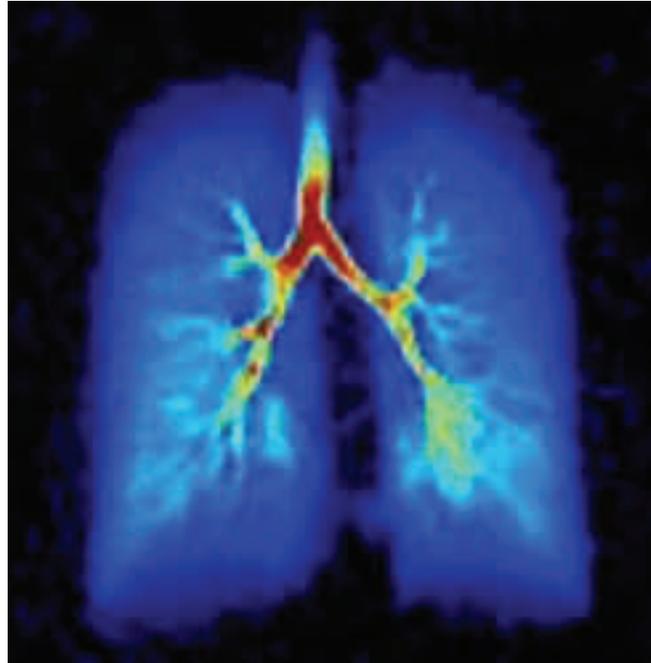




College and Association of Respiratory Therapists of Alberta



2009

Annual Report

One of the most important ways we apply knowledge, insight, and innovation is through the work we do to strengthen Alberta communities

Corporate Profile

The College and Association is a provincial regulatory body dedicated to delivering value added services to the public and members practicing in the health care industry. Our primary focus is to protect the public through our members providing health services to Alberta communities.

Vision Statement

Achieve member excellence by:
Assuring best practices,
Delivering health services efficiently and effectively,
Ensuring accountability to each other and the public.

Corporate Office

Business address: Suite #370, 6715-8th Street N.E., Calgary, Alberta T2E 7H7
Telephone contact: 403-274-1828, 403-274-1829 toll free 1-800-205-2778
Facsimile contact: 403-274-9703
Web-site: www.carta.ca

Auditor

Patrick F. Turner Professional Corporation
995 Southland Tower,
10655 Southport Road S.W., Calgary Alberta T2W 4Y1

Legal Counsel

James B. Rooney QC, Fraser- Milner-Casgrain,
30th Floor Fifth Avenue Place 237-4th Avenue S.W., Calgary Alberta T2P 4X7

Bank Services

Bank of Nova Scotia, Beddington Towne Centre Branch,
Alberta Treasury Branch Financial, North Hill Branch,

Fiscal Year

February 1st2008 to January 31st, 2009

Registration Year

April 1st 2008 to March 31st 2009

Council Members

Mr. Allan Shemanko RRT, MA, President
Mr. Gregory Hind RRT, Treasurer
Mrs. Dallas Schroeder RRT, Executive Secretary
Mrs. Linda Fontaine-Tymchuk RRT, Director at Large
Mr. Brian Daudlin RRT, MBA, Director at Large

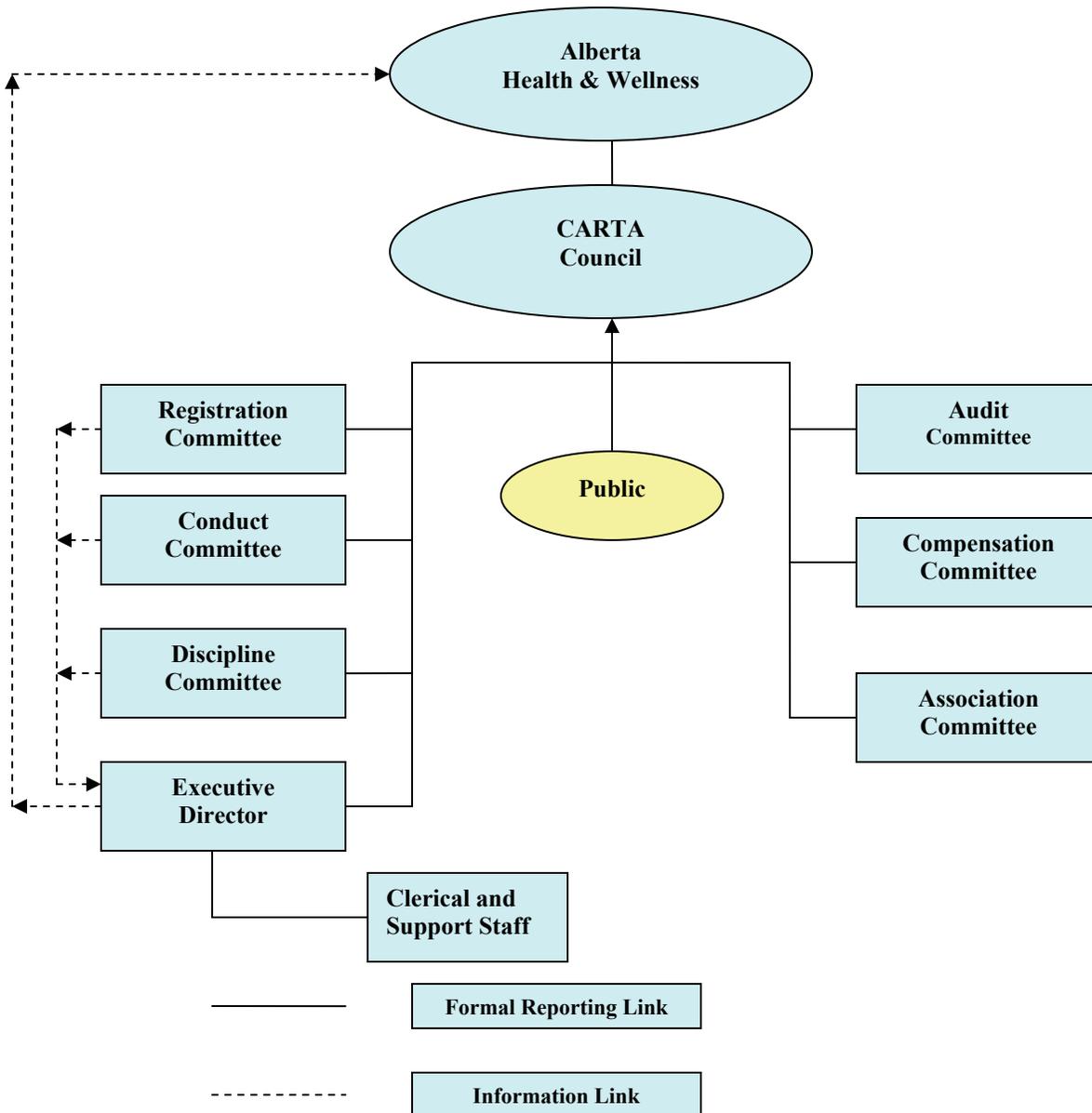
Public Members of Council

Mr. Peter Murray
Mr. Robert Alexander

Governance

(Prior to proclamation under Health Professions Act)

Innovation, leadership and patient advocacy.



