



**MANITOBA ASSOCIATION OF
REGISTERED RESPIRATORY THERAPISTS**



**ANNUAL
REPORT
2021**

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MANITOBA ASSOCIATION OF REGISTERED RESPIRATORY THERAPISTS

“EXEMPLARY DELIVERY OF RESPIRATORY CARE IN MANITOBA”

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BOARD OF DIRECTORS

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Tanis Crosby

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Director at Large

Flora Tolaj

Director at Large

Nora Staunton

Government Appointee

Randall Kinley

OFFICE TEAM

Executive Director/Registrar

Deborah Handziuk

Association Manager

Lee Hurton

PRESIDENT'S MESSAGE

On behalf of the Manitoba Association of Registered Respiratory Therapists Board of Directors, and staff I am pleased to submit the following Annual Report for 2021.

This year MARRT continued to operate during a global pandemic. Throughout the year we monitored the information coming from the provincial government and the chief public health officer, and other global health agencies. Updates were sent out to registrants regularly as information became available. In response to the shortage of qualified Respiratory Therapists in the province, we continued to operate within policies related to temporary licencing of retired and out of province respiratory therapists to assist in the emergency. As well, MARRT worked collaboratively with the University of Manitoba, the Manitoba government, and Shared Health to expedite the graduation of the class of 2021 to assist in the work force on the front lines of health care.

In 2021 MARRT resumed all aspects of the day-to-day and annual regulatory functions. We saw the resumption of virtual participation in the National Alliance of Respiratory Therapy Regulatory Bodies Fall business meeting and AGM, as well as meetings with the Manitoba Alliance of Health Regulatory Colleges. The Registration Committee, led by the Registrar, returned to the annual practice of conducting the CCP audit on 10% of randomly selected MARRT registrants. The Complaints and Investigation Committees have been active in 2021, continuing to receive and investigate complaints. The Governance Committee created and recommended several new policies and a clinical practice guideline for the Board of Directors approval. These include:

- Investigation Process Policy
- Intake Process for Concerns/ Complaints Policy
- Criminal Record Check Policy
- Virtual Medicine Policy
- Guidance on Telepractice

Last year the Board of Directors moved forward with a strategic priority in increasing MARRT's staffing levels by creating a full time Executive Director/ Registrar position. This process involved a search committee coming together to create a job position contract, position advertising and posting in various online locations to optimize the search for qualified individuals. Several exemplary applications were screened, and applicants were short listed for an interview. In October we welcomed Ms. Deborah Handziuk to the MARRT team, as the successful candidate. Among her many outstanding qualities, some of her noteworthy attributes that proved to be a

great fit for the ED/ Registrar position at MARRT are such that she has a kind, and professional demeanour, a willingness to persevere, and always strives for practical and fair solutions. During times of turbulence, she is calm, level, and pragmatic in her approach. Deborah comes to MARRT with extensive prior experience in high level administration roles in post-secondary education, and a long history of volunteer service in health care regulation. In October, Deborah began a three-month onboarding orientation, job shadowing with Shane McDonald as he finished his final contract with MARRT as Registrar. We are excited and grateful to have Deborah leading MARRT into the future with her expertise and talent.

The MARRT extends a sincere and heartfelt thanks to Shane McDonald, for his many years of service to MARRT and we wish him much health and happiness in his retirement.

Once again, MARRT hosted a virtual AGM in 2021. Quorum was not achieved during the live meeting. All voting was facilitated electronically after the meeting via e-voting.

The CCP project has been delayed during the staffing transition, and although this work is still considered to be included in our strategic priorities; it is unknown at this time what timeline we will work towards for implementation to the membership.

Work on the next iteration of the National Alliance of Respiratory Therapy Regulatory Bodies, National Competency Framework, is scheduled to resume in 2022.

Alanna Whitley's term on the Board of Directors is expiring this year and I would like to thank Alanna for her dedication, and participation on the Board and on various committees over the past years. MARRT will be seeking the election of one new board member in 2022.

Ivan Sabesky, who served as a government appointed public representative on MARRT's Board of Directors, has resigned from his position in the past year. We have notified the Boards and Commissions office of his resignation and requested an alternate appointee.

As we set the direction for the MARRT through priorities, vision, and values, we aim to uphold the RT profession to the highest standards. We strive to do our best to ensure we meet our mandate to always protect the public interest in the work we perform, and to anticipate and plan for emerging trends in society, healthcare and the respiratory therapy practice. The Manitoba Association of Registered Respiratory Therapists looks forward to continuing to regulate the practice and continuing competency of respiratory therapists to ensure the safe delivery of care to people in Manitoba.

MISSION & VISION

MISSION STATEMENT

“The Manitoba Association of Registered Respiratory Therapists regulates the practice and continuing competency of respiratory therapists to ensure the safe delivery of care.”

VISION STATEMENT

“Exemplary delivery of respiratory care in Manitoba”

MARRT is authorized by The Registered Respiratory Therapists Act C.C.S.M. c. R115. The role of MARRT is to self-regulate the practice of Respiratory Therapy and govern the members of MARRT to protect the public.

MARRT’s legal obligation is to protect the public through the regulation of licensed and registered respiratory therapists. This includes setting standards of practice, developing members’ continuing education competency requirements and addressing complaints involving MARRT members.

