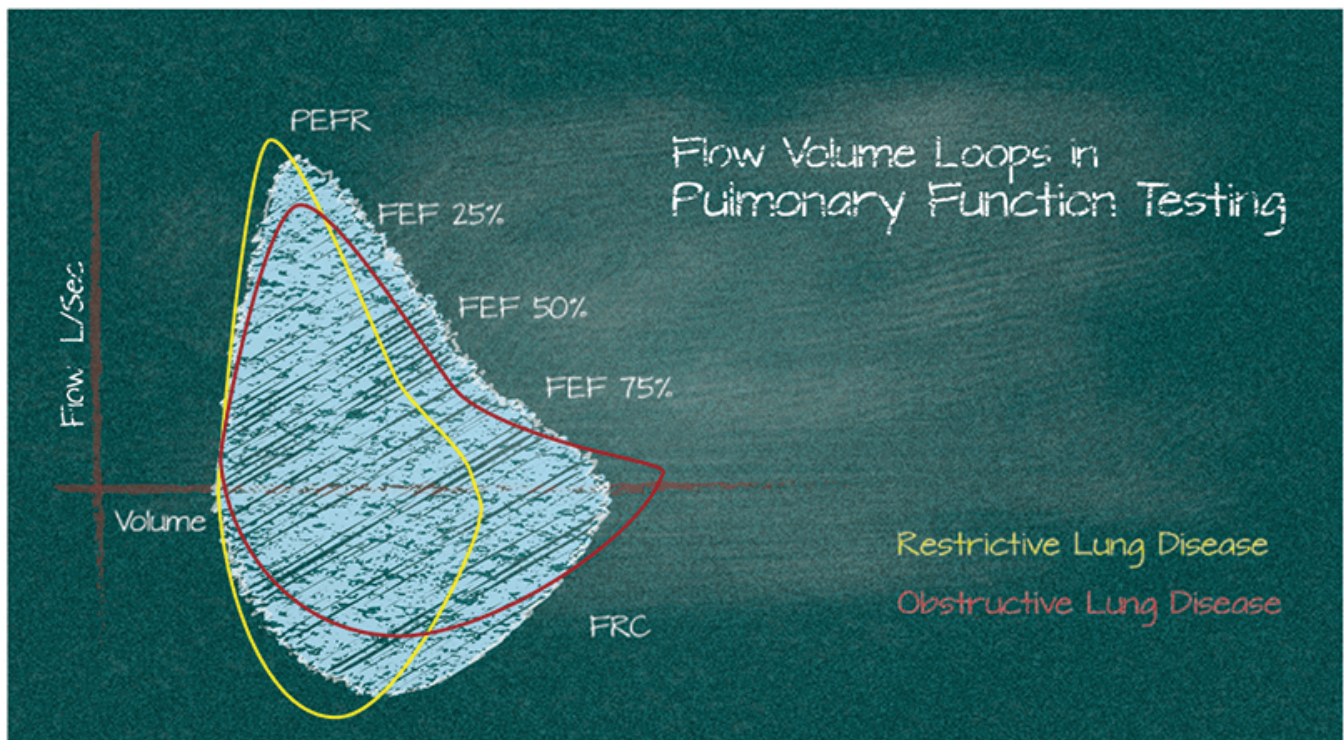
The College and Association is a corporation under the authority of the Act, and registered with Alberta Corporate Registries. The organization was originally incorporated as the Alberta Society of Respiratory Therapists on August 23rd, 1971. Our provincial corporate access number is 500064191 with August 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 16th, 2019.

# ABOUT RESPIRATORY THERAPY

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.

***“THE RESPIRATORY THERAPY PROFESSION CONSISTS OF A DIVERSE PROFESSIONAL POPULATION WHO COLLABORATE WITH OTHER MEMBERS OF THE HEALTH CARE TEAM TO DELIVER OPTIMAL PATIENT CARE.”***



# 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.”*

## LEGAL SERVICES

**THOMAS P. O’LEARY**

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

## AUDIT SERVICES

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

## BANKING SERVICES

**BANK OF NOVA SCOTIA**  
101 8120 Beddington BLVD NW  
Calgary AB

**ATB FINANCIAL**  
Calgary North Hill  
217 16th Ave NW,  
Calgary AB



## CARTA OFFICE

[www.carta.ca](http://www.carta.ca)

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+1 800 205 2778

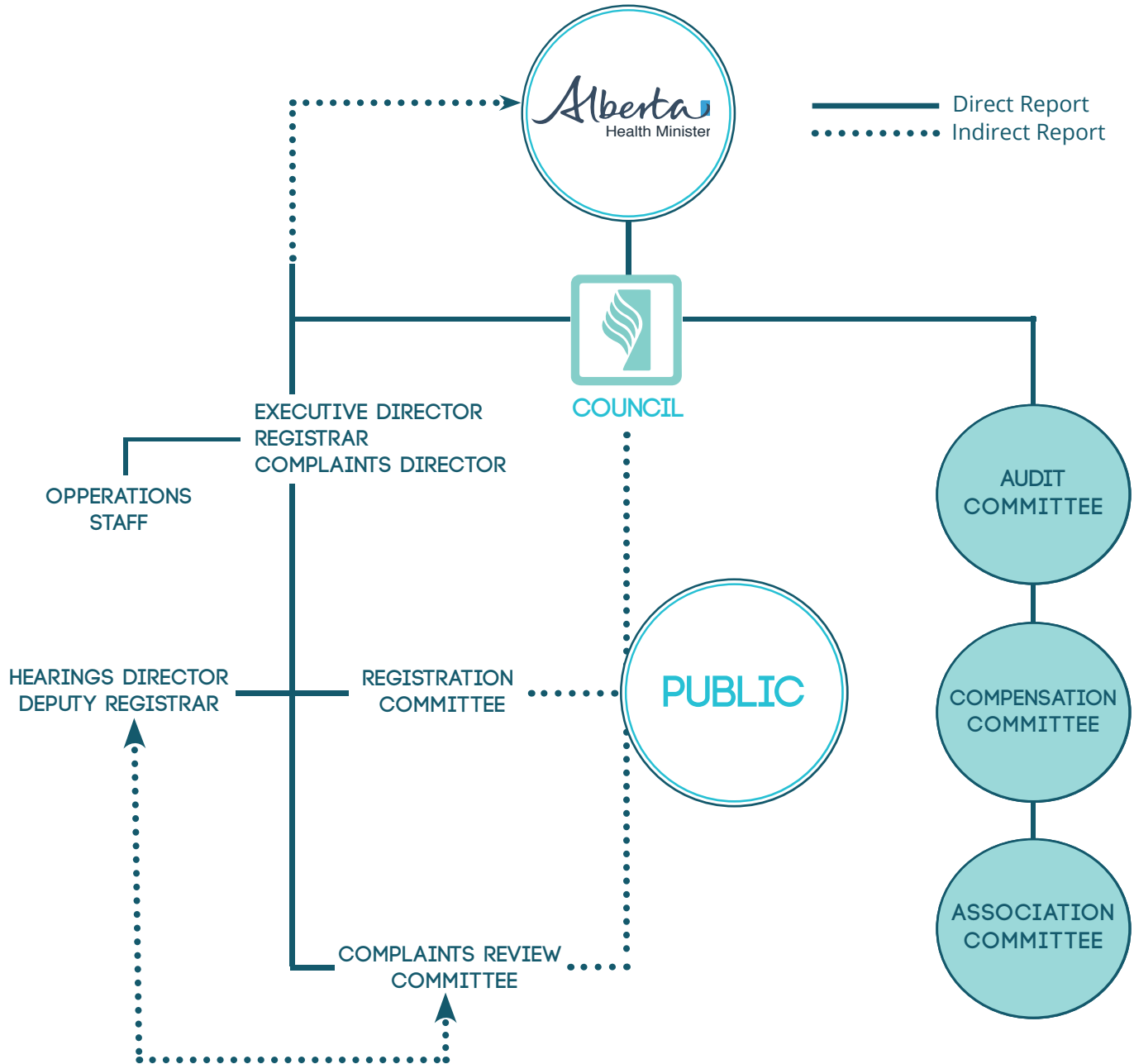
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bryan.buell@carta.ca

### **Calgary Alberta Canada**

Suite 218  
6715 8th st NE  
Calgary, AB  
T2E 7H7

# ORGANIZATIONAL FLOW CHART



# COUNCIL



**KARRIE WHALEN** RRT BSc  
President, Edmonton



**JENNIFER STEFURA** RRT BSc MAL  
Treasurer, Calgary



**MELISSA MORRISON** RRT  
Secretary, Strathmore



**PATRICIA BECKHAM** RRT  
Director at Large, Edmonton



**SARAH BIEGANEK** RRT BSc MA  
Director at Large, Edmonton



**CANDICE KEDDY** RRT  
Director at Large, Edmonton

**VACANT**  
PRESIDENT ELECT

**VACANT**  
Director at Large

**VACANT**  
Director at Large





**LARRY LOVEN**

BSc BID CMC

**Public Member**

Edmonton



**ANGELINA BAKSHI**

P Eng, MBA CSR-R FBE

**Public Member**

Edmonton



**RAJA SINGH**

PhD MSc MBBS BSc

**Public Member**

Lethbridge



**BRYAN BUELL**

RRT BGS CTAJ

**Registrar/Executive Director**

Calgary



**GERALD SPENCE**

RRT, CTAJ

**Deputy Registrar**

Calgary



# CODE OF ETHICS

As registered respiratory therapists (RRT), we individually and collectively strive to maintain the highest ethical, professional and moral standards. RRTs are obliged to provide competent, safe and respectful care, which respects the integrity of the clinician/patient relationship. We must deal in a dignified manner with colleagues, patients and members of the public, and demonstrate accountability for our actions.