President's Message

Allan Shemanko MA RRT

The year ahead of us is going to be a most amazing year, if not one of the most challenging for Respiratory Therapists and other health care professionals! Provincially we will have witnessed the 9 health regions condense into one massive organization as of April 1, 2009 and to be closely followed by the subsequent and ongoing restructuring of that organization - we will all be touched by these changes either directly or through someone we know. Private industry and supply companies and their staff have also seen the pinch because of the global economic crisis and because of the anticipated fallout of the AHS restructuring. The timing of this restructure in light of the worldwide economic crisis, an anticipated \$1.3 billion provincial healthcare deficit and looming pandemic has set the stage for an interesting future for everyone. As Respiratory Therapists we have a unique close-knit community from which we can draw strength and support during times of upheaval.

Since its inception, our profession has grown and matured because of our inherent ability to adapt and to look toward the future. We will all continue to experience challenges across the continuum of care in the coming months; to remember that not all is gloom and doom is in itself a challenge! We will have a new Regulation for which we can be proud – a Regulation that will match the practice of Respiratory Therapy with the competencies for which we are known and admired. Advances in our scope of practice coupled with an increase in responsibility and accountability backed by Government legislation will put us squarely where we need to be – front and centre of patient care. Continuing initiatives such as the Respiratory Care Practitioner in Anesthesia (RCP-A) under the guidance of Linda Fontaine-Tymchuk, RRT (Director at Large), CARTA staff and an expert working group comprised of RT's working in the OR from around the province will continue as a main priority for CARTA as we continue to work collaboratively with Government and industry stakeholders.

Over the past year, we have seen the Respiratory Therapy profession in Nova Scotia, Saskatchewan join the ranks of the self-regulating provinces of Alberta, Ontario, Manitoba, and Quebec; we anticipate welcoming New Brunswick shortly. The future is definitely looking brighter!

A milestone for Respiratory Therapy in Alberta will finally come to pass with the proclamation of the Respiratory Therapy Regulation under the Health Professions Act on Tuesday, May 26th, 2009! This Regulation will be the culmination of a number of individuals who worked very hard over the past three or more years (including 19 different drafts!) to ensure that this important document reflected the range and depth of practice of the CARTA membership.

Under the guidance of Greg Hind, Council has approved new bylaws required to reflect our responsibilities required under HPA. Once we have been proclaimed, these bylaws will be submitted to the Alberta Corporate Registry for filing. Incorporated into the Bylaws is a section relating to the restructuring of CARTA Council to include an additional two Directors At Large, increasing the overall number of Councilors. This move is required in order for Council to be compliant with the requirements and our obligations under the Health Professions Act.

This was also the first year that we conducted membership renewals using a new online process. As with any new venture, we did experience some growing pains with the technology – the patience shown by the relatively few affected members was greatly appreciated as these issues were resolved as quickly as possible. Red Engine, the company responsible for the CARTA website infrastructure, worked extremely hard at rectifying these little problems so that we were able to process the renewals in record time. On behalf of Council I would like to express our sincere gratitude and appreciation to our secretary Denise Holmberg for

President's Message

Allan Shemanko MA RRT

her ability to embrace the change in the associated office procedures and rise up to the challenges she faced on a daily basis – change isn't always easy! We also need to recognize our Registrar, Bryan Buell, RRT, BGS for his efforts in working with Red Engine to get the registration and payment processes incorporated into the secure section of the site. Although we were able to complete this design process in time for our renewal period, there was a significant amount of time and planning dedicated on behalf of our membership. Because of the online registration process, we have been able to enjoy significant improvements in efficiency, and therefore costs associated with registration renewals. Overall, this has been a successful transition.

This year was also marked by the Council decision to approve a new paid position and begin the recruitment process at the CARTA head office – Director of Operations. With CARTA membership exceeding 1275 and the work leading up to our obligations under HPA, it has been exceedingly difficult to manage the day-to-day operations by current staff. Following the orientation process, the Director of Operations will be taking primary responsibility for the website and its functioning as this individual becomes more familiar with the technology. You will continue to see overall improvements to timely content updates and functionality of the website as we strive to provide better service to our membership.

Every five years the profession of Respiratory Therapy is surveyed in order to determine current entry to practice. From this data, the National Competency Profile is established and is used by schools to develop curriculum and by examining bodies to develop registration examinations. Several members of CARTA have participated in the initial phases of this work as members of the Task Force and pilot survey, along with volunteer RT's representatives from each province. The feedback from these individuals will be incorporated into the final survey. The invitation which is anticipated to be sent to all RT's across Canada in early August inviting everyone to participate, especially those who are new to the profession. Educators from all approved schools in Canada will also be surveyed in a similar fashion. We anticipate receiving well over 1400 completed surveys by the time the survey is complete.

The company selected during a Request for Proposal process was Professional Examination Services, a not-for-profit organization in New York. This company has significant experience in conducting such massive professional surveys and employs experts in this field. They have been conducting the overall process, with oversight from the National Alliance. This October, the National Alliance of Respiratory Therapy Regulatory Bodies Board of Directors will meet in Winnipeg to review and approve what will become the 2009 National Competency Profile.

As this has been my first year as President of CARTA, I would like to take this opportunity to thank all members of Council for helping me during this time. I especially would like to thank our public members Peter Murray and Robert Alexander who bring their own unique experiences, wisdom and insight to Council deliberations.

It is also time to say 'farewell' to two out-going Councilors – Dallas Schroeder (Executive Secretary) and Greg Hind (Treasurer) whose terms will expire following this year's Annual General Meeting. I will personally miss these two talented individuals who have given so much of themselves – I have learned much from both of you. Dallas is an active Council member who also has been extremely diligent in recording and sending out Council meeting Minutes. You can rest assured that Greg has been keeping a tight rein on the membership's money. The quality of his contributions to Council whether it be a budget or bylaws that he has written speaks to his genuine dedication to the profession.

Respectfully Submitted
Allan Shemanko MA RRT
President

Registrar's Report

Bryan Buell RRT BGS

“Sustainable change in organizations requires cultivation of new ways of thinking-working and thriving within the dynamics of change rather than fighting them.”

Resiliency is the theme for this year's commentary my eleventh as your Executive Director. Significant global economic turmoil and the anticipation of a solitary health region in Alberta will create significant organizational challenges for health workers including registered respiratory therapists. Our profession provides intrinsic value to patient care with a comprehensive skill-set of clinical diagnostic and therapeutic health services.

