Practice Essentials

CMRITO
Regulator of medical radiation and imaging technologists in Ontario

Practice Essentials
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Practice Requirements

Standards of Practice

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Introduction

The Standards of Practice have been developed by the College of Medical Radiation and Imaging Technologists of Ontario[1] (CMRITO or the "College") to describe the expectations for professional practice of members of the College. The Standards of Practice describe what each member is accountable and responsible for in practice. They represent performance criteria for members and can be used to interpret the scope of practice to the public and other health care professionals.

In the Standards of Practice, "members" refers to all members of the CMRITO; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography. In the Standards of Practice, "profession" refers to the profession of medical radiation and imaging technology, which includes all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

The Standards of Practice reflect the knowledge, skills and judgement that members need in order to perform the services and procedures that fall within the scope of practice of the profession.

The *Regulated Health Professions Act* and the companion health profession Acts govern the practice of regulated health professions in Ontario. For this profession, the companion Act is the *Medical Radiation and Imaging Technology Act* (MRIT Act). The *Medical Radiation and Imaging Technology Act* sets out the scope of practice statement for the profession, as follows:

> ***"The practice of medical radiation and imaging technology is the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures."***

The *Medical Radiation and Imaging Technology Act* also sets out which of the controlled acts as set out in the *Regulated Health Professions Act*, members are authorized to perform. These are known as authorized acts. The *Medical Radiation and Imaging Technology Act* states:

[1]On January 1, 2020, the *Medical Radiation and Imaging Technology Act, 2017* (MRIT Act) came into force. The MRIT Act changed the name of the College of Medical Radiation Technologists of Ontario to the College of Medical Radiation and Imaging Technologists of Ontario, and the name of the profession to the medical radiation and imaging technology profession.

> ***"In the course of engaging in the practice of medical radiation and imaging technology, a member is authorized, subject to the terms, conditions and limitations imposed on their certificate of registration, to perform the following:***
>
> ***1. Administering substances by injection or inhalation.***
>
> ***2. Tracheal suctioning of a tracheostomy.***
>
> ***3. Administering contrast media, or putting an instrument, hand or finger,***
>
> - ***Beyond the opening of the urethra,***
> - ***Beyond the labia majora,***
> - ***Beyond the anal verge, or***
> - ***Into an artificial opening of the body.***
>
> ***4. Performing a procedure on tissue below the dermis.***
>
> ***5. Applying a prescribed form of energy."***

The Standards of Practice are intended to be generic. The indicators that follow each Practice Standard indicate the application of the Practice Standard in a specific dimension of practice. Most indicators refer to tasks that are common to all members. Indicators that refer to tasks generally performed only by members in one of the specialties are listed under separate headings. The methods for implementing each task may be determined by departmental policies and procedures.

In the event that the Standards of Practice set a standard that is higher than departmental policy or procedure, the member must comply with the standard set by the Standards of Practice. In the Standards of Practice, the term "legislation" refers to both statutes and regulations.

Under the College's Standards of Practice, members of the College are expected to be:

Competent: meaning to have the necessary knowledge, skills and judgement to perform safely, effectively and ethically and to apply that knowledge, skill and judgement to ensure safe, effective and ethical outcomes for the patient. This means that members must maintain competence in their current area of practice, must refrain from acting if not competent, and must take appropriate action to address the situation.

Accountable: meaning to take responsibility for decisions and actions, including those undertaken independently and those undertaken as a member of a team. This means that members must accept the consequences of their decisions and actions and act on the basis of what they, in their clinical judgement, believe is in the best interests of the patient.

Members must take appropriate action if they feel these interests are being unnecessarily and unacceptably compromised. This includes not implementing ordered procedures or treatment plans that, from their perspective, appear to be contraindicated, and in this event, taking appropriate action to address the situation.

Collaborative: meaning to work with other members of the health care team to achieve the best possible outcomes for the patient. This means members are responsible for communicating and coordinating care provision with other members of the health care team, and taking appropriate action to address gaps and differences in judgement about care provision.

1. Legislation, standards and ethics

In order to be registered as a member of the College of Medical Radiation and Imaging Technologists of Ontario, members must meet the professional education and other registration requirements set by the College. They must continue to educate themselves about practical, legal, ethical and other matters pertaining to the profession. Members must be competent, accountable and collaborative in their practice.

Practice Standard: Members must understand, and adhere to, the legislation governing the practice of the profession, the Standards of Practice set by the College, the Code of Ethics and the by-laws of the College.

Indicators

Members must:

a. have the knowledge, skills and judgement to perform procedures undertaken in the course of the practice of the profession

b. take responsibility for decisions and actions, including those undertaken independently and those undertaken as a member of the team

c. work with other members of the health care team to achieve the best possible outcomes for the patient

d. adhere to all relevant provincial and federal legislation and guidelines governing the practice of the profession

e. adhere to the Standards of Practice set by the College

f. adhere to the Code of Ethics and the by-laws of the College

g. adhere to all regulations made under the *Medical Radiation and Imaging Technology Act* including:

- Quality Assurance
- Registration
- Professional Misconduct
- Advertising

2. Equipment and materials

The practice of members entails the use of a wide range of equipment and materials. Members must know and understand the functions, capabilities, specifications and hazards of the equipment and materials they use in the course of their practice.

Practice Standard: Members must have the knowledge, skills and judgement to select the appropriate equipment and materials for procedures ordered by a physician or other authorized health professional, to make determinations as to the quality, serviceability and operability of the equipment and materials, and to take any corrective actions required to meet standards set by legislation, facility policies and manufacturers' guidelines. Members must be skilled in making safe, efficient and effective use of resources to produce the desired examination information or deliver safe, effective treatment.

Indicators

Members must:

a. ensure the room is prepared for the procedure specified in the order

b. select and set up the equipment and materials needed for the procedure specified in the order

c. select the correct substances to be administered orally, by injection or inhalation, or into the body through an orifice

d. prepare diagnostic or therapeutic substances as required

e. conduct the required quality control tests, or ensure that the required quality control tests have been conducted, on each piece of equipment and any materials used in the ordered procedure, according to the applicable legislation and the facility policies and manufacturers' guidelines

f. ensure that the results of quality control tests are acceptable

g. if quality control tests are not within acceptable limits, take corrective action to ensure that the standards set by legislation, facility policies and manufacturers' guidelines are met

h. determine the quality, serviceability, and operability of the equipment and materials to be used in the procedure in accordance with the standards set by legislation, facility policies and manufacturers' guidelines, and if the standards are not met, take corrective action

i. determine, set and verify the technique and protocol to be used in the procedure

j. verify all required immobilization and/or beam modification devices

k. make use of appropriate shielding devices

In addition, members in the specialty of radiation therapy must:

l. prepare or construct immobilization or personalized devices and/or beam modification devices as required

In addition, members in the specialty of magnetic resonance must:

m. administer and follow the necessary safety precautions for entry to the magnet room

In addition, members in the specialty of nuclear medicine and radiation therapy must:

n. dispose of expired, unused or contaminated eluate, radioactive materials and all administrative devices in accordance with legislation and established safety protocols

o. store radiopharmaceuticals and radioactive materials according to manufacturers' specifications

In addition, members in the specialty of diagnostic medical sonography must:

p. clean and/or reprocess transducers, or ensure that transducers are cleaned and/or reprocessed after each patient use in accordance with the manufacturers' guidelines, other applicable guidelines and the facility policies

q. use, store and dispose of ultrasound gel and gel containers in accordance with applicable guidelines and the facility policies

3. Diagnostic and therapeutic procedures

Members employ ionizing radiation, radiopharmaceuticals, electromagnetism and soundwaves to create images and data that are part of diagnostic imaging examinations or that are used for defining and recording treatment parameters. These images may be dynamic, on film, digital displays, three-dimensional models or templates. Members in the specialties of radiation therapy and nuclear medicine administer ionizing radiation to treat cancer and other diseases.

Members who apply ionizing radiation do so under the authority of and in accordance with the *Healing Arts Radiation Protection Act* and, where applicable, the *Nuclear Safety and Control Act* and their respective regulations. Members are permitted to apply electromagnetism for magnetic resonance imaging under an exemption set out in the Controlled Acts regulation made under the *Regulated Health Professions Act*. Members are also permitted to apply soundwaves for diagnostic ultrasound under an exemption set out in the Controlled Acts regulation made under the *Regulated Health Professions Act*.

Members perform five controlled acts, which they are authorized to perform under the *Medical Radiation and Imaging Technology Act*. These are:

1. administering substances by injection or inhalation;
2. tracheal suctioning of a tracheostomy;
3. administering contrast media or putting an instrument, hand or finger,
   - beyond the opening of the urethra,
   - beyond the labia majora,
   - beyond the anal verge, or
   - into an artificial opening of the body;
4. performing a procedure on tissue below the dermis; and
5. applying a prescribed form of energy.

Practice Standard: Members must be able to create images and data that are sufficiently accurate and clear for the diagnostic or therapeutic procedures that are ordered by a physician or other authorized health professional. In the case of procedures that use ionizing radiation, members use only the minimum amount of radiation necessary during the course of the procedure. Members performing procedures using soundwaves for diagnostic ultrasound use the minimum acoustic power output and minimum exposure time. Members must be proficient in evaluating the images, data and tests relating to the procedures to ensure that the images, data and tests are satisfactory.

Members must be able to administer ionizing radiation, radiopharmaceuticals, electromagnetism for magnetic resonance imaging and soundwaves for diagnostic ultrasound accurately and in accordance with the order of the physician or other authorized health professional for the diagnostic or therapeutic procedure and the applicable legislation. Members must not apply or administer ionizing radiation or radiopharmaceuticals unless the conditions under the applicable legislation (including without limitation, the *Healing Arts Radiation Protection Act* and its regulations and the *Nuclear Safety and Control Act*, its regulations and licences issued thereunder) have been met.

Under the *Medical Radiation and Imaging Technology Act*, members are authorized to perform five controlled acts ("authorized acts") as required in the course of engaging in the practice of the profession. They must not perform the authorized acts or any exempted controlled act unless the conditions under the *Regulated Health Professions Act*, the *Medical Radiation and Imaging Technology Act* and their respective regulations, and the Standards of Practice have been met.

Indicators

Members must:

a. perform procedures involving the application or administration of ionizing radiation only when the conditions under the applicable legislation have been met (This includes, without limitation, the *Healing Arts Radiation Protection Act* and its regulations and the *Nuclear Safety and Control Act*, its regulations and licences issued thereunder.)

b. perform only those controlled acts that have been authorized or exempted or excepted under the legislation or delegated in accordance with the legislation and the Standards of Practice[2]

c. perform authorized acts or delegated or exempted controlled acts only when the conditions under the legislation and the Standards of Practice have been met

d. ensure that the appropriate order authorizing the performance of the procedure is in place:

    1. for application of ionizing radiation: the order must be from a physician or other authorized health professional listed in the *Healing Arts Radiation Protection Act* or regulations

[2]Members may accept delegation of other procedures that are controlled acts under the *Regulated Health Professions Act* and not authorized to members under the *Medical Radiation and Imaging Technology Act* provided they comply with the *Regulated Health Professions Act* and the Standards of Practice as set out in Practice Standard 6, Professional relationships.

2. for nuclear medicine procedures: the order must be from a person authorized under the regulations made under the *Public Hospitals Act* or in accordance with the generally accepted professional standards established under the *Independent Health Facilities Act*

3. for application of electromagnetism for magnetic resonance imaging procedures: the order must be from a physician or another authorized health professional listed in the Controlled Acts regulation made under the *Regulated Health Professions Act*, and in accordance with that regulation

4. for application of soundwaves for diagnostic ultrasound procedures: the order must be from a physician or another authorized health professional listed in the Controlled Acts regulation made under the *Regulated Health Professions Act*, and in accordance with that regulation

5. for authorized acts (other than the application of electromagnetism for magnetic resonance imaging procedures or the application of soundwaves for diagnostic ultrasound procedures): the order must be from a physician

e. perform procedures, including authorized acts, only in the course of engaging in the practice of the profession

f. not perform procedures contrary to any terms, conditions or limitations placed upon the member's certificate of registration

g. have and apply the necessary knowledge, skills and judgement to perform and manage the outcomes of performing the procedure safely, effectively and ethically

h. ensure that patient consent has been obtained

i. be responsible and accountable for performing the procedure and managing the outcomes having considered:

1. the known risks to the patient in performing the procedure

2. the predictability of the outcomes in performing the procedure

3. whether the management of the possible outcomes is within the member's knowledge, skill and judgement given the situation

4. any other factors specific to the situation to ensure the procedure is implemented safely, effectively and ethically

j. not perform any procedure or provide any advice which may result in serious bodily harm unless that procedure or advice is within the scope of practice of the profession or the member is authorized or permitted to do so by legislation

k. position the patient as required for the diagnostic or therapeutic procedure

l. ensure the area to be diagnosed or treated will be displayed on the resultant image or captured electronically

m. use radiation protection devices and other patient protection devices as required

n. instruct the patient on breathing and movement procedures

o. ensure that the orientation of the body and other pertinent parameters are marked correctly on the images and data

p. ensure the exposure provides optimum image quality while using minimal radiation

q. ensure examination results (images and data) provide all the information requested in the order

r. carry out the procedures ordered

s. assess the patient's condition before, during and after the procedure or course of treatment

t. respond to any change in the patient's condition during or after the procedure or course of treatment

u. complete the procedure, advise the patient of any post-procedural care, and transfer the care of, or release, the patient

In addition, members in the specialty of radiography, nuclear medicine, magnetic resonance and diagnostic medical sonography must:

v. determine if the images and/or data are of sufficient diagnostic quality or if additional or repeat images are necessary

In addition, members in the specialty of magnetic resonance must:

w. perform procedures involving the application of electromagnetism for magnetic resonance imaging only when the conditions under the *Regulated Health Professions Act*, the *Medical Radiation and Imaging Technology Act* and their respective regulations have been met

In addition, members in the specialty of diagnostic medical sonography must:

x. perform procedures involving the application of soundwaves for diagnostic ultrasound only when the conditions under the *Regulated Health Professions Act*, the *Medical Radiation and Imaging Technology Act* and their respective regulations have been met

y. use the minimum acoustic power output and minimum exposure time to obtain the optimum image quality and the necessary clinical information

In addition, members in the specialty of radiation therapy must:

z. develop and/or interpret a treatment plan for each patient

aa. calculate treatment doses and duration of administration

bb. ensure use of record and verification systems

cc. identify the treatment field and treatment volumes

dd. determine if the image verifies treatment parameters or if a repeat image is necessary

ee. assess and match the treatment verification image with the reference image and make required adjustments to patient position

ff. select and/or verify treatment parameters

gg. administer treatment

4. Safe practice

Members operate equipment, apply ionizing radiation, electromagnetism for magnetic resonance imaging and soundwaves for diagnostic ultrasound, and administer radiopharmaceuticals. All of these could be dangerous if used incorrectly. Members endeavour, at all times and in every aspect of their practice, to reduce the risk of harm to their patients, to themselves, to their colleagues and to any other individuals who may be present in the practice environment.

Practice Standard: Members must have and maintain the knowledge, skills and judgement to practise safely by adhering to all relevant provincial and federal legislation and guidelines, departmental protocols and policies and manufacturers' directions pertaining to health and safety. In the event of any unexpected problems or emergencies, members must be competent and prepared to handle or to assist in the management of the situation.

Indicators

Members must:

a. observe all departmental and facility policies and relevant provincial and federal legislation and guidelines pertaining to health and safety, such as:

1. *Regulated Health Professions Act* and its regulations
2. *Medical Radiation and Imaging Technology Act* and its regulations
3. *Public Hospitals Act* and its regulations
4. *Independent Health Facilities Act* and its regulations
5. *Healing Arts Radiation Protection Act* and its regulations
6. *Occupational Health and Safety Act* and its regulations
7. *Nuclear Safety and Control Act* and its regulations and licences issued thereunder
8. *Radiation Emitting Devices Act* and its regulations
9. *Transportation of Dangerous Goods Act* and its regulations
10. *Health Protection and Promotion Act* and its regulations
11. Health Canada's Technical Reports and Publications, including:

- Safety Code 20A – X-Ray Equipment in Medical Diagnosis Part A: Recommended Safety Procedures for Installation and Use, 1980
- Safety Code 26 – Guidelines on Exposure to Electromagnetic Fields from Magnetic Resonance Clinical Systems, 1987
- Safety Code 30 – Radiation Protection in Dentistry, 1999
- Safety Code 35 – Safety Procedures for the Installation, Use and Control of X-ray Equipment in Large Medical Radiological Facilities, 2008
- Safety Code 36 – Radiation Protection and Quality Standards in Mammography - Safety Procedures for the Installation, Use and Control of Mammographic X-ray Equipment, 2013

12. As Low As Reasonably Achievable (ALARA) principle

b. conduct the appropriate quality control tests, or ensure that the appropriate quality control tests have been conducted, for all equipment and substances to be used in the diagnostic or therapeutic procedure

c. take corrective action if quality control tests are not within acceptable limits

d. use substances only before their expiry time or date

e. verify the patient's identity for all diagnostic or therapeutic procedures

f. prior to performing the procedure, ascertain whether there are any contraindications to the procedure, including pregnancy for procedures involving ionizing radiation, and notify the patient's physician, authorized health professional, radiologist, nuclear medicine physician, cardiologist or radiation oncologist of any contraindications and obtain direction to proceed, modify or halt the procedure

g. prior to administering a substance orally, by injection or inhalation, or into the body through an orifice, ascertain whether there are any contraindications to administering the substance to the patient and make necessary explanations, or referrals or implement necessary restrictions

h. assess the patient's physical and emotional limitations and ensure that the patient will not be expected to perform any task or movement that would cause physical harm

i. take all reasonable precautions to ensure that no equipment can injure a patient

j. use the ALARA principle to minimize patient exposure to radiation and soundwaves for the procedure

k. use shielding/protective devices where indicated

l. initiate emergency response procedures, notify a physician (if possible) and assist in, or carry out, emergency treatment as required if a patient suffers any adverse reaction to treatment or to administered substances

m. use appropriate aseptic techniques and infection control procedures in the course of the diagnostic or therapeutic procedure

n. protect themselves, their colleagues, other members of the health care team, any other individuals who may be present as well as any patient from any unnecessary exposure to radiation

o. ensure all positioning aids and immobilization devices maintain the patient's position appropriate to the diagnostic or therapeutic procedure according to departmental or facility policy

p. assess the patient's condition before, during and after the course of treatment or procedure

q. where appropriate, remove markers and accessory equipment/devices before the patient is released

In addition, members in the specialty of magnetic resonance must:

r. ensure that there are no contraindications present that could harm the patient or would exclude the patient from having the examination

s. ensure that all equipment and devices, both patient-specific and accessory, are MR compatible before being brought into the MR area

t. administer and follow the necessary safety precautions for entry to the magnet room to protect themselves, the patient, their colleagues, other members of the health care team and any other individuals who may be present

In addition, members in the specialty of nuclear medicine must:

u. conduct personal and area contamination monitoring

v. decontaminate where necessary in accordance with any licence(s) issued under the *Nuclear Safety and Control Act*

w. use appropriate personal protection equipment when handling radioactive materials in accordance with any licence(s) issued under the *Nuclear Safety and Control Act*

In addition, members in the specialty of radiation therapy must:

x. label and orient all patient-specific ancillary equipment

5. Relationships with patients

Members have patient care as their main concern.

Practice Standard: Members must maintain clear and professional boundaries in relationships with patients and treat all patients with dignity and respect. Members must have the knowledge, skills and judgement to avoid placing patients at unnecessary risk of harm, pain or distress. Members must be able to provide appropriate responses to patient inquiries about procedures and related issues, and accept the patient's autonomy and the right of the patient or the patient's substitute decision maker to consent to or refuse service. Members must understand how and act to protect the confidentiality of all professionally acquired information about patients and the privacy of patients with respect to that information, while facilitating the effective delivery of health care.

Indicators

Members must:

a. provide clear and understandable information to the patient or patient's substitute decision maker prior to, during and after the diagnostic or therapeutic procedure, using an interpreter if necessary

b. give the patient or patient's substitute decision maker an opportunity to ask questions

c. provide the patient or patient's substitute decision maker with answers to their questions within the scope of the profession's responsibility

d. refer questions of the patient or patient's substitute decision maker that are outside the scope of the profession's responsibility to an appropriate health professional for answers

e. carry out diagnostic or therapeutic procedures only with the informed consent of the patient or the patient's substitute decision maker

f. treat the patient with dignity and respect and in accordance with the Code of Ethics of the College

g. make modifications to procedures based on the patient's physical, medical and/or emotional status and needs, based on the member's assessment of the patient's physical, medical and/or emotional status and needs

h. instruct the patient to remove only the clothing and items that will interfere with the diagnostic or therapeutic procedures

i. provide the patient with a gown or sheet to cover areas where clothing was removed

j. explain to the patient when and where the member might touch them and why

k. touch the patient in only those areas needed to facilitate carrying out the procedure

l. keep all patient information confidential except when necessary to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information

m. comply with any applicable privacy legislation such as the *Personal Health Information Protection Act* and its regulations

n. comply with all relevant legislation such as the *Health Care Consent Act*

o. comply with the *Regulated Health Professions Act* pertaining to the prevention of sexual abuse and the College's sexual abuse prevention program

6. Professional relationships

Professional relationships in health care settings are based on mutual trust and respect, and result in improved patient care.

Practice Standard: Members must be able to practise effectively within interprofessional care teams to achieve the best possible outcomes for the patient. Members are responsible for communicating about and coordinating care provision with other members of the team, and must be able to take the appropriate action to address gaps and differences in judgement about care provision.

Members may accept the delegation of controlled acts under the *Regulated Health Professions Act* not authorized to members under the *Medical Radiation and Imaging Technology Act*, provided they comply with the *Regulated Health Professions Act* and the Standards of Practice. Members cannot delegate to other individuals controlled acts authorized to members under the *Medical Radiation and Imaging Technology Act*.

Indicators

Members must:

a. use a wide range of communication and interpersonal skills to effectively establish and maintain professional relationships

b. demonstrate an understanding of and respect for the roles, knowledge, expertise and unique contribution by other members of the health care team for the provision of quality care

c. share knowledge with other members of the health care team to promote the best possible outcomes for patients

d. collaborate with other members of the health care team for the provision of quality care

e. participate effectively in interprofessional team meetings

f. resolve concerns about an order or treatment plan by:

    1. discussing the concern directly with the responsible health professional

    2. providing a rationale and best practice evidence in support of the concern

    3. identifying outcomes desired for resolution

    4. documenting the concern and steps taken to resolve it in the appropriate record

g. perform controlled acts not authorized to members under the *Medical Radiation and Imaging Technology Act*, based on delegation, only when the following conditions have been met:

    1. the health professional who is delegating the controlled act (the delegator) is a member of a regulated health profession authorized by their health profession Act to perform the controlled act

    2. the delegator is acting in accordance with any applicable legislation and any guidelines and policies of their regulatory body governing delegation, and has not been restricted or prohibited from delegating the controlled act

    3. the delegator has the knowledge, skills and judgement to perform and delegate the controlled act

    4. the member has the knowledge, skills and judgement to perform the controlled act delegated to them safely, effectively and ethically given the circumstances of the situation

    5. a written record of the transfer of authority (delegation) and certification of the member's competence is maintained

    6. the member complies with any conditions established by the delegator in order for the member to maintain the authority to perform the controlled act

    7. patient consent has been obtained

8. the appropriate order authorizing the performance of the controlled act delegated to the member is in place

7. Records and reporting

Creating and maintaining records and reports are essential components of the professional practice of members. Members' records and reports provide information to other health care professionals about relevant aspects of patient care, treatment and assessment.

Practice Standard: Members must be proficient in creating records, charts, incident and other reports that attest to the diagnostic, treatment, quality assurance, workplace and patient safety procedures that have been carried out. Members must have the knowledge, skills and judgement to record information that will adequately identify the subjects of all the images and data they create and treatments they administer. Members must produce records and reports that are accurate, complete, legible and timely.

