summer 2015



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New President and Vice President!

Congratulations to Bronwen Baylis, MRT(R) and Wendy Rabbie, MRT(R) who were elected to the positions of President, and Vice President of the CMRTO respectively!

In addition to the election of the positions of President and Vice President, Council also appointed members to the CMRTO's statutory and non-statutory committees. This article introduces you to Bronwen and Wendy and lists all our professional and public members.



College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

(Re) Introducing Bronwen Baylis



Bronwen was elected as President of the CMRTO on June 18, 2015. Bronwen was first elected to Council in District 4 in 2007. Since that time, Bronwen has served as chair of the Patient Relations Committee (2007 – 2012) and has been a member of various

CMRTO Committees including the Executive, Finance and Audit, and Inquiries, Complaints and Reports Committees. She has also participated in various working groups including the scope of practice review working group and the most recently the Governance Task Group.

Bronwen was manager of diagnostic imaging at the Juravinski Hospital (formerly the Henderson General Hospital) of Hamilton Health Sciences from 2002 to 2011. In January 2012, Bronwen joined the Ontario Diagnostic (DI) Terminology Project team (Canada Health Infoway, eHealth Ontario and Mohawk Shared Services) as a DI clinical specialist and worked on the team until December 2013.

Introducing Wendy Rabbie



At the June 18, 2015 Council meeting, Wendy was elected Vice President of the CMRTO. Wendy was first elected to Council in District 2 in 2013. Since that time, she has served on a number of Committees including the Executive, Patient Relations and Inquiries

Complaints and Reports Committees. She has been chair of the Inquiries, Complaints and Reports Committee since January 2014.

Currently, Wendy is Director of Medical Imaging and Laboratories at The Children's Hospital of Eastern Ontario (CHEO) and has been a part of a team that has brought multiple changes and new services to CHEO's pediatric population. Wendy is also a member of many external committees including the Medbuy Imaging Committee, Champlain LHIN Regional Diagnostic Imaging Network Committee and the Algonquin Medical Radiation Technology Program Steering Committee. She is also the Co-Chair of the Joint Health and Safety Committee at CHEO and serves on multiple committees within the hospital as the medical imaging representative.

Donna D. Lewis retires as President



As Donna ends her nine-year term on the CMRTO Council and her three-year tenure as President, the CMRTO Council, Committees and staff thank her for her outstanding contribution, leadership and lasting impact on the CMRTO. Set out here is Donna's last President's

message which was published in the 2014 Annual Report.

As some of you may know, 2014 is my last full year as president of the CMRTO Council and the end of a nine-year 'gig' with the college.

It is something of a cliché in final messages such as this to say how much one has enjoyed working with colleagues and associates. But there is sometimes profound truth to be found in clichés and that is the case for me.

CMRTO staff and Council members are among the most hard working, committed and, yes, fun people with whom I have had the pleasure of working (in spite of the occasional irreverent comment about my pink hair). Together, and with the help of many CMRTO members, we have accomplished a lot, and no more so than in 2014.

Our progress with respect to ensuring the CMRTO's approach to transparency meets Ontario government and public expectations has been measurable. Accountability and transparency have always been hallmarks of our decision-making, and we described this in detail in a report submitted in November to Dr. Eric Hoskins, Minister of Health and Long-Term Care, at his request. The report outlined how we will add to and strengthen existing measures to enhance transparency. Over the past three years, our QA Program — always industry leading — has also made great strides, most recently with the introduction, mid-way through 2013, of the ePortfolio developed in response to members' concerns regarding the cumbersome paper-based quality assurance forms. I was gratified to see in 2014 that the QA Committee noted a much higher completion rate for the QA portfolios — at an earlier stage in the review cycle than in previous years, likely in part a consequence of the ease of submission through the ePortfolio.

However, I did not have to think hard about which of Council's many accomplishments I am most proud, or believe would have the longest lasting impact on the CMRTO's ability to meet its mandate to protect the public through the self-regulation of the profession.

As I noted in the last annual report, in 2013 we began a comprehensive review of the CMRTO's governance structure and practices. The goal of the review was to ensure the college is meeting or exceeding current expectations for accountability and transparency in its governance tasks.