Our profession's integrated competencies provide flexibility to be utilized in a wide variety of clinical practice settings within the public and private sectors. We have been patiently waiting for proclamation of our *Regulation* under the authority of the *Health Professions Act*. The new *Regulation* will reflect the reality of current RRT professional practice and eliminates many obstacles for patient's to access the services of an RRT.

The World Health Organization has been closely monitoring the global progression of clusters of H1N1 virus. Registered Respiratory Therapists will be on the front line providing competent, compassionate and ethical care in an efficient and effective manner when the second wave of the infection commences during the traditional influenza season. The new Alberta Health Services administrative staff will quickly benefit and appreciate our profession and perhaps mainstream media may become more aware of who we are and what value we add to the health care system.

Our council has been very busy reviewing and developing by-laws in preparation for the proclamation and is ready to file them with corporate registry services after the going into force date for the *Regulation* is decided by the provincial government. Committee appointments are prepared and ready to be enacted. Thank-you to previous council and committee members for your voluntary contributions to the progression of our profession by volunteering your time and intellect into creating the by-laws, standards of practice, code of ethics and the *Regulation*. Your efforts make our profession a low registration fee leader in Alberta!

This past year has been particularly busy responding to reviews by the Health Disciplines Board of the registration committee's decisions. We encountered six appeals of committee decisions which are unprecedented. In the previous twenty years we have only had one appeal. The drivers behind these requests for review are foreign trained professionals determined not to be substantially equivalent and specialty areas within Alberta where unregulated individuals are performing restricted activities and who are not involved in continuing competency activities.

The RRT title and designation are recognized for exceptional quality and you cannot fault individuals for wanting to align them-selves with the profession if possible. I expect this trend to continue and it means under the *Health Professions Act* that our council will be responsible for hearing such future appeals of committee decisions. Needless to say the Health Disciplines Board has established precedents of repeatedly upholding the decisions by the registration committee so the numerous appeals are probably a blessing.

The national competency profile was used for purposes of administering the approved examination in January for the first time. This is one year later than originally planned by the National Alliance and is a disappointment to me because the expired occupational profile was utilized for previous administrations of the examination. Standard psychometric practices recommend examinations be administered on competency profiles updated every five years.

Plans are on the way to re-survey the profession over the late spring and summer to determine entry to

Registrar's Report

continued

practice competencies. Once the profile is approved by council it will be implemented with appropriate lead time for the approved education programs at NAIT and SAIT Polytechnic to make the necessary curriculum content changes.

On April 1st the Labour Mobility Chapter of the Agreement on Internal Trade in Canada was unanimously amended by the Forum of First Ministers resulting in harmonization of registrations issued by respective regulatory bodies. Alberta has a rigorous continuing competency program consisting of mandatory minimums of practice hours and continuing competency hours.

Not all respiratory therapy regulatory bodies in other jurisdictions have a comparable program and it is with some reluctance we do not request legitimate objectives to reconcile practice deficiencies people moving to Alberta might bring with them. It should be noted the harmonization amendments were agreed to by the provincial government with no consultation engaging regulatory bodies on harmonization. Previous limited consultations only specified accommodation mechanisms and not harmonization.

This year was also very busy at our operations office with membership growing, appeals increasing, committees and council meeting more frequently, designing content and related testing of our e-commerce website www.carta.ca we have been active at unprecedented rates. Fortunately our telephone call volume dropped during the month of March as many members enjoyed the convenience of online registration renewal. The numerous positive comments and favorable membership response is much appreciated, thank-you! As part of our continuous improvement initiatives we will be making some enhancements to the site.

We were very excited to be able to partner in March with our colleagues in the David Thompson Health Region to organize and implement a highly beneficial leadership community meeting in Red Deer in conjunction with their 8th annual cardio-pulmonary symposium. Delegates attending managed to arrive through a snowstorm and were rewarded with education sessions on the use of medical team assistants in homecare, certification programs related to the *Regulation*, and an update on the anesthesia initiative. Special guest Betty-Lynn Morrice, Director of Therapeutics for Alberta Health Services was able to network with key registered respiratory therapists in the province at one time.

We have been very pleased to be able to engage with some provisional members in the no fee *Nelson Kennedy* examination preparation workshops. Our office provides a detailed analysis of the participant's competency profile highlighting areas where the candidate needs to focus their preparation. Specific learning objectives, education content and information on examination writing strategies are provided to each participant. We then provide a practice examination consisting of 187 case-study multiple choice questions and ten weekly e-mail quizzes and answer keys are provided along with small group toll-free telephone conference calls on specific content topics requested by the participants.

Registrar's Report

continued

The workshops have proven to be very successful and interest in the workshops has expanded outside of the province. The number of participants is increasing, however, our resources are limited and we will require more volunteers to be able to expand the scope of the service which is truly a benefit of CARTA membership. Congratulations to those successful on the July and January administration of the approved examination.

I opened with the word resiliency in this year's report as I believe it characterizes the practice of the profession in Alberta both individually and collectively as a community of professional practice. The term also resonates with me personally as your executive director and registrar and I would like to thank-you for the opportunity to be of service in very challenging times. We are very lucky to have each other!

Respectfully submitted,
Bryan Buell RRT, BGS
Executive Director

Public Member's Message

As public members of the College and Association of Respiratory Therapists we are waiting to be proclaimed under the Health Professions Act. We believe that this will increase interest in the college and its activities and encourage more members to volunteer to sit on council and other committees. Our varied backgrounds and interests enable us to bring a new perspective to the college and the council and support public accountability with advice in policy development.

There is no doubt that the Respiratory Therapists of Alberta are a dedicated group of health care professionals giving the highest quality of care to Albertans and will be at the forefront should the H1N1 flu pandemic become a more serious threat in Alberta.

Public awareness of the role of respiratory therapists whether in a hospital setting or a home setting is not well known, and presents a challenge for the college. Raising the profile of respiratory therapists and giving a better understanding of the work undertaken in this profession might also increase the number and quality of young people who would like to join the profession.

The Respiratory Therapists of Alberta are held to a very high standard of professionalism in a program of Continuing Competency. These standards were created by the college and are mandatory for all members both young grads starting their career and veterans of the profession to ensure both personal and public safety.

As public members we can state that both the public and other healthcare professional colleagues are well served by the Respiratory Therapists of Alberta and we are very proud of their contribution to healthcare in Alberta.

Respectfully submitted,
Peter Murray
Public Member

Registration and Registration Renewal

**Become addicted to constant and never ending self-improvement.
Anthony J. D'Angelo**

To use the professional designation RRT and professional title registered respiratory therapist pursuant with the *Health Disciplines Act* individuals must be registered with the College. Registered members must demonstrate that they have successfully completed an approved program and an approved examination. Once registered members must renew their registration annually before March 31st and demonstrate sufficient practice hours of 1,500 in the previous four years and demonstrate completion of forty-eight continuing competency hours in the previous two years.