Indicators

Members must:

a. record results of quality control tests

b. record and report any equipment faults or problems

c. record and notify the patient's physician, authorized health professional, radiologist, nuclear medicine physician, cardiologist or radiation oncologist of any allergies, abnormal test results, pregnancy or other contraindications to the ordered procedure

d. mark all images and data with the patient's identity

e. ensure all images and data are archived according to principles and guidelines established by the employment facility

f. record the patient's reactions to the treatment or procedure or any administered substances

g. record all pertinent aspects of patient care and all procedures performed, including emergency treatments and descriptions of, and reasons for, any deviations from standard procedures on order forms, treatment prescriptions, patient health records or other relevant documentation

h. forward patients' records, images and pertinent data to appropriate recipients

i. record and inform the patient and/or members of the health care team of any follow-up care required

In addition, members in the specialty of nuclear medicine and radiation therapy must:

j. record results of radiopharmaceutical assays, quality control and other tests, radioactive preparations and disposal methods of radioactive materials

In addition, members in the specialty of nuclear medicine must:

k. record receipt and disposal of radiopharmaceuticals, generators and radioactive materials

l. label radiopharmaceutical preparations

m. maintain radiopharmaceutical and pharmaceutical dispensing records

In addition, members in the specialty of radiation therapy must:

n. record and communicate any concerns regarding the treatment or treatment prescription to the appropriate radiation oncology personnel

In addition, members in the specialty of diagnostic medical sonography must:

o. record and communicate their observations and technical impressions regarding the diagnostic ultrasound procedure to the reporting health professional

8. Continuing competence

Members must maintain competence in their current area of practice and continually improve their competence in order to respond to changes in practice environments, advances in technology and the changing health care environment.

Practice Standard: Members must have, maintain and apply the necessary knowledge, skills and judgement to ensure safe, effective and ethical outcomes for the patient. Members must maintain competence in their current area of practice and must refrain from acting if not competent. Members must obtain and maintain the necessary knowledge, skills and judgement to respond to changes in practice environments, advances in technology and other emerging issues. Members must participate in the College's Quality Assurance Program as part of maintaining and improving their competence.

Indicators

Members must:

a. maintain competence and refrain from performing activities that the member is not competent to perform

b. maintain and apply current and relevant scientific and professional knowledge and skills in their practice

c. obtain and maintain the necessary knowledge, skills and judgement to respond to changes in practice environments, advances in technology and other emerging issues

d. assume responsibility for professional development and for sharing knowledge with others

e. invest time, effort and other resources to maintain and improve their knowledge, skills and judgement

f. engage in a learning process to enhance practice

g. participate in the College's Quality Assurance Program

h. collaborate with other members of the health care team to create quality practice settings

Code of Ethics

CMRITO
Regulator of medical radiation and imaging technologists in Ontario

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Introduction

The Code of Ethics is a set of principles that delineates responsible conduct and the ethical and moral behaviour of members of the College of Medical Radiation and Imaging Technologists of Ontario[1] (CMRITO or the "College"). It has as its foremost goal the welfare and protection of patients and the public.

The Code of Ethics provides direction and guidance for all members of the College in the province of Ontario.

In the Code of Ethics, "members" refers to all members of the CMRITO; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography. In the Code of Ethics, "profession" refers to the profession of medical radiation and imaging technology, which includes all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

The Code of Ethics shall serve as a guide by which members may evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues and other members of the health care team. It is meant to serve not only members who provide clinical services, but also managers and educators who may be called upon to make judgments about ethical issues. It will also serve College Committees that may be called upon to make judgments about ethical issues in determining professional misconduct, incompetence or incapacity.

The Code of Ethics is intended to help members choose the right, fair, good and just action. Each member is personally responsible for behaving according to the ethical principles set down in the Code.

The consideration of ethical issues is an essential component of providing service. The Code of Ethics is to be used in conjunction with the College's Standards of Practice. Together, these documents provide a model for ensuring safe, effective and ethical professional performance to ensure safe, effective and ethical outcomes for patients.

[1]On January 1, 2020, the *Medical Radiation and Imaging Technology Act, 2017* (MRIT Act) came into force. The MRIT Act changed the name of the College of Medical Radiation Technologists of Ontario to the College of Medical Radiation and Imaging Technologists of Ontario, and the name of the profession to the medical radiation and imaging technology profession.

Ethical principles

1. Responsibility to the public

Members act to ensure the trust and respect of the public by:

Indicators

a. maintaining high standards of professional conduct, competence and appearance

b. providing only those services for which they are qualified by education, training or experience

c. not making false, misleading or deceptive statements, orally or in writing

d. advancing and supporting health promotion and research

2. Responsibility to patients

Members act in the best interests of their patients by:

Indicators

a. upholding the principle of informed consent including the right of the patient, or the patient's substitute decision maker, to refuse service

b. respecting the dignity, privacy and autonomy of their patients

c. maintaining clear and appropriate professional boundaries in the member-patient relationship

d. treating all patients equitably, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or type of illness

e. providing individualized, comprehensive and safe treatment during examinations or therapy sessions, taking into account the patient's particular physical and emotional needs, values and cultural background

f. preserving and protecting the confidentiality of information acquired through professional contact with the patient, except to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information

3. Responsibility to the profession

Members promote excellence in the profession by:

Indicators

a. assisting each other and the CMRITO in upholding the spirit and the letter of the law, the *Regulated Health Professions* and *Medical Radiation and Imaging Technology Acts*, their respective regulations and the standards of practice set by the CMRITO

b. contributing to the development of the art and science of the profession through continuing education and research

c. conducting all professional activities, programs and relations honestly and responsibly, and by avoiding any actions that might discredit the profession

4. Responsibility to colleagues and other health professionals

Members develop and maintain positive, collaborative relationships with colleagues and other health professionals by:

Indicators

a. consulting with, referring to and co-operating with other professionals to the extent needed to serve the best interests of their patients

b. ensuring the safety of other health professionals when in practice or in areas under the members' responsibility

c. educating colleagues and other health professionals about practices and procedures relating to the profession

5. Personal responsibility

Members are accountable for all of their professional undertakings and shall:

Indicators

a. aspire to a high level of professional efficacy at all times

b. maintain and apply current and relevant scientific and professional knowledge and skill in every aspect of practice

c. avoid conflict of interest

d. provide professional service only when free from the influence of alcohol, drugs or other substances or any condition that might impede the delivery of safe service

Quality Assurance Program

CMRITO
Regulator of medical radiation and imaging technologists in Ontario

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Introduction

One of the key components of self-regulation of the profession of medical radiation and imaging technology in the public interest is the Quality Assurance (QA) Program. The purpose of the QA Program is to assure the quality of practice of the profession and to promote continuing evaluation, competence and improvement among the members.[1]

As all members know, the practice of the profession is constantly changing. Members' professional roles, responsibilities and accountabilities differ today from those of yesterday, and will evolve even more in the future.

In the Standards of Practice and in the QA Program, "members" refers to all members of the CMRITO; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography. In the Standards of Practice and in the QA Program, "profession" refers to the profession of medical radiation and imaging technology, which includes all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

Why a quality assurance program?

As regulated professionals, members are accountable to maintain competence in their current area(s) of practice and continually improve their competence in order to respond to changes in practice environments, advances in technology and the changing health care environment.

The goal of the CMRITO QA Program is to assure the public of the quality of practice of medical radiation and imaging technology by maintaining members' performance at a level that meets the profession's standards of practice and by promoting continuing competence and continuing improvement among members.

The CMRITO QA Program:

- Complies with the legislative requirement of the *Regulated Health Professions Act* (RHPA) that the CMRITO establish and maintain a quality assurance program
- Is consistent with the CMRITO's mandate to regulate the profession in order to protect the public interest
- Encourages members to take seriously their professional responsibility to ensure their continuing competence and quality improvement in a changing environment

[1]The requirements for the CMRITO QA Program are set out in the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act* (RHPA) and the quality assurance regulation (O. Reg. 375/12) made under the *Medical Radiation and Imaging Technology Act* (MRIT Act).

- Provides an opportunity for members to control and direct their own continuing education and professional development

The QA Program also provides members with a method of demonstrating compliance with the CMRITO Practice Standard 8, Continuing Competence, which states:

“Members must have, maintain and apply the necessary knowledge, skills and judgement to ensure safe, effective and ethical outcomes for the patient. Members must maintain competence in their current area of practice and must refrain from acting if not competent. Members must obtain and maintain the necessary knowledge, skills and judgement to respond to changes in practice environments, advances in technology and other emerging issues. Members must complete the College’s Quality Assurance Program as part of maintaining and improving their competence.”

QA Program overview

The CMRITO quality assurance regulation (QA regulation) states that the QA Program must have the following components:

1. Continuing education or professional development designed to,

    a. promote continuing competence and continuing quality improvement among the members

    b. address changes in practice environments

    c. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues at the discretion of the Council

2. Self, peer and practice assessments

3. A mechanism for the CMRITO to monitor members’ participation in and compliance with the program

4. The collection, analysis and dissemination of information.

The CMRITO QA Program is based on the assumption that members come into the CMRITO with appropriate skills and knowledge acquired through approved educational programs and that these initial competencies are maintained through lifelong learning and the expectation of adherence to the standards of practice. The QA Program is based on the principles of adult education. This approach allows members to choose activities based on their individual learning needs and style, resources available, and acknowledges that learning comes from engaging in a variety of activities.

Elements of the CMRITO QA Program:

1. **Quality Assurance Declaration:** completed each year by every member at the time of their annual renewal of registration. Members confirm whether they are in compliance with the requirements of the QA Program and that they understand the requirements of the QA Program.

2. **Quality Assurance Portfolio:** completed each calendar year by every member. The portfolio includes a self-assessment based on the standards of practice, a QA profile which describes the member's practice, and a method to keep a record of continuing education and professional development activities completed each year. Each member is required to complete and record at least 25 hours of continuing education and professional development activities each year. A member may be requested to submit the QA portfolio for assessment by the QA Committee or an assessor appointed by the QA Committee.

3. **Peer and Practice Assessment by means of a multi-source feedback (MSF) assessment:** completed by individual members selected by the QA Committee in accordance with the QA regulation. This assessment includes a self, peer and patient assessment of a member's practice, based on the standards of practice. A report of this assessment is prepared by the QA Committee, a copy of which is provided to the member.

4. **Peer and Practice Assessment by means of an assessor:** completed by individual members selected by the QA Committee in accordance with the QA regulation. This assessment involves a peer assessor interviewing a member or observing specific components of their practice, based on the standards of practice. A report of this assessment is prepared by the assessor, a copy of which is provided to the QA Committee and the member.

Each member of the CMRITO is required to complete the QA Program each year and to co-operate with the QA Committee and any assessor.

Quality Assurance Portfolio (QA Portfolio)

Each year, each member of the CMRITO is required to complete the QA Portfolio, and complete and record at least 25 hours of continuing education and professional development activities.[2] The QA year runs from January 1 to December 31. Members are required to retain a copy of the completed QA Portfolio for five years. On the request of the QA Committee, members are required to submit their completed QA Portfolio to the CMRITO for assessment by the QA Committee.

[2]The QA Committee has approved the QA ePortfolio as the form in which members must record their self-assessments and participation in continuing education or professional development activities.

Following is a short description of the QA Portfolio components:

1. **QA profile:** The QA profile provides an overview of an individual's practice providing medical radiation and imaging services. A member is required to complete this each year. A member may use the QA profile to track current or anticipated changes in their practice or areas of responsibility, year to year.

2. **Self-Assessment:** The self-assessment is based on the CMRITO's standards of practice, including the Practice Standards and the Indicators related to each Practice Standard. Each year, a member is required to assess their individual practice against a minimum of two of the eight Practice Standards and the Indicators related to that Practice Standard applicable to the member's specialty, using the self-assessment tool. A member may identify opportunities to enhance their knowledge of particular Practice Standards and Indicators.

3. **Record of Continuing Education and Professional Development:** Each member is required to complete and record at least 25 hours of continuing education and professional development activities each year. These learning activities may include professional readings, seminars, webinars, conferences, courses, learning from other professionals (e.g. attendance at rounds, tutorials and staff meetings), training on new equipment, applications, procedures or software, writing and delivering presentations, courses or clinical teaching, research, writing a professional journal article or paper, and others. Members must record how they apply the learning in their practice. Members may attach evidence of their learning, if available, to their Record of Continuing Education and Professional Development.

The QA ePortfolio is the electronic format available through the secure members' section of the CMRITO website. Members may also download the 'QuickQA' app to their mobile devices to record their learning activities.

Monitoring members' participation and compliance

The legislation requires the CMRITO to have a mechanism to monitor members' participation in and compliance with the QA Program.

The Quality Assurance Declaration provides the CMRITO, on an annual basis, with confirmation of members' participation in the QA Program. Each year, on a member's annual renewal of registration, a member provides evidence of such by responding to the QA delcarations:

1. I understand that to be in compliance with the Quality Assurance Program each calendar year (January 1 to December 31), I must:

    a. complete a self-assessment and at least 25 hours of continuing education or professional development activities;

    b. keep a record of my self-assessment and completed activities using the online portfolio provided by the College; and

    c. retain these records for five years

2. I am in compliance with the College's Quality Assurance Program.

In addition to the annual declaration, each year the CMRITO requires a percentage of members in each specialty to submit their records of their self-assessment and participation in continuing education or professional development activities (QA records) for assessment, or to undergo a peer and practice assessment. Individual members are notified in writing by the CMRITO when they are required to submit their QA records for assessment or undergo a peer and practice assessment.

The percentage of members required to submit their QA records or to undergo a peer and practice assessment in any given year is set by the CMRITO Council. Members are selected by means of a random selection generated by a computer program. Individual members may also be required to submit their QA records or to undergo a peer and practice assessment by the QA Committee.

The QA Committee can analyze and monitor members' participation in the QA Program through the ePortfolio tool which provides de-identified, statistical data about members' participation in the ePortfolio.

Role of the QA Committee

The role of the QA Committee is to administer the QA Program in accordance with the RHPA, the QA regulation and any other applicable law.

The QA Committee is one of the CMRITO's statutory committees, and is comprised of Council members (professional and public) and CMRITO members who have been appointed to the Committee. Members of the QA Committee are required to keep all information about members' QA records confidential, except under certain circumstances set out in the legislation. The QA Committee can require members to submit their QA records to the CMRITO for assessment by the QA Committee. In most cases, the QA Committee is satisfied with members' QA records. However, after assessing a member's QA records, the

QA Committee can require a member to complete their QA records, require a member to complete one or more specified continuing education or professional development activities, or refer a member for a peer and practice assessment.

The QA Committee can also select members to undergo a peer and practice assessment in accordance with the QA regulation. In most cases, the QA Committee is satisfied with the report of the assessment. However, if the QA Committee finds that a member's knowledge, skill and judgement are unsatisfactory, the QA Committee may, among other things, require a member to complete specified continuing education or remediation programs, such as specified education, refresher or continuing education programs, courses or initiatives.

The QA Committee may also provide the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the QA Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated. For example, failure to co-operate with the QA Committee and failure to comply with a requirement of the QA Committee may be grounds for a finding of professional misconduct.

What does a member need to do and when?

Below is a summary and a timeframe for each member to follow each year in order to be compliant with the CMRITO QA Program.

Timeframe	Activity	Comments
January – March	Complete the self-assessment and QA profile in the QA ePortfolio	The self-assessment and QA profile can be completed at any time throughout the year between January and December, however, it makes sense to complete it at the beginning of the year, as it will assist a member in planning their continuing education and professional development activities for the year.
January 1 – December 31	Complete and record at least 25 hours of continuing education and professional development activities in the QA ePortfolio	These learning activities may include professional readings, seminars, webinars, learning about a new or updated piece of equipment or software, attendance at staff meetings and rounds, courses and conferences, and many other types of learning. A member must record how they apply the learning in their practice. A member may attach evidence of their learning, if available, to the Record of Continuing Education and Professional Development.
At the time of completing the member's annual renewal of registration with CMRITO	Complete the Quality Assurance Declaration to provide evidence of having complied with the requirements of the CMRITO QA Program	Members are asked to confirm whether they are in compliance with the requirements of the CMRITO QA Program and that they understand the requirements of the QA Program.

Members are required to retain a copy of their completed QA portfolio for five years.

A member may also be required to submit their QA records to the CMRITO for assessment by the QA Committee. A member may also be required to undergo a peer and practice assessment. Members will be notified by the CMRITO in writing when they are required to submit their QA records or undergo a peer and practice assessment. Should a member be required to undergo a peer and practice assessment, the member will be provided with the materials and method of the assessment at that time.

Professionals, and keeping it that way

Members in all practice settings demonstrate their commitment to continually improve their practice of the profession by engaging in continuing education and professional development activities, and by participating in the CMRITO QA Program. These actions ensure the competence of members to the public, now and in the future.

Practice Guidelines

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college complaints

What you must know about...

Complaints

Every year, the College receives complaints from the public about the behaviour of some MRTs in examination and treatment settings. Sometimes these complaints can be serious enough to warrant action by the College's Discipline Committee. MRTs must be aware that some of their actions can concern or confuse patients. Yet many of these problems can be avoided by simply explaining to patients what is happening and why. This publication looks at some of the more common complaints received by the College about MRTs.

Communication

Patients become concerned if questions about diagnostic or therapeutic procedures are ignored or answers aren't given clearly or are given in an off-handed, dismissive manner. In fact, patients should be encouraged to ask questions about the procedure they are undergoing. Our profession's Standards of Practice require MRTs to provide clear and understandable information to patients.

Explaining procedures fully is very important to easing a patient's fears before and during a procedure. Some patients may be afraid to ask questions during the procedure, so they may telephone before or after the procedure. These calls must still be handled with care and sensitivity so that the patient does not feel anxious or angry.

MRTs must also be clear when explaining departmental policy in regard to certain procedures. For example, if the policy in the imaging department is that lead shielding is not applied to the gonadal area for a routine chest x-ray on female patients over the age of 55, it is important that you are able to articulate the basis of the policy to the patient.

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Our Standards of Practice outline clearly the need for MRTs to explain procedures to patients. The Standards outline four basic principles:

- Provide clear and understandable information to the patient or patient's substitute decision maker prior to, during and after the diagnostic or therapeutic procedure, using an interpreter if necessary
- Give the patient or patient's substitute decision maker an opportunity to ask questions
- Provide the patient or the patient's substitute decision maker with answers to his or her questions within the scope of MRT responsibility
- Refer questions of the patient or patient's substitute decision maker that are outside the scope of MRT responsibility to an appropriate health professional for answers

Radiation Protection

Patients are naturally anxious when undergoing an x-ray, nuclear medicine or radiation therapy procedure, especially if repeat exposures or injections are required.

MRTs are responsible to follow the ALARA principle and to use only the minimum amount of radiation necessary during the course of the procedure. MRTs always use the lowest dosage possible for the particular procedure being performed. Under the professional misconduct regulation made under the *MRT Act*, carelessly, negligently or unskillfully using ionizing radiation is defined as an act of professional misconduct.

In addition, MRTs must not apply or administer ionizing radiation or radiopharmaceuticals unless the conditions under the applicable legislation (including without limitation, the *Healing Arts Radiation Protection Act* and its regulations and the *Nuclear Safety and Control Act*, its regulations and licences issued thereunder) have been met.

Physical or Verbal Abuse

Complaints to the College of physical abuse are sometimes made after pediatric or geriatric procedures, where restraint has been required. Many of the procedures we perform are uncomfortable for patients. While it is our responsibility as MRTs to obtain the best possible images or to provide an accurate radiation treatment, it is essential that we are also sensitive to a patient's discomfort and aware of a patient's rights. For example, not only is a patient entitled to be advised of all aspects of a procedure, but he or she can also refuse to have the examination or treatment.

Verbal abuse complaints often occur after a breakdown in communication between a patient and the MRT. It is true that because of sickness or age, our patients may not always be easy to work with; but as professionals we can't let this distract us from treating all patients with dignity and respect at all times.

Sexual Abuse

Complaints of sexual abuse are reported to the CMRTO by patients or by another health professional who has reasonable grounds to believe that a member is sexually abusing a patient. The College has adopted a policy of zero tolerance in cases such as these, and all complaints are investigated thoroughly. This process is outlined in another College publication (What you must know about... Sexual Abuse). MRTs must touch patients only in those areas needed to facilitate carrying out the procedure, and it must be explained clearly to patients when and why we need to touch them.

Authorized Acts

The College has also received complaints with regard to the performance of authorized acts. MRTs are authorized to perform five authorized acts under the *Medical Radiation Technology Act*. These are:

1. Administering substances by injection or inhalation.
2. Tracheal suctioning of a tracheostomy.
3. Administering contrast media, or putting an instrument, hand or finger,
    - Beyond the opening of the urethra,
    - Beyond the labia majora,
    - Beyond the anal verge, or
    - Into an artificial opening of the body.

4. Performing a procedure on tissue below the dermis.

5. Applying a prescribed form of energy.

Note - performing a procedure on tissue below the dermis includes such procedures as: inserting a needle or angiocath for administering substances by injection, taking blood samples from veins and tattooing for marking treatment areas for radiation therapy.

Before performing authorized acts, it is critical that MRTs have the requisite knowledge, skill and judgment, ensure that the appropriate order from the authorizing physician (or, in the case of the application of electromagnetism for magnetic resonance imaging procedures, the order may also be from another authorized health professional) is in place, and that the situational factors are adequate to perform the procedure effectively and ethically.

Confidentiality and Privacy

The College's Standards of Practice requires MRTs to understand how and act to protect the confidentiality of all professionally acquired information about patients and the privacy of patients with respect to that information, while facilitating the effective delivery of health care. MRTs must keep all information confidential except when necessary to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information.

Standards of Practice

The College's Standards of Practice set out minimum standards of professional practice and conduct for MRTs and assist MRTs in understanding the College's expectations with respect to the professional practice. The Standards of Practice are used by the College in determining whether members of the College have maintained appropriate standards of practice and conduct. MRTs are reminded that the College's Standards of Practice contain the essential information you need to provide safe, effective and ethical medical radiation technology services to your patients.

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Communicating with patients

What you must know about...

The role of medical radiation technologists (MRTs) is to provide medical radiation technology services to patients, often during challenging and emotional times. Effective communication between MRTs and patients and their families[1] is essential to providing care that ensures safe, effective and ethical outcomes for patients.

The CMRTO Standards of Practice and Code of Ethics set out the expectations for MRTs regarding communicating with their patients and families. This publication provides further guidance to MRTs on establishing a professional and caring relationship with their patients.

Patient and family centred care

Patient and family centred care is health service delivery that is focused on the needs and wishes of patients and their families. Patient and family centred care is the norm in many countries, and the cornerstone practice of many health care institutions and teams of professionals. It means being sensitive to patients' concerns and comfort, and providing a way to actively involve patients and their families in decision-making about their care.[i] In Ontario, the *Excellent Care for All Act* requires every hospital to have a patient relations process that reflects the content of its patient declaration of values.[ii]

The Institute for Patient- and Family-Centered Care[iii] describes the following as the core concepts of patient and family centred care:

- **Respect and Dignity:** Health care practitioners listen to and honour patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care

[1] In this document, the term "family" includes relatives of the patient, person(s) accompanying the patient, and any other person the patient wishes to include in his or her care

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- **Information Sharing:** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making[2]
- **Participation:** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose[3]
- **Collaboration:** Health care leaders collaborate with patients and families in policy and program development, implementation and evaluation; in health care facility design; and in professional education, as well as in the delivery of care

Patient and family centred care in medical radiation technology

It is sometimes challenging for MRTs to incorporate the core concepts of patient and family centred care when they provide medical radiation technology services to patients. The time required for diagnostic and therapeutic procedures is relatively short, which makes excellent communication skills essential. Radiation therapists may see their patients for a short time each day over an extended period, while treatment is administered. MRTs practising in diagnostic imaging often never see their patients again and it may take only 5 or 10 minutes to complete the examination.