The business of MARRT is conducted in accordance with the law and member approved bylaws. The MARRT bylaws can be viewed under the “Our Profession” tab. The Board of Directors consists of Registered Respiratory Therapists, as elected by MARRT members, and two public members, as appointed by the Government of Manitoba.

MARRT STRATEGIC PRIORITIES

2020-2023

LEGISLATION

- Separation of Association - **Complete**
- Inquire with Manitoba Government to adopt RHPA Complaint Process - **Complete**
- Development of new Code of Ethics & Standards of Practice - **In progress**
- RHPA- Complete public consultation & submit final draft of Reserved Acts to Manitoba Government - **In progress**
- Inquire- Name Change - **Complete**
- Implement operational and governance aspects of the RHPA related to regulations & CCP - **In progress**

QUALITY ASSURANCE PROGRAM

- E-Volve CCP Program Development - **In progress**
- Governance - **Ongoing**
- Communication & Education - **Ongoing**
- Program Implementation - **Ongoing**
- Maintenance & Monitoring of Program - **Not yet started**

REGISTRAR'S REPORT

Submitted by Shane McDonald

As the Covid-19 pandemic continued and with many committees and boards consisting of volunteers who also work as RRT's, the impact on work has been substantial. Much of MARRT's focus continued to be pandemic related. All meetings remained virtual with many being rescheduled at both a provincial and national level, primarily due to availability of board and committee members. Collaboration and partnership with MARRT's regulatory counterparts, Shared Health, and the Government of Manitoba continued with all professions working in harmony to assist during the pandemic. Some new projects were delayed, others were completed, and some ongoing work is nearing conclusion or being finalized.

I. INTERNAL OPERATIONS;

a. Continuing Competency Program (CCP):

The MARRT board made the decision to delay implementation of the new CCP process with a revised implementation date of 2023. As previously stated, the goal of this new program is to develop increasingly proficient respiratory therapists who are competent and efficient in their delivery of safe respiratory care. With the excessive pandemic related workload being experienced by the RRT's the board felt that this was not the ideal time to introduce the new CCP and would utilize the established process that all RRT's, are familiar with for the 2022 license year process. The new CCP will assist MARRT in ensuring it achieves its mandate of protection of the public.

b. E-learning module:

It is imperative that MARRT members are aware of and always function competently within the described legislation, the bylaws, the policies, the Standards of Practice, and the Code of Ethics of MARRT. MARRT uses annual e-learning modules with mandatory completion at license renewal time to ensure members remain abreast of the legislation and guidelines governing their practice. The e-learning module was in its fourth iteration this year. This year MARRT invested in a module that was the result of a collaborative effort of the Manitoba Alliance of Health Regulatory Colleges. The **Pause Before You Post: Social Media Awareness** module focused on the prevalence of and proper use of social media by a licensed professional in the workplace and in general.

After three years of developing questions the question bank is now sufficiently populated with regulatory information vital to the practice of respiratory therapy within Manitoba. Questions from the bank will be used to create a jurisprudence examination that will be mandatory for all individuals applying for the first time with MARRT. The format used will be a pass/fail format to ensure all writers are familiar with the legislation and regulations related to practice in Manitoba as a Registered Respiratory Therapist. The MARRT board has approved the implementation of this module for a future date.

c. Telepractice (Virtual Practice):

Telepractice, more commonly known as "virtual practice", continued to grow across the country, primarily due to the pandemic. MARRT, in collaboration with the Manitoba Association of Health Regulatory Colleges (MAHRC), developed a clinical practice guideline to assist respiratory therapists in the delivery of virtual care.

Virtual practice was also discussed at the fall 2021 National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB). The recommendation was for all provinces wishing to participate to ask members on whether they engaged in virtual practice. In partnership with the Nova Scotia College of Respiratory Therapists (NSCRT), survey questions were developed with the plan to ask these questions at the time of license renewal. The intent is how to best determine the appropriate approach to regulating how members provide these services to ensure safe and competent care to the public. The most common questions arising are: In which jurisdiction should the member hold a license to practice, and how are concerns regarding a member's conduct handled? To date it has been noticed that virtual medicine has increased substantially during the pandemic with the largest increase in virtual practice within the member's own jurisdiction. Virtual practice growth is also occurring across borders but generally in border communities close to the neighboring province.

d. Internationally Educated Healthcare Professional (IEHP):

The one IEHP that initiated the process successfully completed the assessment. They were granted a graduate license to practice and were ultimately successful in their writing of the MARRT credentialing examination provided by the Canadian Board of Respiratory Care. They are now a full practicing member of MARRT. MARRT is partnering with other professions, with the University of Manitoba, and with the Office of the Manitoba Fairness Commission in a federal government funded project that will streamline the process for IEHP's in their pursuit of practicing in their profession in Manitoba.

e. Public Accountability:

The Criminal Record Check (CRC) and Vulnerable Sector Check (VSC) policy was approved by the BOD for the 2022 license year. The decision was made to mandate all license applicants and all license renewing members to undergo the process. Initially the rollout to current members was going to be a staggered approach but it was felt it was better to do all at once. This substantially created an increased workload for the license review process as all CRC and VSC's received had to be uploaded to the Member's profile on the MARRT website. The actual submission process and subsequent approval from the related police services also experienced delays due to the pandemic.