The following principles outline the expectations:

1. Each RRT shall do what is reasonable and appropriate under the circumstances to gain the respect and confidence of other health care personnel, as well as respecting the human dignity of their colleagues and associates.
2. Each RRT must execute their professional responsibilities in a competent, efficient and effective manner. The patient's well-being and safety shall always be of paramount concern.
3. Each RRT shall limit their performance of health services to their level of competence (as defined in the Health Professions Act), irrespective of their authorization. This limitation is guided by the RRT's education, experience and "currency in practice".
4. Each RRT shall keep in confidence all privileged patient information. Each RRT shall collect and disseminate patient information in accordance with federal and provincial legislation.
5. Each RRT shall guard against conflicts of professional interest. A "conflict of professional interest" is any situation where an RRT has competing motivations or responsibilities, whether real or perceived, where the resulting action may be to the detriment of the respiratory therapy profession, other members of the profession, or their responsibility as an RRT.
6. The RRT should proactively consult with the Registrar in these circumstances, ideally to prevent a real or perceived conflict of interest.
7. Each RRT shall ensure that their patients provide informed consent, by reviewing the risks and benefits, as well as the specific health services and procedures. Informed consent implies (i) appropriate disclosure of information, (ii) patient understanding of the information, and (iii) the patient expressing a voluntary choice to proceed with the recommended assessment and/or treatment.
8. Each RRT shall assume responsibility for referring instances of actual or perceived "unprofessional conduct" (as defined in the Health Professions Act) to the applicable College's (including CARTA) Complaints Director.

# COMMITTEE MEMBERS

## Registration Committee Members

Jeffery Ung RRT, Calgary;  
Will Cunnington RRT, Calgary;  
Travis Eremko RRT, Calgary;  
Dolores Michelin RRT, Calgary;  
Judy Duffett-Martin RRT, Calgary.

## Hearing Tribunal Professional Members

George Verghese RRT, Cardston;  
Shannon Foster RRT, Edmonton;  
Linda Sheen RRT, Edmonton;  
Lisa Lem RRT, Edmonton;  
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;  
Travis Eremko RRT, Calgary;  
Amy Whitney RRT, Calgary;  
Connie Kadey RRT, Drumheller;

# 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, 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 NARTRB. 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.



## MISSION

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

## VISION

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

## VALUES

*Integrity, respect, accountability,  
ethics and practice excellence.*

---

**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 hard-copy 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.

---

# CORPORATE & SOCIAL RESPONSIBILITY

## 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.



# PRESIDENT'S REPORT



“  
TIME IS A BRISK WIND,  
FOR EACH HOUR IT BRINGS SOMETHING NEW.”  
~PARACELSUS

Another year has passed and as I reflect on the work done by our Council I look back with pride and a deep sense of accomplishment. I would like to commend my fellow Council members for their hard work, thoughtful approach to discussion and decision making and making my tenure as president a delight.

This year began with Council working diligently to provide feedback and responses to the Health Ministry on the Discussion Document: Protecting Patients from Sexual Abuse by Regulated Health Professionals. We were able to submit our feedback and responses to the Health Ministry before the deadline.

In knowing that *Bill 21: An Act to Protect Patients* would be moving through the legislative process, Council worked to prepare our membership for the implementation of this bill. Council approved a practice document “Professional Boundaries Violations” in September of 2018. The goal of this document was to increase our membership’s awareness of our obligations to protect our patients. The practice document was introduced to the membership at our Annual General Meeting in October 2018.

We informed the membership in November via electronic means of the passing of *Bill 21: An Act to Protect Patients in the Alberta Legislature*.

Council worked to create the required additions to our standards of practice to satisfy the requirements of *Bill 21*. Council approved a draft in December 2018 and strategized on how best to consult the membership on the upcoming additions to our standard of practice. In December of 2018 Council created an electronic survey that went to our membership with the goal of creating standards of practice that are achievable and protect the patients we serve. The survey was open for just over two weeks and we received a total of 214 responses.

With the information we received from our membership, Council worked on a final draft to send to the Health Ministry. We received feedback from the Ministry in March of 2019 which was reviewed and adopted. Council received notification in March of 2019 that the additions to our standards of practice to support *Bill 21* were approved by the Health Ministry.

On midnight March 31 2019, the new standards of practice were uploaded to our website. On April 1 2019, notice went out to the membership that they standards were approved, posted and in effect. To further ensure membership were aware of *Bill 21*, there was required reading of a *Bill 21* prior to renewal of our annual registration.



At our 2016 Annual General Meeting a member brought forward a concern with the late fee imposed to members who registered past the set renewal period. The member did not feel the late fee was high enough to deter members from renewing late. Council took the time to monitor the situation and to determine if members renewing late was an isolated event or becoming a trend. Council also compared our late fees with other regulators in the province.

What Council found was that an increasing number of members were registering late. Council worked through a few solutions to try and rectify this and ensure that as of the new registration year of April 1 the public could be confident they are being cared for by a Registered Respiratory Therapist. The renewal period was moved earlier in the year and the late fees were increased. This was introduced to the membership at the 2018 Annual General Meeting and sent electronically to the whole membership shortly after the meeting. This change was received well by the membership.

Cannabis legislation was a hot topic for our membership. Council created a position statement for our membership on Cannabis use. The document

was approved by Council in October of 2018 and circulated at the Annual General Meeting. The position statement is also posted on our website in the members only section. The position statement is to be reviewed in one year's time.

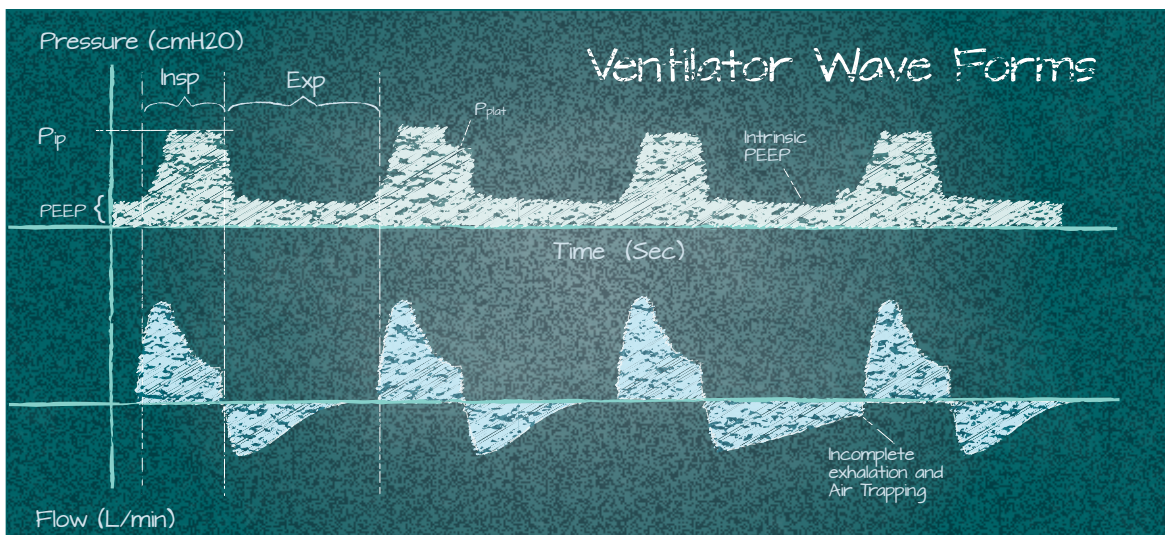
We continued our work with our national respiratory therapy regulator colleagues through the National Alliance of Respiratory Therapists Regulator Bodies (NARTRB). This past year we were able to secure accreditation services for entry to practice programs across Canada.

I look forward to the next year and my final one as president of CARTA Council.

Respectfully Submitted,

*Karrie Whalen*

Karrie Whalen RRT B.Sc.  
President



# REGISTRAR'S REPORT



“IT’S NOT WHAT YOU LOOK AT THAT MATTERS,  
IT’S WHAT YOU SEE.”

HENRY DAVID THOREAU

Health care is constantly evolving and the 1,838 public and independently employed registered respiratory therapists are early adopters in most circumstances but particularly when technology is involved. A digital transformation for patient health records will begin in the Alberta Health Services Edmonton Zone during the autumn of 2019 when Connect Care is launched. This will be complemented with an integrated health record with other agencies and providers.

Regulated members who practice in Edmonton and throughout the province have been actively engaged in workflow analysis throughout this past year. Design is the key to digital transformation success and considerable time and resources have been invested to make the initial launch in the Edmonton Zone successful.

It is anticipated that considerable research and financial analysis can be performed to evaluate quality of care while understanding the costs associated with that care. Clearly better-informed decisions can be made by those responsible for making such decisions. They will be better equipped to make informed decisions as wise stewards of financial resources on behalf of Alberta Health.

Adopting new technology is quite easy for registered respiratory therapists and I expect our profession will embrace the upcoming change in practice with confidence. Our tradition has always been to share our expertise and so assisting our professional colleagues in patient care who may be apprehensive about such transformative change will become a priority.

As the connect care project rolls out to other zones within Alberta Health Services, I trust our members will be front and center in identifying opportunities for digital improvement so that subsequent launches will be implemented seamlessly. Meaningful change in health care is never easy so the initial launch is expected to present some challenges or opportunities for improvement which I am confident our profession will embrace.