MRTs routinely work with patients who are vulnerable and in need of extra care. Whether they are young or elderly, or have special needs, or are in pain, or have cancer or multiple injuries, patients and their families are often interacting with MRTs at a time when they are stressed and anxious. In busy imaging and radiation therapy departments it is easy for MRTs to focus on the complex equipment and patient throughput times, but this can mean that the patient and his or her family may perceive their care as less than optimal. In order to be perceived as providing quality care to any group of patients, MRTs should not focus solely on the task of performing the procedure or treatment, but place the individual patient at the centre of the process by caring for their emotional needs as well as providing physical care.[iv]

[2] MRTs are reminded that information sharing with patients and families must be done in accordance with the CMRTO Standards of Practice and Code of Ethics and applicable legislation such as the *Personal Health Information Protection Act* and the *Health Care Consent Act*

[3] MRTs are reminded that with respect to participation in a patient's care by family members, it is the patient or his or her substitute decision-maker that provides informed consent regarding his or her care, in accordance with the *Health Care Consent Act*

It is essential that MRTs treat all patients and their families with respect and dignity, provide information about the procedure or treatment that is useful to the patient and encourage the patient and/or family member to participate in the procedure or treatment as appropriate. It is often the small and simple collaborations that have the greatest positive impact for the patient: for example, ask the patient to explain the best method to transfer him or her to the table, or listen to the family member or person accompanying the patient when they explain the best method to help calm the patient for the diagnostic or therapeutic procedure and act on their advice.

Encouraging patients and their families to collaborate and participate in the diagnostic or therapeutic procedure, as appropriate, helps them retain autonomy and control, and improves co-operation for improved patient outcomes.

Remember, MRTs are experts in providing medical radiation technology services to patients, but the patient and his or her family are expert in the patient's needs.[v]

Communicating with patients

Effective communication between health professionals and patients is vital. Considerable responsibility is placed on health professionals to communicate effectively by paying attention to the ways in which information is conveyed and words are selected when speaking to patients. MRTs must also be active and compassionate listeners and show sensitivity to their patients' concerns and needs. Awareness of cultural and physical barriers that may interfere with clear communication – and respect for these differences – help MRTs practise the profession in a responsive and responsible manner.

MRTs need to consider communication as an essential part of the assessment of a patient before, during and after a diagnostic or therapeutic procedure.[4] Patient assessment starts with the initial contact with the patient when the MRT assesses items such as clinical information, signs and symptoms, and the ability of the patient to cooperate, understand and consent to the procedure. It is this assessment stage that reinforces the need for the MRT to have excellent communication skills.[vi] For example, MRTs ask

[4] The scope of practice statement for medical radiation technology is set out in the *Medical Radiation Technology Act*, as follows:
"The practice of medical radiation technology is the use of ionizing radiation, electromagnetism and other prescribed forms of energy for the purposes of diagnostic and therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures."

patients to confirm their personal information prior to commencing the procedure, MRTs inform patients of what to expect during the procedure, provide instructions on position and breathing requirements and, at the end of the procedure, inform them of the next steps and the expected time of the results or findings.

It is a necessary part of MRTs' practice to touch their patients to ensure that the patient is in the correct position for the diagnostic or therapeutic procedure. It is essential that MRTs explain to patients, before they touch them, when and where the MRT will touch them and why and ensure they have the patient's consent to proceed.[5] Patients expect practitioners to provide them with information about what is about to happen. This makes patients feel more in control and supports their autonomy in an otherwise difficult and potentially frightening experience.[vii]

The patient's perspective

MRTs always need to be aware of patient vulnerability and anxiety. For diagnostic and therapeutic procedures, patients are often required to remove their clothing, enter dimly lit and noisy rooms that contain large and complex equipment, receive injections or undergo uncomfortable or embarrassing procedures, and may be required to hold still in painful or awkward positions for lengthy periods of time. While MRTs accept that technology is at the centre of their practice, for patients the environment and the experience can be very depersonalizing.[viii]

Patients are also concerned about the outcome of the procedure – will this procedure show my cancer has returned? How severe is my child's head injury? Will this treatment cure my cancer? Has my grandmother fractured her hip? Do I need to have open-heart surgery?

Patients attribute the perception of 'quality' to examinations where they perceive the practitioner as interested in them and when the practitioner projects a warm and caring demeanor.[ix] MRTs are uniquely able to make the procedure as comfortable as possible for their patients and help alleviate their anxiety.

[5] See the CMRTO Standards of Practice

Elements of effective communication

There are three aspects to communication: sender, message and receiver. MRTs are in the role of sender when they inform patients about the procedure and what they are going to do. The information that MRTs share with patients is the message, and the patient is the receiver. But when MRTs check with the patient to confirm the patient understands the procedure, or the patient consents to the procedure, MRTs are in the role of receiver. Effective communication involves a sharing of information with each person moving between the role of sender and receiver.

Non-verbal communication is also very important. MRTs need to be aware that there are many ways of sharing – more than just the verbal transmission of what you want to say. Many factors contribute to the patient's ability to receive and understand what we are saying, including body language, tone of voice, pace of speech, use of gestures and other non-verbal behaviour. Patients often listen more to 'how something is said' rather than 'what is said'. Patients may pick-up on a negative tone of voice and suffer anxiety or misapprehension. When interacting with patients, MRTs need to use eye contact appropriately, exhibit a caring attitude and use body language that communicates openness. They need to keep in mind that effective communication includes not only the message delivered but also the way in which that message is received and understood.

There is often an assumption that, during a procedure or treatment, the MRT and the patient interacted with a full understanding of each other.[x] However, this is not always the case. Faulty communication is a common reason for safety errors. The CMRTO receives more complaints about communication issues than about technical issues.[xi] For these reasons, the CMRTO has developed the Communication Guidelines set out in this publication to assist MRTs in communicating with their patients.

Expectations for Professional Practice - CMRTO Standards of Practice

The CMRTO Standards of Practice have been developed by the CMRTO to describe the expectations for professional practice of MRTs. The Standards of Practice describe what each MRT is accountable and responsible for in practice, and reflect the knowledge, skills and judgement that MRTs need in order to perform the services and procedures that fall within the scope of practice of the profession. Every diagnostic and therapeutic procedure performed by an MRT involves a patient.

The CMRTO Standards of Practice includes Practice Standard 5 - Relationship with Patients, which states that MRTs have patient care as their main concern. The Practice Standard sets out the following expectations for MRTs:

> MRTs must maintain clear and professional boundaries in relationships with patients and treat all patients with dignity and respect. MRTs must have the knowledge, skills and judgement to avoid placing patients at unnecessary risk of harm, pain or distress. MRTs must be able to provide appropriate responses to patient inquiries about procedures and related issues, and accept the patient's autonomy and the right of the patient or the patient's substitute decision maker to consent to or refuse service. MRTs must understand how and act to protect the confidentiality of all professionally acquired information about patients and the privacy of patients with respect to that information, while facilitating the effective delivery of health care.

Under the CMRTO Standards of Practice, MRTs are expected to be competent, accountable and collaborative.

The summary chart at the end of this publication lists the practice indicators relating to communicating with patients from the CMRTO Standards of Practice.

Expectations for Responsible Conduct - CMRTO Code of Ethics

The CMRTO Code of Ethics is a set of principles that delineates responsible conduct and the ethical and moral behaviour of MRTs. It has as its foremost goal the welfare and protection of patients and the public.

The Code of Ethics is intended to help MRTs choose the right, fair, good and just action. Each MRT is personally responsible for behaving according to the ethical principles set down in the Code. The Code of Ethics is to be used in conjunction with the CMRTO Standards of Practice. Together, these documents provide a model for ensuring safe, effective and ethical professional performance to ensure safe, effective and ethical outcomes for patients.

Ethical Principle 2 relates to MRTs' responsibility to patients and sets out how MRTs act in the best interests of their patients. The summary chart at the end of this publication lists the ethical

indicators from the Code of Ethics related to expectations for MRTs to act in the best interests of their patients.

Communication Guidelines

These guidelines are designed to assist MRTs in applying the CMRTO Standards of Practice and Code of Ethics and to provide additional guidance to MRTs regarding communicating with patients and their families.[6] Following the guidelines below will help MRTs achieve safe, effective and ethical outcomes for patients when they communicate with patients and their families and when they perform diagnostic and therapeutic procedures.

1. Greet your patient and their family or accompanying person in a welcoming manner and with eye contact and a positive attitude.

2. Introduce yourself to your patient, tell them your profession and what procedure you are going to do. Introduce anyone else who may be present for the procedure and explain his or her role. Ask your patient whether they object to any non-essential person being present.

3. Ask your patient how they wish to be addressed (Mr. Smith, Robert or Bob). If in doubt, use the patient's formal name. Don't use colloquial expressions such as 'dear' or 'sweetie'.

4. Clarify the role of any family member or accompanying person present (substitute decision maker? interpreter? personal support?). Wherever possible, ask your patient first if they would like the person to be involved and support the person in assisting your patient as appropriate to the situation.

5. Encourage your patient and any family member or accompanying person to participate in the procedure, where appropriate (e.g. helping to change, transferring to the table, providing support).

6. Show a respectful and caring attitude towards your patient by listening to and respecting his or her perspectives and choices.

7. Be aware of your own body language, tone of voice and non-verbal behaviour to ensure effective communication.

[6] It should be noted that these guidelines are not themselves standards of practice. The CMRTO Standards of Practice prevail over these guidelines. However, the guidelines may still be used by the CMRTO to assist in determining whether appropriate standards of practice and professional conduct have been maintained by an MRT in a particular case. These guidelines supersede and replace the CMRTO's "Communication and Touching Principles" published in "What you must know about….sexual abuse", updated October 2005

8. Maintain a professional and friendly relationship with your patient and his or her family. Don't be overfamiliar, dismissive or condescending.

9. Speak directly to your patient, using eye contact and being at the same physical level, if possible. Remember, patients who are non-responsive or who appear not to be aware of their surroundings can often still hear.

10. Provide your patient with timely, complete and accurate information about the procedure, such as what to expect and how long you expect the procedure to take. Use language and terminology that your patient can understand. Check to make sure that your patient understands.

11. Respond professionally and respectfully to any questions or concerns your patient may have.

12. Actively listen to your patient in order to be aware of his or her concerns and anxieties, and respond appropriately throughout the procedure. Observe your patient for changes in facial expressions and body language. Check to make sure that your patient is still comfortable and whether your patient has any questions. Remember, not all patients verbalize their concerns when they are anxious or upset.

13. Reserve judgement, and never make assumptions.

14. Maintain your patient's dignity and keep your patient as comfortable as possible throughout the procedure.

15. If possible, give your patient positive directions (e.g. "keep still please" rather than "don't move"). Provide positive feedback and encouragement throughout the procedure.

16. Support your patient's autonomy by respecting his or her decision to change his or her mind, pause or terminate the procedure at any time.

17. At the end of the procedure, thank your patient, confirm the next steps, and ask if there is anything else you can do.

Barriers to effective communication

There are a number of factors that create difficulties when MRTs communicate with patients. These include:

MRTs' attitudes:

- Negative stereotyping of patients and a lack of understanding of their unique needs or situation, or the nature of any disability
- Making assumptions about or judging people, their family or their abilities
- Being under pressure and in a hurry to explain, not taking time to listen to or fully communicate with their patients
- Focusing on the procedure or the equipment rather than the patient
- Having an overfamiliar or condescending attitude to patients
- Taking personal or professional offence to comments or questions raised by the patient or their family or accompanying person

Organizational factors:

- Lack of knowledge, or availability of resources to assist communication, such as interpreters and written information
- Rigid appointment times
- Focus on throughput rather than patient care
- Lack of communication among the members of the health care team
- Unavailable or confusing policies

Environmental factors:

- Noise from the equipment in imaging and radiation therapy departments making it difficult to hear
- Lack of private space for discussions with patients
- MRTs standing behind screens at a distance from the patient that can affect their ability to hear
- Low levels of lighting in imaging and radiation therapy rooms making it difficult to see people's faces, facial expressions and lips

- Wearing face masks during some procedures can make it difficult to see people's faces, facial expressions and lips[xii]

Considering all these factors it is not surprising that MRTs may recall occasions when they could have been more effective in their communication with patients and their families. Communication is a complex and dynamic process. Given all the unique situations, range of patients and their needs, and complexity of imaging and radiation therapy departments, it is not surprising if sometimes communication attempts fall short of their goals. However, in light of a responsibility to provide patient and family-centred care, it is a continual and on-going process for MRTs to develop and improve their communication with patients.

MRTs contribute to quality patient care through respectful, caring and effective communication

The CMRTO Standards of Practice, Code of Ethics and Communication Guidelines provide an effective framework for MRTs to provide respectful, caring and effective communication with patients and their families. MRTs must perform their duties responsibly and in a manner that reflects the profession's commitment to respect the personal dignity of every individual who entrusts himself or herself to the care of MRTs.

Acknowledgements

The College of Medical Radiation Technologists of Ontario would like to thank all contributors for their input into the creation of these guidelines and publication. This includes the professional and public members of the CMRTO Council and the medical radiation technologists who participated in a focus group on communicating with patients in August 2014. In addition, a special thank you to Andrea and AJ Fordham, whose experiences and suggestions were invaluable in identifying the need for, and the development of, these guidelines.

Summary chart: MRT practice expectations and guidelines regarding patient communication

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

This summary chart contains the CMRTO Standards of Practice and Code of Ethics which set out the expectations for MRTs' practice regarding communicating with patients and their families, and the CMRTO Communication Guidelines for MRTs on establishing a professional and caring relationship with their patients. The practice indicators from the Standards of Practice relating to communicating with patients have been listed in order of the procedure or treatment, for ease of use.

CMRTO Standards of Practice: Practice indicators related to expectations for MRTs communicating with their patients	**CMRTO Code of Ethics: Ethical indicators related to expectations for MRTs' to act in the best interests of their patients**	**CMRTO Communication Guidelines: Guidelines for MRTs on establishing a professional and caring relationship with their patients**
MRTs must: 4e. verify the patient's identify for all diagnostic or therapeutic procedures 5a. provide clear and understandable information to the patient or patient's substitute decision maker prior to, during and after the diagnostic or therapeutic procedure, using an interpreter if necessary 5b. give the patient or patient's substitute decision maker an opportunity to ask questions 5c. provide the patient or patient's substitute decision maker with answers to his or her questions within the scope of MRT responsibility 5d. refer questions of the patient or patient's substitute decision maker that are outside the scope of MRT responsibility to an appropriate health professional for answers 3h. ensure that patient consent has been obtained 5e. carry out diagnostic or therapeutic procedures only with the informed consent of the patient or the patient's substitute decision maker	2. MRTs act in the best interests of their patients by: a. upholding the principle of informed consent including the right of the patient, or the patient's substitute decision maker, to refuse service; b. respecting the dignity, privacy and autonomy of their patients; c. maintaining clear and appropriate professional boundaries in the MRT – patient relationship; d. treating all patients equitably, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or type of illness;[7] e. providing individualized, comprehensive and safe treatment during examinations or therapy sessions, taking into account the patient's particular physical and emotional needs, values and cultural background; and	1. Greet your patient and their family or accompanying person in a welcoming manner and with eye contact and a positive attitude. 2.Introduce yourself to your patient, tell them your profession and what procedure you are going to do. Introduce anyone else who may be present for the procedure and explain his or her role. Ask your patient whether they object to any non-essential person being present. 3. Ask your patient how they wish to be addressed (Mr. Smith, Robert or Bob). If in doubt, use the patient's formal name. Don't use colloquial expressions such as 'dear' or 'sweetie'. 4. Clarify the role of any family member or accompanying person present (substitute decision maker? interpreter? personal support?). Wherever possible, ask your patient first if they would like the person to be involved and support them in assisting your patient as appropriate to the situation.

[7] In September 2014, CMRTO updated section 2d of the Code of Ethics to be consistent with changes in the Ontario Human Rights Code by adding "gender identity" and "gender expression", and by removing "same sex partnership status"

5f. treat the patient with dignity and respect and in accordance with the Code of Ethics of the College

3s. and 4q assess the patient's condition before, during and after the course of treatment or procedure

4s. ensure that there are no contraindicators present that could harm the patient or would exclude the patient from having the examination[8]

4f. ascertain whether any female patient, age 10-55, might be pregnant, and make necessary explanations, referrals or implement essential restrictions

4i. assess the patient's physical and emotional limitations and ensure that the patient will not be expected to perform any task or movement that would cause physical harm

5g. make modifications to procedures based on the patient's physical, medical and/or emotional status and needs, based on the MRT's assessment of the patient's physical, medical and/or emotional status and needs

4h. prior to administering a substance orally, by injection or inhalation, or into the body through an orifice, ascertain whether there are any contraindications to administering the substance to the patient and make necessary explanations, or referrals or implement necessary restrictions

5h. instruct the patient to remove only the clothing and items that will interfere with the diagnostic or therapeutic procedures

5i. provide the patient with a gown or sheet to cover areas where clothing was removed

f. preserving and protecting the confidentiality of information acquired through professional contact with the patient, except to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information.

5. Encourage your patient and any family member or accompanying person to participate in the procedure, where appropriate (e.g. helping to change, transferring to the table, providing support).

6. Show a respectful and caring attitude towards your patient by listening to and respecting his or her perspectives and choices.

7. Be aware of your own body language, tone of voice and non-verbal behaviour to ensure effective communication.

8. Maintain a professional and friendly relationship with your patient and their family. Don't be overfamiliar, dismissive or condescending.

9. Speak directly to your patient, using eye contact and being at the same physical level, if possible. Remember, patients who are non-responsive or who appear not to be aware of their surroundings can often still hear.

10. Provide your patient with timely, complete and accurate information about the procedure, such as what to expect and how long you expect the procedure to take. Use language and terminology that your patient can understand. Check to make sure that your patient understands.

11. Respond professionally and respectfully any questions or concerns your patient may have.

[8] Indicator 4s is applicable to MRTs in the specialty of magnetic resonance

5j. explain to the patient when and where the MRT might touch him/her and why 5k. touch the patient in only those areas needed to facilitate carrying out the procedure 3k. position the patient as required for the diagnostic or therapeutic procedure 3n. instruct the patient on breathing and movement procedures 3t. respond to any change in the patient's condition during or after the procedure or course of treatment 4r. where appropriate, remove markers and accessory equipment/devices before the patient is released 3u. complete the procedure, advise the patient of any post-procedural care, and transfer the care of, or release, the patient 7i. record and inform patient and/or members of the health care team of any follow-up care required 5l. keep all patient information confidential except when necessary to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information 5m. comply with any applicable privacy legislation such as the *Personal Health Information Protection Act* 5n. comply with all relevant legislation such as the *Health Care Consent Act* 5o. comply with the *Regulated Health Professions Act* pertaining to the prevention of sexual abuse and the College's sexual abuse prevention program.		12. Actively listen to your patient in order to be aware of his or her concerns and anxieties, and respond appropriately throughout the procedure. Observe your patient for changes in facial expressions and body language. Check to make sure that your patient is still comfortable and whether your patient has any questions. Remember, not all patients verbalize their concerns when they are anxious or upset. 13. Reserve judgement, and never make assumptions. 14. Maintain your patient's dignity and keep your patient as comfortable as possible throughout the procedure. 15. If possible, give your patient positive directions (e.g. "keep still please" rather than "don't move"). Provide positive feedback and encouragement throughout the procedure. 16. Support your patient's autonomy by respecting his or her decision to change his or her mind, pause or terminate the procedure at any time. 17. At the end of the procedure, thank your patient, confirm the next steps, and ask if there is anything else you can do.

i Health Quality Ontario, Person and Family Centred Care – Positive Patient Experience, updated on April 18, 2013, p. 2

ii *Excellent Care for All Act, 2010*, section 6

iii Institute for Patient- and Family-Centered Care, www.ipfcc.org/faq.html. Accessed on August 11, 2014

iv Hilary Bungay, "Communication with patients with disabilities and additional needs". In Aarthi Ramlaul, Vosper, M. (Eds.), *Patient Centred Care in Medical Imaging and Radiotherapy,* (Toronto: Elsevier, 2013), p. 12.

v Quote from Ms. Andrea Fordham, Patient and Family Advocate

vi Pauline J. Reeves, "Communication with specific patient groups". Eds. Aarthi Ramlaul, Martin Vosper, M., *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 7.

vii Hilary Bungay, "Communication with patients with disabilities and additional needs". In Aarthi Ramlaul, Vosper, M. (Eds.), *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 12.

viii Pauline J. Reeves, "Communication with specific patient groups". Eds. Aarthi Ramlaul, Martin Vosper, M., *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 8.

ix Hilary Bungay, "Communication with patients with disabilities and additional needs". In Aarthi Ramlaul, Vosper, M. (Eds.), *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 12.

x Suzanne M. Henwood, Leonie Munro, "Principles of communication" Eds. Aarthi Ramlaul, Martin Vosper, M., *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 3.

xi See the Inquiries, Complaints and Reports Committee's Report in the CMRTO Annual Report for 2013, 2012 and 2011. Available on the CMRTO website at www.cmrto.org

xii Hilary Bungay, "Communication with patients with disabilities and additional needs". In Aarthi Ramlaul, Vosper, M. (Eds.), *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 15

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health care consent act

What you must know about...

(On March 29, 1996 the Health Care Consent Act (HCCA) replaced the Consent to Treatment Act when the Advocacy, Consent and Substitute Decisions Statute Law Amendment Act was brought into force. At the same time, the Advocacy Act was repealed and the Substitute Decisions Act was amended. The legislation now governing consent to treatment is the HCCA, not the Consent to Treatment Act. This publication replaces the November 1995 'What you must know about . . .' on the Consent to Treatment Act.)

Introduction

As a medical radiation technologist (MRT) you are considered a health practitioner for the purposes of the HCCA and need to be familiar with its requirements. This Act applies to most treatments wherever they are provided and to most of the regulated health professions.

As its central principle, the HCCA provides that a health practitioner who proposes a treatment to a person shall not administer the treatment and shall take reasonable steps to ensure that it is not administered unless he or she believes that the person is:

- Capable with respect to the treatment, and has given consent; or
- Incapable with respect to the treatment, and another person has given consent in accordance with the HCCA

This means that any health practitioner who proposes a treatment to a person must not administer the treatment, and must take reasonable steps to ensure that the treatment is not done unless a valid consent has been given.

Explained here are a number of terms used in the HCCA, and in this outline, which have a specific meaning.

September, 1997

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Definitions

Capable

A patient is mentally capable of making a treatment decision if he or she is able to:

- Understand the information that is relevant to making a decision about the proposed treatment, and
- Appreciate the reasonably foreseeable consequences of accepting or refusing the treatment, or of making no decision

Consent

In giving consent, the patient's consent must:

- Relate to the treatment
- Be informed
- Be given voluntarily, and
- Not have been obtained through misrepresentation or fraud

Proposer

Under the HCCA, the health practitioner who proposes the treatment is responsible to assess the capacity of the patient and to obtain the informed consent. The "proposer" is the health practitioner who is:

- Responsible for deciding what treatment should be offered
- Able to provide the information which a reasonable person in the same circumstances would need to give informed consent, and
- Able to answer questions about the information

Treatment

Treatment is defined as anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course or plan of treatment.

Course of Treatment

A course of treatment is defined as a series or sequence of similar treatments administered to a person over a period of time for a particular health problem.

Plan of Treatment

A plan of treatment is defined as a plan that:

- Is developed by one or more health practitioners

- Deals with one or more of the health problems that a person has and may, in addition, deal with one or more of the health problems that the person is likely to have in the future given the person's current health condition, and
- Provides for the administration to the person of various treatments or courses of treatment and may, in addition, provide for the withholding or withdrawal of treatment in light of the person's current health condition

Guidelines for the MRT

Only a health practitioner who has the knowledge to obtain informed consent - including being able to answer the person's questions about the treatment - is able to obtain an informed consent to the treatment.

