



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 procedure³
- 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 maker⁴
- 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 Practice⁸ 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.cmрто.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 speciality 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 RHPA²¹) 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 behaviour²²

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/hipa/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-laws²⁴

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 Procedural 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.

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

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 regulation³¹ 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

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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