In collaboration with the NARTRB a new Standards of Practice and Code of Ethics is being developed and will assist all members in applying their practice skills professionally and safely.

f. Regulated Health Professions Act (RHPA):

MARRT continued the work necessary for the eventual transition to the RHPA. To streamline and potentially speed up the process for the Colleges and Associations who were not yet functioning under the RHPA, organizations were asked to initially focus on drafting the new regulations necessary. A template to assist in the development of the regulations was developed. The reserved acts identified have been drafted and put forward for review. MARRT continued to refine the Complaints, Investigation, and Discipline processes to provide the necessary steps, timelines, and communication deadlines to streamline the entire process. The Complaints process and the Investigation process were finalized and approved for use by the MARRT Board. This will improve the operational efficiency of MARRT, while increasing transparency and potentially resulting in less financial burden.

g. Accreditation for University of Manitoba, Bachelor of Respiratory Therapy Program:

The education program in Manitoba responsible for the education and training of the respiratory therapy students underwent an HSO - Equal Canada Accreditation Survey Team visited in June, 2021. MARRT is a provincial client of Accreditation Canada and as such can appoint an individual to be a member of the survey team responsible for taking part in accreditation visits. The Registrar was appointed as the MARRT member to participate. With a few minor recommendations and suggestions, the final result was a full six-year accreditation being awarded.

II. EXTERNAL OPERATIONS

a. National Alliance of Respiratory Therapists Regulatory Bodies:

While collaborating with our Respiratory regulatory counterparts in other provinces continues to be beneficial at both the provincial and national level, the pandemic has really hampered the work of the NARTRB. The 2021 Spring meeting was cancelled with the Fall AGM and business meeting occurring in November 2021. Prior to COVID-19, the NARTRB held a strategic planning session, and the following initiatives were identified.

Work will begin in 2022 on the revision of the National Competency Framework. As a two-year extension was applied to the 2016-2021 NCF it is imperative that the project be undertaken quickly to ensure RRT's are currently being taught to the scope of practice required across the country and to prevent another possible extension.

Currently a working group of the NARTRB is working on drafting a national Standards of Practice and Code of Ethics for respiratory therapists. The Canadian Society of Respiratory Therapists is also partnering with the NARTRB in this project. The initial review of existing standards and identification of new ones has been completed for presentation and discussion at the upcoming NARTRB spring 2022 meeting.

The NARTRB recently formed a working group to investigate the use of simulation in the education and achievement of clinical skills. The pandemic has resulted in further investigation being necessary as we try to determine the impact that COVID-19 has had on the education of the respiratory therapy students. A brief survey was developed for this purpose and was sent to all the education programs in the fall of 2021. There was a good response rate with the education programs also expressing an interest in seeing the data for comparison purposes within their own jurisdictions. The data collected has been collated and will be discussed at the NARTRB Spring 2022 meeting.

b. Manitoba Alliance of Health Regulatory Colleges (MAHRC):

At the onset of the pandemic the MAHRC members met on a weekly basis to discuss common issues and concerns regarding the pandemic. These meetings changed to biweekly and as currently needed. They included valuable collaboration with both shared health and the government. Through these meetings many items were addressed so that we each may assist the members in providing safe practice during the pandemic.

The CCP work group reconvened and has had discussion regarding completing an education module collaboratively involving cultural sensitivity and equity in health care. The MAHRC agreed that this should be a contract project with all interested regulatory colleges investing equally in the cost. MARRT has agreed to participate. Anticipated completion and release of the module for use is to be in 2022.

The strategic plan working group of the MAHRC made the recommendation to incorporate with the adoption of an annual membership fee based on number of members per regulatory college. The intent that although some bodies would pay more it would still be an equal percentage of operating budget for all members, regardless of size. MAHRC focused on incorporation, which included the requirement of membership fees. All regulatory bodies, including MARRT, agreed to this concept. Common sharing and the development of policies and resources amongst the colleges continues to be the focus.

Next steps will be to recruit an executive director, write the bylaws and and develop policies to govern the new corporation.

GOVERNANCE COMMITTEE

The Governance Committee is a standing committee responsible for developing by-laws and policies necessary to assist MARRT in functioning within its described Act and Regulations, to address any legislation changes, and to provide guidance to the MARRT operations.

The committee developed and finalized several policies in 2021:

1. G-22 Investigation Process Policy and G-23 Intake Process for Concerns/Complaints Policy – designed to improve the efficiencies of the overall process to ensure fairness and timely progression to completion (approved March 2021).
2. L-11 Criminal Record Check Policy – mandatory CRC/VSC check by all new applicants and for all existing members of MARRT beginning in 2022 license year (approved March 2021).
3. L-12 Virtual Medicine Policy – to provide guidance in the delivery of virtual medicine and to provide patient recourse if there is a concern.

Governance Committee

Shane McDonald, Chair

Tanis Crosby, Member

Karen Taylor, Member

Cory Campbell, Ex-Officio

MARRT COMPLAINTS COMMITTEE

The MARRT Complaints Committee is a statutory requirement and is comprised of three members of MARRT, one lay member, and one public member.

The committee receives and reviews complaints brought against any member. If the committee deems it appropriate, they may attempt an informal resolution. Any complaint that cannot be resolved in this way or if the member:

- a. Has committed an indictable offense; or
- b. Is guilty of professional misconduct or conduct unbecoming; or
- c. Has demonstrated incapacity or unfitness to practice;

the Complaints Committee must refer the complaint to the Investigations Chair.