Legislative change has been robust with the initial federal legalization of cannabis in October and the next month the introduction of a provincial *Bill 21* about protecting patients from sexual violence, mandatory standards of practice changes, development of a patient relations program, mandatory publication of decisions related to such matters involving patients and regulated members as well as the proposed platform

of one provincial party on fair registration practices. Our profession has always been proactive in responding to a constantly evolving practice environment. The latest emerging issues have all been embraced by council and all operations staff.

I am very fortunate to collaborate with a highly competent and experienced registration committee who make decisions that are fair, objective and transparent. We welcome the opportunity to routinely report our findings and experiences to a fairness commissioner if any government decides to create such an office.

Our registration committee has always followed the best practices identified by the 2000 Lisbon Convention on Higher Education credential evaluation. We have always focused on the competencies applicant's possess irrespective of the method how they acquired the competencies e.g. examination, work experience etc. Our registration committee has never had a decision overturned or modified by any appeals body, council panel, government board or any other appeals panel. Clearly this takes considerable effort and our committee embraces the opportunity to protect the patient while being fair to every applicant they review.

This year we have participated on an Alberta Federation of Regulated Health Professions committee for program approval. There has been considerable attention paid to education program accreditation and very little on what is specified within our Regulation on council approved programs. Watch for future positive developments in this whole area of Council approved education programs.

We have had the opportunity to be engaged with the Respiratory Homecare Association of Alberta (RHCAA) assisting them in understanding and implementing the new sleep diagnostic laboratory and pulmonary function laboratory accreditation standards. Additionally, the RHCAA also ushered in a transfer of funding subsidy administration for homecare services from the Respiratory Benefits program at Alberta Health Services to Alberta Bluecross. They

achieved this with very few system problems while maintaining access to high quality patient care services provided by our members employed in the independent sector.

During the summer of 2018 our approved examination at the Canadian Board for Respiratory Care and their service provider Yardstick Assessment Technologies digital platform experienced a catastrophic technical failure which included the secondary backup system. Candidates were unable to save any of their answers to the examination questions.

Contingencies were swiftly implemented as free re-writes were made available on one of two alternate dates in August or a third date in January of 2019. Lessons have been learned from this unfortunate event and this will help to improve processes going forward in addition to enhancing alternate strategies in the event of any similar catastrophic failures to be experienced by any other professions. The candidates conducted themselves with a high level of patience and professionalism understanding that significant technical events can and do happen and it is difficult to plan for such unexpected events.

It continues to be a distinct pleasure to provide reports to the public, the Health Minister, Alberta Health employees and of course our Council, committees and regulated members. Together as a strong dynamic team we can take on any challenge and be successful!

Yours in Health,



Bryan Buell RRT, BGS, CTAJ.  
Registrar

# MEMBERSHIP & REGISTRATION

Regulated members of the College and Association have successfully satisfied the legal tests contained in the *Respiratory Therapists Profession Regulation (Regulation)* to have their name added to the general register pursuant with the *Health Professions Act (the Act)*. 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 workforce.

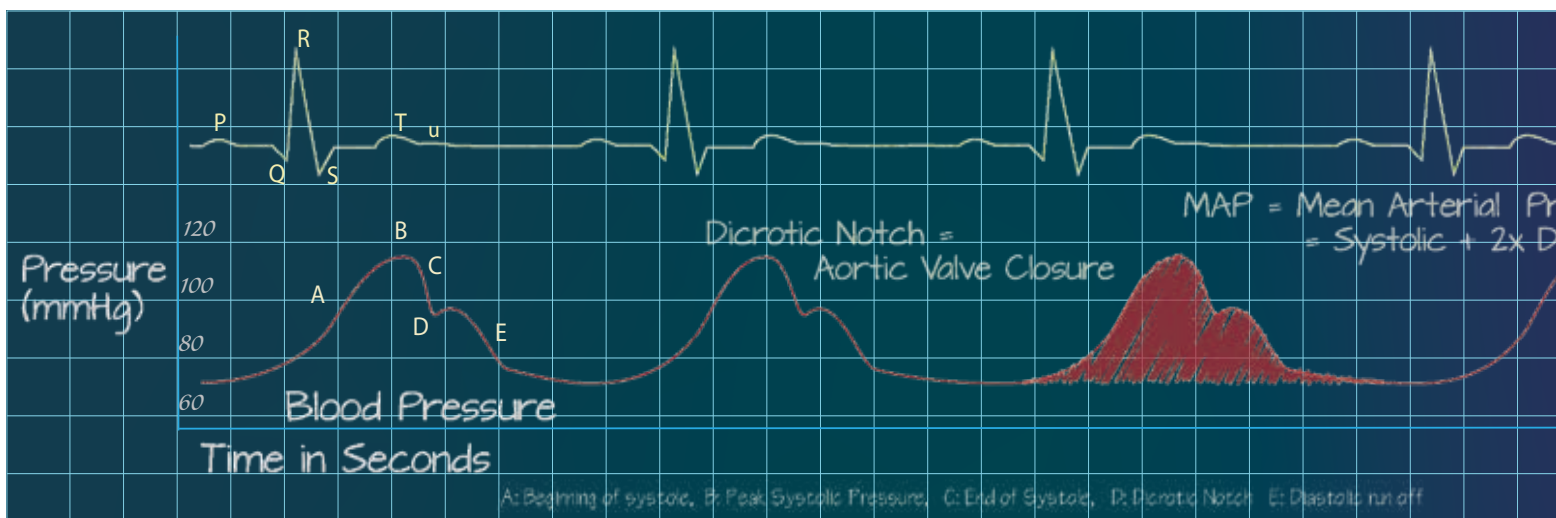
The registrar receives applications for registration pursuant with *the Act*. In most circumstances the registrar will add the appropriate one of three available registers. New graduates waiting to receive results of their approved examination are initially placed on the provisional register, experienced applicants have their name added to the general register as do recent graduates who provide evidence of successful completion of the approved examination. The courtesy register is rarely used as it is typically used by individuals who are entering the jurisdiction for a short period of time and then leave. It also provides flexibility to increase the workforce in the event of a public health emergency.

If an applicant does not meet the registration requirements or claims to be substantially equivalent the

registrar will refer the application to the registration committee for review. If the registrar is not 100% confident about the quality of the application, they will refer the applicant to the committee for review. From time to time irregularities on the application and supporting documents are observed by the registrar who then refers the application for review.

The protocols used by the registration committee are in alignment with the 2000 Lisbon Convention on Credential Recognition and subsequent amendments to that agreement in 2010. This is also the standard for the basis of recognition of applications coming to Alberta pursuant with chapter seven of the *Canada Free Trade Agreement*.

Unsuccessful applicants are advised in writing of their legal right to request a review of any decision made by the registrar or registration committee. In addition, the registration committee will advise unsuccessful candidates what they must do to become registered. The registrar and deputy registrar have been trained on international credential assessment but the registration committee prefers to receive reports from the International Qualification Assessment Service (IQAS) provided by Alberta Labour or an agency equivalent to IQAS.



# CONTINUING COMPETENCY

*The Health Professions Act (the Act)* requires all regulated members to participate in a mandatory continuing competency program. Our requirement is one of the most robust programs in North America for the profession. Prior to submitting an application for renewal the regulated member must meet the requirements of *section 13* of the *Respiratory Therapists Profession Regulation (the Regulation)* which include a minimum of 1,500 practice hours worked in the preceding four years and a minimum of 48 professional development hours in the preceding two years prior to submitting an application for registration renewal.

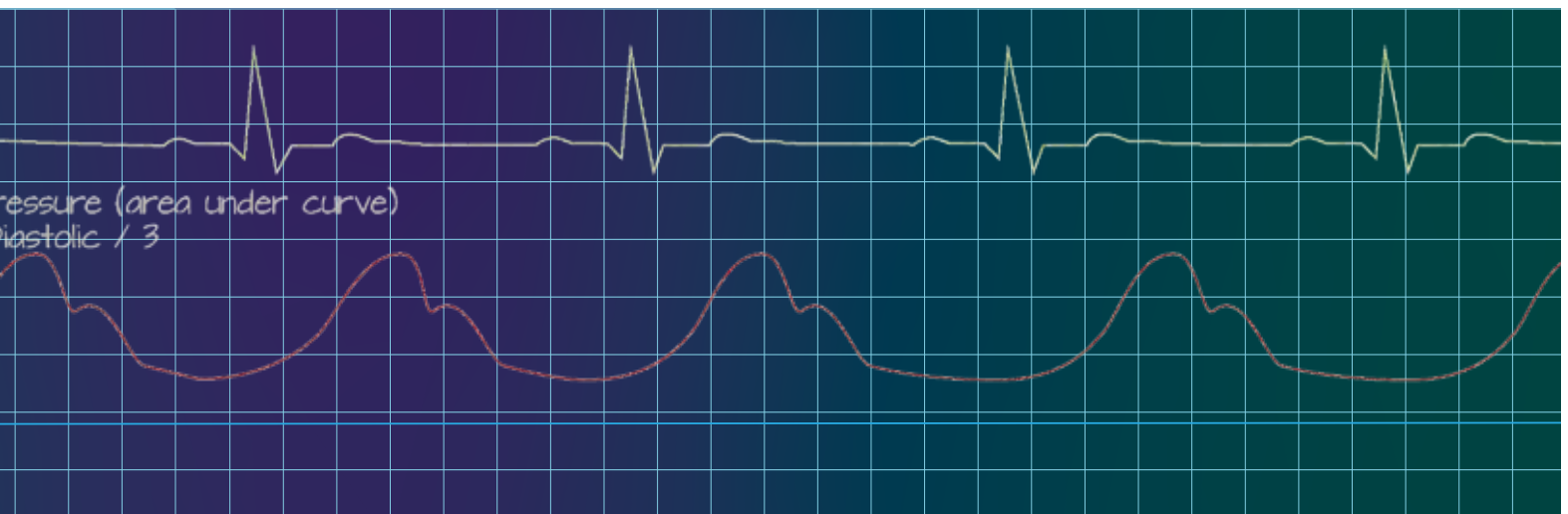
In addition to these requirements, Council mandates a continuing competency activity that every regulated member must complete prior to renewing their registration. This year every member was required to read the new standards of practice approved by the Health Minister, as well as read and comprehend the restricted activities contained in *schedule 7.1* of the *Government Organization Act* and *sections 17, 18, 19 and 20* of the *Regulation*.