The health practitioner giving an order for a treatment is the person responsible for ensuring that informed consent for that treatment is obtained. A health practitioner performing a treatment under the order (often the case for MRTs) should be able to rely on the informed consent having been obtained if it is reasonable to do so.

If a "plan of treatment" is to be proposed for a patient, one health practitioner may, on behalf of all the health practitioners involved in the plan of treatment:

- Propose the plan of treatment
- Determine the person's capacity with respect to the treatments referred to in the plan of treatment, and
- Obtain a consent or refusal of consent from either the patient, if capable, or the patient's substitute decision-maker if the patient is found to be incapable

MRTs perform procedures on the basis of an order from a physician. Therefore, in most circumstances it is the responsibility of the physician to assess the capacity of the patient and to obtain informed consent.

Although the responsibility to obtain the patient's informed consent rests in most circumstances with the physician, as an MRT you still have certain obligations which include the following:

- You should ensure that the physician obtained the patient's consent by determining whether the consent is documented in the patient record, or there is other reasonable evidence that consent was obtained.

- Before beginning the procedure or treatment, you should fully explain to the patient what you are going to do and why. This is particularly important when the procedure forms part of a plan or course of treatment.
- If the patient gives any sign of not knowing or understanding the procedure, then you should not perform it, even if the patient's record indicates that consent has been given. You should refer the patient back to the physician to ensure informed consent is obtained.
- There may be indications that the patient has withdrawn consent to the procedure, or he or she may even resist. Assuming the patient is mentally capable, he or she can withdraw consent to a procedure at any time. If there are any indications consent has been withdrawn, you should not perform the procedure until the patient's consent is obtained.
- Although a patient may have been capable of giving consent at the beginning of a course of treatment, he or she may become incapable at some stage during the course of treatment. Especially in the context of radiation therapy, you must be aware of signals that the patient may no longer be capable of giving consent. You may be obliged to ensure that the physician assesses the patient's capacity during a course of treatment in order to ensure the patient's continuing consent to the course of treatment.
- If you are in doubt about whether the patient is capable of giving consent, or has given an informed consent, you should refer the patient back to the responsible physician.
- You should make certain that your hospital or facility has procedures or protocols in place which address the following:

- Who is the appropriate health care provider to inform the patient about the proposed treatment and to obtain the consent
- How will the patient's consent be documented so that other members of the health care team know the consent was obtained
- What steps should be taken if a health care professional has reason to believe that the patient's consent was not informed, that the patient has changed his or her mind, or that he or she is not, or was not, capable of giving consent to the proposed treatment

Review of the HCCA

In order to fully appreciate these guidelines, it is important to understand in more depth some of the provisions of the HCCA as outlined here.

Activities not considered "treatment" under the HCCA

Certain activities that would otherwise be considered a treatment have been specifically excluded from the Act. Some of these specific exclusions are:

- The assessment or examination of a person to determine the general nature of the person's condition
- The taking of a person's health history
- The communication of an assessment or diagnosis
- The admission of a person to a hospital or other facility
- Assistance with, or supervision of, hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulating, positioning or any other routine activity of living
- A treatment that in the circumstances poses little or no risk of harm to the person.

Since the use of ionizing radiation is done for either a diagnostic or therapeutic purpose, and it is unlikely that any of the exceptions apply, it can be assumed the procedures performed by the MRT will be governed by the HCCA.

Consent must be specific and informed

Under the HCCA, consent must be specific and informed. In order for the consent to be informed, the person who is to give consent must first receive information that a reasonable person in the same circumstances would require in order to make a decision, that is information about:

- The nature of the treatment
- Expected benefits of the treatment
- Material risks of the treatment
- Material side effects of the treatment
- Alternative courses of action
- The likely consequences of not having the treatment

In addition, the health practitioner must also respond to the person's requests for other information about these aspects of the treatment.

Although the HCCA does not define the meaning of "material risks of the treatment" or "material side effects of the treatment", it is likely that they include:

- Those which are probable or likely to occur
- Those which are possible if they carry serious consequences
- Those which a reasonable person in the patient's specific circumstances would require in order to make a decision to give or refuse consent

The consent may be in writing or it may be oral, but it must be obtained before the treatment begins. It is important to note that consent may be withdrawn at any time.

The HCCA permits a health practitioner to presume that a consent to treatment also includes consent for variations or adjustments in the treatment, or the continuation of the treatment in a different setting, if the expected benefits, material risks or material side effects do not change significantly.

Language and culture may affect the giving of informed consent to treatment. The health practitioner should use - to the best of his or her ability - a means of communication which takes into account the person's education, age, language, culture and special needs. Where the health practitioner and the patient (or if the patient is incapable, the substitute decision-maker) cannot communicate because of language, an interpreter will be required. (See also 'Exceptions in Emergency Treatment')

Who is authorized to give consent to a treatment?
If the health practitioner proposing the treatment believes that the patient is capable with respect to the treatment, then the patient is the person from whom the consent should be obtained. However, if the health practitioner proposing the treatment believes the patient is incapable with respect to the treatment, then consent must be obtained from a substitute decision-maker. The HCCA describes who can be a substitute decision-maker with respect to the proposed treatment.

Exception in emergency treatment
The HCCA provides an exception to the requirement to obtain consent when emergency treatment is required. It is considered an emergency if a person is apparently experiencing severe suffering or is at risk of sustaining serious bodily harm.

The exception for emergency treatment applies if:

- The patient is mentally incapable of making the treatment decision
- The delay required to obtain consent will prolong the suffering or put the person at risk of sustaining serious bodily harm

The exception for emergency treatment also applies if:

- The patient is apparently capable, but communication cannot occur because of a language barrier or a disability
- Reasonable steps have been taken to find a practical means of communicating with the patient but such steps have been unsuccessful, and
- The delay required to find a practical means to communicate will prolong the suffering or put the person at risk of sustaining serious bodily harm

In addition, a health practitioner who believes that a person is mentally incapable, or where communication cannot take place after reasonable steps have been taken, may conduct an examination or diagnostic procedure without consent, if the examination or diagnostic procedure is reasonably necessary to determine whether there is an emergency.

A person who is mentally capable has a right to refuse treatment even if it is an emergency. If there is a language barrier, or the person has a disability which prevents communication, treatment cannot be performed without consent, where there is reason to believe that the person does not want the treatment.

Capacity and incapacity under the HCCA

Capacity has been defined above. Mental capacity is specific to the treatment being performed. Mental capacity may also depend on timing; a person may be considered incapable with respect to treatment at one time and capable at another time. Nor is there a fixed age at which a person becomes mentally capable of consenting to treatment.

The HCCA states that a person is presumed to be capable with respect to treatment. A health practitioner is entitled to rely on this presumption, unless there are reasonable grounds to believe otherwise. Some of the observations which may give rise to a concern about the person's capacity include:

- The person shows evidence of confused or delusional thinking, or appears unable to make a settled choice about treatment
- The person is experiencing severe pain or acute fear or anxiety
- The person appears to be severely depressed
- The person appears to be impaired by alcohol or drugs.

The following factors on their own should not cause the health practitioner to presume that the person is incapable with respect to a treatment:

- The existence of a psychiatric or neurological diagnosis
- The existence of a disability, including a speech or hearing impairment
- A refusal of a proposed treatment that is contrary to the advice of the health practitioner or of another person
- A request for an alternative treatment, or
- The person's age

Providing consent when the patient is incapable

The HCCA provides the following hierarchy of substitute decision-makers (in order of authority):

- A guardian of the person who has been appointed by the court under the Substitute Decisions Act 1992 if the guardian has authority to give or refuse consent to the treatment
- An attorney for personal care under a power of attorney that confers the authority to give or refuse consent to the treatment
- A representative appointed by the Consent and Capacity Board (the "Board")
- A spouse or partner of the patient
- A child (at least 16 years of age) of the patient, parent of the patient, or a Children's Aid Society or some other person who is entitled to give or refuse consent to the treatment instead of the parent. (Parents who only have a right of access are not included in this level of the hierarchy. Parents are also not included in this level of hierarchy where a Children's Aid Society or other person

is lawfully entitled to give or refuse consent to treatment instead of the parents)

- A parent of the patient who only has a right of access
- A brother or sister of the patient
- Any other relative of the patient or
- The Public Guardian and Trustee

The substitute decision-maker must be at least 16 years of age (unless a parent of a patient), capable with respect to consenting to the treatment, available, willing to assume the responsibility for giving or refusing consent, and is not prevented by court order or separation agreement from having access to the patient for giving or refusing consent on the patient's behalf.

Steps to obtain consent to treatment

The following are the steps which the health practitioner who is proposing a treatment must follow in order to obtain consent:

- Determine the patient's capacity to consent to the proposed treatment
- If the patient is capable of giving consent, the patient makes the decision
- If the health practitioner believes the patient is incapable, he or she should determine whether the provisions respecting the emergency treatment of an incapable person without consent applies.
- If the patient is incapable and the emergency treatment provisions do not apply, the health practitioner must comply with his or her College's guidelines on the information to be provided to patients who are found incapable of making treatment decisions (See, for example, the CMRTO's guidelines below.)
- If, before treatment begins, the health practitioner is informed that the patient either intends to, or has, applied to the Board:

- For a review of the finding of incapacity, or
- For the appointment of a representative to give or refuse consent on his or her behalf,

or that another person intends to, or has, applied to the Board to be appointed representative of the incapable person to give or refuse consent, the health practitioner must ensure that the treatment is not given until certain time periods have elapsed without an application being made to the Board (or until the Board has made a decision which has not been appealed.)

- If the health practitioner is not informed that the steps referred to in the paragraph above have been or are intended to be taken before the treatment begins, the health practitioner must identify who the appropriate substitute decision-maker is in accordance with the provisions of the HCCA. The health practitioner then obtains consent to the proposed treatment from the substitute decision-maker.

Protection from liability

If treatment is administered to a person with a consent that a health practitioner believes - on reasonable grounds and in good faith - to be sufficient for the purposes of the HCCA, he or she is not liable for administering the treatment without consent.

The HCCA also provides protection if a practitioner withholds or withdraws treatment, provided the treatment is withheld or withdrawn in accordance with a plan of treatment for which a valid consent was obtained.

Offences

It is professional misconduct under the Professional Misconduct Regulation made under the Medical Radiation Technology Act for an MRT to do anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

For MRTs who propose a treatment - special guidelines with respect to patients found incapable of making treatment decisions

Some MRTs - for example, those who operate an x-ray machine in breast screening programs - may propose a treatment, because mammograms do not have to be done on the order of a physician when they are part of a breast screening program. If that is the case, there are a special set of guidelines that apply with respect to patients found incapable of making treatment decisions. The HCCA provides certain rights to these patients.

These rights include an entitlement to:

- Apply to the Board for a review of the finding of incapacity
- Request that the Board appoint a representative to give or refuse consent on his or her behalf

The HCCA does not, however, have any specific requirements for advising incapable persons that:

- They have been found incapable
- They have the option of applying to the Board for a review of the finding of incapacity, or
- They may request a representative be appointed to make decisions on their behalf.

It does require that a health practitioner shall, in the circumstances and manner specified in guidelines established by his or her College, provide information to the person found incapable about the consequences of the findings. The CMRTO's guidelines are set out below.

Special Guidelines for MRTs Who Propose a Treatment

These guidelines have been developed to assist MRTs with discussions with patients found by you to be incapable. The guidelines apply unless the emergency provisions of the Act are applicable.

1. If the MRT proposing a treatment determines that the patient is incapable of making the decision and the MRT believes that the patient is able to understand the information, the MRT informs the patient that a substitute decision-maker will be asked to make the final decision. This is communicated in a way that takes into account the particular circumstances of the patient's condition and the MRT-patient relationship.
2. If there is an indication that the patient disagrees with this information, and, if it relates to the finding of incapacity or to the choice of substitute decision-maker, the MRT informs the patient of his or her options to apply to the Consent and Capacity Board for a review of the finding of incapacity, and/or for the appointment of a representative of the patient's choice.
3. If the patient expresses a desire to exercise these options, the MRT is expected to provide assistance.
4. If there is an indication that the patient disagrees with the finding of incapacity when the finding was made by another health care practitioner, the MRT explores and clarifies the nature of the patient's disagreement. If it relates to the finding of incapacity or to the choice of substitute decision-maker, the MRT informs the health care practitioner who made the finding of incapacity and discusses appropriate follow-up with such health care practitioner.

5. The MRT uses professional judgment to determine whether the patient is able to understand the information. For example, a young child or a patient suffering advanced dementia is not likely to understand the information. It would not be reasonable in these circumstances for the MRT to inform the patient that a substitute decision maker is going to be asked to make a decision on his or her behalf.
6. The MRT uses professional judgment to determine the scope of assistance to provide to the patient in exercising his or her options. The MRT documents her or his actions, according to departmental policy.

Important Note

This publication is not intended to be a comprehensive review of the Health Care Consent Act. It is also not intended to provide legal advice. The HCCA may be amended in the future. You should not act on information in the publication without referring to the specific provisions of the HCCA in force at the time, and without seeking specific advice from an appropriate person on the particular matters which are of concern to you.

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

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mandatory reporting

What you must know about...

Introduction

Mandatory reporting refers to the obligation under the *Regulated Health Professions Act*, *1991* (RHPA) and the Health Professions Procedural Code (the Code) for members of the College of Medical Radiation Technologists of Ontario (CMRTO or the College), employers and facility operators to file written reports to the College in a number of circumstances as outlined here. In this publication, "members" refers to all members of the CMRTO; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

Mandatory reporting is considered an essential professional obligation because it is the best means of ensuring that instances of professional misconduct, incompetence, professional negligence, sexual abuse or concerns regarding incapacity are brought to the attention of the College. It is the responsibility of the College to review or investigate any report in the context of its regulatory role to protect the public from harm.

As health professionals, members also have mandatory duties to report information to named officials or agencies under other pieces of provincial legislation. For example, Section 125(1) of the *Child, Youth and Family Services Act*, *2017* outlines the public and professional's duty to report a child in need of protection if they have reasonable grounds to suspect abuse as defined under that Act. These Acts also define to whom health professionals are required to report.

However, this publication is focused solely on the duties that members must fulfill to report actions and behaviours to the College and reports to the College that may be required to be made by others regarding medical radiation and imaging technologists.

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Importance of departmental policies re: reporting

Reporting of sexual abuse, professional misconduct, incompetence and incapacity by members, employers and facility operators can be complex and sensitive. Facility operators and department managers are encouraged to develop policies that help guide individual health professionals in how they are to handle these situations.

In particular, the policies should define who is responsible within the organization for preparing the report for filing with the College Registrar.

Reporting by members

Sexual abuse

The College publishes a more detailed description of its program to prevent sexual abuse, and the expectations of members under the RHPA and the Code with respect to suspected sexual abuse, in its *What you must know about ... sexual abuse*.

It is mandatory under the RHPA for a member to file a written report to the College if the member has reasonable grounds, obtained in the course of their practice, to believe that a patient has been sexually abused by any member of the CMRTO or by any member of another health regulatory college.

It is compulsory for members to file a written report of sexual abuse of a patient, unless the member does not know the name of the member who would be the subject of the report. In fact, failure to do so when there are reasonable grounds to believe the abuse has occurred is an offence under the Code, and can lead to severe penalties.

Professional negligence and malpractice

Under section 85.6.2 of the Code, a member must file a written report to the College if the member has had a finding of professional negligence or malpractice made against them. These findings are made by a court in a civil proceeding or lawsuit. They often result in an award of damages by the court (usually monetary compensation for loss or injury). The College is required to post the court's finding of professional negligence or malpractice against the member on the public register.

Offences, charges and bail conditions

Under section 85.6.1 of the Code, a member must file a written report to the College if the member has been found guilty of an offence or pleads guilty to an offence. An offence is a breach of law that is prosecuted in a court. This includes all findings or admissions of guilt, including but not limited to offences under the Criminal Code, the *Health Insurance Act* and other federal and provincial laws. Members are required to report all findings or admissions of guilt, including those made in other jurisdictions and those for which the member may have received a pardon.

The Registrar will review the report made by the member and determine whether to conduct further investigation into the incident. For example, if the offence is related to the practice of the profession or a member's suitability to practise.

Under section 85.6.4 of the Code, a member must file a written report to the College if the member has been charged with an offence. The report must contain information about every bail condition or other restriction imposed upon, or agreed to, by the member in connection with the charge.

Other professional memberships and findings

Under section 85.6.3 of the Code, a member must file a written report to the College if the member is a member of another body that governs a profession inside or outside of Ontario. A member shall also file a written report to the College if there has been a finding of professional misconduct or incompetence made against the member by another body that governs a profession inside or outside of Ontario.

Reporting by employers, facilities and others

Under section 85.5 of the Code, a report must be sent to the College by a person whenever that person:

- terminates the employment of a member, for reasons of professional misconduct, incompetence or incapacity
- revokes, suspends or imposes restrictions on the privileges of a member, for reasons of professional misconduct, incompetence or incapacity

- dissolves a partnership, a health profession corporation or association with a member, for reasons of professional misconduct, incompetence or incapacity

The person also has an obligation to file a report if the member resigns from their employment to avoid the actions defined above.

Under section 85.2 of the Code, a report must be sent to the College by a person who operates a facility whenever that person:

- has reasonable grounds to believe that a member who practises at the facility is incompetent, incapacitated or has sexually abused a patient

Health information custodians also need to be aware of their reporting obligations under the P*ersonal Health Information Protection Act, 2004* (PHIPA). Health information custodians are required to report certain actions taken in response to privacy breaches to the College. Under PHIPA, a privacy breach is the unauthorized collection, use, disclosure, retention or disposal of personal health information.

If a health information custodian takes any disciplinary action against a member because of that member's unauthorized collection, use, disclosure, retention or disposal of personal health information, the health information custodian must file a report with the College. This includes where a health information custodian suspends or terminates a member's employment or restricts a member's privileges. It also includes where a member resigns to avoid such actions.

Determining professional misconduct, incompetence, incapacity or sexual abuse

Sometimes members have difficulty determining what constitutes professional misconduct, incompetence or incapacity.

In general, professional misconduct results from a failure to do something required by the practice of our profession or doing something which violates the legislation or standards of practice governing our profession. The means for assessing whether any conduct or action constitutes professional misconduct are the College's Standards of Practice and the legislation which governs the profession, including the professional misconduct regulation

of the College (available on the Government of Ontario's website, https://www.ontario.ca/laws/regulation/930855).

Both incompetence and incapacity are defined in the Code. Incapacity occurs when a member "is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's practice be subject to terms, conditions or limitations or that the member no longer be permitted to practise."

Incompetence occurs when a member's care of a patient displays "a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practise or that the member's practice should be restricted."

Sexual abuse of a patient by a member is defined in the Code and includes: sexual intercourse or other forms of physical sexual relations; touching of a sexual nature; and behaviour or remarks of a sexual nature. For more detailed information please refer to *What you must know about ... sexual abuse*.

Filing a report

Reporting by members

Sections 85.6.1 and 85.6.2 of the Code set out the following requirements for a report made by a member regarding a finding of guilt of an offence or finding of professional negligence or malpractice:

- the report must be in writing and be filed as soon as reasonably practical after the member receives notice of the finding of guilt or finding of professional negligence or malpractice
- the report must include the nature and description of the offence or finding, the date of the finding, name and location of the court which made the finding and a notation of any appeal

The member is required to file an additional report if the status of the finding changes as a result of an appeal.

Section 85.6.4 of the Code sets out the following requirements for a report regarding charges and bail conditions:

- the report must be in writing and be filed as soon as reasonably practicable after receiving notice of the charge, bail condition or restriction

- the report must include the name of the member filing the report, the nature of, and a description of, the charge, the date the charge was laid against the member, the name and location of the court in which the charge was laid or in which the bail condition or restriction was imposed on or agreed to by the member, every bail condition imposed on the member as a result of the charge, any other restriction imposed on or agreed to by the member relating to the charge, and the status of any proceedings with respect to the charge

The member is required to file an additional report if there is a change in the status of the charge or bail conditions.

Section 85.6.3 of the Code sets out the following requirements for a report made by a member regarding other professional memberships and findings:

- the report must be in writing and be filed as soon as reasonably practicable after the member receives notice of the finding made against the member

- the report must include the name of the member filing the report, the nature of the finding, a description of the finding, the date that the finding was made against the member, the name and location of the body that made the finding against the member, and the status of any appeal initiated respecting the finding made against the member

The member is required to file an additional report if there is a change in the status of the finding made against the member as the result of an appeal.

Reporting by employers, facilities and others

Section 85.3 of the Code outlines in detail the processes and rules for persons operating a facility who are required to submit a report of incompetence or incapacity, as well as for persons operating a facility and members who are required to submit a report of sexual abuse to the College Registrar. Here are some important points to remember:

- a report must be filed in writing with the Registrar of the College of the member who is the subject of the report
- usually reports must be filed with the appropriate College Registrar within thirty days after the obligation to report arises. However, if there are reasonable grounds to believe that sexual abuse of the same patient will continue or of other patients will occur, or that the incompetence or incapacity of the member will expose a patient to harm or injury, and there is urgent need for intervention, the report must be filed immediately
- the report must contain,

  a. the name of the person filing the report

  b. the name of the member who is the subject of the report

  c. an explanation of the alleged sexual abuse, incompetence or incapacity
- the report may only contain the name of the patient who may have been sexually abused if the patient consents in writing to their name being included in the report
- if a member is required to file a report of sexual abuse because of reasonable grounds obtained from one of their patients, the member must use their best efforts to advise the patient of the requirement to file the report before doing so

Section 85.5 of the Code provides the following rules for submitting a report regarding termination of employment, revocation, suspension or imposition of restrictions on a practitioner's privileges or dissolution of a partnership, health profession corporation or association with a member, in each case, for reasons of professional misconduct, incompetence or incapacity:

- a report must be filed in writing with the Registrar of the College of the member who is the subject of the report
- a report must be filed with the appropriate College Registrar within 30 days after the termination of employment, revocation, suspension or imposition of restrictions on privileges or dissolution of the partnership, health profession corporation or association

- a report must set out the reasons for the termination of employment, revocation, suspension or imposition of restrictions on privileges or dissolution of the partnership, health profession corporation or association

A report should also contain full details of the concern including:

- a summary of the nature of the concern
- a description of the details of the conduct in issue
- a list of the individuals who witnessed the conduct
- a copy of the policies of the facility (or partner) that apply to the conduct
- the response of the practitioner to the concern
- the action taken by the facility (or partner)

A person filing a report in good faith under these provisions of the Code is given legal protection from an action or other proceeding against them for doing so.

Section 17.1 of PHIPA sets out the following requirements for a report filed by a health information custodian in response to the unauthorized collection, use, disclosure, retention or disposal of personal health information by a member:

- a report must be filed with the College within thirty days after the termination of employment, revocation, suspension or imposition of restrictions on privileges or if the employee resigns and the health information custodian has reasonable grounds to believe that the resignation is related to an investigation or other action by the custodian with respect to the alleged unauthorized collection, use, disclosure, retention or disposal of personal health information by the member.