The Registrar is permitted to register applicants meeting the requirements and refers those not eligible to the registration committee for review. The registration committee will decide whether to register the applicant, add any restrictions, conditions or limits if necessary, defer registration until certain education requirements are achieved or direct the registrar not to register the applicant. Decisions of the committee are subject to appeal to the Health Disciplines Board. In the future under the authority of the *Health Professions Act* the council will be the appeals body reviewing decisions made by the committee.

Regulated members who renew their registration participate in a random auditing selection process. Typically five per-cent of the membership are randomly selected and asked to submit their continuing competency reporting summary sheets. The sheets describe the professional development activities the registered member has participated in during the previous two years.

Table of continuing competency audit activity by the registration committee

Registration Year	Total Audited	Total Interviewed
2009	58	2
2008	54	6
2007	48	5
2006	45	5
2005	45	5

The registration committee consists of the following regulated members;

Jeffery Ung RRT, Christine Edgerton RRT,
Judy Duffett-Martin RRT, Dolores Rekunyk RRT,
Trevor McCormick RRT, Brenda Grieve RRT,
Will Cunnington RRT Esther Weathers RRT.

The following data is a comprehensive demographic analysis of registered member as of March 31st, 2009. The data includes all regulated members practicing in public and private practice settings. We have chosen to report the data based on Health Region the regulated member reported as their address postal code. Slight variance may exist, however, that variance is not statistically significant.

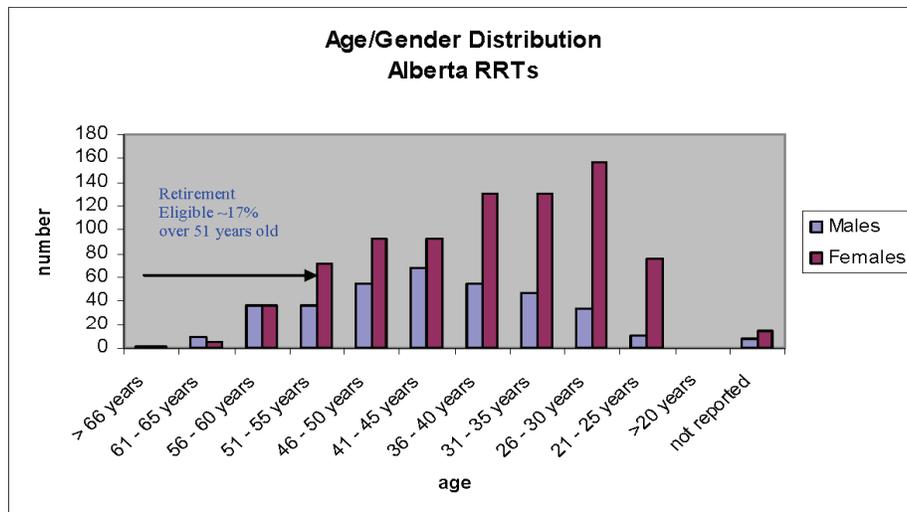
Demographic Information

Facts, or what a man believes to be facts, are delightful... Get your facts first, and then you can distort them as much as you please.
Mark Twain

Alberta

Age	Males	Females	Total
> 66 years	1	1	2
61 - 65 years	9	5	14
56 - 60 years	36	37	73
51 - 55 years	36	72	108
46 - 50 years	55	93	148
41 - 45 years	68	93	161
36 - 40 years	55	131	186
31 - 35 years	47	131	178
26 - 30 years	34	156	190
21 - 25 years	11	76	87
>20 years	0	0	0
not reported	<u>8</u>	<u>15</u>	23
Total	360	810	1170

	Males	Females	Total
Mean	42.7	38.0	39.5
Mode	45	37	27
Median	42.5	37	39.0
St. Dev	9.9	10.1	10.3

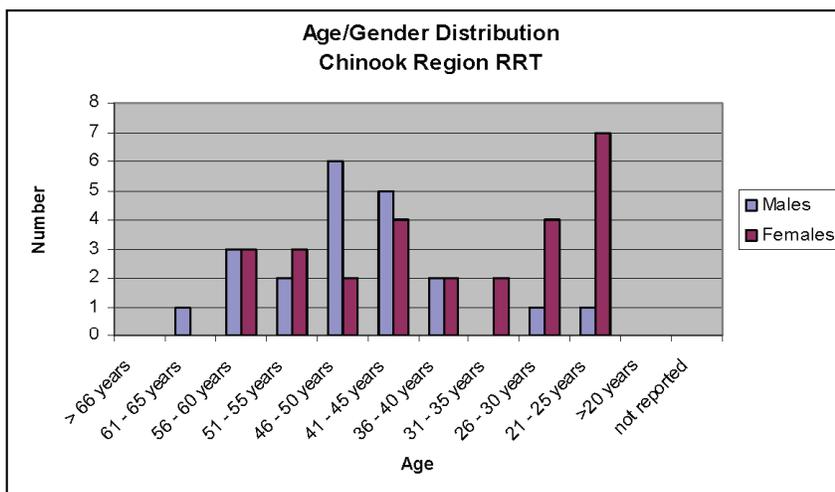


Demographic Information

Chinook

Age	Males	Females	Total
> 66 years	0	0	0
61 - 65 years	1	0	1
56 - 60 years	3	3	6
51 - 55 years	2	3	5
46 - 50 years	6	2	8
41 - 45 years	5	4	9
36 - 40 years	2	2	4
31 - 35 years	0	2	2
26 - 30 years	1	4	5
21 - 25 years	1	7	8
>20 years	0	0	0
not reported	0	0	0
Total	21	27	48

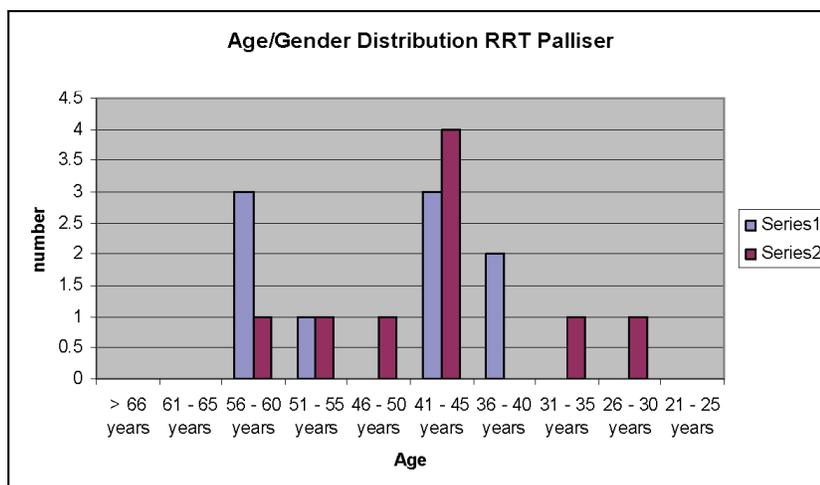
	Males	Females	Total
Mean	46.9	37.4	41.5
Mode	50	25	25
Median	49	36	43.0
St. Dev	9.0	12.1	11.9