There were no complaints received this year.

MARRT Complaints Committee

Shane McDonald, Chair

Alana Head, Member

Bill Gibb, Member

Peter Turon, Member

Randall Kinley, Public Member

Tanis Crosby, Investigations
Chairperson

REGISTRATION COMMITTEE

The Registration Committee is a standing committee that evolved from the Continuing Competency Program Committee. With the development of a new terms of reference, the committee has an expanded role in that it is also responsible for ensuring individuals applying for licensure and for licensure renewal meet all the requirements as described in legislation, bylaws, and policy.

The committee is also responsible for evaluating the CCP submissions received from the audited members to ensure compliance with the requirements as detailed in the MARRT Regulations and for maintenance of license eligibility. MARRT annually audits 10% of the membership for this purpose. The committee found all audited members to be in compliance with the requirements in the license year 2021.

MARRT has engaged with Lori Pepler- Beechey to assist in the development of the CCP module. Lori was responsible in large part for the development of the College of Respiratory Therapists of Ontario's CCP program, and her expertise and knowledge will be greatly beneficial as we move forward on this important project.

Registration Committee

Shane McDonald, Chair

Cory Campbell, Ex-Officio

Kaitlin King, Member

Carlos Molina, Member

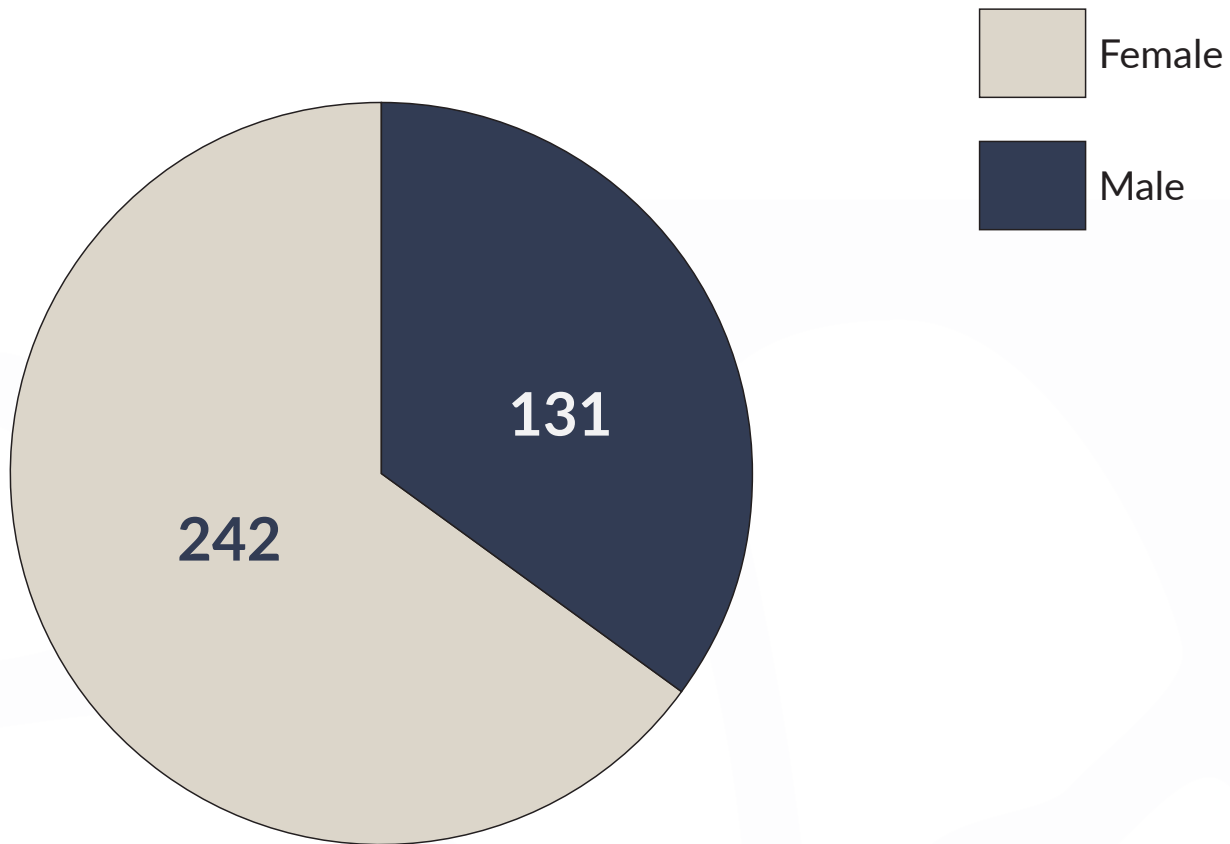
Kelly Neufeld, Member

Randall Kinley, Public Member

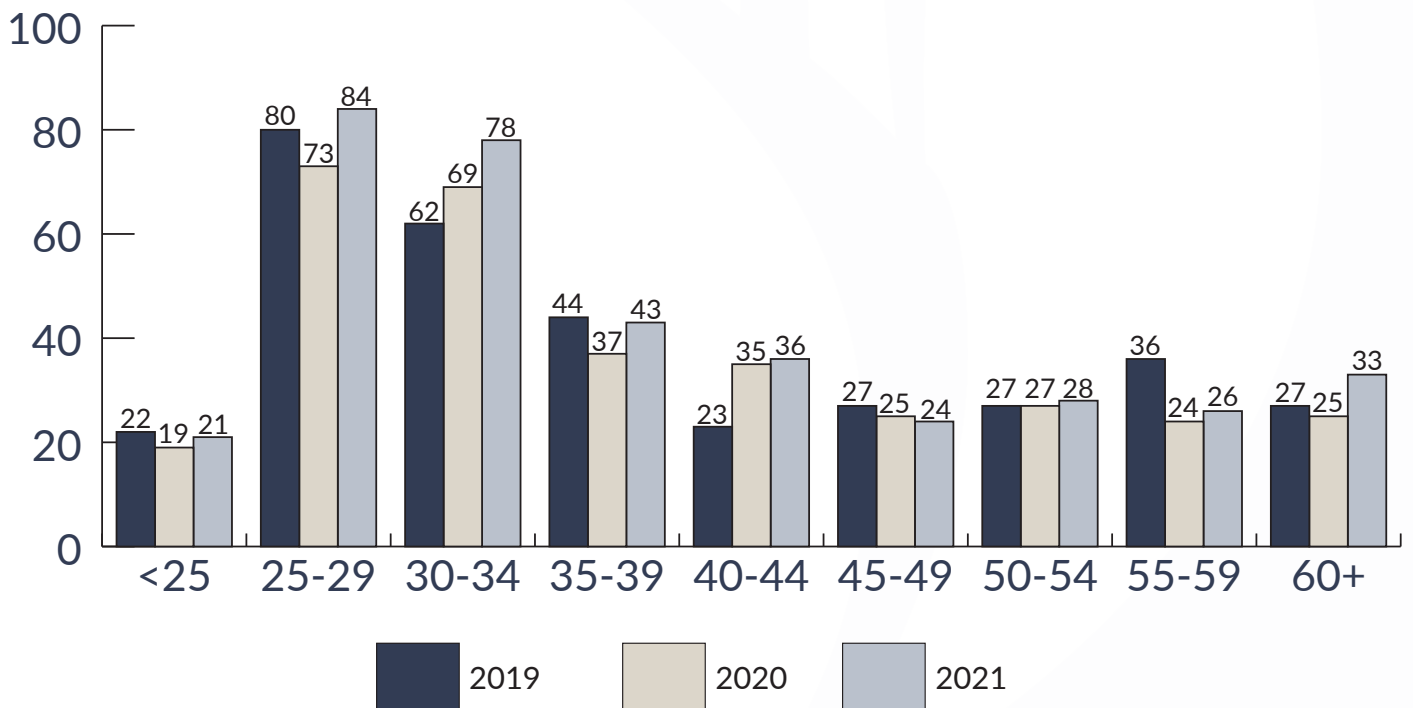


REGISTRATIONS & DEMOGRAPHICS

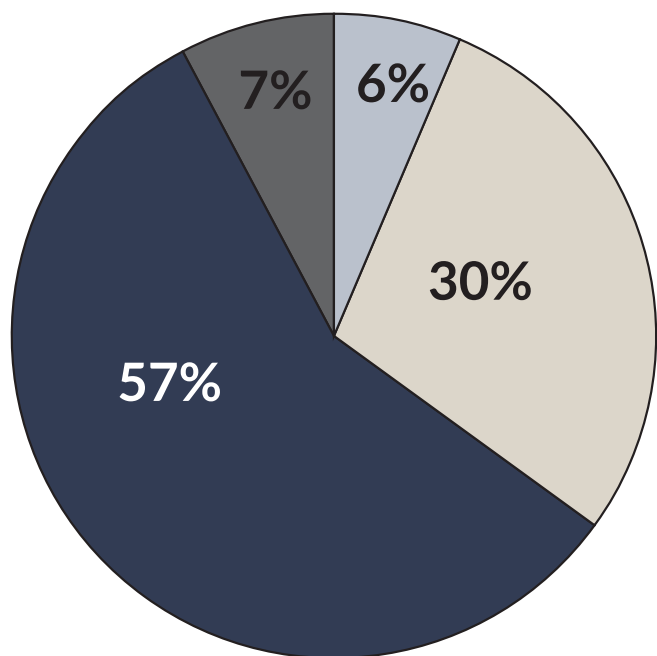
REGISTERED RESPIRATORY THERAPIST BY GENDER