Conclusion

In summary, CMRTO members must file a report with the CMRTO Registrar when:

- they have been found guilty, or have pleaded guilty, to an offence
- they have been charged with an offence, including information about any bail conditions or restrictions connected with the charge
- a finding of professional negligence or malpractice is made against them
- the member is a member of another body that governs a profession inside or outside Ontario
- a finding of professional misconduct or incompetence is made against the member by another body that governs a profession inside or outside Ontario
- they have reasonable grounds, obtained in the course of their practice, to believe that a patient has been sexually abused by a member of the CMRTO or by any member of another health regulatory college

Employers, facilities and others must file a report with the CMRTO Registrar when:

- the employment of a member is terminated, revoked or suspended for reasons of professional misconduct, incompetence or incapacity, or if the member resigns to avoid such action, or restrictions are imposed on the privileges of a member for reasons of professional misconduct, incompetence of incapacity, or if the member resigns to avoid such action
- they dissolve a partnership, a health profession corporation or association with a member for reasons of professional misconduct, incompetence or incapacity, or if the member resigns to avoid such action
- a person who operates a facility has reasonable grounds to believe that a member who practises at the facility is incompetent, incapacitated or has sexually abused a patient
- if a health information custodian takes any disciplinary action against a member because of that member's unauthorized collection, use, disclosure, retention or disposal of personal health information

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What you must know about...

performing procedures for medical radiation and imaging technologists

Introduction

As regulated health professionals, members of the College of Medical Radiation Technologists of Ontario (CMRTO) are accountable to their patients and the public to provide safe, effective and ethical medical radiation and imaging technology services. Members of the CMRTO do this every day by ensuring that their practice meets the legislative requirements and standards of the profession.

In this publication, "members" refers to all members of the CMRTO; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography. In this publication, "profession" refers to the profession of medical radiation and imaging technology.

Members of the CMRTO are qualified medical radiation and imaging professionals who use ionizing radiation, electromagnetism, and soundwaves to produce diagnostic images of a patient's body or who administer radiation to treat patients for certain medical conditions, on the order of a physician or other authorized health professional.

Members of the CMRTO must perform medical radiation and imaging procedures in accordance with the Standards of Practice of the profession. The Standards of Practice describe what each member is accountable and responsible for in practice. The Standards of Practice reflect the knowledge, skills and judgement that members need in order to perform the services and procedures that fall within the scope of practice of the profession.

The purpose of this publication is to outline the information that members must understand regarding the performance of medical radiation and imaging technology procedures in accordance with the Standards of Practice, including:

1. performing procedures within the scope of practice of the profession,

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2. having the knowledge, skills and judgement to perform a procedure, and

3. ensuring that the appropriate order authorizing the performance of a procedure, treatment or intervention is in place prior to performing that procedure, treatment or intervention.

These requirements are discussed in detail in Part I below. Part I also includes a summary of the conditions that must be met prior to performing a procedure, treatment or intervention.

Part II of this publication touches on related topics such as delegation, fetal ultrasound for non-medical purposes and issues affecting students and applicants prior to their registration with CMRTO.

Part I

Requirement 1: Scope of practice

Members must perform procedures, including authorized acts, only in the course of engaging in the practice of medical radiation and imaging technology.

The scope of practice statement for the profession under the *Medical Radiation Technology Act* is as follows:

"The practice of medical radiation [and imaging] technology is the use of ionizing radiation, electromagnetism [soundwaves] and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures."[1]

Requirement 2: Knowledge, skills and judgement

The Standards of Practice of the profession state that members must have and maintain the knowledge, skills and judgement to safely perform procedures undertaken in the course of the practice of the profession.

Members are required to have the knowledge, skills and judgement necessary to perform the procedure, treatment or intervention. If they do not, they **must** refrain from performing the procedure, treatment or intervention – even if a valid order is in place.

[1]The text in square brackets provides the changes that will come into effect when the *Medical Radiation and Imaging Technology Act* comes into force.

What should a member do if they are not competent to perform a procedure?

Members must maintain competence in their current area(s) of practice, must refrain from acting if not competent and must take appropriate action to address the situation. The appropriate action when not competent to perform a procedure will vary depending on the situation.

For example: if performing the procedure is part of a member's regular role expectations within a particular practice setting, then the member should obtain the competencies necessary to provide safe, effective and ethical services to those patients in their care. The member may also consult with their supervisor or manager to determine how this may be achieved. On the other hand, if performing the procedure is not part of a member's regular role expectations, the appropriateness of obtaining the competencies should be evaluated.

In making this decision, the member is ultimately responsible to ensure that they are competent to provide the medical radiation or imaging services required by patients within a particular practice setting.

Requirement 3: Orders

The CMRTO's Standards of Practice require members to ensure that the appropriate order authorizing the performance of a procedure, treatment or intervention is in place.[2] This applies to all procedures performed by all members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

What is an order?

An order is an authorizing statement from a regulated health professional with prescribing authority, permitting members to perform a procedure, treatment or intervention that falls within a member's scope of practice. An order may also be called a requisition or treatment plan.

Members must ensure that the appropriate order is in place ***prior*** to performing a procedure, treatment or intervention.

[2]This standard of practice is set out in indicator (d) of Standard 3: Diagnostic and Therapeutic Procedures. The Standards of Practice are sent to all CMRTO members by email and are available on the CMRTO website at www.cmrto.org.

Who can issue an order?

The regulated health professional with ordering authority will vary depending on the procedure, treatment or intervention.

The source of the ordering authority will also vary, as set out in the table below:

Type of procedure, treatment or intervention	Required order(s)
Application of ionizing radiation	The order must be from a physician or other authorized health professional listed in the *Healing Arts Radiation Protection Act* or regulations[3,4]
Nuclear medicine procedures	The order must be from a person authorized under the regulations made under the *Public Hospitals Act* or in accordance with generally accepted professional standards established under the *Independent Health Facilities Act*
Application of electromagnetism for magnetic resonance imaging procedures	The order must be from a physician or another authorized health professional listed in the Controlled Acts regulation made under the *Regulated Health Professions Act*[5]
Application of soundwaves for diagnostic medical sonography	The order must be from a physician or another authorized health professional listed in the Controlled Acts regulation made under the *Regulated Health Professions Act*[6]

[3]On a date to be named by proclamation of the Lieutenant Governor, the *Healing Arts Radiation Protection Act*, RSO 1990, c H 2 will be repealed and replaced with the *Oversight of Health Facilities and Devices Act, 2017*. If and when the Act is proclaimed, it will expand the current scope of regulated devices beyond only x-ray machines to all existing and emerging energy applying and detecting medical devices (EADMDs). Until such a time as the Act is proclaimed, the HARP Act continues in force.

[4]See Appendix A.

[5]See Appendix B.

[6]See Appendix C.

Performance of authorized acts[7], which are:
• administering substances by injection or inhalation;
• tracheal suctioning of a tracheostomy;
• administering contrast media or putting an instrument, hand or finger,
  • beyond the opening of the urethra,
  • beyond the labia majora,
  • beyond the anal verge, or
  • into an artificial opening of the body; and
• performing a procedure on tissue below the dermis.
	The order must be from a physician.

What types of orders exist?

An order may be one of two types: (1) direct order or (2) medical directive or protocol.

1. Direct orders

An order may be a direct order for a specific procedure, treatment or intervention, for a specific patient, by a physician or other authorized health professional.

Under the regulations made under the *Public Hospitals Act* (PHA), every order must be:

- in writing[8]
- dated
- authenticated by the ordering physician or other authorized health professional

The order should also include the details required to perform the procedure, treatment or intervention. For example:

- patient name and date of birth
- date and time the order was made
- name of the procedure or substance being ordered, and, when a substance is being ordered, the details required to administer the substance[9]

[7]Other than the application of electromagnetism for magnetic resonance imaging procedures and the application of soundwaves for diagnostic medical sonography.

[8]Although directed orders are generally in writing, provision has been made pursuant to regulations made under the *Public Hospitals Act* for telephone and electronically transmitted orders. Verbal prescriptions, on the other hand, are made pursuant to the provisions of the *Drug and Pharmacies Regulation Act*.

[9]The details required to administer the substance may include the dosage, the route of administration, and the frequency with which the substance is to be administered.

In order to deal properly with telephone orders or requests, health professionals who work in hospitals governed by the PHA are expected to:

- ensure they have been designated by the hospital administrator as someone who can accept telephone orders
- transcribe the order along with the name of the physician or other authorized health professional who dictated the order, along with the date and time it was received
- sign the order
- ensure that if someone else has transcribed the telephone order, that the person has the authority to accept such orders before procedure, treatment or intervention is performed[10]

Members are also encouraged to review their organization's policies about telephone orders or requests.

2. Medical directive or protocol

An order may also be made through a medical directive or protocol (also known as a standing order). A medical directive is an order for a procedure, treatment or intervention for a range of patients who meet specific conditions, authorized by a physician, and implemented by another individual, such as a nurse, physiotherapist, physician assistant or member of the CMRTO.

Medical directives are always written or documented electronically. They cannot be verbal.

Medical directives or protocols must contain:

- a standardized reference number
- identification of the specific procedure, treatment or range of treatments being ordered
- identification of who specifically may implement the procedure under the authority of and according to the medical directive (may be an individual or a group)
- specific patient conditions that must be met before the procedure(s) can be implemented
- any circumstances that must be met before the procedure(s) can be implemented
- any contraindications for implementing the procedure(s)

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[10] These responsibilities are set out in the Hospital Management Regulation made under PHA at s. 24(3). The Regulation also provides that the physician or other authorized health professional who dictated the order shall authenticate the order on the first visit to the hospital after dictating the order.

- documentation requirements
- quality monitoring mechanisms
- the name and signature of the physician, or other authorized health professional, authorizing the medical directive
- the date and signature of the administrative authority approving the medical directive

When are medical directives or protocols used?

Generally, medical directives or protocols may be used as the authority for performing procedures when a health professional has the knowledge, skills and judgement to determine that the conditions and circumstances described in the medical directive have been met. Procedures that require the direct assessment of a patient by a physician require direct orders and are not appropriate for implementation under a medical directive or protocol.

For example: an order to perform a CT scan on a particular patient would be a direct order from the patient's physician; whereas the injection of the contrast media necessary to complete the CT scan may be covered under a medical directive or protocol from the department's radiologist.

What should a member do if they have concerns about an order or treatment plan?

If a member has a concern about the accuracy or appropriateness of an order or treatment plan, they should take appropriate action to address the situation. Although the appropriate steps may vary depending on the situation, resolving the concerns will involve:

1. discussing the concern directly with the health professional responsible for the order or treatment plan
2. identifying the outcomes desired for resolution
3. providing a rationale and best practice evidence in support of the concern
4. documenting the concern and the steps taken to resolve the concern in the appropriate record

What conditions must be met prior to performing a procedure, treatment or intervention?

The conditions which must be met before performing procedures or treatments are set out in the CMRTO Standards of Practice. In accordance with Practice Standard 3: Diagnostic and Therapeutic Procedures, members must:

1. ensure that the appropriate order authorizing the procedure is in place
2. perform procedures, including authorized acts, only in the course of engaging in the practice of medical radiation and imaging technology
3. not perform procedures contrary to any terms, conditions or limitations placed upon the member's certificate of registration[11]
4. have and apply the necessary knowledge, skill and judgement to perform and manage the outcomes of performing the procedure safely, effectively and ethically
5. ensure that patient consent has been obtained[12]
6. be responsible and accountable for performing the procedure and managing the outcomes, having considered:
   a. the known risks to the patient in performing the procedure
   b. the predictability of the outcomes in performing the procedure
   c. whether the management of the possible outcomes is within the member's knowledge, skill and judgement, given the situation
   d. any other factors specific to the situation to ensure the procedure is implemented safely, effective and ethically
7. not perform any procedure or provide any advice which may result in serious bodily harm unless that procedure or advice is within the scope of practice of the profession or the member is authorized or permitted to do so by legislation

At the end of this publication, members will find a decision-making guide to assist them in determining whether or not they should implement a procedure.[13]

[11] As of January 1, 2018, a condition was added to each member's certificate of registration, as follows: "The member shall practise only in the areas of medical radiation and imaging technology in which the member is educated and experienced." This addition was made to accommodate the different areas within each specialty in which members are practising, and to provide for the three areas of practice of DMS – general, cardiac and vascular.

[12] It is important to note that consent may be withdrawn at any time. If a patient withdraws their consent, a member must discontinue the treatment or procedure, notwithstanding the existence of an order. For more information, please consult the CMRTO publication *What you must know about … Health Care Consent Act*. This publication contains consent guidelines for members of CMRTO.

[13] See Appendix D.

Part II

Delegation

As discussed in Part I above, the CMRTO's Standards of Practice require members to ensure that the appropriate order authorizing the performance of a procedure, treatment or intervention is in place prior to performing that procedure, treatment or intervention. However, there are instances where a member may be asked to accept and perform procedures beyond the principal expectations of practice. This occurs through the process of delegation, which involves a controlled act that is not authorized to members.

What are controlled acts?

Under the *Regulated Health Professions Act, 1991* (RHPA), regulated health professionals may be authorized to perform one or more of 14 controlled acts. Under the *Medical Radiation Technology Act, 1991* (MRT Act), members of CMRTO are authorized to perform five of the 14 controlled acts set out in the RHPA (the authorized acts).

All 14 controlled acts are set out in the table below. For reference, the five controlled acts that members of the CMRTO are authorized to perform appear in bold (see controlled acts 2, 5, 6, and 7).

Controlled Act	Description
1	Communicating to the an individual or their personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or their personal representative will rely on the diagnosis.
2	**Performing a procedure on tissue below the dermis**, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3	Setting or casting a fracture of a bone or a dislocation of a joint.
4	Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5	**Administering a substance by injection or inhalation.**

6	**Putting an instrument, hand or finger,** i. beyond the external ear canal, ii. beyond the point in the nasal passages where they normally narrow, **iii. beyond the larynx,**[14] **iv. beyond the opening of the urethra,** **v. beyond the labia majora,** **vi. beyond the anal verge, or** **vii. into an artificial opening into the body.**
7	**Applying** or ordering the application of **a form of energy prescribed by the regulations under the RHPA.**[15]
8	Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9	Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10	Prescribing a hearing aid for a hearing impaired person.
11	Fitting or dispensing dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12	Managing labour or conducting the delivery of a baby
13	Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

Controlled acts may only be performed by health professionals in their practice if:

- the controlled act is authorized to them under the profession-specific legislation; or
- the controlled act is delegated to them by a health professional who is authorized to perform it; or
- an exception or exemption exists.

[14]Under the MRT Act, members of the CMRTO are authorized to perform a "tracheal suctioning of a tracheostomy."

[15]The forms of energy prescribed by the regulations under the RHPA include electricity, soundwaves for diagnostic ultrasound and electromagnetism for magnetic resonance imaging.

What is delegation?

Under the RHPA, delegation is the process by which a regulated health professional authorized to perform a controlled act confers that authority to someone – regulated or unregulated – who is not authorized. Delegation may be conferred and established by order or by designation.

Members of CMRTO do not typically perform delegated acts, as most of the controlled acts they perform in their practice fall under the five authorized acts they have the authority to perform. However, on occasion, some members will accept delegation of a controlled act which is not one of the five authorized acts.

For example: communicating to an individual or their personal representative a diagnosis is not one of the controlled acts authorized to members of CMRTO. However, members in the specialty of nuclear medicine may need to communicate the results of a pregnancy test to their patient after performing a pregnancy test. This is because pregnancy may be a contraindication for certain nuclear medicine procedures, due to the high risk to the fetus.

How do I determine if it's appropriate to accept a delegation and perform a procedure?

Under the CMRTO Standards of Practice, members may accept the delegation of controlled acts under the RHPA that are not authorized under the MRT Act, provided that members comply with the RHPA and the CMRTO Standards of Practice. Members may perform controlled acts on the basis of delegation only when the following conditions have been met:

- the health professional who is delegating the controlled act (the delegator) is a member of a regulated health profession authorized by their health profession Act to perform the controlled act;
- the delegator is acting in accordance with any applicable legislation and any guidelines and policies of their regulatory body governing delegation, and has not been restricted or prohibited from delegating the controlled act;
- the delegator has the knowledge, skills and judgement to perform and delegate the controlled act;
- the member has the knowledge, skills and judgement to perform the controlled act delegated to them safely, effectively and ethically given the circumstances of the situation;

- a written record of the transfer of authority (delegation) and certification of the CMRTO member's competence is maintained; and
- the member complies with any conditions established by the delegator in order for the member to maintain the authority of the controlled act.

It is important for members to understand, however, that under the CMRTO Standards of Practice, CMRTO members **cannot** delegate their authorized acts to other individuals.

Fetal ultrasound for non-medical reasons

Physicians and other authorized health professionals routinely order diagnostic ultrasounds of the fetus during their patient's pregnancy. While diagnostic ultrasound is an essential component of prenatal care, ultrasound technology is used by others for non-medical reasons, such as for fetal portraits, keepsake videos, heartbeat recordings or gender identification.

CMRTO members must only perform procedures, including the authorized acts, in the course of engaging in the practice of the profession (the scope of practice for DMSs is the use of soundwaves for the purposes of diagnostic or therapeutic procedures, the evaluation of images or data relating to the procedure, and the assessment of an individual before, during and after the procedure). The Controlled Acts regulation made under the RHPA requires members to only apply soundwaves for diagnostic ultrasound procedures when they have an order from a physician or other authorized health professional. Therefore, it would be professional misconduct for a CMRTO member to use ultrasound only to obtain a picture or video of a fetus or to determine gender for non-medical reasons.

Students and applicants

There are exemptions in place under the RHPA and the HARP Act that permit students to perform authorized acts and apply ionizing radiation while they are students actively enrolled in an approved educational program, provided they are supervised by a member of CMRTO.

In order to practise as a medical radiation technologist in Ontario, an individual must be registered with the CMRTO. Effective January 1, 2019, an individual must be registered with CMRTO in order to practise as a diagnostic medical sonographer.[16]

Prior to receiving a certificate of registration, all applicants are required to successfully complete an approved program, successfully complete an approved examination and meet other requirements as defined by the registration regulation.

In between completing an educational program and becoming registered with CMRTO, an individual is **not**:

- authorized to apply ionizing radiation to human beings in Ontario, or
- authorized to perform any of the controlled acts authorized to CMRTO members, including:
  - the application of electromagnetism for magnetic resonance imaging procedures, and
  - the application of soundwaves for diagnostic medical sonography.

The same is true even if the individual is doing so under the supervision of a member of the CMRTO.

Remember … CMRTO staff are available by phone or email to assist members in understanding their professional obligations and their accountabilities. If you have any further questions regarding performing procedures or practise advice as a medical radiation or imaging technologist, please contact the CMRTO Practice Advisor.

[16]This includes all areas of practice of diagnostic medical sonography: general, cardiac and vascular.

Appendix A: Ordering and applying ionizing radiation

The *Healing Arts Radiation Protection Act* (HARP Act) provides that no person shall operate an x-ray machine for the irradiation of a human being unless the irradiation has been prescribed as follows:

Health care professional	Ordering authority	Authority to apply
A legally qualified medical practitioner	A legally qualified medical practitioner, or member of the College of Physicians and Surgeons of Ontario, can order the application of ionizing radiation without restriction, provided that they do so in accordance with the expectations set out in the practice standards of CPSO.	Yes
Member of the Royal College of Dental Surgeons of Ontario	When ordering the application of ionizing radiation for dental radiographs and dental CTs, a dentist is accountable to the expectations set out in the practice standards of their College.	Yes
Member of the College of Chiropodists of Ontario	Member must have been continuously registered as a chiropodist under the *Chiropody Act* and the *Chiropody Act, 1991* since before November 1, 1980 or who is a graduate of a four-year course of instruction in chiropody (a Doctor of Podiatric Medicine (DPM) degree).	Yes
Member of the College of Chiropractors of Ontario	When ordering the application of ionizing radiation, a member must adhere to the Standards of Practice of the College of Chiropractors of Ontario.	Yes
Member of the College of Nurses of Ontario	To order the application of ionizing radiation, a member must hold an extended certificate of registration under the *Nursing Act, 1991* (Nurse Practitioner or NP). Previously, NPs could only order x-rays based on lists under the RHPA and the HARP Act. Changes in 2018 eliminated these lists. Now, NPs can order all x-rays (except CTs). When ordering the application of ionizing radiation, NPs are accountable to the expectations set out in the practice standards of their College.	No

Member of the College of Physiotherapists of Ontario	To order the application of ionizing radiation, the irradiation must be prescribed in a manner permitted by the regulations. As of the date of publication, no regulation has been made.	No
Member of the College of Dental Hygienists of Ontario	Members have no ordering authority under HARP.	Yes
Member of the College of Medical Radiation Technologists of Ontario	Members have no ordering authority under HARP. Members do not need an order with respect to the application of ionizing radiation for mammography procedures under the Ontario Breast Screening Program in accordance with s. 6 of R.R.O. 1990, Reg. 543 made under the HARP Act.	Yes

For more information regarding ordering and applying ionizing radiation, please contact CMRTO or the College of the relevant health care professional listed in the HARP Act.

Appendix B: Ordering and applying electromagnetism for magnetic resonance imaging

The Controlled Acts Regulation made under the *Regulated Health Professions Act, 1991* sets out those who can apply and order the application of electromagnetism for magnetic resonance imaging.

Health care professional	Ordering authority	Authority to apply electromagnetism
Member of the College of Physicians and Surgeons of Ontario	A member of the CPSO can order the application of electromagnetism provided that the conditions set out in the Regulation are met.[1]	Yes, provided that the conditions set out in the Regulation are met.[2]
Member of the College of Medical Radiation Technologists of Ontario	A member of the CMRTO cannot order the application of electromagnetism for magnetic resonance imaging.	Yes, but only with an order from a member of the CPSO and only if the conditions set out in the Regulation are met.[3]

For more information regarding ordering and applying electromagnetism for magnetic resonance imaging, please consult O. Reg. 107/96 or contact the CMRTO.

[1]Section 5(2) of O. Reg. 107/96 provides that a member of the CPSO is exempt from subsection 27(1) of the Act for the purpose of applying or ordering the application of electromagnetism if:

(a) the electromagnetism is applied for magnetic resonance imaging using equipment that is,
  (i) installed in a site of a public hospital where the public hospital is approved as a public hospital under the *Public Hospitals Act* and the site of the public hospital is graded under that Act as a Group N site of a hospital, and
  (ii) operated by the public hospital mentioned in subclause (i);

(a.1) the electromagnetism is applied for magnetic resonance imaging using equipment that is installed in, and operated by, the University of Ottawa Heart Institute;

(b) the electromagnetism is applied for magnetic resonance imaging and all of the following conditions are met:
  (i) the electromagnetism is used to support, assist and be a necessary adjunct, or any of them, to an insured service within the meaning of the *Health Insurance Act*;
  (ii) the magnetic resonance imaging is provided to persons who are insured persons within the meaning of the *Health Insurance Act*,
  (iii) the electromagnetism is applied in an independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging; or

(c) the electromagnetism is applied for magnetic resonance imaging and all of the following conditions are met:
  (i) the electromagnetism is not used to support, assist and be a necessary adjunct, or any of them, to an insured service within the meaning of the *Health Insurance Act*, or the magnetic resonance imaging is not provided to persons who are insured persons within the meaning of the Act, or both,
  (ii) the electromagnetism is applied in a facility that is operated by an operator that holds a licence under the *Independent Health Facilities Act* in respect of magnetic resonance imaging,
  (iii) the electromagnetism is applied in a facility that is operated on the same premises as the independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging that is operated by the operator mentioned in subclause (ii),
  (iv) the electromagnetism is applied using the same equipment that is used to provide magnetic resonance imaging in the independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging that is operated by the operator mentioned in subclause (ii),
  (v) the operator of the facility in which the electromagnetism is applied is a party to a valid and subsisting agreement with the Minister concerning the provision of magnetic resonance imaging.

[2]Please see footnote 1 above.