While 'governance' may seem a dry, even bureaucratic, concept, proper governance structures and policies are essential to efficient, accountable and transparent management of a regulatory college. Governance provides the framework for everything a college does. Without appropriate governance structures, members and the public can't be guaranteed there will be alignment or appropriate linkages between the CMRTO's strategic plan, its direction and decision-making processes and its mandate to protect the public.

The first 'products' of this review were a new mission, vision and values and a new three-year strategic plan announced at the end of 2013. In 2014, the governance work reached completion with new policies and by-law amendments related to the operations of Council and its statutory committees coming into effect in June. I can confidently say that the governance review has resulted in policies and internal structures, which reflect the maturation of the college and its commitment to open communication and answerability to the public for its actions. Moreover, it accomplishes something I think all presidents would like to be able to say they have achieved — setting a solid foundation for the future.

About Council

The Council of the CMRTO is the body responsible for the governance of the medical radiation technology profession in Ontario. The Council is made up of both members of the public, who are appointed by the Lieutenant-Governor of Ontario, and members of the profession, who are elected from the membership. Council has ultimate accountability for meeting CMRTO's mission, and for how this is accomplished. Council ensures the public of Ontario receives safe, effective and ethical medical radiation technology services according to accepted standards of practice.

Council oversee the affairs of the CMRTO and, through its committees, registers members, maintains high standards of professional ethics, monitors standards of practice, manages quality assurance, continuing education and sexual abuse prevention programs for our profession, and administers fair, open and honest complaint and discipline procedures. Council members sit on one or more committees of the CMRTO. Each committee has its own mandate, directed by provincial legislation.

Council meetings are held four times per year. The meetings are open to the public and held at the CMRTO office. If you are interested in attending a Council meeting, please contact the CMRTO by email at info@cmrto.org or by telephone at 1.800.563.5847. A complete list of current Council and Committee members and more information about Council can be found on the CMRTO website.

Elected Members of Council



Mary Ann Ginty MRT(R) District 1 radiography northern district



Wendy Rabbie MRT(R) District 2 radiography eastern district



Claudina Di Zio (Dina) Longo MRT(R) District 3 radiography

central district



Bronwen Baylis MRT(R) District 4 radiography western district



Angela Cashell MRT(T) District 5 radiation therapy includes all of Ontario



Sandra Upton MRT(N) District 6 nuclear medicine includes all of Ontario



Cathryne Palmer MRT(T) District 7 faculty includes all of Ontario



Jay Neadles MRT(MR), MRT(R)

District 8 magnetic resonance includes all of Ontario

Public Members of Council



Elaine Bremer Apsley



Hal McGonigal Prince Township



Franklin Lyons Toronto



Martin Ward Orillia



Elnora Magboo Brampton

Quality Assurance Update

The Quality Assurance (QA) Committee has been hard at work in particular over the past year and a half expanding and improving the QA program. Here are some of the highlights of the committee's recent work.

Quality Assurance Portfolio Assessments

The ePortfolio was enhanced following the first assessment of members' ePortfolios in the spring of 2014. The QA Committee identified and managed changes to make the ePortfolio more user friendly for MRTs.

In March 2014, Council approved 10% of members be randomly selected to submit their QA Portfolios for the year ending December 31, 2014.

The QA Committee appointed Annette Hornby, MRT(R), the Director of Quality Assurance, as an assessor to assess the QA Portfolios submitted for the year ending December 31, 2014. Having a staff person perform the assessments and reporting to the QA Committee, rather than the committee itself performing the assessments, made it possible to assess a higher number of QA Portfolios. Assessments were done electronically which made the assessments easier, more efficient and resulted in less paper usage.

QA Portfolio Assessments	2013	2014
Selected members (random, reinstatement)	230	681
Members who resigned	-9	-34
Extensions	0	0
Changed to QA Portfolio from MSF	N/A	14
Total members required to submit their QA Portfolios	221	661
Total members who met requirements of the QA program	219	661

The QA Committee is very pleased that within one year of the introduction of the ePortfolio, all 661 of the members required to submit their QA Portfolios in 2014 met the requirements within the timeframe. This clearly demonstrates the commitment of MRTs to promote continuing competence and continuing improvement in their practice.