It has become clear that the profession would benefit from members participating in a mandatory provincial jurisprudence education module and quiz to confirm their understanding of the provincial legislation that impacts their professional practice. Pres-

ently regulated members execute a legal declaration stating they read, understand and agree to fully comply with the code of ethics, standards of practice, the *Regulation*, and all other legislation that impacts the professional practice of Registered Respiratory Therapists.

Members renewing their registration are randomly selected to verify their submissions of continuing competency hours, practice hours, provides evidence of sufficient liability insurance minimum coverage of \$2,000,000 as well as evidence for participation in the mandatory continuing competency activities. In a few circumstances the deputy registrar will select regulated members who report hours that appear to be clear outliers e.g. reporting 12,000 practice hours worked in the preceding four years or 2,200 continuing competency hours. Another example would be if the member reported working 6,000 practice hours in a single year.

There were no referrals again this year by the deputy registrar to the registration committee for review or to the complaints director for members refusing or failing to cooperate during the continuing competency audit.



# APPROVED EDUCATION & EXAMINATIONS

## Council Approved Examinations

In recognizing council approved examination, the Council recognizes its authority pursuant with *section 3(1)(f) of the Act*. The Council focuses on the principles of fairness, validity and reliability of the approved examination produced by any service provider. The Council recognizes the prescribed examination for registered respiratory therapists created by the Canadian Board for Respiratory Care (CBRC) as well as the National Board for Respiratory Care (NBRC) in the United States of America.

The decision to recognize of the NBRC registered respiratory therapist examination was originally made by the Alberta Health Disciplines Board in 1988. The registration committee has monitored the examination blueprint of the examination to make certain the knowledge domains measured are comparable to the CBRC examination blueprint. The knowledge domains of the two examinations are not identical but they do meet the Canadian Free Trade definition of a high level of commonality (in excess of being 80% equivalent).

The July 2018 CBRC examination encountered an unanticipated catastrophic platform failure by the service provider named Yardstick Assessment Technologies whereby candidates were unable to save their selected answers at the conclusion of writing the examination. This affected every writer in the country and as a result two alternate examination dates were provided in August and one in January of 2019 for writers to attempt the examination again.

The results of the examination and passing scores for the initial writers were all determined to be within acceptable psychometric standards. It was also noted that an Alberta writer was not accommodated with their request as agreed to by the CBRC. The president and registrar plan to meet with the CBRC with respect to the matter.

The January 2019 examination was administered without any examination, scoring or reporting issues other than an accommodation mechanism was not

provided as agreed to by the CBRC. The results of the examination satisfied all psychometric standards. The president and registrar will meet with the CBRC to confirm any future accommodations will be satisfied and confirmed to be delivered by the CBRC.

## Council 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 of America. The Council relies heavily but not exclusively on accreditation services provided by the Committee on Accreditation in Respiratory Therapy Education (CoARTE) and the new Health Standards Organization-Accreditation Canada accreditation services in Canada and the Council on Accreditation in Respiratory Care (CoARC) in the United States of America.

A number of Canadian programs not approved by the Council include the following, all campuses of College Ellis in Quebec, the College of the North Atlantic Qatar campus, College Valleyfield in Quebec, and St Clair College in Windsor Ontario. Most of the Colleges not recognized have not produced enough graduates who have successfully completed the approved examination to warrant approval by the Council.

The College of the North Atlantic respiratory therapy program ceased to exist two years ago and the Southern Alberta Institute of Technology has assisted that school for the last two years by operating a fully accredited education program. That program will cease operations in 2019 when the graduating class concludes its program.

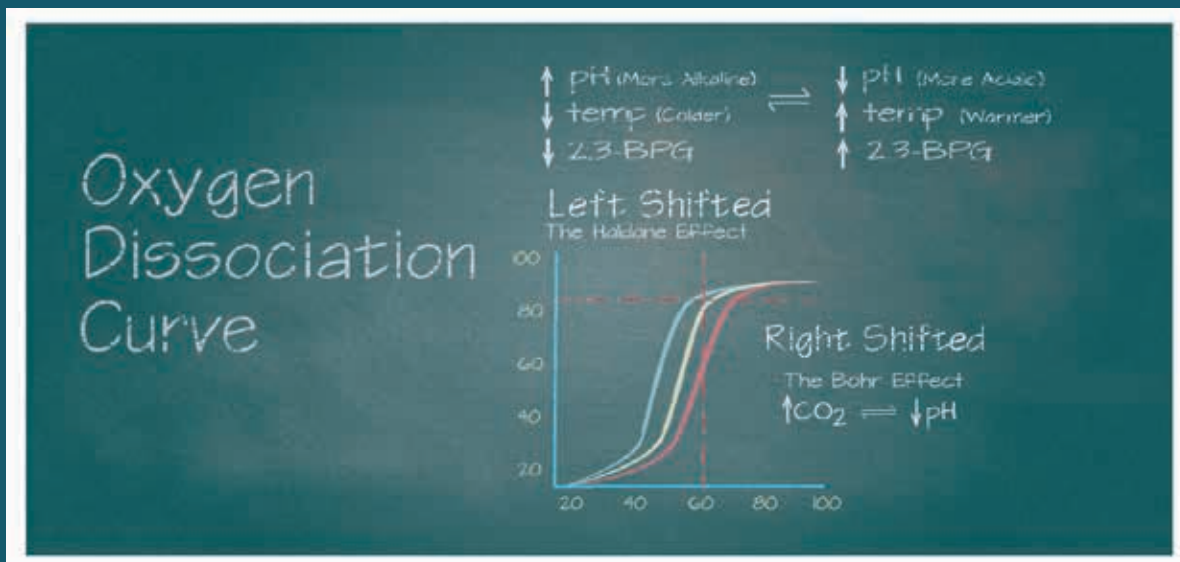
The Council also does not recognize the diploma or bachelor's degree program at Independence University in Utah as we are unable to confirm the clinical competencies graduates acquire from that program. The program at Independence University was formerly known as the California College of Health Sciences. After multiple requests made to the school for information the school failed or refused to cooperate with our registration committee.

## Substantial Equivalency

Graduates from education programs not approved by the Council may apply for registration through substantial equivalency. Applicants are referred by the registrar to the registration who consider applicants on a case by case basis. The registration committee assesses the competencies the applicant possesses and not how they acquired the competencies. The committee also considers the currency of the competencies but considering the same time frame we recognize currency for registration renewal e.g. practice hours in the previous four years and professional development activities in the preceding two years.

The following are 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;  
 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 darts Appliques et de Technologie;  
 Michener Institute of Applied Health Sciences;  
 New Brunswick Community College St John;  
 Northern Alberta Institute of Technology;  
 Southern Alberta Institute of Technology;  
 Southern Alberta Institute of Technology Newfoundland Campus;  
 Thompson Rivers University;  
 University of Manitoba School of Rehabilitation Medicine;  
 Vanier College



# DISCIPLINARY COMPLAINTS, INVESTIGATIONS & REFERRALS TO HEARING TRIBUNALS

This year has seen an un-precedented number (thirteen) of complaints pursuant with the *Health Professions Act (the Act)*. Two complaints were received in April of 2018 and both were investigated. In both cases there was sufficient evidence of unprofessional conduct to refer the matter to a hearing tribunal pursuant with the *Act*. In one case the regulated member failed to document their assessment and treatment findings on patients over a period of thirty days. In addition, the employer suspected false expense claim forms were submitted by the employee over the same period of time.

In the other matter the regulated member was involved in a rather lengthy investigation as they left the jurisdiction to relocate to another country in what appeared to be an attempt to avoid the complaint. The regulated member failed or refused to document in the patient's progress notes, failed or refused to comply with employer's policies and was involved in verbal abuse of their manager.

An investigation subsequent to a termination of employment by the employer for unprofessional conduct from the previous year was completed. Given the serious nature of the complaint an interim condition on the regulated member's practice permit was imposed by the complaint director. At conclusion of the investigation the complaint director determined sufficient evidence of unprofessional conduct existed and referred the matter to a hearing tribunal.

In May of 2018 related to the previous serious matter one additional regulated member and one former regulated member became involved and were also investigated due to possible contravention of the standards of practice and code of ethics for failure to report the possible illegal unethical conduct of another regulated member to the complaint director. One investigation of the current regulated member was referred to a hearing tribunal and the former member had a condition placed on any future practice permit in the unlikely event they chose to ever attempt to return to professional practice.

A regulated member was terminated in May for in the opinion of the employer to be unprofessional conduct. The complaint director encouraged the em-

ployer and regulated member to communicate with each other in attempt to resolve a matter where no patient was harmed or exposed to significant harm as a result of the actions of the investigated person involving preceptoring a student in a manner that was not optimal.