Demographic Information

Palliser

Age	Males	Females	Total
> 66 years	0	0	0
61 - 65 years	0	0	0
56 - 60 years	3	1	4
51 - 55 years	1	1	2
46 - 50 years	0	1	1
41 - 45 years	3	4	7
36 - 40 years	2	0	2
31 - 35 years	0	1	1
26 - 30 years	0	1	1
21 - 25 years	0	0	0
>20 years	0	0	0
not reported	0	0	0
Total	9	9	18



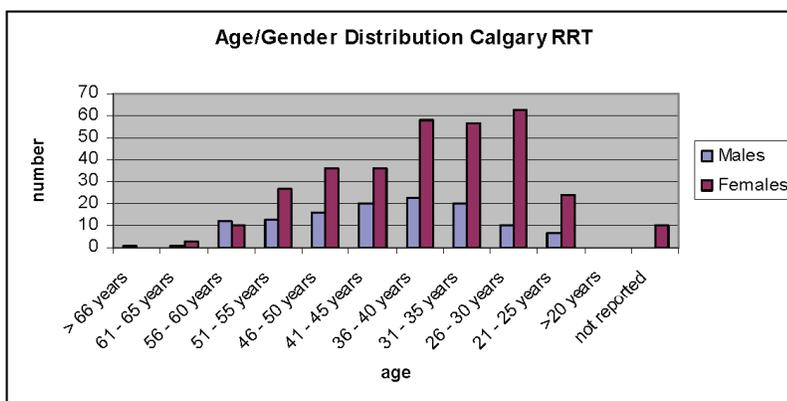
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Demographic Information

Calgary

Age	Males	Females	Total
> 66 years	1	0	1
61 - 65 years	1	3	4
56 - 60 years	12	10	22
51 - 55 years	13	27	40
46 - 50 years	16	36	52
41 - 45 years	20	36	56
36 - 40 years	23	58	81
31 - 35 years	20	57	77
26 - 30 years	10	63	73
21 - 25 years	7	24	31
>20 years	0	0	0
not reported	<u>0</u>	<u>10</u>	10
Total	123	324	447

	Males	Females	Total
Mean	41.8	37.9	39.0
Mode	48	37.0	37
Median	41	37	38.0
St. Dev	10.2	9.5	9.9

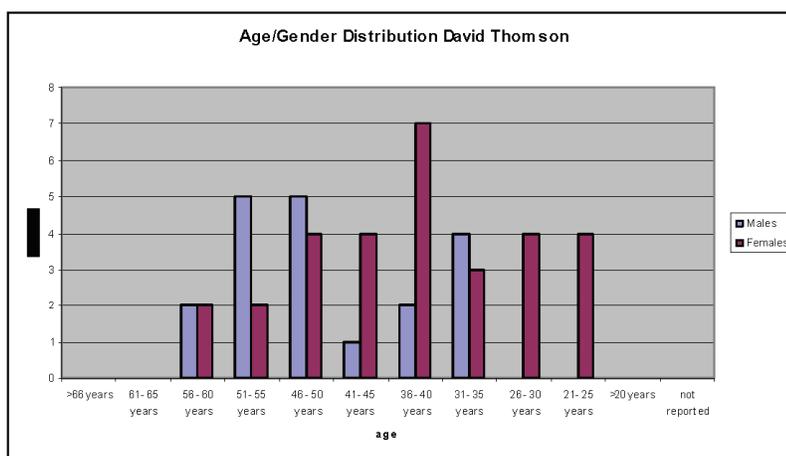


Demographic Information

David Thompson

Age	Males	Females	Total
> 66 years	0	0	0
61 - 65 years	0	0	0
56 - 60 years	2	2	4
51 - 55 years	5	2	7
46 - 50 years	5	4	9
41 - 45 years	1	4	5
36 - 40 years	2	7	9
31 - 35 years	4	3	7
26 - 30 years	0	4	4
21 - 25 years	0	4	4
>20 years	0	0	0
not reported	0	0	0
Total	19	30	49

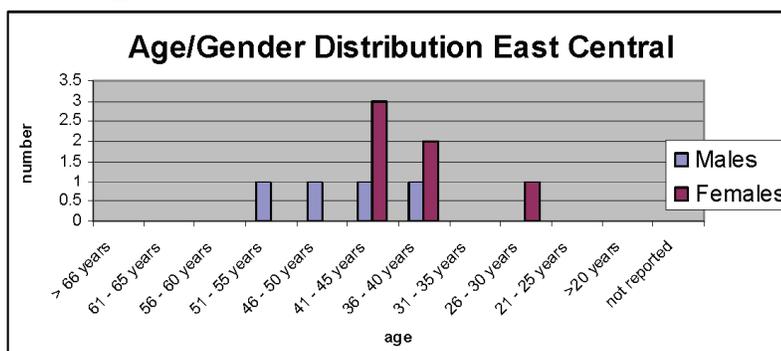
	Males	Females	Total
Mean	46.1	38.7	41.6
Mode	54	43.0	43
Median	48	39	43.0
St. Dev	8.0	9.9	9.9



Demographic Information

East Central

Age	Males	Females	Total
> 66 years	0	0	0
61 - 65 years	0	0	0
56 - 60 years	0	0	0
51 - 55 years	1	0	1
46 - 50 years	1	0	1
41 - 45 years	1	3	4
36 - 40 years	1	2	3
31 - 35 years	0	0	0
26 - 30 years	0	1	1
not reported	0	0	0
Total	4	6	10



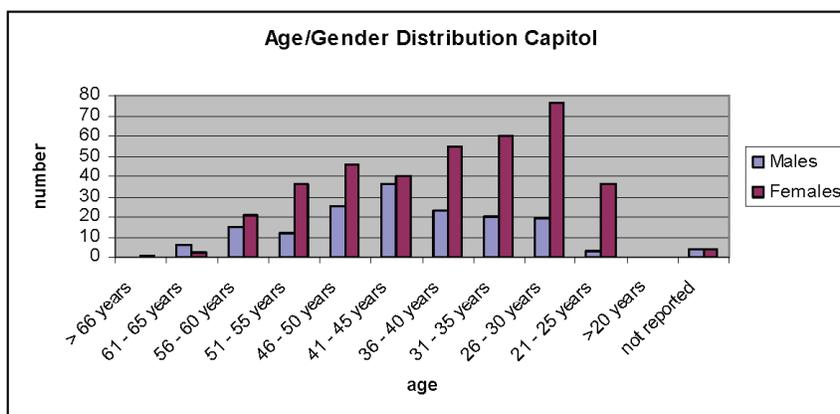
Sample too small for meaningful statistical analysis.