[3]Section 3.1 of O. Reg. 107/96 provides that a member of the CMRTO is exempt from subsection 27(1) of the Act for the purpose of applying electromagnetism if the application is ordered by a member of the CPSO and:

(a) the electromagnetism is applied for magnetic resonance imaging using equipment that is,
  (i) installed in a site of a public hospital where the public hospital is approved as a public hospital under the *Public Hospitals Act* and the site of the public hospital is graded under that Act as a Group N site of a hospital, and
  (ii) operated by the public hospital mentioned in subclause (i);

(a.1) the electromagnetism is applied for magnetic resonance imaging using equipment that is installed in, and operated by, the University of Ottawa Heart Institute;

(b) the electromagnetism is applied for magnetic resonance imaging and all of the following conditions are met:
  (i) the electromagnetism is used to support, assist and be a necessary adjunct, or any of them, to an insured service within the meaning of the *Health Insurance Act;*
  (ii) the magnetic resonance imaging is provided to persons who are insured persons within the meaning of the *Health Insurance Act*,
  (iii) the electromagnetism is applied in an independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging; or

(c) the electromagnetism is applied for magnetic resonance imaging and all of the following conditions are met:
  (i) the electromagnetism is not used to support, assist and be a necessary adjunct, or any of them, to an insured service within the meaning of the *Health Insurance Act*, or the magnetic resonance imaging is not provided to persons who are insured persons within the meaning of that Act, or both,
  (ii) the electromagnetism is applied in a facility that is operated by an operator that holds a licence under the Independent *Health Facilities Act* in respect of magnetic resonance imaging,
  (iii) the electromagnetism is applied in a facility that is operated on the same premises as the independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging that is operated by the operator mentioned in subclause (ii),
  (iv) the electromagnetism is applied using the same equipment that is used to provide magnetic resonance imaging in the independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging that is operated by the operator mentioned in subclause (ii),
  (v) the operator of the facility in which the electromagnetism is applied is a party to a valid and subsisting agreement with the Minister concerning the provision of magnetic resonance imaging.

Appendix C: Ordering and applying soundwaves for diagnostic ultrasound

The Controlled Acts Regulation made under the *Regulated Health Professions Act, 1991* sets out those who can apply and order the application of soundwaves for diagnostic ultrasound.

For the purposes of the Regulation, "diagnostic ultrasound" means ultrasound that produces an image or other data.

This chart sets out which health professionals have the authority to order and/or apply soundwaves for diagnostic ultrasound, effective January 1, 2019.

Health care professional	Ordering authority	Authority to apply soundwaves
Member of the College of Physicians and Surgeons of Ontario	A member of the CPSO can order the application of soundwaves for diagnostic ultrasound.	Yes
Member of the College of Midwives of Ontario	A member of the CMO can order the application of soundwaves for pregnancy diagnostic ultrasound or pelvic diagnostic ultrasound.	Yes, but only pregnancy or pelvic diagnostic ultrasound.
Member of the College of Nurses of Ontario (Registered Nurse in the Extended Class)	A member of the CNO who is a registered nurse in the extended class can order the application of soundwaves for diagnostic ultrasound.	Yes

Member of the College of Nurses of Ontario (other than a member who is a Registered Nurse in the Extended Class)	A member of the CNO who is not a registered nurse in the extended class cannot order the application of soundwaves for diagnostic ultrasound.	Yes, but only if the member has a therapeutic nurse-patient relationship with the person to whom the soundwaves are being applied and the soundwaves are being applied for conducting one or more routine nursing assessments of a patient to assist in the development/ implementation of the patient's plan of care and only if the conditions set out in the Regulation are met.[1]
Member of the College of Medical Radiation Technologists of Ontario	A member of the CMRTO cannot order the application of soundwaves for diagnostic ultrasound.	Yes, but only with an order from a health care professional with ordering authority and only if the conditions set out in the Regulation are met.[2]

For more information regarding ordering and applying soundwaves for diagnostic ultrasound, please consult O. Reg. 107/96 or contact the CMRTO.

[1]Section 4.1(1) of O. Reg. 107/96 provides that a member of the CNO, other than a member described in subsection (2), is exempt from subsection 27 (1) of the Act for the purpose of applying soundwaves for diagnostic ultrasound, as long as the member has a therapeutic nurse-patient relationship with the person to whom the soundwaves are being applied and the soundwaves are being applied for the purpose of conducting one or more routine nursing assessments of a patient to assist in the development or implementation of the patient's plan of care. Subsection (2) provides that a member of the CNO who is a registered nurse in the extended class is exempt from subsection 27 (1) of the Act for the purpose of applying, or ordering the application of, soundwaves for diagnostic ultrasound.

The conditions set out in section 7.1(1) of O. Reg. 107/96 also apply in this context. Section 7.1(1) provides that a person is exempt from subsection 27(1) of the Act for the purpose of applying soundwaves for diagnostic ultrasound if the application is ordered by a member with ordering authority, and the soundwaves for diagnostic ultrasound are applied:

(a) in a site of a public hospital where the public hospital is approved as a public hospital under the *Public Hospitals Act*, and the equipment is operated by the public hospital;

(b) in a private hospital operated under the authority of a licence issued under the *Private Hospitals Act* and the equipment is operated by the private hospital;

(b.1) in the University of Ottawa Heart Institute, and the equipment is operated by the University of Ottawa Heart Institute;

(c) in an independent health facility licensed under the *Independent Health Facilities Act* in respect of diagnostic ultrasound on a site for which that independent health facility is licensed in respect of diagnostic ultrasound; or

(d) in a fixed site where health services are customarily performed, and the application is ordered by a member with ordering authority who treats his or her own patients in the course of his or her health care practice, but only if,

(i) there exists an ongoing professional health care relationship between the patient and the member with ordering authority, or between the patient and a regulated health professional who ordinarily practises with that member at one or more sites in Ontario,

(ii) there exists an ongoing professional health care relationship between the patient and a regulated health professional who has given an opinion on the health of the patient, or between the patient and a regulated health professional who ordinarily practises at one or more sites in Ontario with the regulated health professional who has given the opinion, and the patient has requested that the member with ordering authority confirm, refute or vary that opinion and,

(A) the member orders the application of soundwaves for diagnostic ultrasound in the course of an assessment of the patient resulting from that request, and

(B) the diagnostic ultrasound is directly related to that assessment, or

(iii) there exists an ongoing professional health care relationship between the patient and a regulated health professional who has referred the patient to the member with ordering authority for the purpose of a consultation, or between the patient and a regulated health professional who ordinarily practises at one or more sites in Ontario with the regulated health professional who has made the referral and,

(A) the member conducts an assessment of the patient, and

(B) the diagnostic ultrasound is directly related to that assessment or services arising out of that assessment.

[2]The conditions set out in section 7.1(1) of O. Reg. 107/96 also apply to members of the CMRTO. Please see footnote 1 above for further information. In this section, "member with ordering authority" means:

(a) a member of the College of Midwives of Ontario, with respect to ordering the application of soundwaves for pregnancy diagnostic ultrasound or pelvic diagnostic ultrasound,

(b) a member of the College of Nurses of Ontario who is a registered nurse in the extended class, with respect to ordering the application of soundwaves for diagnostic ultrasound, or

(c) a member of the College of Physicians and Surgeons of Ontario, with respect to ordering the application of soundwaves for diagnostic ultrasound.

Decision-making guide for performing a procedure

1 Do I have the legal authority to perform the procedure?

Issues to consider:

- Does the procedure fall under the scope of practice of the profession as defined by the MRT Act?
- Does the procedure contain a Controlled Act, and if so, is the Controlled Act an Authorized Act under the MRT Act?
- Does the procedure contain a Controlled Act that is not authorized to me under the MRT Act, and if so, is there a delegation in place giving me the authority to perform the procedure?

YES CONTINUE

NO Do not perform the procedure and take necessary action

2 Do I have the necessary knowledge, skills and judgement to perform the procedure safely, effectively and ethically?

Issues to consider:

- Do I have the necessary education and experience in this area of practice?
- Are all the provisions in place for me to perform the procedure safely under the RHPA, MRT Act, HARP Act, *Public Hospitals Act*, *Independent Health Facilities Act*, *Nuclear Safety and Control Act*, and any other applicable legislation?
- Are all the provisions in place for me to be responsible and accountable for performing the procedure and for managing the outcomes, having considered the known risks to the patient in performing the procedure, the predictability of the outcomes in performing the procedure, whether the management of the possible outcomes are within my knowledge, skill and judgement, and any other factors specific to the situation?

YES CONTINUE

NO Do not perform the procedure and take necessary action

3 Is an appropriate order in place giving me the authority to perform the procedure?

Issues to consider:

- Do I have an order from an authorized health professional, either directly or through a medical directive, to perform each component of the procedure including the application of ionizing radiation, or electromagnetism for MRI, or soundwaves for diagnostic ultrasound, or any authorized act or delegated controlled act?

YES CONTINUE

NO Do not perform the procedure and take necessary action

4 Have all the conditions set out in the CMRTO Standards of Practice been met?

Issues to consider:

- Has the patient provided informed consent for the procedure?
- Am I able to provide the patient with clear and understandable information and instruction regarding the procedure, and respond to their questions?
- Are all the provisions in place for me to be responsible and accountable for performing the procedure in accordance with the conditions set out in the *Personal Health Information Protection Act*, and the *Health Care Consent Act*?
- Are all the provisions in place for me to be responsible and accountable for performing the procedure in accordance with the conditions set out in the CMRTO Standards of Practice, Code of Ethics and sexual abuse prevention program?

YES CONTINUE

NO Do not perform the procedure and take necessary action

PERFORM THE PROCEDURE

College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

professional accountability

What you must know about...

As regulated health professionals, medical radiation technologists (MRTs) are accountable to their patients and the public to provide safe, effective and ethical medical radiation technology services. MRTs do this every day by ensuring that their practice meets the legislative requirements and standards of the profession.

Under provincial legislation, MRTs are also accountable to the College of Medical Radiation Technologists of Ontario (CMRTO) for the quality of care they provide to the public. The CMRTO's standards and guidelines have been developed to assist MRTs to meet their professional obligations and legal requirements related to their practice.

This publication gives an overview of some of the ways MRTs are required to demonstrate their professional accountability to their patients, the public, and the CMRTO.

What is professional accountability?

Each MRT is accountable for their decisions and actions. They're also accountable for understanding and complying with the legal and ethical requirements that govern the practice of medical radiation technology in Ontario. As members of a regulated health profession, MRTs are expected to understand and comply with the professional, legal and ethical requirements governing their practice.

In order to serve the best interests of their patients, MRTs often consult with, refer to, and collaborate with other regulated health professionals. Although an MRT's role is inherently collaborative, each MRT remains accountable for their decisions and actions – both those made independently and those made as a member of a team.[1] Because MRTs are accountable for all their professional undertakings, they should aspire to a high level of professionalism at all times.

MRTs must perform their duties responsibly and in a manner that reflects the profession's commitment to respect the personal dignity of every individual patient who entrusts himself or herself to the MRT's care.

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[1] MRTs are not accountable for the decisions or actions of other health care providers when there was no way of knowing about those actions.

Legislative framework

In Ontario, the practice of MRTs is governed by a number of provincial and federal laws.[2] Two key provincial laws that govern the practice of MRTs are: the Regulated Health Professions Act, 1991 (RHPA) and the *Medical Radiation Technology Act, 1991* (MRT Act).

The RHPA was developed to protect the public's right to safe, competent and ethical care. All regulated health professions in the province are governed by the RHPA, which sets out the regulatory framework for health professionals including the 13 controlled acts. The 13 controlled acts are clinical procedures or activities that the government has recognized could pose a risk of harm to the public should they be performed by unqualified individuals.

Each profession governed by the RHPA also has its own profession-specific legislation. The MRT Act defines the scope of practice of MRTs, the restricted titles, and the controlled acts that MRTs are authorized to perform (the authorized acts).

In accordance with the RHPA and the MRT Act, the CMRTO holds its members accountable for their practice and conduct. In doing so, the CMRTO fulfills its legislated obligation to regulate the practice of the profession of medical radiation technology to serve and protect the public interest.

Scope of practice and authorized acts

The RHPA model sets a scope of practice for regulated health professionals that describes the practice of the profession. The MRT Act sets out the scope of practice statement for medical radiation technology, as follows:

> ''The practice of medical radiation technology is the use of ionizing radiation, electromagnetism and other prescribed forms of energy for the purposes of diagnostic and therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.''

MRTs are accountable to ensure they have and apply the knowledge, skills and judgement to perform procedures undertaken in the course of their practice of the profession. MRTs are also responsible and accountable for performing procedures safely,

[2] Other provincial laws, such as the *Healing Arts Radiation Protection Act, Health Care Consent Act, Personal Health Information Protection Act*, also govern the practice of MRTs as does certain federal legislation, such as the *Nuclear Safety and Control Act and Radiation Emitting Devices Act.*

effectively and ethically, and managing the outcomes having considered:

- the known risks to the patient in performing the procedure
- the predictability of the outcomes in performing the procedure
- whether the management of the possible outcomes is within the MRT's knowledge, skills and judgement given the situation
- any other factors specific to the situation to ensure the procedure is implemented safely, effectively and ethically

In addition, MRTs must not perform any procedure or provide any advice that may result in serious bodily harm unless that procedure or advice is within the scope of practice of the profession or the MRT is authorized or permitted to do so by legislation.

Under the RHPA, regulated health professionals may be authorized to perform one or more of the 13 controlled acts set out in the RHPA. Some professions are not authorized to perform any of the controlled acts. Controlled acts may only be performed by health professionals in their practice if:

- the controlled act is authorized to them; or
- the controlled act is delegated to them by a health professional who is authorized to perform it; or
- an exception or exemption exists.

Under the RHPA, no profession has a 'monopoly' over the activities described in their scope of practice statements. In addition, many of the controlled acts are authorized to more than one profession.

This regulatory structure allows for evolution in professional scopes of practice, and encourages collaboration and flexibility in the delivery of health care services.

Medical radiation technologists are authorized under the MRT Act to perform five of the 13 controlled acts set out in the RHPA (the authorized acts). In order to perform the controlled acts authorized to MRTs, certain conditions must be met. The controlled acts that MRTs are authorized to perform are:

1. Administering substances by injection or inhalation.
2. Tracheal suctioning of a tracheostomy.
3. Administering contrast media, or putting an instrument, hand or finger,

a. Beyond the opening of the urethra,

b. Beyond the labia majora,

c. Beyond the anal verge, or

d. Into an artificial opening of the body.

4. Performing a procedure on tissue below the dermis.

5. Applying a prescribed form of energy.

MRTs are accountable to ensure that the following conditions are met before performing procedures, including authorized acts:

- the procedure must be performed only in the course of engaging in the practice of medical radiation technology
- there must be an order for the procedure from a physician or, depending on the procedure, another health professional authorized to order the procedure[3]
- the MRT must not perform procedures contrary to any terms, conditions or limitations placed upon the MRT's certificate of registration
- consent must be obtained from the patient or the patient's substitute decision maker[4]
- the MRT must have and apply the necessary knowledge, skills and judgement to perform and manage the outcomes of performing the procedure safely, effectively and ethically

Orders for diagnostic and therapeutic procedures

An order is an authorizing statement from a regulated health professional with prescribing authority, permitting an MRT to perform a procedure, treatment or intervention that falls within the scope of practice for MRTs. MRTs must ensure that the appropriate order authorizing the performance of the procedure from a regulated health professional with the authority to order, is in place prior to performing the procedure.[5]

[3] See CMRTO Standards of Practice 3, Diagnostic and Therapeutic Procedures, indicator d, for the list of the persons from whom MRTs must obtain an order before performing a procedure

[4] See the CMRTO publication, *What you must know about…..Health Care Consent Act* for more information on consent

[5] See CMRTO Standards of Practice 3, Diagnostic and Therapeutic Procedures, indicator d, for the list of appropriate orders

An order may be a direct order, for a specific procedure, treatment or intervention, for a specific patient by a physician or other authorized health professional. Direct orders are generally written or electronic.[6]

An order may also be made through a medical directive or protocol (also known as a standing order). A medical directive is an order for a procedure, treatment or intervention for a range of patients who meet specific conditions, authorized by a physician, and implemented by another health professional, such as a nurse, physiotherapist, or MRT.[7]

Standards of Practice

The CMRTO Standards of Practice[8] have been developed by the CMRTO to describe the expectations for professional practice of MRTs. The Standards of Practice describe what each MRT is accountable and responsible for in practice, and reflect the knowledge, skills and judgement that MRTs need in order to perform the services and procedures that fall within the scope of practice of the profession.

Under the CMRTO's Standards of Practice, medical radiation technologists are expected to be competent, accountable and collaborative.

- *Competent* means to have the necessary knowledge, skills and judgement to perform safely, effectively and ethically and to apply that knowledge, skill and judgement to ensure safe, effective and ethical outcomes for the patient. This means that MRTs must maintain their competence in their current area of practice, must refrain from acting if not competent, and must take appropriate action to address the situation.

[6] Under the regulation made under the *Public Hospitals Act* (PHA), there are circumstances under which a physician or certain other regulated health professionals, with the authority to order a procedure, may dictate an order for treatment or for a diagnostic procedure by telephone

[7] Go to http://mdguide.regulatedhealthprofessions.on.ca/why/default.asp for guidance on using medical directives and an interprofessional medical directive template for developing medical directives

[8] The Standards of Practice are sent to all CMRTO members and are available on the CMRTO website

- *Accountable* means to take responsibility for decisions and actions, including those undertaken independently and those undertaken as a member of a team. This means that MRTs must accept the consequences of their decisions and actions and act on the basis of what they, in their clinical judgement, believe is in the best interests of the patient.
- *Collaborative* means to work with other members of the health care team to achieve the best possible outcomes for the patient. This means MRTs are responsible for communicating and coordinating care provisions with other members of the health care team, and taking appropriate action to address gaps and differences in judgement about care provision.

The Standards of Practice contain eight practice standards with indicators that refer to the application of the practice standard in a particular area. The practice standards for MRTs are in the following areas:

1. Legislation, Standards and Ethics
2. Equipment and Materials
3. Diagnostic and Therapeutic Procedures
4. Safe Practice
5. Relationship with Patients
6. Professional Relationships
7. Records and Reporting
8. Continuing Competence

In the event that the Standards of Practice set a standard that is higher than departmental policy or procedure, MRTs must comply with the CMRTO's Standards of Practice.

The CMRTO Standards of Practice set out the expectations for MRTs regarding their practice of the profession and their professional responsibilities. Each MRT is accountable to the CMRTO if they fail to maintain the standards of practice of the profession.

Code of Ethics

The CMRTO Code of Ethics is a set of principles that sets out what is meant by responsible conduct and ethical and moral behaviour of MRTs. It has as its foremost goal the welfare and protection of patients and the public.

One of the ethical principles relates to the professional responsibilities of MRTs. According to this principle, MRTs are to promote excellence in the profession of medical radiation technology by assisting each other and the CMRTO in upholding the spirit and letter of the law, the RHPA and the MRT Act, their regulations and the Standards of Practice set by the CMRTO.

The Code of Ethics is intended to help MRTs choose the right, fair, good and just action. Each MRT is personally responsible for behaving according to the principle set down in the Code of Ethics. The Code of Ethics is to be used in conjunction with the CMRTO Standards of Practice. Together, they provide a model for ensuring safe, effective and ethical professional performance.[9]

Communication guidelines

Effective communication between MRTs and patients and their families is essential to providing care that ensures safe, effective and ethical outcomes for patients. CMRTO has developed communication guidelines to assist MRTs in communicating effectively with patients and their families.[10]

MRTs must treat all patients with respect and dignity.[11] MRTs use the communication guidelines and their professional judgement and, where appropriate, introduce themselves to the patient, tell them their profession, provide information about the procedure or treatment that is useful to the patient, and encourage the patient and/or family member to participate in the procedure or treatment.[12]

MRTs routinely work with patients who are vulnerable and in need of extra care. In busy imaging and radiation therapy departments it is easy for MRTs to focus on the complex equipment and patient throughput times, but this can mean that the patient and his or her family may perceive their care as less than optimal. MRTs should not focus solely on the task of performing the procedure or treatment, but place the individual patient at the centre of the process by caring for their emotional needs as well as providing physical care.

[9] All the CMRTO publications referred to in this document are provided to each member, and are available on the CMRTO website at www.cmrto.org

[10] See *What you much know about.....communicating with patients*

[11] See CMRTO Standards of Practice, Practice Standard 5, Relationship with patients

[12] Under CMRTO Standards of Practice, indicator 5a, MRTs must provide clear and understandable information to the patient or patient's substitute decision maker prior to, during and after the diagnostic or therapeutic procedure, using an interpreter if necessary

Registration

In order to practise medical radiation technology in Ontario, a person must be registered with the CMRTO. Each MRT is accountable to ensure their registration with the CMRTO is current.[13] An MRT's certificate of registration is an assurance to the MRT's patients and employer that they are legally authorized and qualified to practise medical radiation technology in Ontario.

Registration is an important regulatory tool to ensure the protection of the public by allowing only those individuals who have met the registration requirements, including an approved educational program and certification examination, to be registered and legally authorized to practise.

The CMRTO issues certificates of registration in four specialties:

- radiography
- radiation therapy
- nuclear medicine
- magnetic resonance

MRTs are authorized to practise in more than one specialty provided the member has satisfied the registration requirements for each specialty and is registered in each specialty.

Members must renew their registration with the CMRTO annually. As a member of the CMRTO, it is an MRT's responsibility to pay the annual fee for renewal of their registration and to submit the application for renewal to the CMRTO on or before their birthday every year.[14]

The CMRTO Application for Renewal of Registration requires members to complete a number of sections, including the *Declaration of Conduct, Quality Assurance Declaration* and *Declaration of Compliance*. These annual declarations are each member's attestation to the CMRTO that they are adhering to all their legal and professional obligations of registration, professional conduct, quality assurance and practice as an MRT in Ontario.

[13] Under the CMRTO professional misconduct regulation, it is considered professional misconduct for an MRT to practise the profession while their certificate of registration is suspended

[14] See the CMRTO publications *What you must know about…..registration* and *Registration Frequently Asked Questions* for more information about keeping your CMRTO registration in good standing

Protected titles

It is important for MRTs to use their protected title when they first meet a patient to assure their patients that they are a regulated professional and authorized to practise in a specialty of medical radiation technology.[15]

No one may use the title medical radiation technologist or its abbreviation (MRT) without being a member of the CMRTO. A member of the CMRTO who holds the corresponding speciality certificate(s) may use the titles or their abbreviations set out below:

- medical radiation technologist - radiography, or MRT(R)
- medical radiation technologist - radiation therapy (medical radiation technologist - radiation therapist), or MRT(T)
- medical radiation technologist - nuclear medicine, or MRT(N)
- medical radiation technologist - magnetic resonance, or MRT(MR)[16]

Public register and register information

MRTs are responsible to make sure that all their information as it appears on the public register and in CMRTO's records is accurate and up to date. The CMRTO's register is a list of members and past members, and contains information about those members, some of which is available to the public.[17] The CMRTO public register is frequently used by employers of MRTs to confirm the registration status of their employees.

It is an MRT's responsibility to notify the CMRTO within seven days of any change in name, business address (for any place of practice), business telephone number (for any place of practice), home address, home telephone number, mailing address, email address or electoral district.

MRTs must keep in mind that using a name other than their name as set out on the CMRTO register, in the course of practising as a medical radiation technologist, is an act of professional misconduct. If an MRT has changed their name, they are required to complete the Change of Name form and submit it to the CMRTO, along with the required evidence of the change of name. The Change of Name form is available on the CMRTO website.

[15] See the CMRTO publication *What you must know about…..communicating with patients* for guidelines on communicating effectively with patients and their families

[16] Note that there are no longer any periods in the abbreviated titles. If an MRT holds more than one specialty certificate, they should list each abbreviation separately, for example: MRT(R), MRT(MR)

[17] See the CMRTO website for an explanatory note on the public register

An MRT may update their business address (for any place of practice), business telephone number (for any place of practice), home address, home telephone number, mailing address, email address or electoral district in the Online Member Service section of the CMRTO website.