Also, in May of 2018 an investigation was concluded and the complaints director concluded that insufficient evidence of unprofessional conduct to refer the matter to a hearing tribunal. He concluded that the matter was an administrative labour relations matter rather than a professional misconduct matter as no patient encountered harm or was significantly exposed to harm.

In June of 2018 the complaint director received a complaint about a regulated member by another regulated member. The complaint was with respect to failing or refusing to communicate with another regulated member about a patient's prescription and settings. The complaint director encouraged the regulated members to communicate with each other in attempt to clarify a misunderstanding that originated in the workplace and other regulated members not being aware where the patient information could be obtained.

In August of 2018 an investigation into a complaint was completed and referred to a hearing tribunal. The matter involved possible inappropriate contact and conduct in a hallway corridor by a regulated member interacting with a fellow co-worker.

Another complaint investigation was referred to a hearing tribunal after it was completed in November after a regulated member was initially terminated by the employer for conduct that contravened the employer's policies with respect to inappropriate sexual online communication with co-workers while at work and while not at work. Also, in November two investigations were initiated after the complaints director received complaints from two employers regarding new employees who did not successfully complete their probationary periods because in the opinion of the employers they did not possess the requisite skills to practice safely after graduating from the approved education programs.



In December of 2018 the complaint director received another employer generated complaint about a regulated member and encouraged the complainant and investigated person to communicate with each other to resolve the matter administratively because no patient was harmed or exposed to significant potential for harm. The matter was satisfactorily resolved.

## HEARING TRIBUNALS SUMMARY

The complaints director referred five (5) investigations to hearing tribunals in accordance with the *Health Professions Act (the Act)*. Investigations are referred to hearings if in the opinion of the complaints director there are reasonable and probable grounds the events related to the complaint occurred and there may be sufficient evidence that the regulated member possibly contravened the *Act, Regulation, standards of practice, code of ethics of the profession or some other Act of legislation*.

**Matter One:** The first hearing involved a regulated member who agreed to unprofessional conduct for failure to document the care they provided to their patients over a period of thirty days. They also admitted to filing unsubstantiated expense claims with their employer. They also agreed to an order of a written reprimand to be on their registration file for five years and payment of \$6,000 in costs associated with the investigation and hearing.

**Matter Two:** The second hearing involved a regulated member who admitted to unprofessional conduct for failing to provide communication about patient care during their shift report, failing to document patient care in the patient's health record and verbally abusing their manager in the workplace. The regulated member agreed to an order of a written reprimand on their file for a five-year period and payment of \$12,000 in costs associated with the investigation and hearing.

**Matter Two:** The third hearing involved a regulated member who admitted to unprofessional conduct after being terminated by their employer for an inappropriate sexual relationship with their patient and their patient's spouse during work on the employer's premises and while providing health services in the patient's residence. The member agreed to an interim restriction on their practice permit until the hearing tribunal made a finding and issued an order. The regulated member agreed to a written reprimand being on their file for a period of five (5) years,

mandatory counselling until the counsellor notifies the complaint director that they are safe to practice again, immediate payment of \$2,000.00 fine to compensate the complainant for personal and/or couples counselling, successful completion of a course on professional ethics prior to renewing their registration and repayment of \$23,000.00 in costs associated with the investigation and hearing tribunal. This matter was concluded prior to amendments to *the Act* in November of 2018.

**Matter Four:** The fourth hearing involved a regulated member agreeing to unprofessional conduct for contravening *section 3.3* of the standards of practice and statements 1 and 2 of the code of ethics for failing to report unprofessional and unethical conduct of a regulated member to the complaint director. The regulated member agreed to an order to complete a course on professional ethics within six (6) months of the hearing.

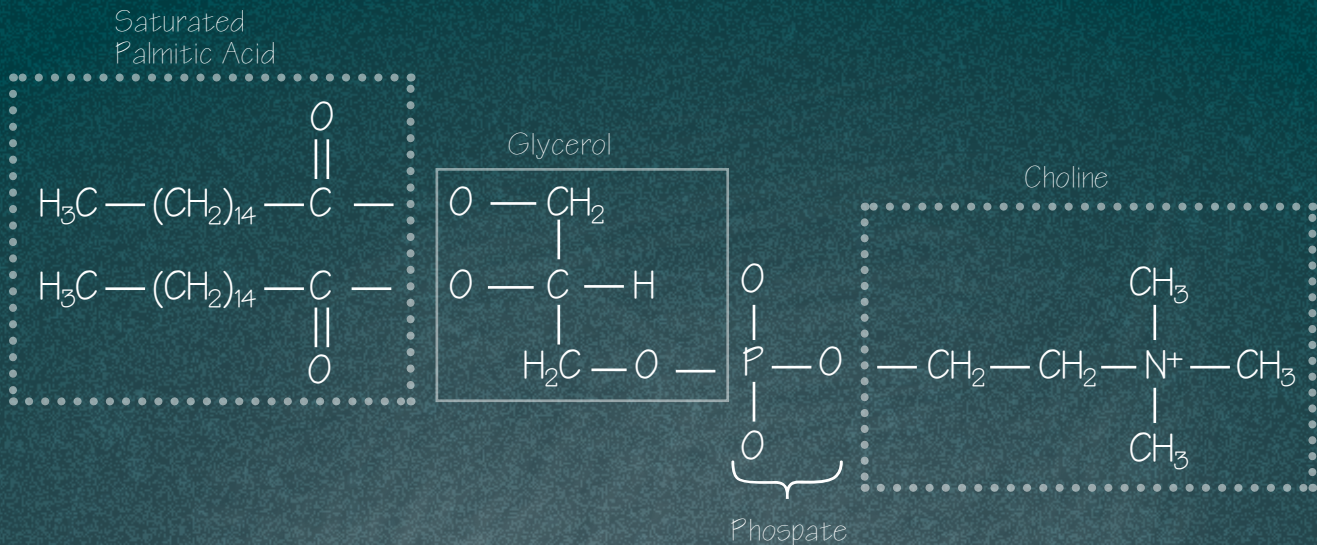
**Matter Five:** The fifth hearing involved a regulated member who admitted to unprofessional conduct for commencing to work without a valid practice permit. The regulated member agreed to an order that they must complete courses in the art of accountability and code of conduct offered by the employer.

A regulated member who did not comply with an order or judicial order to pay an outstanding sum of money as part of an order by a hearing tribunal had two liens placed by the College and Association on their personal property (two residences). In the event the regulated member attempts to renew their registration the complaint director would like to refer an additional complaint in accordance with the *Act* for failure or refusal by the member to comply with the two previous orders.

## ASSESSMENT OF INCAPACITY

There were no incapacity assessments of regulated members this year pursuant with *section 118 of the Act*. All members who had previously been assessed for incapacity have fulfilled every obligation as required by *the Act* with one exception. That exception has left the jurisdiction to continue to receive treatment and will have to satisfy the complaint director that they are safe to return to practice and meet all the requirements for registration renewal.

# PULMONARY SURFACTANT



## Dipalmitoyl Phosphatidylcholine

### SURFACE TENSION: THE LAW OF LAPLACE

$$P_A = \frac{2T}{r}$$

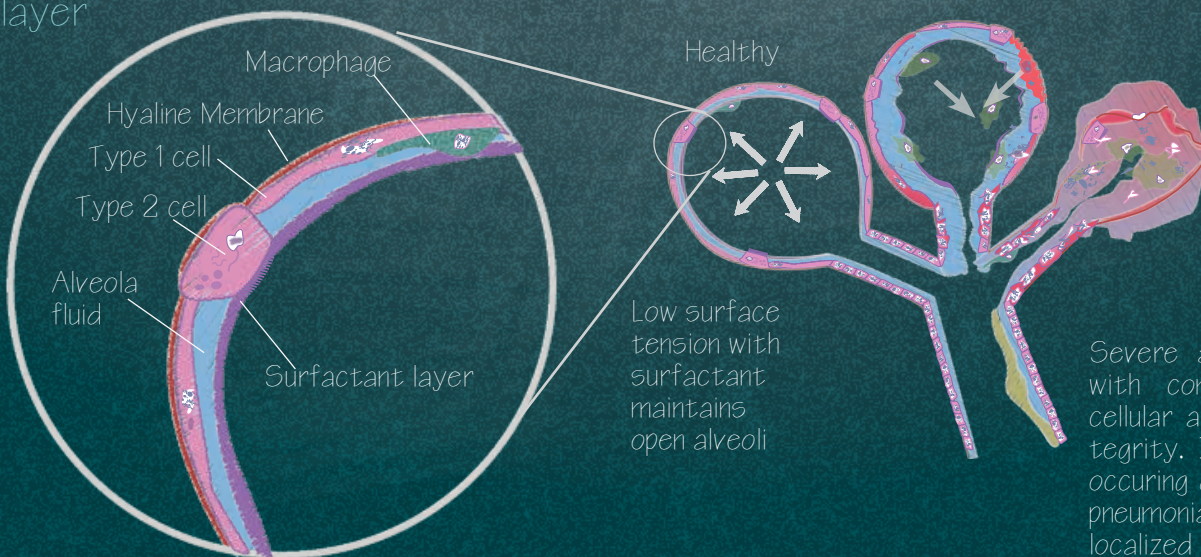
$P_A$  = PRESSURE ALVEOLI

$T$  = SURFACE TENSION

$r$  = Radius of Alveoli

In the early stages of acute disease of Alveolus there is a loss of integrity with inflammation and cellular breakdown, and activation of macrophages. The loss of surface tension begins when surfactant is disrupted

Enlargement of a Healthy Alveolus and surfactant layer



# COUNCIL POSITION STATEMENT

## Council Position Statement on Professional Practice Expectations with Changes to Federal Cannabis Legislation effective October 17th, 2018

Council believes that most professional practice settings for regulated members are considered to be safety sensitive. A safety-sensitive job is one in which incapacity due to drug or alcohol impairment could result in direct and significant risk of injury to the employee, others or the environment.<sup>1</sup> Two of the many examples where registered respiratory therapists are directly involved in a high-risk operation during patient care are administration of compressed gases and managing mechanical ventilators. The council also recognizes that there is limited high quality medical evidence regarding the effective use of cannabis to treat medical conditions at this time.