Demographic Information

Capital

Age	Males	Females	Total
> 66 years	0	1	1
61 - 65 years	6	2	8
56 - 60 years	15	21	36
51 - 55 years	12	36	48
46 - 50 years	25	46	71
41 - 45 years	36	40	76
36 - 40 years	23	55	78
31 - 35 years	20	60	80
26 - 30 years	19	76	95
21 - 25 years	3	36	39
>20 years	0	0	0
not reported	4	4	8
Total	163	376	539

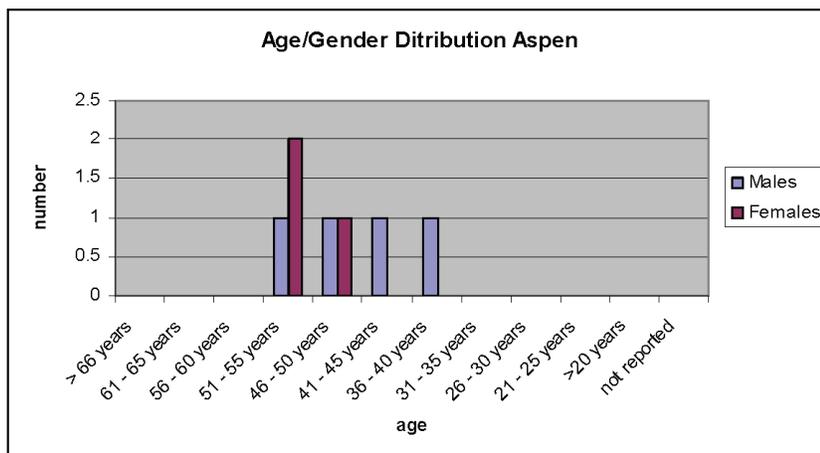
	Males	Females	Total
Mean	42.4	38.3	39.5
Mode	41	27	27
Median	42	37	39.0
St. Dev	9.8	10.6	10.5



Demographic Information

Aspen

Age	Males	Females	Total
> 66 years	0	0	0
61 - 65 years	0	0	0
56 - 60 years	0	0	0
51 - 55 years	1	2	3
46 - 50 years	1	1	2
41 - 45 years	1	0	1
36 - 40 years	1	0	1
31 - 35 years		0	0
26 - 30 years		0	0
21 - 25 years		0	0
>20 years		0	0
not reported		0	0
Total	4	3	7



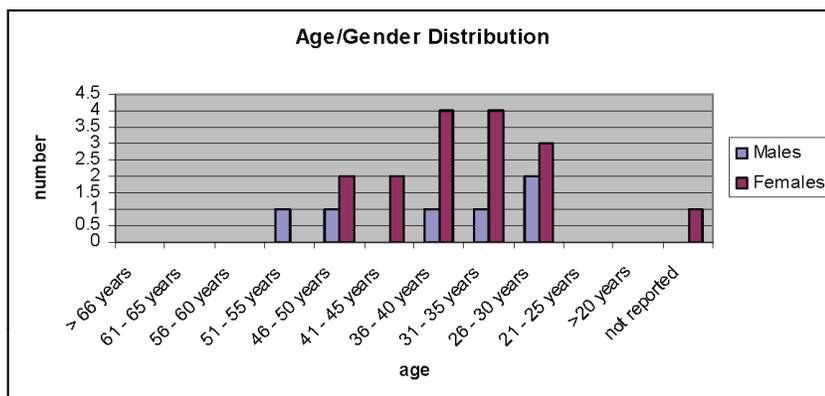
Sample too small for meaningful statistical analysis.

Demographic Information

Peace Country

Age	Males	Females	Total
> 66 years	0	0	0
61 - 65 years	0	0	0
56 - 60 years	0	0	0
51 - 55 years	1	0	1
46 - 50 years	1	2	3
41 - 45 years	0	2	2
36 - 40 years	1	4	5
31 - 35 years	1	4	5
26 - 30 years	2	3	5
21 - 25 years	0	0	0
>20 years	0	0	0
not reported	0	1	1
Total	6	16	22

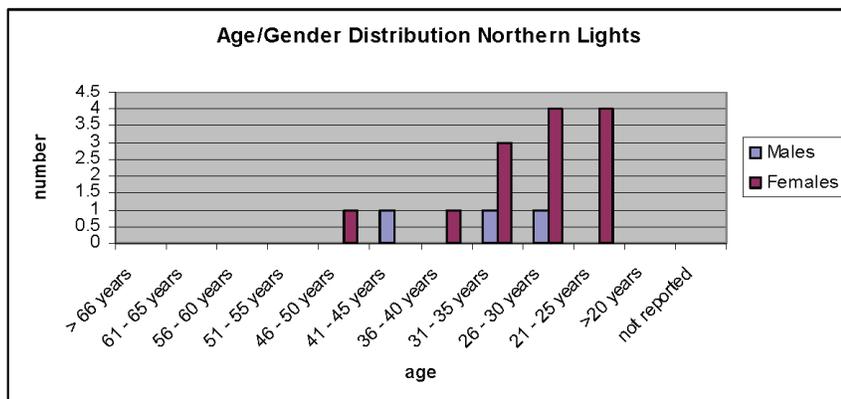
	Males	Females	Total
Mean	37.4	36.1	36.5
Mode	#N/A	31	31
Median	33	36	35.0
St. Dev	9.4	6.5	7.5



Demographic Information

Northern Lights

Age	Males	Females	Total
> 66 years	0	0	0
61 - 65 years	0	0	0
56 - 60 years	0	0	0
51 - 55 years	0	0	0
46 - 50 years	0	1	1
41 - 45 years	1	0	1
36 - 40 years	0	1	1
31 - 35 years	1	3	4
26 - 30 years	1	4	5
21 - 25 years	0	4	4
>20 years	0	0	0
not reported	0	0	0
Total	3	13	16



Sample too small for meaningful statistical analysis.

Complaints Resolution, Conduct and Competency

Regulated professions are expected to respond to allegations of professional misconduct, incompetence or incapacity of its members in a timely and proficient manner. Protecting the interest of the public and our registered members is important but not always straight forward as there are many aspects to consider notably privacy and impartiality.

Our conduct and competency committee and council members all receive training from the Alberta Foundation of Administrative Justice on professional discipline. The courses include understanding the principles of natural justice and administrative fairness, considering evidence, assessing credibility of testimony, decision making and report writing.

Upon receipt of written complaints the Registrar may conduct an investigation or appoint a preliminary investigator. In many cases an investigator from Can Pro Global Investigations is retained to conduct comprehensive and thorough investigations. Upon review of the preliminary investigation report if reasonable and probable grounds that the event occurred and a contravention of the *Regulation*, standards of practice or code of ethics exist the matter is referred to a hearing pursuant with the *Act*.