Quality Assurance (QA) Program

As regulated health professionals, MRTs are accountable to maintain their competence in their current area of practice and continually improve their competence in order to respond to changes in practice environments, advances in technology and the changing health care environment. As all MRTs know, the practice of medical radiation technology is constantly changing. MRTs' professional roles, responsibilities and accountabilities differ today from those in the past, and will continue to evolve in the future.

One of the key components of self-regulation of the profession is the quality assurance (QA) program.[18] The goal of the CMRTO QA program is to assure the public of the quality of the practice of medical radiation technology by maintaining MRTs' performance at a level that meets the profession's standards of practice and by promoting continuing competence and continuing improvement.

The CMRTO QA program is based on the assumption that members come into the CMRTO with appropriate skills and knowledge acquired through approved educational programs and that these initial competencies are maintained through lifelong learning and adherence to the Standards of Practice. The QA program is based on the principles of adult education. This approach allows MRTs to choose activities based on their individual learning needs and style, resources available, and acknowledges that learning comes from engaging in a variety of activities.

The CMRTO QA program includes the following elements:

1. *Quality Assurance Declaration*: Completed each year by every member at the time of their annual renewal of registration. MRTs confirm they have complied with the requirements of the QA program and they understand the requirements of the QA program.

[18] The requirements of the CMRTO QA program are set out in the Health Professions Procedural Code, Schedule 2 of the RHPA and the quality assurance regulation (O. Reg. 375/12) made under the MRT Act

2. *Quality Assurance Portfolio:* Completed each year by every member. Includes a self-assessment based on the Standards of Practice, a QA profile that describes the member's practice, and a method to keep a record of continuing education and professional development activities each year. Each member is required to complete and record at least 25 hours of continuing education and professional development activities each year. A member may be requested to submit their QA portfolio for assessment by the CMRTO Quality Assurance Committee (QA Committee).
3. *Peer and Practice Assessment by means of a multi-source feedback (MSF) system:* completed by individual MRTs selected by the QA Committee 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, a copy of which is provided to the MRT.
4. *Peer and Practice Assessment by means of an assessor:* Completed by individual MRTs selected by the QA Committee in accordance with the QA regulation. This assessment involves a peer assessor interviewing an MRT regarding specific components of their practice, based on the Standards of Practice. A report of this assessment is prepared by the assessor, a copy of which is provided to the QA Committee and the MRT.

Each member of the CMRTO is required to participate in the QA program each year and to co-operate with the QA Committee and any assessor.

Professional Conduct

Each MRT is accountable to the public and their patients for ensuring that their practice and conduct meet legislative requirements and the standards of practice of the profession.

The CMRTO's expectations of the conduct of MRTs are based on the legislation and the professional misconduct regulation made under the MRT Act. A breach of the standards and regulations could leave an MRT vulnerable to a complaint and, if the matter is referred to the Discipline Committee for a hearing, a finding of professional misconduct. Under the professional misconduct regulation it is considered professional misconduct should an MRT engage in conduct or perform an act relevant to the practice of the profession which, having regard to all of the circumstances, would

reasonably be regarded by members as disgraceful, dishonourable, or unprofessional.[19]

The CMRTO is required to investigate all complaints filed with the Registrar of the CMRTO regarding the practice or behaviour of an MRT. All complaints filed with the Registrar are investigated and all information relevant to the complaint is obtained. A decision regarding what action needs to be taken, if any, will be made by the Inquiries, Complaints and Reports Committee based on all the information and consideration of all the circumstances. Sometimes complaints can be serious enough to warrant action by the CMRTO Discipline Committee.[20]

If an MRT is found by the Discipline Committee to have committed professional misconduct, the finding and any penalty is posted on the public register of the CMRTO. Providing information about a member's conduct is an important component of public protection.

Prevention of sexual abuse

One of the key purposes of the sexual abuse provisions of the RHPA is to eradicate the sexual abuse of patients by regulated health professionals. The RHPA requires that regulatory colleges develop sexual abuse prevention programs for preventing and dealing with sexual abuse of patients.

MRTs must never sexually abuse their patients and will be held accountable if they do so.

CMRTO has adopted a philosophy of zero tolerance of sexual abuse of patients. This means that:

- no act of sexual abuse (as defined by the RHPA[21]) is ever acceptable and sexual abuse must never be tolerated
- CMRTO recognizes the seriousness and extent of injury sexual abuse causes the victim and others related to the victim
- MRTs should continue to provide professional, supportive behaviours which may include physical contact that is nurturing and helpful, and therefore acceptable to the patient

[19] Review the professional misconduct regulation (O. Reg. 855/93) for the complete list of actions and behaviours that are considered professional misconduct

[20] See *What you must know about….college complaints* and *What you must know about…. professional misconduct* for more information about professional conduct

[21] Sexual abuse of a patient by a member, as defined by the RHPA, means sexual intercourse or other forms of sexual relations; touching of a sexual nature; or, behaviour or remarks of a sexual nature. Sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the services provided

- MRTs must accept that broad definitions of sexual abuse capture a diversity of individual and cultural viewpoints
- if a patient is uncomfortable with words or behaviour used by an MRT, then the MRT must be sensitive to the discomfort and change the words or behaviour [22]

It is a necessary part of MRTs' practice to touch their patients to ensure that the patient is in the correct position for the diagnostic or therapeutic procedure. MRTs must explain to their patients, before they touch them, when and where the MRT will touch them and why, and ensure they have the patient's consent to proceed. Patients expect practitioners to provide them with information about what is about to happen. This makes patients feel more in control and supports their autonomy.

Confidentiality and privacy

MRTs must know how to act to protect the confidentiality of all professionally acquired patient information and the privacy of patients, and they must respect the privacy of patients with respect to that information, while facilitating the effective delivery of health care.

Under privacy legislation, including the *Personal Health Information Protection Act*, access to patient information is restricted to those who are involved in a patient's circle of care, and should never be accessed simply out of curiosity or interest as this would violate a patient's privacy. [23]

Similarly, MRTs must maintain the confidentiality of patient information except when necessary to facilitate diagnosis or treatment of the patient or when legally obliged or allowed to disclose such information. MRTs should avoid discussing patient care in a public setting – even if no names are used. MRTs must be sensitive to the fact that information other than a patient's name (such as age, gender, health condition) could be used to identify a patient. MRTs must also be sensitive to the fact that their use of social media for personal or professional reasons could result in a breach of patient confidentiality and privacy.

[22] See *What you must know about….sexual abuse* for more information about the prevention of sexual abuse of patients

[23] See the Information and Privacy Commissioner of Ontario's educational materials on patient privacy at https://www.ipc.on.ca/english/phipa/is-it-worth-it/

Professional liability insurance

MRTs are required by CMRTO by-laws to hold professional liability insurance. Professional liability insurance (PLI), also known as malpractice insurance, provides coverage for MRTs with respect to claims that may arise from the practice of medical radiation technology.

The requirements set out in the CMRTO by-laws are as follows:

- a member engaging in the practice of medical radiation technology must hold, or otherwise be covered by, PLI that provides the member with coverage for the practice of the profession of medical radiation technology
- the PLI must have, for each insured individual, a minimum amount of $1,000,000 per occurrence
- if the PLI has a deductible, it cannot be greater than $1,000
- the PLI must be provided by an insurer that is licensed under the Financial Services Commission of Ontario
- within 30 days of any request by the CMRTO Registrar, and at the time(s) determined by the Registrar, a member must provide confirmation of insurance coverage to show that the member's PLI coverage complies with the requirements of the CMRTO by-laws [24]

Mandatory Reporting

Mandatory reporting refers to the obligation for MRTs, employers and facility operators to file written reports to the CMRTO in a number of circumstances.[25] Facilities are also required to report if they believe a member practising at the facility is incompetent or incapacitated.[26]

Mandatory reporting is considered an essential professional obligation because it is the best means of ensuring that instances of professional misconduct, incompetence, professional negligence, sexual abuse or concerns regarding incapacity are brought to the attention of the CMRTO. Reports alert the CMRTO to situations where an MRT may not be practising safely and as a result, the CMRTO can take appropriate steps to protect the public.

[24] See *What you must know about…..professional liability insurance* and *Guidelines for determining whether MRTs need professional liability insurance* on the CMRTO website

[25] See *What you must know about….mandatory reporting* and subsection 85.3 of the Health Professions Procedural Code, Schedule 2 of the RHPA, for further information about these requirements

[26] See subsection 85.2 of the Health Professions Proceedural Code

As health professionals, MRTs may also have mandatory duties to report information to other agencies under other pieces of provincial legislation. For example, Section 72 of the *Child and Family Services Act* outlines the duty of both the public and professionals to report a child in need of protection if he or she has reasonable grounds to suspect abuse as defined under that Act. These Acts also define to whom health professionals are required to report.

Reporting by MRTs: Sexual Abuse

An MRT must file a written report to the CMRTO, or another provincial health regulatory college, if the MRT has reasonable grounds, obtained in the course of his or her practice, to believe that a patient has been sexually abused by any member of the CMRTO or any member of another health regulatory college.[27] Failure to report sexual abuse of patients when there are reasonable grounds to believe that the abuse has occurred is an offence under the RHPA and can lead to severe penalties. Specifically, if an MRT believes a patient has been sexually abused, then he or she must:

- submit a written report within 30 days to the Registrar of the college regulating the profession of the member who is the subject of the report
- submit the report immediately if there is reason to believe the abuse will continue or that abuse of other patients will occur

The report may only contain the name of the patient who may have been sexually abused if the patient consents in writing to his or her name being included in the report.

It is compulsory for MRTs to file a report of sexual abuse of a patient, unless the MRT does not know the name of the member who would be the subject of the report. Keep in mind that the RHPA provides protection to a person who files a report in good faith from actions or other proceedings taken against him or her.

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[27] See subsection 85.3 of the Health Professions Procedural Code. For a list of all provincial health regulatory colleges, consult the Federation of Health Regulatory Colleges of Ontario at http://www.regulatedhealthprofessions.on.ca/.

Self-reporting by MRTs: Professional Negligence and Offences

An MRT must file a written report to the CMRTO if the MRT has had a finding of professional negligence or malpractice made against him or her.[28] These findings are made by a court in a civil proceeding or lawsuit. They often result in an award of damages by the court. The CMRTO is required to post the court's finding of professional negligence or malpractice against the MRT on the public register.

An MRT must file a written report to the CMRTO if the MRT has been found guilty of an offence.[29] A person may be found guilty of an offence if the person breaches a provincial law (e.g. *Healing Arts Radiation Protection Act*) or a federal law (e.g. Criminal Code of Canada). The Registrar will review the report made by the MRT and determine whether to conduct further investigation into the incident, for example, if the offence is related to the practice of medical radiation technology or an MRT's suitability to practise.

An MRT must also self-report to the CMRTO if the MRT:

- has been found guilty of a criminal offence or of any offence related to the regulation of the practice of the profession
- is the subject of a current investigation, inquiry or proceeding for professional misconduct, incompetency or incapacity in relation to the practice of medical radiation technology or any other profession in any jurisdiction
- has a finding of professional misconduct, incompetency or incapacity in relation to the practice of medical radiation technology or any other profession in any jurisdiction

The MRT must self-report in writing to the CMRTO as soon as reasonably practical after the member receives notice of the finding of guilt of a criminal offence or of any offence related to the regulation of medical radiation technology, or finding of professional misconduct, incompetency, incapacity, professional negligence or malpractice.

The report must include the nature and description of the offence or finding, the date of the finding, name and location of the court that made the finding and a notation of any appeal.[30]

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[28] Under section 85.6.2 of the Health Professions Procedural Code

[29] Under section 85.6.1 of the Health Professions Procedural Code

[30] An MRT may use the CMRTO Self-Reporting Form to file any required report

Failing to self-report is a serious matter and may result in a referral to the CMRTO Discipline Committee for a hearing.

Reporting about MRTs: Facility or Employer Reporting Requirements
A report must be sent to the CMRTO by a person who operates a facility or an employer, whenever the person terminates the employment of, or revokes or suspends an MRT for reasons of professional misconduct, incompetence or incapacity. The person also has an obligation to file a report if the MRT resigns to avoid the actions described above.

Personal conduct and character

An applicant to the CMRTO must meet the registration requirements under the registration regulation in order to become registered as an MRT, and to assure the public of Ontario that he or she is qualified and possesses suitable characteristics to practise medical radiation technology safely, effectively and ethically.

The CMRTO registration regulation [31] requires that all applicants' past and present conduct will afford reasonable grounds for the belief the applicant:

- will practise medical radiation technology with decency, honesty and integrity, and in accordance with the law
- does not have any quality or characteristic, including any physical or mental condition or disorder, that could affect his or her ability to practise medical radiation technology in a safe manner
- will display an appropriate professional attitude

These characteristics are often what come to mind when describing a professional.

MRTs, and all professionals, must keep up to date with any changes in legislation, regulations and other laws applicable to the practice of their profession. One way MRTs are able to meet this requirement, is by opening and reading communications from the CMRTO.

This publication highlights some of the ways MRTs are accountable to the public, their patients and the CMRTO. It is not an exhaustive list.

Remember…..CMRTO staff is available by phone or email to assist MRTs in understanding their professional obligations and their accountabilities.

[31] O. Reg 866/93, Registration, made under the MRT Act

Summary of professional accountability for MRTs

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

What MRTs are always required to do:

- ✔ Adhere to the requirements set by legislation, regulations and other applicable laws, such as those governing:
  - Scope of practice
  - Authorized acts
  - Protected titles
  - Orders for diagnostic and therapeutic procedures
  - Consent
  - Professional conduct
  - Prevention of sexual abuse
  - Confidentiality and privacy provisions
- ✔ Adhere to the CMRTO's Standards of Practice
  - Be competent
  - Be accountable
  - Be collaborative
- ✔ Adhere to the CMRTO's Code of Ethics
- ✔ Keep their registration with CMRTO in good standing
- ✔ Ensure the information that the CMRTO has about them is accurate and up to date

What MRTs are required to do each year:

- ✔ Renew their registration with the CMRTO, on time
- ✔ Complete their declaration of conduct, quality assurance declaration and declaration of compliance as part of the registration renewal process
- ✔ Complete the CMRTO QA program, including the QA profile and the self-assessment, and complete and record at least 25 hours of continuing education and professional development activities

What MRTs are required to do when the situation arises:

- ✔ Update the information about them if there is a change in name, business address (for any place of practice), business telephone number (for any place of practice), home address, home telephone number, mailing address, email address or electoral district within seven days of the change
- ✔ Comply with mandatory reporting obligations under the RHPA
  - Sexual Abuse
  - Professional Negligence and Offences
  - Facility or Employer
- ✔ Comply with mandatory reporting obligations to other agencies under other pieces of provincial legislation
- ✔ Keep current with changes in legislation, regulations and other laws applicable to the practice of medical radiation technology by reading communications from CMRTO

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What you must know about...

Professional accountability of MRTs during a work stoppage

Advice to Medical Radiation Technologists

The expectations of the College of Medical Radiation Technologists of Ontario (CMRTO) regarding the responsibilities of individual MRTs are based on the profession's standards of practice and professional misconduct regulations of the CMRTO. These responsibilities focus on the health care needs of your patients. A breach of any of the standards, guidelines, and regulations could leave an MRT vulnerable to a complaint.

CMRTO strongly recommends that every MRT review with his or her manager, supervisor, and if applicable, union representative, the ongoing professional responsibilities which continue in the event of any work stoppage, lawful or unlawful, which may be undertaken at a given workplace.

Expectations of Professional Accountability

CMRTO's expectations of the conduct of MRTs in the event of a work stoppage are based on the profession's standards of practice and the professional misconduct regulations under the Medical Radiation Technology Act.

- Each MRT is accountable to the public and responsible for ensuring that his/her practice and conduct meet legislative requirements and the standards of the profession

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- MRTs have an obligation not to abandon or neglect patients, or put them at risk of harm. The Council of the CMRTO has considered whether a withdrawal of professional services could be considered unprofessional conduct, and has determined that it may be considered to be unprofessional conduct to discontinue professional services unless:
  - The patient requests the discontinuation of professional services
  - Alternative or replacement professional services are arranged
  - The patient is given a reasonable opportunity to arrange for alternative or replacement professional services

- Regulations under the Medical Radiation Technology Act provide that failing to meet the standards of practice of the profession is an act of professional misconduct

- Regulations under the Medical Radiation Technology Act provide that should an MRT engage in conduct or perform an act in the course of practising the profession which, having regard to all of the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional, such conduct or act constitutes professional misconduct

CMRTO's Regulatory Responsibility

The College is required to investigate all formal complaints in which an MRT and the complainant are clearly identified. All formal complaints received by the College are investigated and all information relevant to the complaint is obtained. A decision regarding what action needs to be taken, if any, will be made by the Inquiries, Complaints and Reports Committee based on all the information and consideration of all the circumstances.

CMRTO may also initiate an investigation into an MRT's practice if there are reasonable and probable grounds that an MRT has committed an act of professional misconduct. These investigations are also handled by the Inquiries, Complaints and Reports Committee who have the option to refer a case to the Discipline Committee for a hearing.

Any action CMRTO takes with respect to an MRT's registration is entirely separate and apart from any action initiated by an employer, or a government agency before an administrative tribunal, such as the Labour Relations Board of Ontario, or the Courts.

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professional liability insurance

What you must know about...

Professional liability insurance (PLI), also known as malpractice insurance, provides coverage for MRTs with respect to claims that may arise from the practice of medical radiation technology. Effective March 31, 2014, all practising members of the CMRTO must be covered by professional liability insurance that meets the requirements in the by-laws of the CMRTO.

The CMRTO registration regulation (made under the *Medical Radiation Technology Act*) requires that members maintain professional liability insurance or protection against professional liability in accordance with the requirements set out in the by-laws of the CMRTO.[1]

Requirements for PLI

The CMRTO by-laws specify the requirements for PLI.[2] These requirements are as follows:

- A member engaging in the practice of medical radiation technology must hold, or otherwise be covered by, professional liability insurance that provides the member with coverage for the practice of the profession of medical radiation technology
- The PLI must have, for each insured individual, a minimum amount of $1,000,000 per occurrence
- If the PLI has a deductible, it cannot be greater than $1,000
- The PLI must be provided by an insurer that is licensed under the Financial Services Commission of Ontario
- Within 30 days of any request by the CMRTO Registrar, and at the time(s) determined by the Registrar, a member must provide confirmation of insurance coverage to show that the member's PLI coverage complies with the requirements of the CMRTO by-laws

October 2013

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[1] Paragraph 2 of subsection 3(2) of Ontario Regulation 866/93 made under the *Medical Radiation Technology Act*

[2] By-law No. 43, as amended, comes into force March 31, 2014. It is available at www.cmrto.org

How do the CMRTO by-laws respecting PLI affect me as an MRT?

Most MRTs registered with the CMRTO already hold PLI coverage through their membership in the professional association (Ontario Association of Medical Radiation Sciences and Canadian Association of Medical Radiation Technologists), or through the insurance coverage of their employer, such as a hospital, where the employer's insurance provides professional liability protection for the MRT. Regardless of how the PLI coverage is obtained, practising MRTs are responsible for ensuring that their insurance coverage meets the requirements of the CMRTO by-laws. MRTs who work in multiple practice locations should ensure that they have insurance coverage for all the locations in which they practise the profession of medical radiation technology.

Why is the CMRTO requiring PLI effective March 31, 2014?

The CMRTO has always believed that it is important for MRTs to carry PLI, but the Council had not made it a mandatory requirement for MRTs. In February 2013, the CMRTO received a letter from the Minister of Health and Long-Term Care requiring all Councils that did not already have requirements for their members to have professional liability protection, to put such requirements in place. The Minister's direction was to ensure that professional liability protection would be mandatory in all settings for all practising members of health regulatory colleges in the province.

In the letter, the Minister also explained that this direction was in the place of her requesting that the provisions regarding PLI set out in the *Regulated Health Professions Statute Law Amendment Act, 2009* (which amended the *Regulated Health Professions Act, 1991,* (RHPA)) be proclaimed in force. That provision would have required all members of all health regulatory colleges to carry "personal protection against professional liability".[3] The Minister acknowledged that the requirement to carry personal protection against professional liability may not recognize the full range of professional liability protection options currently in the health care system, including employer coverage.

The Minister also indicated that the government believes that it is in the best interest of patients and health care practitioners that all regulated health professionals practising in the province have professional liability insurance.

[3] See section 13.1 of the Health Professions Procedural Code, Schedule 2 to the RHPA, which has not yet been proclaimed in force.

What does the CMRTO mean by "practising" MRTs?

Effective March 31, 2014, all members of the CMRTO who are practising the profession of medical radiation technology, whether in direct patient care or another role, or whether in a paid or volunteer capacity, must be covered by PLI that meets the above requirements. The CMRTO has published a new document "Guidelines for determining whether MRTs require professional liability insurance" which you can use to assist you in determining whether you are practising the profession and, therefore, require PLI coverage.

Where can I obtain professional liability insurance?

Members are responsible for ensuring that their insurance coverage meets the requirements of the CMRTO by-laws.

The Canadian Association of Medical Radiation Technologists (CAMRT) and the Ontario Association of Medical Radiation Sciences (OAMRS) provide PLI for MRTs as a benefit of membership.

MRTs may also have coverage through their employer. The Healthcare Insurance Reciprocal of Canada (HIROC) provides insurance to the majority of hospitals in Ontario. MRTs who practise in hospitals should ask their employer whether the hospital's insurance provides them with PLI coverage that meets the requirements set out in the CMRTO by-laws. MRTs who practise in independent health facilities (IHFs or "clinics") should ask their employer or the IHF owner whether the clinic has insurance that provides PLI coverage for MRTs and whether that insurance meets the requirements set out in the CMRTO by-laws.

The Ontario Public Service Employees Union (OPSEU) offers additional PLI coverage to its members who are regulated health professionals provided they apply for such coverage.

Practising MRTs may also choose to arrange for PLI themselves through a private insurance provider.

It is not the CMRTO's role nor within its mandate to endorse one insurance provider over another, or to advise individual MRTs about what PLI coverage to obtain.

How do I know if my current professional liability insurance coverage meets the requirements of the CMRTO by-laws?

Practising MRTs will need to ensure that they have PLI coverage that meets the requirements set out in the CMRTO by-laws, in all employment settings.

MRTs who are members of the CAMRT and the OAMRS already hold PLI that currently meets the requirements set out in the CMRTO by-laws.

Otherwise, practising MRTs should ask their employer, union, or private professional liability insurance provider for information related to their PLI coverage.

Will I have to provide evidence of professional liability insurance coverage to the CMRTO?

The CMRTO will be requiring practising members to confirm or certify that they hold PLI in accordance with the requirements set out in the by-laws of the College, at the time of their annual renewal of registration. This will be in the form of additional questions that, after March 31, 2014, members will be required to answer as part of the annual renewal process.

In addition, under the CMRTO by-laws, a member must provide confirmation of insurance coverage, within 30 days of any request by the CMRTO Registrar, to demonstrate that their PLI coverage complies with the requirements of the CMRTO by-laws. This evidence will likely be in the form of a certificate or letter from the member's insurance provider, association, or employer. The CMRTO may request this type of confirmation on an audit basis, or at other specific times.

If you have any additional questions regarding PLI coverage, you may consult the CMRTO website, or you may contact the CMRTO staff at info@cmrto.org.

What you must know about...professional liability insurance is also available on the CMRTO website at www.cmrto.org

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Guidelines for determining whether MRTs require professional liability insurance

Introduction

A member of the CMRTO engaging in the practice of medical radiation technology must hold, or otherwise be covered by, professional liability insurance (PLI) in accordance with the requirements of the CMRTO by-laws. These guidelines outline the factors to consider when determining if you are practising the profession of medical radiation technology and therefore are required to have and maintain PLI.[1]

It is important to note that practising the profession of medical radiation technology is not the same as being employed as a medical radiation technologist (MRT). Even if you do not apply ionizing radiation to patients, are not involved directly in patient services, or volunteer as an MRT, you may still be engaging in the practice of medical radiation technology.