It is the position of the Council that all regulated members:

1. be advised that there is zero tolerance by the complaints director for any regulated member practicing while under the influence of the effects of cannabis use or consumption;
2. be it for medical reasons, or for recreational purposes, or because of an underlying disability, it is unacceptable to be unfit for duty. Regarding changes, what changes is to what extent the employer has a duty to accommodate and go through the accommodation process;
3. review and fully comply with their respective employer's policy regarding cannabis or drug use in the workplace or prior to arrival at the workplace;
4. disclose to their employer any addiction to cannabis and discuss accommodation mechanisms if appropriate;
5. review the details of their liability insurance policy or employer's liability insurance policy responding on their behalf to confirm whether the liability insurance coverage will respond on their behalf if they are impaired by or under the influence of cannabis while providing health services in a safety-sensitive workplace providing patient care;
6. review their personal investment portfolios to consider whether their holdings contain cannabis related investments that may place them in a conflict of interest position given their practice setting and the nature of the health services they provide to patients;
7. be aware that cannabis is quite different than alcohol, with respect to metabolism due to cannabis being fat soluble and as such it impacts people very differently than alcohol which is not fat soluble. The duration of action of cannabis on an individual is much longer than alcohol;
8. be aware of the safe levels of cannabis in the blood for purpose of safely operating a motor vehicle particularly in community-based care and home-care practice settings;
9. immediately advise the complaints director if they are convicted by any court of being impaired while operating a motor vehicle;
10. be informed about employee assistance programs offered by your employer and actively participate if you believe you are negatively affected by cannabis consumption;
11. be advised that council expects fair and reasonable decisions pertaining to cannabis use with a balance of interests for safety, labor law, privacy and human rights in all clinical and or hearing tribunal situations;
12. be advised that individuals have human rights and constitutional rights, however, those rights are not absolutely guaranteed and may be subject to certain reasonable limits by legislation if the limit is in the public interest such as protection and serving the public interest in *section 3* of the *Health Professions Act*.

<sup>1</sup> *Canadian Human Rights Commission Policy on Alcohol and Drug Testing, June, 2002.*

# CRHP DISTINCTION AWARD



**CANADIAN RESPIRATORY  
HEALTH PROFESSIONALS**

## TERMS OF REFERENCE

The Canadian Respiratory Health Professionals (CRHP) is a network of multidisciplinary healthcare professionals associated with the Canadian Thoracic Society. The membership of CRHP includes nurses, respiratory therapists, physiotherapists, pharmacists, and other health professionals working in the respiratory field.

The mission of CRHP is to engage healthcare professionals and to provide national leadership to achieve the promotion of lung health; the prevention of lung disease, and the management of lung disease through facilitation of inter-professional collaboration, knowledge generation (research) and knowledge translation (education and dissemination).

## OBJECTIVE OF THE AWARD:

The CRHP Distinction Award aims to reflect the CRHP mission. Specifically, the award will recognize healthcare professionals who have enhanced respiratory care through unique or long term contributions.

## CRITERIA:

The purpose of the Distinction Award is to recognize a respiratory healthcare professional who is actively engaged in the mentorship of other health-care professionals and who serve as role models for professionalism and volunteerism. Significant contribution to respiratory care must be demonstrated over at least 5 consecutive years of CRHP membership, with service to respiratory health through involvement in CRHP and/or The Lung Association, at the local, regional and/or national level. For those with more short term contributions, the unique nature of the contribution must be emphasized.

## ACTIVITIES THAT WILL BE CONSIDERED INCLUDE:

1. Mentoring of colleagues in the areas of clinical practice, education, research, advocacy, or professional activities; and/or
2. Leadership: demonstration of personal commitment beyond the professional competence and requirement of the position in which the nominee served within the respiratory field. For example, nominees will have inspired and persuaded others to act to advance respiratory health care; and/or
3. Knowledge translation (education and dissemination): by serving as a role model and mentoring others in knowledge synthesis.

## RECOGNITION:

The CRHP Distinction Award will be presented during the CRHP Annual Meeting, in conjunction with the Canadian Respiratory Conference (CRC). The recipient will be presented a framed certificate of recognition. The CRHP Leadership Council will contribute to the cost of having the Award recipient attend the CRC and the CRHP Annual Meeting (e.g. conference registration, economy-fare travel and 2 nights' accommodation). Only one (1) CRHP Award will be presented at any CRHP Annual Meeting. As the award recipient will be publicly recognized, he/she will then have an opportunity to address the assembly.

The nomination package must be submitted by March 8, 2019 via email or mail. Please provide the nominee's contact information in your submission. (Full name, address, phone, number, email address)



Darrel Melvin at the CRC Conference in Ottawa, is the recipient of the CRHP Distinction Award. Also in the picture, is Veronique Pepin (left), CRHP Chair, and Judy King (right), member of the CRHP Leadership Council.

# OUTSTANDING THERAPIST 2018



Public Member Angelina Bakshi presents the Outstanding Service award to Jim Chen RRT. Behind are members of council, from left to right Tammie Chisan RRT , Sarah Bieganek RRT and Jennifer Stefura RRT.

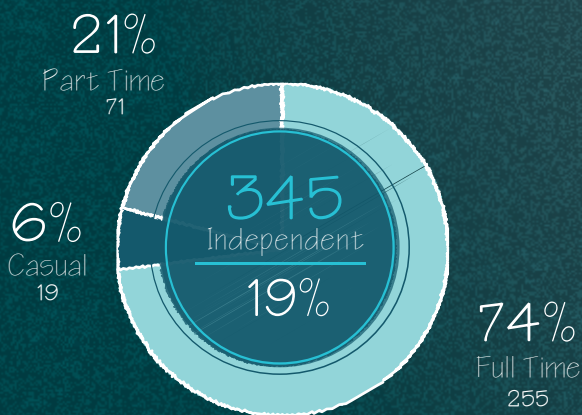
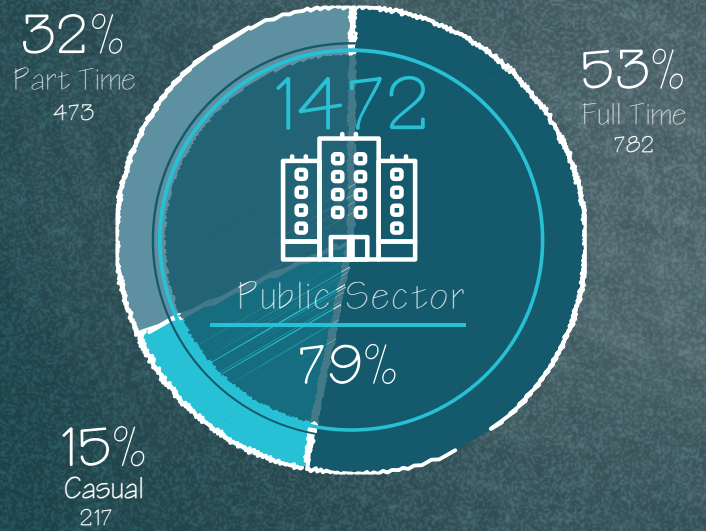
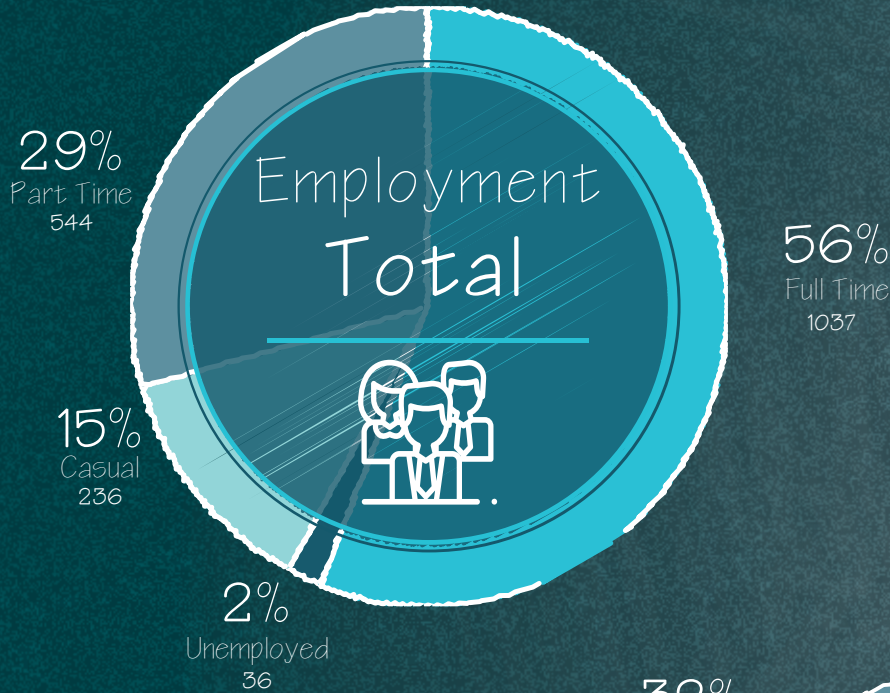
The Outstanding Service award is presented by the Council after reviewing nominations submitted by four regulated members. The members making the nomination must submit a biography of professional accomplishments of the nominee. The selection criteria include professional service to the public, volunteer service to their local community and or the profession as well as being a regulated member in goodstanding with the regulatory body.