Hearings are convened in public unless there are acceptable reasons to convene the matter in private. Typically, rationale for private hearings is the confidential nature of the matters to be heard by the conduct and competency committee.

Hearing panels have the responsibility to make findings of being in error or not being in error. They also have the responsibility to issue orders that the registered member must comply with. Findings and/or orders may be appealed by either the complainant, or the respondent (registered member) to the Health Disciplines Board. Under the *Health Professions Act* the council will act as the appeals body. Decisions made by appeals committees may be reviewed by the Alberta Ombudsman's Office and/or to the Alberta Court of Queens Bench.

Where possible we have attempted to resolve complaints through informal or alternative mechanisms before they escalate into lengthy and costly disciplinary hearings. We explore best strategies for ensuring quality of practice within the profession and the most effective ways of proceeding against unauthorized respiratory therapists.

The conduct and competency committee consists of a pool of six regulated members and one public member. During a hearing there are three members (One public member and two regulated members) who listen to testimony, review evidence and consider the facts of the matter before making a decision and issuing orders if necessary.

Table of Conduct and Competency Committee Activity

Registration Year	Investigations	Hearings Convened	Appeals
2009	2	2	0
2008	5	3	0
2007	3	1	0

The conduct and competency committee consists of the following members:

Public Member re-appointed by Minister of Health and Wellness
Mr. Duane Berezowski

Regulated Members appointed by the council
George Verghese RRT, Connie Brooks RRT, Timothy Gill RRT, Linda Sutherland RRT

Outstanding Service Award Recipients

The healthiest competition occurs when average people win by putting above average effort.

Colin Powell

The outstanding service award is presented to a registered respiratory therapist who has been nominated by four other registered members. Nominations include a biography which outlines evidence of distinguished professional practice and service to patients, colleagues and the profession. Council approves or selects the winner if more than one nomination is received. Previous recipients of the award are:

- 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

Thank-you to all of the recipients for your contributions to patient care and professional practice!

Treasurer's Report

“Beware of little expenses; a small leak will sink a great ship.”

I am pleased to report that we have achieved our seventh consecutive surplus for the fiscal year ending January 31st, 2009. Our revenues exceeded expenses and we realized a modest surplus again. Over this period the economic climate has been very volatile and we have maintained a firm control over administration expenses.

There are always unknown risks and uncertainties when developing forward looking documents such as our budget. We have been successful in forecasting our expenses and realized some increased variances on membership, mail-out and interest revenues. Our laddered certificates of deposit and cashable guaranteed investment certificates provide safety from risk and achieved very favorable rates of return in light of current interest rates.

General administrative expenses remain within budget with exception of photocopying expenses, which have increased due to increased membership and related costs associated with newsletter, correspondence and registration renewal communication. In response to this variance we have leased a newer copier with a more favorable lease rate, and will assess anticipated print projects to ensure that what we are using does not exceed our needs.

Operating expenses indicate increased activity by Council and committees as well as activities associated with the *National Competency Profile* and increased meeting frequency by the National Alliance. We also hosted the National Alliance meeting in October which was one year ahead of our turn in the hosting cycle.

We did not retain a key-note speaker for the 2008 Annual General Meeting which had been budgeted. Wages, benefits and functional expenses earmarked for the position of Member Services Director were also unspent in the 2008 - 2009 fiscal year.

The biggest unknown in preparing a budget for regulatory bodies is legal expenses. Actual expenses associated with legal activities were again substantially under budget. I believe this to be a direct reflection of the outstanding work done by the Registrar and Committees working to control investigative costs, mediate disputes, and render fair and equitable decisions. We will continue to budget generously for legal and encourage all members associated with regulatory matters to continue the valued work they do.

Council has determined to devote a substantial portion of its efforts in the coming year to develop and implement formal College policies. As of this writing, it appears I have been acclaimed for a further three year term as Treasurer. I look forward to presenting Council with policy drafts dealing with travel expenditures and expenses related to training and development of Appeal Hearing Panel and Committee members. Regulatory activity is anticipated to drive these costs upward in future.

Respectfully Submitted
Greg Hind RRT
Treasurer

Independent Auditor's Report

PF Turner Incorporated



COLLEGE AND ASSOCIATION OF RESPIRATORY
THERAPISTS OF ALBERTA
FINANCIAL STATEMENTS
JANUARY 31, 2009

Independent Auditor's Report

PF Turner Incorporated

P.F. TURNER PROFESSIONAL CORPORATION

Chartered Accountant

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

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

Management has the responsibility for preparing the accompanying financial statements and ensuring that all information in the Annual Report is consistent with these statements. This responsibility includes selecting appropriate accounting principles and making objective judgements and estimates in accordance with Generally Accepted Accounting Principles.

In discharging its responsibility for the integrity and fairness of the financial statements, as well as for the accounting systems from which they are derived, management maintains the necessary system of internal controls designed to provide assurance that transactions are authorized, assets are safeguarded and proper records maintained.

The ultimate responsibility to members for the financial statements lies with the Board of Directors. The Board reviews the financial statements with management in detail prior to its approval to publish the financial statements.

The Board appoints an external auditor to audit the financial statements and to meet with management to review his findings. The external auditor reports directly to the members; his report is attached. The external auditor has full and free access to management to discuss his audit, as well as his findings concerning the integrity of the organization's financial reporting and the adequacy of its system of internal controls.

Calgary, Alberta
September 2, 2009

PRESIDENT

AUDITOR'S REPORT

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

I have audited the statement of financial position of College and Association of Respiratory Therapists of Alberta as at January 31, 2009, and the statements of operations and changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the college and association's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at January 31, 2009 and the results of operations and cash flows for the year then ended in accordance with generally Canadian accepted accounting principles.

Calgary, Alberta
September 2, 2009

Original signed
CHARTERED ACCOUNTANT

Independent Auditor's Report

PF Turner Incorporated

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA

STATEMENT OF FINANCIAL POSITION
AS AT JANUARY 31, 2009

	2009	2008
ASSETS		
CURRENT		
Cash in bank	\$ 429,052	\$ 376,830
Accounts receivable, officer	1,236	-
Prepaid expenses and deposits	2,554	1,897
	432,842	378,727
EQUIPMENT (Note 3)	8,567	8,534
	\$ 441,409	\$ 387,261
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	\$ 9,248	\$ 7,435
Deferred revenue	333	333
	9,581	7,768
NET ASSETS		
NET ASSETS INVESTED IN CAPITAL	12,312	8,534
NET ASSETS	419,516	370,959
	431,828	379,493
	\$ 441,409	\$ 387,261

APPROVED BY THE EXECUTIVE:

_____ President

_____ Treasurer

*P.F. Turner Professional Corporation
Chartered Accountant*

Independent Auditor's Report

PF Turner Incorporated

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE TWELVE MONTHS ENDED JANUARY 31, 2009