Effective March 31, 2014, if you are a member of the CMRTO practising the profession, you must carry professional liability insurance or protection against professional liability in accordance with the requirements set out in the by-laws of the CMRTO.[2]

If you are not considered to be practising the profession of medical radiation technology[3] but are registered with the CMRTO, you are required to participate in the CMRTO Quality Assurance program.[4]

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[1] These guidelines are designed to assist CMRTO members in determining whether they are practising the profession of medical radiation technology and therefore are required to have and maintain professional liability insurance in accordance with the CMRTO by-laws. These guidelines are not themselves standards of practice. However, they may be used by the CMRTO to assist in determining whether a member of the CMRTO has complied with the requirements set out in the CMRTO by-laws in a particular case. In the event of a conflict between these guidelines and the *Regulated Health Professions Act*, the *Medical Radiation Technology Act*, the regulations made under those Acts and the by-laws of the CMRTO (such Acts, regulations and by-laws together referred to as the 'legislation'), the legislation prevails over the guidelines.

[2] By-law No. 43, as amended, sets out the requirements related to PLI. See also the CMRTO publication "What you must know about….. professional liability insurance"

[3] If you are practising medical radiation technology outside Ontario, you may wish to consider resigning from the CMRTO. See the CMRTO publication "What you must know about….registration" for more information

[4] See the CMRTO publication "CMRTO Quality Assurance Program for Medical Radiation Technologists" for more information on these requirements

Am I practising medical radiation technology?

Complete this checklist to determine if you are practising the profession of medical radiation technology. Check all of the boxes that apply to your current role.

STEP 1:

Check if any statement regarding the profession of medical radiation technology applies to your current role.

Scope of practice

The practice of medical radiation technology is the use of ionizing radiation, electromagnetism and other prescribed forms of energy for the purposes of diagnostic and therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

- ☐ I apply the knowledge, skills and judgement of a medical radiation technologist
- ☐ I support others who apply the knowledge, skills and judgement of a medical radiation technologist
- ☐ I interact with others who expect that I have and use the knowledge, skills and judgement of a medical radiation technologist

Total boxes checked:_____

STEP 2:

Examine your current role against the eight Practice Standards set out in the CMRTO's standards of practice. Check all of the boxes that apply to your current role.

1. Legislation, Standards and Ethics

MRTs must understand, and adhere to, the legislation governing the practice of the profession, the Standards of Practice set by the CMRTO, the Code of Ethics and the by-laws of the CMRTO.

- ☐ I apply the knowledge, skills and judgement that relate to this Practice Standard
- ☐ I support others who apply the knowledge, skills and judgement that relate to this Practice Standard

2. Equipment and materials

MRTs must have the knowledge, skills and judgement to select the appropriate equipment and materials for procedures ordered by a physician or other authorized health professional, to make determinations as to the quality, serviceability and operability of the equipment and materials, and to take any corrective actions required to meet standards set by legislation, facility policies and manufacturers' guidelines. MRTs must be skilled in making safe, efficient and effective use of resources to produce the desired examination information or deliver safe, effective treatment.

☐ I apply the knowledge, skills and judgement that relate to this Practice Standard

☐ I support others who apply the knowledge, skills and judgement that relate to this Practice Standard

3. Diagnostic and Therapeutic Procedures

MRTs must be able to create images and data that are sufficiently accurate and clear for the diagnostic or therapeutic procedures that are ordered by a physician or other authorized health professional, while, in the case of procedures that use ionizing radiation, using only the minimum amount of radiation necessary during the course of the procedure. MRTs must be proficient in evaluating the images, data and tests relating to the procedures to ensure that the images, data and tests are satisfactory.

MRTs must be able to administer ionizing radiation, radiopharmaceuticals and electromagnetism accurately and in accordance with the order of the physician or other authorized health professional for the diagnostic or therapeutic procedure and the applicable legislation. MRTs must not apply or administer ionizing radiation or radiopharmaceuticals unless the conditions under the applicable legislation (including without limitation, the *Healing Arts Radiation Protection Act* and its regulations and the *Nuclear Safety and Control Act*, its regulations and licences issued thereunder) have been met.

Under the *Medical Radiation Technology Act*, MRTs are authorized to perform five controlled acts ("authorized acts") as required in the course of engaging in the practice of the profession. They must not perform the authorized acts or any exempted controlled act unless the conditions under the *Regulated Health Professions Act*, the *Medical Radiation Technology Act* and their respective regulations, and the Standards of Practice have been met.

☐ I apply the knowledge, skills and judgement that relate to this Practice Standard

☐ I support others who apply the knowledge, skills and judgement that relate to this Practice Standard

4. Safe Practice

MRTs must have and maintain the knowledge, skills and judgement to practise safely by adhering to all relevant provincial and federal legislation and guidelines, departmental protocols and policies and manufacturers' directions pertaining to health and safety. In the event of any unexpected problems or emergencies, MRTs must be competent and prepared to handle or to assist in the management of the situation.

☐ I apply the knowledge, skills and judgement that relate to this Practice Standard

☐ I support others who apply the knowledge, skills and judgement that relate to this Practice Standard

5. Relationship with Patients

MRTs must maintain clear and professional boundaries in relationships with patients and treat all patients with dignity and respect. MRTs must have the knowledge, skills and judgement to avoid placing patients at unnecessary risk of harm, pain or distress. MRTs must be able to provide appropriate responses to patient inquiries about procedures and related issues, and accept the patient's autonomy and the right of the patient or the patient's substitute decision maker to consent to or refuse service. MRTs must understand how and act to protect the confidentiality of all professionally acquired information about patients and the privacy of patients with respect to that information, while facilitating the effective delivery of health care.

☐ I apply the knowledge, skills and judgement that relate to this Practice Standard

☐ I support others who apply the knowledge, skills and judgement that relate to this Practice Standard

6. Professional Relationships

MRTs must be able to practise effectively within interprofessional care teams to achieve the best possible outcomes for the patient. MRTs are responsible for communicating about and coordinating care provision with other members of the team, and must be able to take the appropriate action to address gaps and differences in judgement about care provision.

MRTs may accept the delegation of controlled acts under the *Regulated Health Professions Act* not authorized to MRTs under the *Medical Radiation Technology Act*, provided they comply with the *Regulated Health Professions Act* and the Standards of Practice. MRTs cannot delegate to other individuals controlled acts authorized to MRTs under the *Medical Radiation Technology Act*.

☐ I apply the knowledge, skills and judgement that relate to this Practice Standard

☐ I support others who apply the knowledge, skills and judgement that relate to this Practice Standard

7. Records and Reporting

MRTs must be proficient in creating records, charts, incident and other reports that attest to the diagnostic, treatment, quality assurance, workplace and patient safety procedures that have been carried out. MRTs must have the knowledge, skills and judgement to record information that will adequately identify the subjects of all the images and data they create and treatments they administer. MRTs must produce records and reports that are accurate, complete, legible and timely.

☐ I apply the knowledge, skills and judgement that relate to this Practice Standard

☐ I support others who apply the knowledge, skills and judgement that relate to this Practice Standard

8. Continuing Competence

MRTs must have, maintain and apply the necessary knowledge, skills and judgement to ensure safe, effective and ethical outcomes for the patient. MRTs must maintain competence in their current area of practice and must refrain from acting if not competent. MRTs must obtain and maintain the necessary knowledge, skills and judgement to respond to changes in practice environments, advances in technology and other emerging issues. MRTs must participate in the College's Quality Assurance Program as part of maintaining and improving their competence.

☐ I apply the knowledge, skills and judgement that relate to this Practice Standard

☐ I support others who apply the knowledge, skills and judgement that relate to this Practice Standard

Total boxes checked:_____

STEP 3:

Examine your role as it relates to the practice setting and role of MRTs. Check if you are practising in one or more of these settings or providing one or more of these services:

- ☐ a hospital, cancer centre, independent health facility (clinic) or other health service organization, or providing mobile medical radiation technology services
- ☐ a long-term care facility, nursing home, home for the aged, or retirement home
- ☐ physician's office, surgeon's office, chiropractor's office, dentist's office, or chiropodist's office
- ☐ health care education, medical radiation technology education program or research organization
- ☐ medical radiation technology organization (association, regulatory body)

Total boxes checked:_____

Add up all the boxes you checked in each step:

Total boxes checked in: Step 1:_____ **Step 2:**_____ **Step 3:**_____

I have checked one or more boxes in each step:

☐ **YES:**
You are practising the profession of medical radiation technology and, effective March 31, 2014, must carry professional liability insurance in accordance with the CMRTO's by-laws.

☐ **NO:**
You are not practising the profession of medical radiation technology. However, if you are registered with the CMRTO, you are required to participate in the CMRTO Quality Assurance Program.

Note: These guidelines have been adapted from the College of Nurses of Ontario's fact sheet 'Am I Practising Nursing?' The CMRTO acknowledges and thanks the College of Nurses of Ontario for the use of its materials.

College of
Medical Radiation
Technologists of
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Ordre des
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professional misconduct

What you must know about...

Introduction

The *Regulated Health Professions Act* (RHPA) conveys obligations to our profession and ways to determine whether an MRT is guilty of professional wrongdoing. The RHPA also provides a procedure for handling complaints and reports regarding the conduct of an MRT which aims at ensuring that a thorough investigation of a complaint or report is conducted. This process safeguards both MRTs and the individual complainant, whether a member of another health profession or of the public.

A copy of the professional misconduct regulation is available from the College website (www.cmrto.org). This publication explains what you must know about what constitutes "professional misconduct". The penalties for a College member found guilty of professional misconduct are set out in Section 51 of the Health Professions Procedural Code (also available from the College website).

The College has developed procedures for handling accusations of professional misconduct which attempt to ensure that all information is gathered and reviewed but, to the extent possible, remains confidential, that the interests of the public are protected... and, of course, that both the patient and the MRT are treated fairly and with respect.

Updated May, 2009

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What is Considered Professional Misconduct?

In general, professional misconduct occurs through *omission*, the act of failing to do something required by the practice of our profession, or *violation*, doing something which violates the legislation or standards of practice governing our profession. The key documents for determining omission and violation are the Standards of Practice developed by the College and the legislation which governs the profession, including the professional misconduct regulation.

Professional misconduct covers many possible areas of complaint including:

- misconduct
- fraud
- misrepresentation
- sexual and other forms of abuse

Within these four general areas, there are a variety of specific actions which will be treated as professional misconduct and which following an investigation, could result in a discipline proceeding.

Misconduct

The greatest fear of any professional is that he or she may be found guilty of misconduct by peers. Fortunately, accusations that MRTs are guilty of misconduct are uncommon.

Most MRTs will understand misconduct to be "carelessly, negligently or unskillfully using ionizing radiation". But it also includes:

- failure to maintain the standards of practice of the profession
- failure to get consent for treatment from the patient
- practising the profession while the MRT's ability to do so is impaired by any substance

- contravening a federal or provincial law, a municipal bylaw or a bylaw or rule of a hospital if the contravention is relevant to the member's suitability to practise
- failure to co-operate with the College's Quality Assurance Committee or to carry out a requirement or order of the Quality Assurance Committee

Fraud

Specific sections of the College's professional misconduct regulation deal with what "fraud" means in the context of an MRT's practice.

Fraudulent actions can be summarized as:

- falsifying a record related to an MRT's practice
- trying to influence a patient to change his or her will or any other testamentary document
- signing or issuing a document that an MRT knows contains false or misleading statements

Misrepresentation

One of the important gains we have made as MRTs as a result of the RHPA is the clear identification of our professional standing. No one may use the title medical radiation technologist or any abbreviation without being a member of the College. And no one may use the titles "medical radiation technologist – radiography", "medical radiation technologist – radiation therapy" ("medical radiation technologist-radiation therapist"), "medical radiation technologist – nuclear medicine", "medical radiation technologist – magnetic resonance", or their abbreviations - M.R.T.(R.), M.R.T.(T.), M.R.T.(N.), or M.R.T.(M.R.) without holding the corresponding specialty certificate.

The most common class of College certificate is the "specialty" certificate. A "specialty" certificate authorizes you to practise one or more of radiography, radiation therapy, magnetic resonance, and/or nuclear medicine.

It is important to recognize, in addition, that unless you have a certificate for a specific specialty you can not claim to be a practitioner in that professional discipline. For example, if you hold a certificate in radiography you are not allowed to practise radiation therapy or use the applicable designation or title.

Misrepresentation also includes:

- holding out that an MRT has special qualifications not possessed by the MRT
- inappropriately using a term, title or designation in respect to an MRT's practice
- using a name, other than the member's name set out in the College register, in the course of providing services within the scope of practice of the profession

Sexual Abuse

The College has adopted a policy of zero tolerance with respect to sexual abuse of patients. For a full explanation of what zero tolerance means, College members should refer to 'What you must know about... Sexual Abuse' available on the College website.

As a reminder, sexual abuse includes:

- sexual intercourse or other forms of physical sexual relations
- touching of a sexual nature
- behaviours or remarks of a sexual nature

The RHPA makes it mandatory to file a written report with the Registrar of the College with respect to the member who is the subject of the report if you have reasonable grounds, obtained in the course of your practice, to believe that a patient has been sexually abused by any member of our College or any other health regulatory College.

Complaints and Discipline Procedure

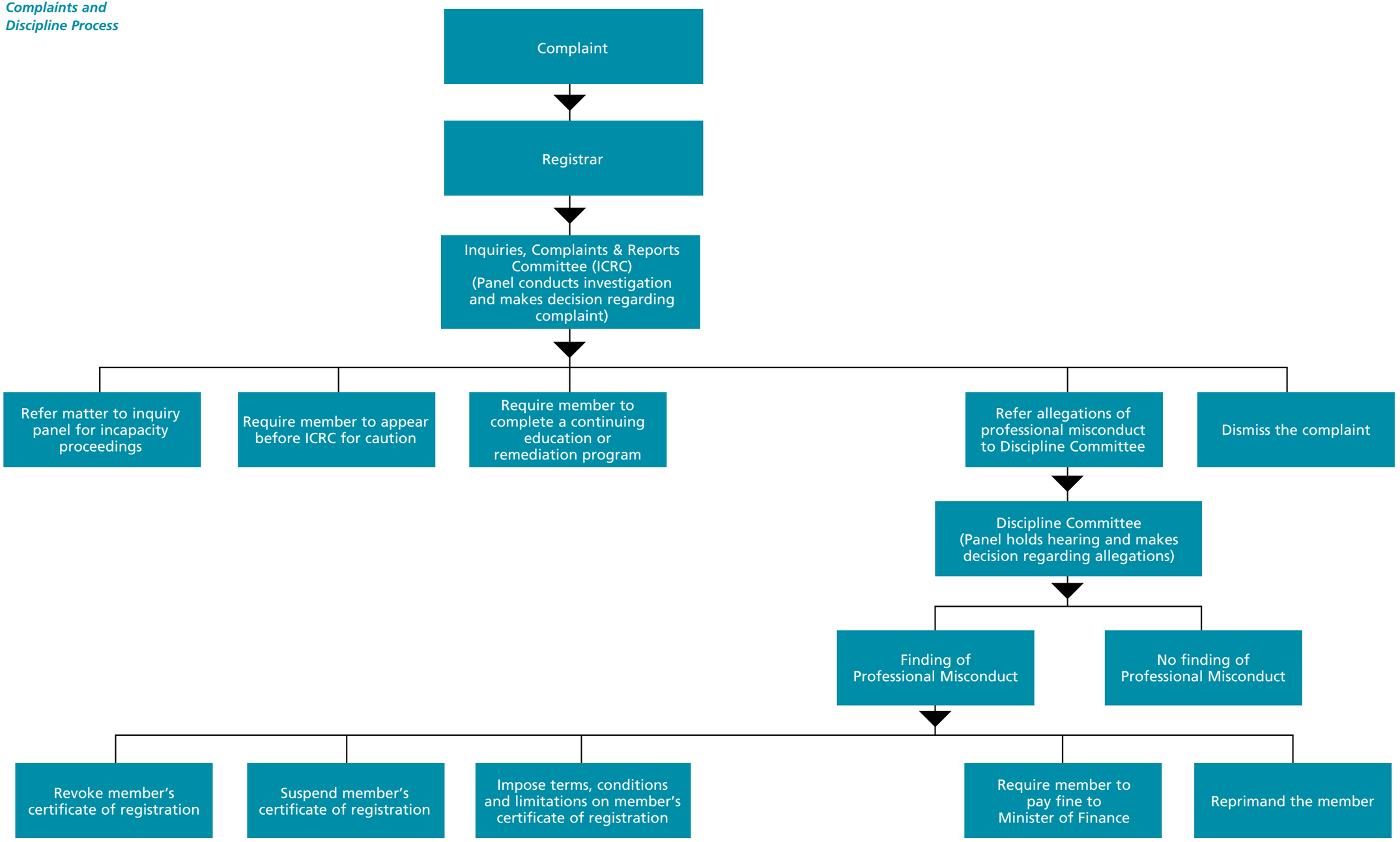
If the Inquiries, Complaints and Reports Committee determines that an accusation of professional misconduct should be referred to the Discipline Committee, a hearing is held before the Discipline Committee. The Discipline Committee is made up of members of the College and members of the public. It sits as an independent tribunal to reach a fair decision based on evidence presented by legal counsel for the College and legal counsel for the member.

The chart on pages 6 and 7 provides a brief description of the investigation, review and discipline process should a complaint be lodged against a member of the College.

The CMRTO's complaints procedure aims to ensure that a thorough and fair investigation of a complaint is conducted.

What You Must Know About.....Professional Misconduct is also available on the College website www.cmrto.org.

Complaints and Discipline Process



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sexual abuse

What you must know about...

Prevention of Sexual Abuse of Patients

There has been considerable public discussion and debate surrounding the responsibilities of health care professionals in preventing and reporting the sexual abuse of patients. Ontario's Regulated Health Professions Act (RHPA) requires that regulated health care professions develop sexual abuse prevention programs.

Consistent with this Act, the College of Medical Radiation Technologists has adopted a philosophy of zero tolerance of sexual abuse of patients.

Zero Tolerance

The philosophy of zero tolerance means that:

- No act of sexual abuse (as defined by the RHPA) is ever acceptable and sexual abuse must never be tolerated.
- The College recognizes the seriousness and extent of injury sexual abuse causes the victim and others related to the victim.
- MRTs should continue to provide professional, supportive behaviours which may include physical contact that is nurturing and helpful, and therefore acceptable to the patient.
- MRTs must accept that broad definitions of sexual abuse capture a diversity of individual and cultural viewpoints.
- If a patient is uncomfortable with words or behaviour used by a technologist, then the technologist must be sensitive to the discomfort and change the words or behaviour.

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Definition of Sexual Abuse

Sexual abuse as defined by the RHPA includes: sexual intercourse or other forms of sexual relations; touching of a sexual nature; behaviour or remarks of a sexual nature.

Problems may arise with the very broad definition of sexual abuse of patients contained in the legislation. Many health care professionals have raised concerns about the exact interpretation of "touching of a sexual nature", or the types of remarks which can be considered "of a sexual nature". It is important to understand, however, that sexual abuse does not include touching, behaviour or remarks of a clinical nature appropriate to the services provided.

Considerable responsibility is placed on health care professionals to communicate effectively by paying attention to the ways in which information is conveyed and words selected when speaking to patients. MRTs must also be active and compassionate listeners and show sensitivity to their patient's concerns and needs. Awareness of cultural and physical barriers which may interfere with clear communication – and respect for these differences – will help MRTs to practise the profession in a responsive and responsible manner.

The College is committed to providing MRTs with information and resources to assist its members in performing their duties responsibly – consistent with the RHPA – and in a manner that reflects the profession's commitment to respecting the personal dignity of every individual who entrusts himself or herself to our care.

Following the principles below will help MRTs to achieve the high standards of integrity and effectiveness that should be part of MRTs' pattern of care for patients:

Communication principles for Medical Radiation Technologists

- Talk before you touch
- Treat each patient as an individual
- Never assume
- Reserve judgement
- Speak directly to the patient
- Maintain confidentiality
- Create a safe environment

Touching principles for Medical Radiation Technologists

- Assume nothing
- Maintain the patient's dignity
- Show respect for the patient
- Respect the patient's space
- Do not hurt the patient
- Touch only where necessary
- Respect cultural diversity
- Get the patient's consent
- Remember patients can change their mind

Mandatory Reporting of Sexual Abuse

The RHPA makes it mandatory to file a written report if you have reasonable grounds, obtained in the course of your practice, to believe that a patient has been sexually abused by any member of our College or any other College. While this has usually been the practice of our profession, the Act clearly defines this as a responsibility for members.

Failure to report sexual abuse of patients when there are reasonable grounds to believe the abuse has occurred is an offence under the Act, and can lead to severe penalties.

Specifically, if an MRT believes a patient has been sexually abused, then he or she must:

- Submit a written report within 30 days to the Registrar of the College representing the profession of the person who is the subject of the report.
- Submit the report immediately if there is reason to believe the abuse will continue, or abuse of other patients will occur.

And keep in mind these basic rules:

- MRTs are required only to report information obtained in the course of practising the profession.
- MRTs must only submit a report if the name of the practitioner who was involved in the alleged abuse is known.
- The patient's name must not be included in the report without his or her written consent.

Remember, too, that the RHPA provides protection to a person who files a report in good faith from actions or other proceedings being taken against him or her.

Penalties for Sexual Abuse

The RHPA defines the penalties for a member who has been found guilty of professional misconduct by sexually abusing a patient.

A panel of the College's Discipline Committee must:

1. Reprimand the member
2. Revoke the member's certificate of registration if the sexual abuse consisted of, or included, any of the following:

   (i) sexual intercourse

(ii) genital to genital, genital to oral, oral to genital, or oral to anal contact

(iii) masturbation of the member by, or in the presence of, the patient

(iv) masturbation of the patient by the member

(v) encouragement of the patient by the member to masturbate in the presence of the member

In addition to the other penalties, a panel of the Discipline Committee may:

1. Revoke the member's certificate of registration
2. Suspend the member's certificate of registration
3. Impose specified terms, conditions and limitations on the member's certificate of registration
4. Require the member to pay a fine of not more than $35,000 to the Minister of Finance
5. Require the member to pay all or part of the College's legal costs and expenses, the College's costs and expenses incurred in investigating the matter and the College's costs and expenses incurred in conducting the hearing
6. Require the member to reimburse the College for funding provided for the patients under the program for therapy and counseling for patients.

Further, an application for reinstatement by a person whose certificate of registration was revoked for sexual abuse of a patient shall not be made earlier than five years after the revocation.

How the College supports its members

Public concerns surrounding this important issue require serious and thoughtful response from Ontario's health care professionals. Among its first steps in supporting its members' responsibilities in this area, the College has developed an introductory instructor's guide for the prevention of sexual abuse of patients for educational programs in medical radiation technology. This College is exploring other programs for further education of the profession in this area, as well as developing supportive policies, procedures, practices and educational programs which support this commitment.

Legislation & Regulations

Legislation and Regulations

Legislation

Medical Radiation and Imaging Technology Act, 2017
https://www.ontario.ca/laws/statute/17m25

Regulations

Regulations made under the *Medical Radiation and Imaging Technology Act, 2017*
https://www.ontario.ca/laws/statute/17m25

- General – Advertising and Quality Assurance (O. Reg. 375/12)
  https://www.ontario.ca/laws/regulation/120375
- Registration (O. Reg. 866/93)
  https://www.ontario.ca/laws/regulation/930866
- Professional Misconduct (O. Reg. 855/93)
  https://www.ontario.ca/laws/regulation/930855
- Prescribed Forms of Energy (O. Reg. 226/03)
  https://www.ontario.ca/laws/regulation/030226

Regulations made under the *Regulated Health Professions Act*
https://www.ontario.ca/laws/statute/91r18

- Controlled Acts (O. Reg. 107/96)
  https://www.ontario.ca/laws/regulation/960107

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