QA ePortfolio: MRTs Feedback

In the two short years the ePortfolio has been available, MRTs have given us lots of positive feedback – MRTs love the ePortfolio! You tell us that you find it convenient and easy to use. As demonstrated in the bar graph on the next page, the vast majority of MRTs submitting their QA Portfolios to the QA Committee for assessment use the ePortfolio – 96% in 2014!



With the introduction of the ePortfolio and the appointment of an assessor, the QA Committee has successfully increased the number of QA Portfolios assessed in any year.

Of course, the print version of the QA Portfolio is still available for those MRTs who prefer to write on paper!

Continuing Education and Professional Development Hours

MRTs demonstrate their commitment to continuing education and professional development by the number of hours documented within their QA Portfolios. Of the members who submitted their QA Portfolios for assessment the vast majority of members documented more than the minimum number of 25 hours.



Number of Hours

Multi-Source Feedback (MSF) Assessment Tool

The QA Committee completed a major revision of the MSF assessment tool in 2014, and it was used for the peer and practice assessment of MRTs in the same year. The peer and practice assessment by means of an MSF system is completed by individual MRTs who have been randomly selected in accordance with the QA regulation. This assessment includes a self, peer and patient assessment of an MRT's practice, based on the standards of practice. A report of this assessment is prepared by the QA Committee and a copy is provided to the MRT. The tool has been redesigned so that it now considers the participation of MRTs in both clinical and non-clinical practice.

The members of the QA Committee participated in an MSF focus group, which was made up of MRTs from all specialties, as part of the development of the MSF tool. The session was led by Linda Gough, Registrar, Annette Hornby, Director of Quality Assurance and Sharon Saberton, consultant. The questions in the surveys were updated, and the summary reports were changed to provide more meaningful feedback to MRTs. Dr. Keith Christopher from KC surveys conducted a psychometric review to validate the survey content, summary reports and provided a thorough analysis of the MSF tool to the QA Committee.

Multi-Source Feedback (MSF) 2014

In March of 2014, Council approved 3% of members be randomly selected to participate in a peer and practice assessment by means of a multi-source feedback assessment for the year ending December 31, 2014.

Members were notified September 12, 2014 that they had been randomly selected to participate in a peer and practice assessment by means of the multi-source feedback assessment.

MSF Assessments	2014
Selected members (random, reinstatement)	216
Members who resigned	-11
Extensions	0
Changed to QA Portfolio (member did not meet criteria for MSF)	-14
Total members required to complete MSF	191
Total members meeting requirements of the QA program	190

The QA Committee is very pleased with the results of the revised MSF assessment tool. More MRTs were able to complete the MSF than in previous years, and 99.5% of MRTs required to complete the MSF assessment met the requirement.

Number of MRTs selected to participate in the QA program for 2002 – 2014

As you can see from the chart on the following page, the QA Committee has assessed 2,901 MRTs over the past 12 years – almost half of our members. The QA Committee will be considering how to ensure all MRTs have been assessed at least once over the next few years.



Suspended Members

There were no members whose certificates of registration were suspended between May 2, 2015 and July 1, 2015, for failure to pay their fees in accordance with section 24 of the Health Professions Procedural Code. A person whose certificate of registration has been suspended is not a member of the CMRTO unless and until the suspension is removed.

CMRTO

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The mission of the CMRTO is to regulate the profession of medical radiation technology to serve and protect the public interest.

VISION: The CMRTO is a future-focused, responsive, collaborative regulator committed to excellence.

VALUES: Integrity | Fairness | Respect | Professionalism

Registrar & CEO Ms. Linda Gough

President Ms. Bronwen Baylis

Vice President Ms. Wendy Rabbie

inSIGHTS is published by the College of Medical Radiation Technologists of Ontario and is distributed to all members.

Editor Ms. Linda Gough

Design and Production Crescent Design

Copy Writing H+K Strategies



Ordre des technologues en radiation médicale de l'Ontario Return Undeliverable Canadian Addresses to

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