	2009	2008
REVENUE		
Membership revenue	\$ 390,429	\$ 376,956
Interest	18,101	20,841
Other	10,325	4,651
	418,855	402,448
EXPENSES		
Accounting services	11,226	9,871
National Alliance	21,407	5,357
Agreement on Internal Trade	-	87
Amortization	2,300	2,626
Awards	332	1,227
Bank Charges	9,438	8,472
Computer services	1,207	496
Conduct Committee	23,502	13,998
Continued Competency	9,642	2,079
Council	23,133	15,882
Employee Costs	152,319	163,762
Equipment Leasing	17,544	10,731
Contracted Services	-	23,189
Insurance	1,976	1,809
Legal costs	3,866	-
Memberships	3,602	3,616
Miscellaneous	-	21
Newsletter (Resport)	15,891	21,969
Office	13,679	11,879
Postage and courier	6,727	7,294
Promotion and Web Page	18,424	11,627
Registration Committee	1,309	1,151
Rent and operating	25,833	26,557
AGM - Expenses	3,163	11,526
	366,520	355,226
(Gain) or loss on disposal of assets	-	823
EXCESS OF REVENUES OVER EXPENDITURES	52,335	46,399

P.F. Turner Professional Corporation
Chartered Accountant

Independent Auditor's Report

PF Turner Incorporated

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA

STATEMENT CHANGES IN NET ASSETS
FOR THE TWELVE MONTHS ENDED JANUARY 31, 2009

	Invested in capital assets	Unrestricted	Total <u>2009</u>	Total <u>2008</u>
BALANCE, beginning of year	\$ 8,534	\$ 370,959	\$ 379,493	\$ 333,094
Excess of revenues over expenditures	(2,300)	54,635	52,335	46,399
Capital asset additions	6,078	(6,078)	-	-
BALANCE, end of year	\$ 12,312	\$ 419,516	\$ 431,828	\$ 379,493

*P.F. Turner Professional Corporation
Chartered Accountant*

Independent Auditor's Report

PF Turner Incorporated

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA

NOTES TO THE FINANCIAL STATEMENTS
JANUARY 31, 2009

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 income taxes.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The organization's accounting policies and the standard of its disclosure are in accordance with the recommendations of the Canadian Institute of Chartered Accountants:

a) Property and Equipment

Office furniture and equipment are recorded at cost and amortized on the straight line basis at a rate of 20% per year (10% in the year of acquisition).

Computer hardware is recorded at cost and amortized on the straight line basis at a rate of 30% per year (15% in the year of acquisition).

Computer software is recorded at cost and amortized at 50% per year.

b) Revenue Recognition

Membership fees are recognized as revenue in the year they are received.

c) Donated Services

Donated services are provided to the CARTA in the form of volunteer time. Donated services are not recorded in the financial records of the organization.

2. MEASUREMENT UNCERTAINTY

The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty and the effect on the financial statements of changes in such estimates in future periods could be significant.

*P.F. Turner Professional Corporation
Chartered Accountant*

Independent Auditor's Report

PF Turner Incorporated

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA

NOTES TO THE FINANCIAL STATEMENTS
JANUARY 31, 2009

3. EQUIPMENT

	Cost	Accumulated Amortization	Net 2009	Net 2008
Office furniture and equipment	\$ 21,154	\$ 14,575	\$ 6,579	\$ 5,598
Computer hardware and software	19,063	17,075	1,988	2,936
Symposium Equipment	2,855	2,855	-	-
	\$ 43,072	\$ 34,505	\$ 8,567	\$ 8,534

4. COMMITMENTS

At January 31, 2009 the society was committed under a non-cancellable lease for office premises at \$11,522 per year plus operating costs of an estimated \$10,839 until the year 2010. Equipment has been leased for \$5,185 per year until 2012.

5. FINANCIAL INSTRUMENTS

The Organization's financial instruments recognized in the balance sheet consist of cash, accounts receivable, and all liabilities. The fair values of these financial instruments approximate their carrying amounts due to the short-term maturity or current market rate associated with these instruments. The Organization does not have significant credit risk exposure to any individual party.

*P.F. Turner Professional Corporation
Chartered Accountant*

Independent Auditor's Report

PF Turner Incorporated

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA

CASH FLOW STATEMENT
FOR THE TWELVE MONTHS ENDED JANUARY 31, 2009

	2009	2008
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from membership dues	\$ 390,429	\$ 376,956
Payment for newsletters, mail outs and other	10,325	4,926
Received from provincial symposium	-	(275)
Interest income	18,101	20,841
Cash payments to suppliers and employees	(364,300)	(348,892)
	54,555	53,556
CASH FLOWS FROM INVESTING ACTIVITIES		
INVESTING ACTIVITIES		
Additions to capital assets	(2,333)	(2,598)
	(2,333)	(2,598)
INCREASE (DECREASE) IN CASH AND EQUIVALENTS	52,222	50,958
CASH AND EQUIVALENTS, beginning of year	376,830	325,872
CASH AND EQUIVALENTS, end of year	\$ 429,052	\$ 376,830

P.F. Turner Professional Corporation
Chartered Accountant

The following is a list of responsibilities regulated members will have pursuant with the *Health Professions Act* when it is proclaimed and put into force.

Only members registered with the College and Association may use the protected designation RRT and titles Registered Respiratory Therapist, Registered Respiratory Technologist, Respiratory Therapist, Respiratory Technologist and Respiratory Care Practitioner;

All regulated members must have a minimum \$2,000,000 liability insurance coverage according to the council policy;

Registration renewal must occur on or before March 31st each year and the regulated member must inform the registrar if they have been convicted of a criminal offense;

To be eligible for registration renewal and receive a practice permit issued by the registrar an applicant must have completed a minimum of 1,500 practice hours in the previous four years and completed 48 continuing competency hours in the previous two years;

Regulated members must notify the registrar of changes to their:

Name,
Address,
Telephone number,
Electronic mail address,
Employment status,
Employer,
Employer address,
Type of facility they are employed in,
Areas of practice,
Any specialties,
Languages spoken,

The following are authorized restricted activities a regulated member may perform:

1. Cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane for the following purposes:

Performing blood analyses;
Assisting with cardiac procedures;
Perform hemo-dynamic monitoring;
Assisting with anesthesia;
Administering injections;
Suturing;
Performing routine wound care;

2. To insert or remove instruments, devices, fingers or hands beyond the point in the nasal passages where they normally narrow and beyond the pharynx for the purposes of inserting or removing tubes;

3. To administer blood or blood products when assisting in anesthesia;
To administer anesthetic gases, including nitrous oxide, for the purposes of anesthesia or sedation when assisting with the provision of anesthesia or bronchodilation

The following services are special authorization restricted activities:

Performing extra corporal membrane oxygenation, Insertion and maintenance of chest tubes, Needle thoracentesis, ordering any form of ionizing radiation in medical radiography for purposes of ordering a chest x-ray.