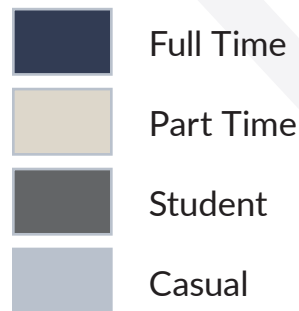
REGISTERED RESPIRATORY THERAPIST BY AGE



EMPLOYMENT TERMS



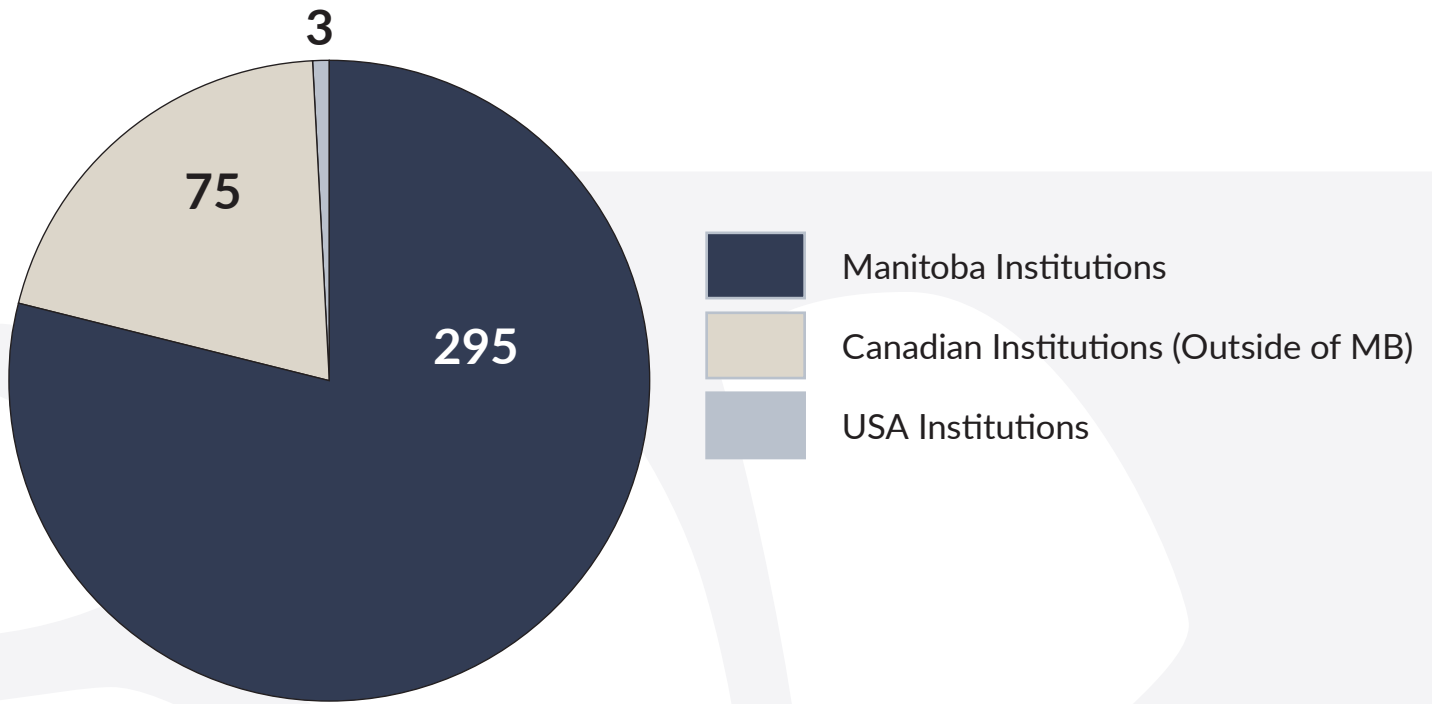
Employment Terms	2021
Full Time	214
Part Time	107
Student	28
Casual	24
Total	373



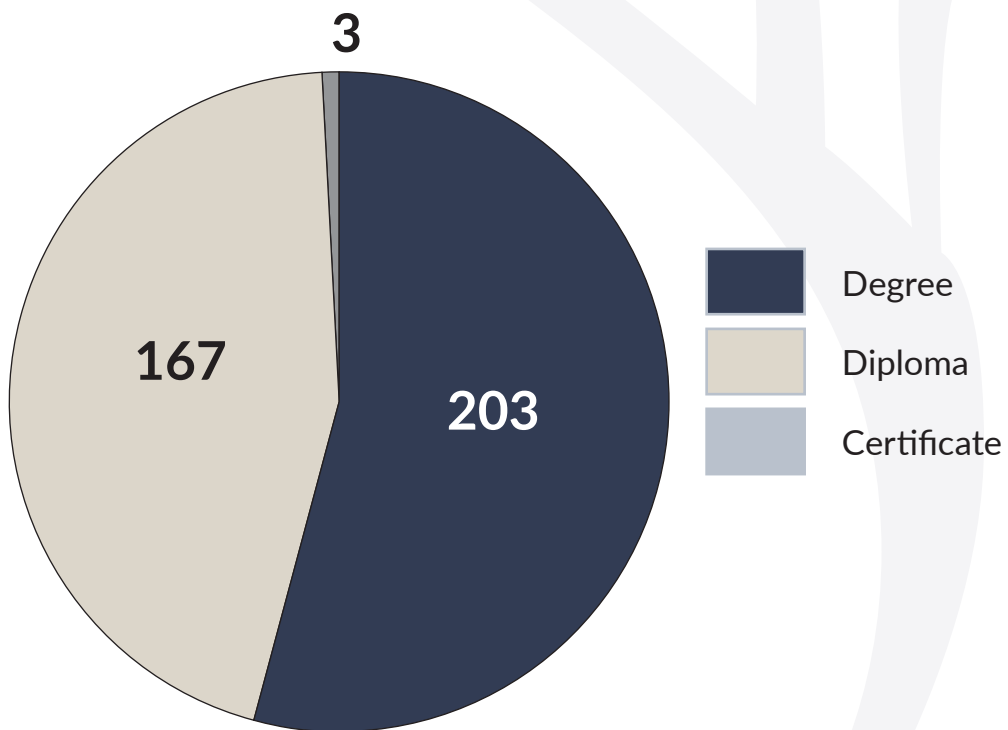
FIRST LANGUAGE OF REGISTERED RESPIRATORY THERAPISTS

First Language of Registered Respiratory Therapist	Number of RRTs
English	349
French	7
Phillipine	3
Ukranian	2
Urdu	2
Korean	1
Spanish	1
Serbian	1
Persian	1
Tagalog	1
German	1
Vietnamese	1
Amharic	1
Chinese	1
Portuguese	1
Total	373