Congratulations to Jim Chen RRT from Calgary, recipient of the 2018 outstanding service award. He graduated from SAIT in 1973 and has worked in Calgary as a Respiratory Therapist since.

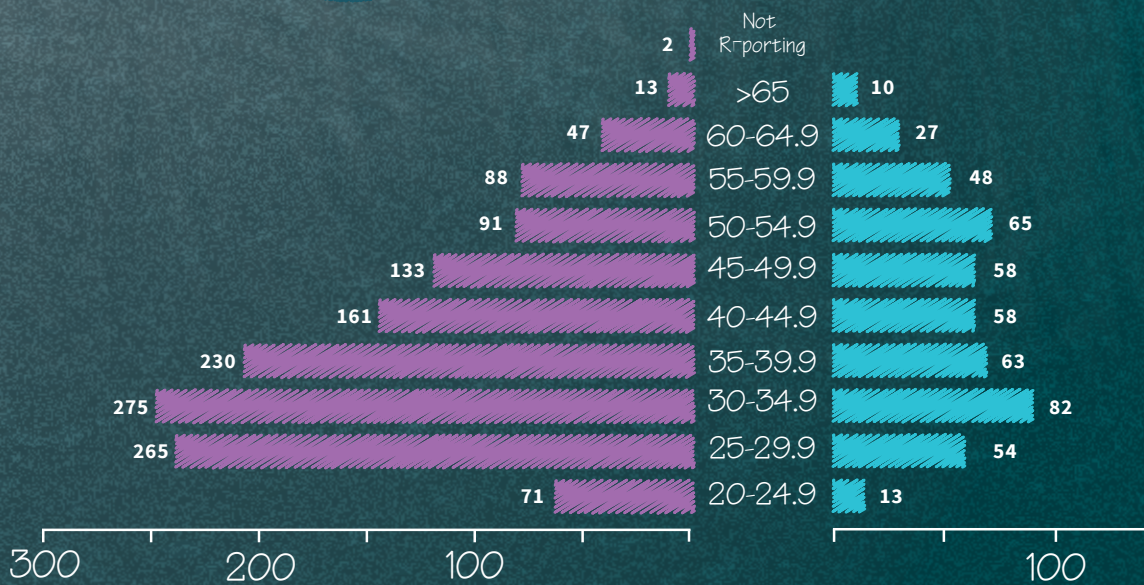
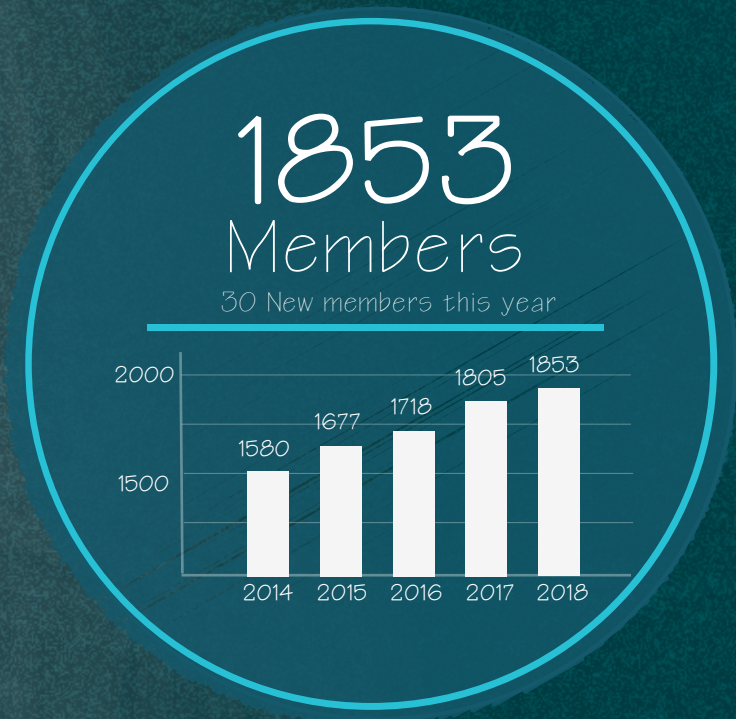
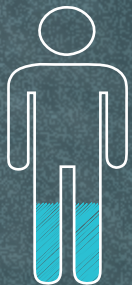
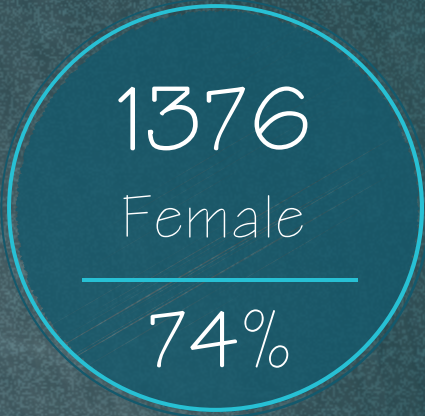
## Previous Recipients of the Outstanding Service award

- |                           |                               |
|---------------------------|-------------------------------|
| 1974 Linda Curtis RRT;    | 1995 David Stone RRT;         |
| 1975 James Coward RRT;    | 2001 Ann Hudson-Mason RRT;    |
| 1976 W.C.B. Reeves RRT;   | 2003 Connie Brooks RRT;       |
| 1977 Michael Andrews RRT; | 2004 Dallas Schroeder RRT;    |
| 1978 Helmut Janisch RRT;  | 2007 Kathryn Courtney RRT;    |
| 1979 Nelson Kennedy RRT;  | 2009 Monica Peterson RRT;     |
| 1980 Audrey Runge RRT;    | 2010 Anne-Marie Stevenson RRT |
| 1983 Henry van Reede RRT; | 2012 Roger Johns RRT;         |
| 1984 Keith Wilson RRT;    | 2014 Knowlson Rideout RRT     |
| 1985 Mary Rehill RRT;     | and Allan Shemanko RRT;       |
| 1986 Eleanor Lord RRT;    | 2015 Rodney Rousseau RRT      |
| 1987 Marlene Irwin RRT;   | 2016 Doreen Tennant RRT       |
| 1988 Don Smailes RRT;     | 2017 Travis Eremko RRT        |
| 1991 Cliff Seville RRT;   | and Amin Habib RRT            |
| 1993 Bryan Buell RRT;     |                               |

# OUR MEMBERS



# AGE & GENDER DISTRIBUTION



# INDEPENDENT AUDITOR'S REPORT

## *Opinion*

I have audited the accompanying financial statements of College and Association of Respiratory Therapists of Alberta, which comprise the statement of financial position as at January 31, 2019, and the statements of operations, changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the financial statements present fairly, in all material respects, the financial position of College and Association of Respiratory Therapists of Alberta as at January 31, 2019, and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

## *Basis for Opinion*

I conducted my audit in accordance with Canadian generally accepted auditing standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the Organization in accordance with the ethical requirements that are relevant to my audit of the financial statements in Canada, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

## *Responsibilities of Management and Those Charged with Governance for the Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, 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.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.



### *Auditor's Responsibilities for the Audit of the Financial Statements*

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit, in accordance with Canadian generally accepted auditing standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

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**DEBORAH V. WALKER**  
**PROFESSIONAL CORPORATION**  
CALGARY, ALBERTA  
587 353 0525 OR 403 399 7742

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# FINANCIAL REPORT

For the year ended January 31, 2019

## Statement of Operations

Revenue	2019	2018
Membership	\$ 772,840	\$ 761,436
Interest	24,724	22,506
Cost Recovery -Conduct	13,000	4,755
Web Advertising	3,300	5,000
Other	1,899	1,109
	<b>815,781</b>	<b>794,833</b>
Operating Expenses		
Investigations and Conduct ( Note 11)	212,142	95,020
Accommodation, travel and parking	38,318	19,890
Meals	15,236	4,499
Speakers	12,075	-
Professional development ( Note 10 )	9,363	15,463
Printing and design - Annual Report	8,278	12,684
Memberships	6,425	6,000
Consulting, supplies and other	2,670	1,680
Telephone	2,657	2,235
Awards, diplomas and certificates	2,405	1,435
	<b>312,596</b>	<b>158,906</b>
Administrative Expenses		
Wages and benefits	273,656	262,691
Advertising, promotion and web page	58,123	62,799
Rent	48,083	44,503
Professional fees	18,926	23,116
Amortization of tangible assets	24,075	18,667
Office and general	21,349	16,696
Bank charges	17,566	15,180
Memberships and subscriptions	6,592	11,219
Training	6,490	2,704
Insurance	2,033	1,795
	<b>474,893</b>	<b>459,370</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	28,292	176,557
Other		
Gain or (Loss) on disposal of assets	(927)	(5,559)
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>\$ 27,365</b>	<b>\$170,998</b>