EDUCATIONAL INSTITUTION



RT CREDENTIALS



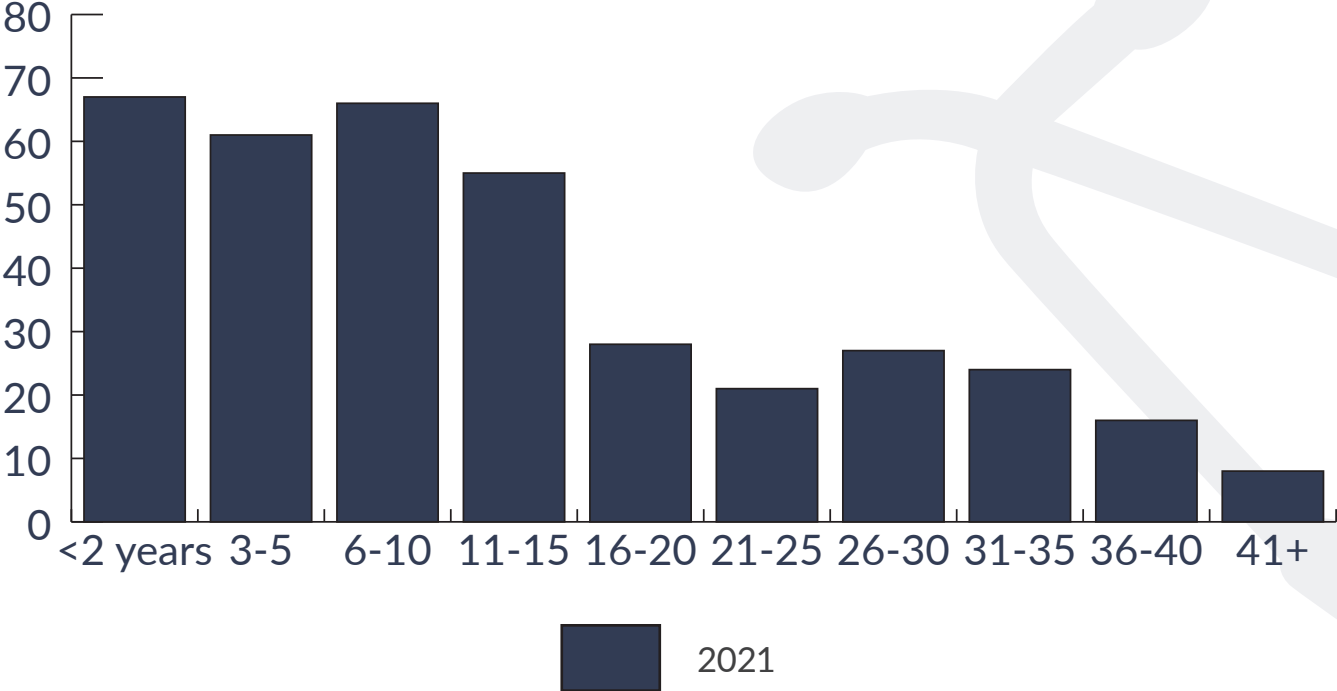
PRIMARY PRACTICE

Area of Primary Practice	Number of RRTs
Acute Care	152
Mixed Acute & Chronic	75
Adult Care	29
Pediatric Care	27
Pulmonary Function Testing	14
Chronic Care	12
Mixed Adult & Pediatric	11
Anesthesia	8
Administration	8
Teaching	7
Home Care	7
Sales	4
Interfacility Patient Transport	2
Research	2
Pulmonary Rehabilitation	2
Sleep Apnea and oxygen therapy	1
Case manager	1
Sleep Disorder Centre	1
Clinical Administration	1
Covid screener	1
Clinical Service Lead	1
Sleep Clinician	1
Regulatory	1
Sleep Lab	1
Medevac Transport	1
Urgent Care	1
Respiratory outpatient clinic/ Covid testing site	1
Covid Pandemic support	1
Total	373

SECONDARY PRACTICE

Area of Secondary Practice	Number of RRTs
Adult Care	73
Mixed Adult & Pediatric	42
Acute Care	30
Pediatric Care	26
Mixed Acute & Chronic	26
Chronic Care	15
Pulmonary Function Testing	15
Home Care	8
Teaching	6
Anesthesia	5
Equipment Servicing	3
Neonatal	3
C/BiPAP setups	1
Neonates	1
Administration	1
Operating Room	1
Program Team Manager for Medicine and Cardiology	1
OR RT	1
Research	1
Patient Transport	1
Transport	1
COO Emergency Response Services & Chief Allied Health Officer	1
pending	1
Total	263