The accompanying notes are an integral part of these financial statements

## Statement of Operations (continued)

NET ASSETS	INVESTED IN CAPITAL ASSETS	RESTRICTED (NOTE 9)	UNRESTRICTED	Total 2019	Total 2018
Balance, beginning of year	\$ 33,538	\$ 700,000	\$ 795,398	\$ 1,528,936	\$ 1,357,938
Excess of revenues over expenses	(25,001)	-	52,366	27,365	170,998
Investment in capital assets	23,179	-	(23,179)	-	-
<b>Balance, end of year</b>	<b>\$ 31,716</b>	<b>\$ 700,000</b>	<b>\$ 824,585</b>	<b>\$ 1,556,301</b>	<b>\$ 1,528,936</b>

## Statement of Financial Position

### ASSETS

Current	2019	2018
Cash and cash equivalents	\$ 341,153	\$ 9,414
Short-term investments	686,176	909,967
Short-term investments - restricted ( Note 4 )	90,105	64,018
Interest receivable	5,927	7,040
Prepaid expenses	15,721	17,284
<b>TOTAL CURRENT ASSETS</b>	<b>1,139,082</b>	<b>1,004,723</b>
<b>Investments - Restricted ( Note 4 )</b>	<b>609,895</b>	<b>635,982</b>
<b>Capital Assets ( Note 5 )</b>	<b>10,199</b>	<b>11,786</b>
<b>Intangible Assets ( Note 6 )</b>	<b>21,517</b>	<b>21,752</b>
<b>Total Assets</b>	<b>\$ 1,780,693</b>	<b>\$ 1,674,243</b>

### LIABILITIES

Current	2019	2018
Accounts payable and accrued liabilities	\$ 19,541	\$ 7,300
Bank indebtedness	3,376	4,102
Payroll liabilities	5,916	5,968
Wages payable	3,370	2,504
Unearned revenue ( Note 8 )	192,189	125,433
<b>Total Liabilities</b>	<b>224,392</b>	<b>145,307</b>

### NET ASSETS

Current	2019	2018
Invested in capital and intangible assets	\$ 31,716	\$ 33,538
Restricted net assets ( Note 9 )	700,000	700,000
Unrestricted net assets	824,585	795,398
<b>Total Net Assets</b>	<b>1,556,301</b>	<b>1,528,936</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 1,780,693</b>	<b>\$ 1,674,243</b>

The accompanying notes are an integral part of these financial statements

# FINANCIAL REPORT

For the year ended January 31, 2019

## Cash Flow Statement

Operating Activities	2019	2018
Cash receipts from membership dues and cost recovery	\$ 852,596	\$ 768,330
Cash paid to suppliers and employees	(749,523)	(605,455)
Web advertising and other	5,199	6,109
Interest received	25,855	18,254
	<b>134,127</b>	<b>187,238</b>
Investing Activities	2019	2018
Purchase of capital assets	\$ (2,779)	\$ (5,362)
Purchase of investments	220,791	(1,005,106)
Purchase of intangible assets	(20,400)	(24,330)
	<b>197,612</b>	<b>(1,084,798)</b>
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	\$ 609,895	\$ 635,982
CASH AND CASH EQUIVALENTS, beginning of year	10,199	11,786
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<b>\$ 1,780,693</b>	<b>\$ 1,674,243</b>

# FINANCIAL REPORT

For the year ended January 31, 2019

## Notes

### 1. NATURE OF ORGANIZATION

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

### 2. ACCOUNTING POLICIES

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 can fluctuate 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	2 years straight line

# FINANCIAL REPORT

For the year ended January 31, 2019

## Notes

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 one year earning interest of 0.35% to 2.6%. The cost approximate the market value.

4. RESTRICTED CASH AND INVESTMENTS	2019	2018
Short-term investments	\$ 90,105	\$ 64,018
Investments	609,895	635,982
	<b>\$ 700,000</b>	<b>\$ 700,000</b>

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 0.55% to 2.6%. Investments consist of guaranteed investment certificates, with various maturity dates from April 2020 to May 2022, earning interest of 1.25% to 2.9% per annum. The cost approximate the market value.

5. CAPITAL ASSETS	2019		2018	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer hardware	\$ 10,514	\$ 8,336	\$ 11,418	\$ 7,342
Furniture and equipment	22,530	14,509	20,651	12,941
	<b>\$ 33,044</b>	<b>\$ 22,845</b>	<b>\$ 32,069</b>	<b>\$ 20,283</b>
Net Book Value		<b>\$ 10,199</b>		<b>\$ 11,786</b>

# FINANCIAL REPORT

For the year ended January 31, 2019

## Notes

6. INTANGIBLE ASSETS	2019		2018	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer software	\$ 580	\$ 580	\$ 580	\$ 290
Website	85,101	63,584	64,701	43,239
	<b>\$ 85,681</b>	<b>\$ 64,164</b>	<b>\$ 65,281</b>	<b>\$ 43,529</b>
Net Book Value		<b>\$ 21,517</b>		<b>\$ 21,752</b>

## 7. BANK INDEBTEDNESS

The Organization has a credit card with a limit of \$25,000. The Organization pays the balance of the credit card of at the end of each month. As at January 31, 2018 the balance was \$3,376 (2018 - \$4,102).

## 8. UNEARNED REVENUE

	2019	2018
Investments	\$ 192,189	\$ 125,433
	<b>\$ 192,189</b>	<b>\$ 125,433</b>

Membership dues are collected in January, 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 examination for entry to practice into the profession.

# FINANCIAL REPORT

For the year ended January 31, 2019

## Notes

10. PROFESSIONAL DEVELOPMENT	2019	2018
Conduct Committee	\$ 6,926	\$ 9,789
Executive Director	1,734	3,415
Council Committee	120	-
Deputy Registrar	583	2,259
	<b>\$ 9,363</b>	<b>\$ 15,463</b>

11. INVESTIGATIONS AND CONDUCT	2019	2018
Investigations into conduct	\$ 90,105	\$ 64,018
Legal fees associated with conduct and hearings	609,895	635,982
	<b>\$ 700,000</b>	<b>\$ 700,000</b>

## 12. LEASE COMMITMENTS

2020	\$ 22,302
2021	\$ 22,147
2022	\$ 16,029
2023	\$ 0

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.

## 13. 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 note 3 and 4.



## Management Discussion

Outcome metrics such as the independent auditor's report are powerful, essential tools for demonstrating accountability and transparency. Such measures reflect on the College and Association's programs or initiative's efficacy. Members want to see where their monies are going and the results that are achieved-whether it is organizational growth or more partnerships with other regulatory bodies provincially or nationally.

From development and accounting to operations and programming, the ability to define, track and report outcome measures showing where we are and where we want to go always helps to ensure good stewardship. It is anticipated that this will boost public confidence and strengthen the credibility of the profession which supports our growth and ability to pursue our mission.

This year our revenues increased modestly compared with the year previous primarily due to increases in membership revenue, interest from investments and recovery of costs for disciplinary matters. Our operating expenses increased compared to the previous year due to expenses associated with the complaint investigations and related disciplinary hearing tribunals and the education day in conjunction with our Annual General Meeting in October.

Readers will note that another modest surplus was experienced this fiscal year and was lower compared to the year previous. The most significant impact was experienced in the area of investigations and conduct. We have experienced a

significant increase in the number of complaints about our regulated member's practice.

For any regulatory body complaints and related investigations and legal fees associated with disciplinary hearings are the most expensive line items after employee salaries and wages. Complaints are on the increase and the complexity of these complaints add significantly to our investigation costs. Sufficient evidence of unprofessional conduct exists within the investigation reports and more hearing tribunals are being convened than years previous.

The complaints director and hearings director have been attempting to manage the expenses associated with such hearings by convening two hearings in one day where-ever possible. In addition, the least amount of disruption in the workplace is also considered and proceeding by ways of agreed statement of facts and joint submission on sanctions is another approach to fulfill our mandate while effectively managing costs.

This year has been very busy in the whole complaints and hearing tribunal area and should this emerging trend continue the Council may have to consider increasing registration fees to make sure sufficient resources are available to respond to complaints. Regulated members have significant control in this cost area by simply not being complacent and following the standards of practice and code of ethics for the profession.

# 2019 AGM AGENDA

Annual General Meeting of the Regulated Members of the College and Association of Respiratory Therapists of Alberta

October 19th, 2019, 12:00 hours RMT  
Canmore Coast Hotel  
Orchid Meeting Room, Canmore AB.

## Proposed Agenda

1. 2019-01 Declaration of quorum pursuant with the corporate bylaws section 5.6.1;
  2. 2019-02 Introduction of Current Council Members and Past Presidents in attendance;
  3. 2019-03 Appointment of Scrutineers to count on all voting matters;
  4. 2019-04 Approval of Agenda Items;
  5. 2019-05 Announcement of the Outstanding Preceptor Award Recipient;
  6. 2019-06 Receipt of the Minutes of the 2018 Annual General Meeting of Regulated Members;
  7. 2019-07 Business arising from minutes of 2018 Annual General Meeting to review policy for the fee structure related to late registration renewal;
  8. 2019-08 To Receive the Report of the Directors and Officers for year ending March 31st, 2019 including the Independent Auditors Report for the fiscal year ending January 31st, 2019;
  9. 2019-09 To Discuss Liability Insurance coverage in consideration to the Health Professions Act;
  10. 2019-10 To Discuss next steps to Amendments to the Regulation, Standards of Practice and Code of Ethics;
  11. 2019-11 Announcement of Outstanding Service Award Recipients;
  12. 2019-12 Council Election Results for two directors at large and president elect;
  13. 2019-13 Other Business as Properly Brought Before the Meeting.
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# NOTES



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



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