YEARS OF PRACTICE



FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION

AS OF DECEMBER 31, 2021

	2021	2020
ASSETS		
CURRENT		
Cash	\$ 188,883	155,905
Cash for reserve funds	46,004	30,096
Accounts Receivable	-	2,160
Interest receivable	2,731	3,048
Prepaid expenses	4,436	3,478
	242,054	194,687
LONG TERM INVESTMENTS (Note 3)	120,992	119,000
	\$ 363,046	313,687
LIABILITIES AND NET ASSETS		
CURRENT		
Accounts payable	\$ 2,576	2,577
Deferred income	74,744	46,470
	77,320	49,047
NET ASSETS		
General Fund	118,730	108,344
Contingency reserve fund	113,112	102,412
Rhpa fund	53,884	53,884
	285,726	264,640
	\$ 363,046	313,687

STATEMENT OF REVENUES & EXPENSES

YEAR ENDED DECEMBER 31, 2021

	2021	2020
REVENUES		
MARRT dues	\$ 184,611	182,645
Education forum	-	795
	\$ 184,611	183,440
EXPENSES		
Honorariums	5,200	4,160-
Insurance	2,845	2,551
Interest and bank charges	5,263	6,089
Legal fees	7,246	5,115
Meetings and conventions	-	833
Memberships	17,191	12,371
Office and board supplies	5,507	4,581
Professional fees	3,080	3,080
Rental	7,200	7,200
Salaries and wages	93,532	69,254
Training	5,347	1,952
Website and database	12,285	10,112
	164,696	127,298
EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS	19,915	56,142
OTHER INCOME	3,331	3,202
Interest income		
EXCESS OF REVENUES OVER EXPENSES	\$ 23,246	59,344

STATEMENT OF CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 2021

	General Fund	Contingency Reserve Fund	RHPA Fund	2021	2020
NET ASSETS BEGINNING OF YEAR	108,344	102,412	53,884	264,640	205,296
EXCESS OF REVENUES OVER EXPENSES	23,246	-	-	\$ 23,246	59,344
ALLOCATION TO FUNDS	(10,700)	10,700	-	-	-
PRIOR YEARS' RECEIVABLES ADJUSTED	(2,160)			(2,160)	
NET ASSETS - END OF YEAR	118,730	113,112	53,884	\$ 285,726	264,640

STATEMENT OF CASH FLOWS

YEAR ENDED DECEMBER 31, 2021

	2021	2020
OPERATING ACTIVITIES	\$ 23,246	59,344
Excess of revenues over expenses		
Item not affecting cash: Prior period adjustment	(2,160)	-
	21,086	59,344
Changes in non-cash working capital:		
Accounts receivable	2,160	250
Interest receivable	317	(174)
Accounts payable	(1)	-
Deferred income	28,274	7,990
Prepaid expenses	(958)	(377)
	29,792	7,689
Cash flow from operating activities	50,878	67,033
INVESTING ACTIVITY	(15,908)	(12,200)
Cash for reserve funds		
Long term investments	(1,992)	-
Cash flow used by investing activities	(17,900)	(12,200)
INCREASE IN CASH FLOW	32,978	54,833
Cash - beginning of year	155,905	101,072
CASH - END OF YEAR	\$ 188,883	155,905

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2021

1. DESCRIPTION OF OPERATIONS

The Manitoba Association of Registered Respiratory Therapists was incorporated in the Province of Manitoba in order to regulate the practice and continuing competency of the respiratory thereapists to ensure the safe delivery of care.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations (GAAP). Canadian accounting standards for not-for-profit organizations are part of Canadian GAAP.

Revenue recognition

The Association follows the deferral method of accounting for dues. Dues are recognized according to the term of the dues.

Financial instruments policy

Financial instruments are recorded at fair value when acquired or issued. In subsequent periods, financial assets with actively traded markets are reported at fair value, with any unrealized gains and losses reported in income. All other financial instruments are reported at amortized cost, and tested for impairment at each reporting date. Transaction costs on the acquisition, sale, or issue of financial instruments are expensed when incurred.

3. LONG TERM INVESTMENTS

LONG TERM INVESTMENTS	2021	2020
Steinbach Credit Union	77,992	43,000
Home Trust- GIC	\$ 43,000	76,000
	\$ 120,992	119,000

The above GIC's are restricted for the use of the reserve funds.

4. RESTRICTED FUND

In 2017 the Board of Directors approved the appropriation of funds for the Contingency Reserve Fund to include amounts for Legal, Operating and Funding of Therapy, the amounts based on a yearly percentage. During 2020, the board approved appropriation of funds for legal in the amount of \$7200.00. In 2021 the board also approved the use of \$7200.00 of the contingency fund to cover some of the current year legal costs as well as \$3500.00 for a Therapy Reserve Fund.

As well during the year ended January 31, 2012 the Board of Directors approved the appropriation of funds to provide for a fund relating to the Regulated Health Professional Act in the amount of \$5,500, however paused for 2019.

The restricted funds are secured by the following:

GIC	\$120,992
Cash in the bank	46,004

5. ECONOMIC DEPENDENCE

The Association derives a substantial portion of its revenues from membership dues. Should the membership substantially change its dealings with the Association, management is of the opinion that continued viable operations would be doubtful.



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