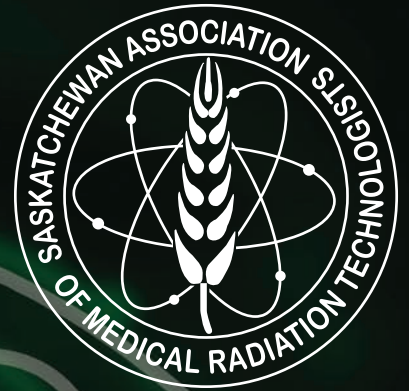


SASKATCHEWAN ASSOCIATION OF MEDICAL RADIATION TECHNOLOGISTS



SCOPE AND STANDARDS OF PRACTICE 2015

SAMRT SCOPE OF PRACTICE & STANDARDS OF PRACTICE

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I. INTRODUCTION

Background

The Saskatchewan Association of Medical Radiation Technologists (SAMRT) is the regulatory body in Saskatchewan for Medical Radiation Technologists, which includes the four disciplines of

- **magnetic resonance technologists,**
- **medical radiation therapists,**
- **medical radiological technologists, and**
- **nuclear medicine technologists.**^{1,2}

The SAMRT regulates its members in accordance with the Medical Radiation Technologists Act, which was enacted in 2006 and proclaimed in force on May 30, 2011.³ Medical Radiation Technologists (MRTs) who practice in Saskatchewan must be registered with the SAMRT, and must also comply with applicable Saskatchewan legislation.⁴

In 2013 the SAMRT recognized the need to develop a Scope of Practice Statement and Standards of Practice (Scope/Standards) that reflect current needs and trends with respect to MRTs' practice in Saskatchewan. The process used to develop the Scope/Standards can be found in Appendix A. The Scope/Standards can be found in the following sections of this document.

¹ SAMRT. (2014). *Who We Are*. Regina: Author. Available at: <http://samrt.org/>

² A glossary of terms used in the Standards is included at the end of this document. Key terms included in the Glossary are identified by **bold italic text** the first time they are used.

³ The SAMRT is requesting that the Act be amended to change its name to the Saskatchewan College of Medical Imaging and Radiation Therapy Technologists.

⁴ Currently, Part V of *The Saskatchewan Employment Act* and *The Radiation Health and Safety Regulations, 2005*.

II. SCOPE OF PRACTICE STATEMENT

Definition and Purpose of the Scope of Practice Statement

A scope of practice statement describes the activities a practitioner is educated, competent and authorized to perform.⁵ For individual practitioners, scope of practice may be influenced by a variety of factors such as experience, continuing education and employment setting.⁶

The general purpose of a scope of practice statement is to describe the important elements for respectful, efficient, effective, safe and ethical **patient**⁷ care. Specifically, regulation of a profession and establishment of scopes of practice are intended to:

- ensure the public is protected from unscrupulous, incompetent and unethical practitioners;
- offer some assurance to the public that the regulated individual is competent to provide care in a safe and effective manner; and
- provide a means by which individuals who fail to comply with the profession's standards can be disciplined, including revocation of their licenses.⁸

A scope of practice statement is not protected and does not prevent others from performing the same activities. It is the entire scope of activities within the practice that makes the profession unique.^{9,10}

SAMRT Scope of Practice Statement

The scope of practice of medical radiation technologists includes, but is not limited to, the use of energy (e.g., electromagnetism, radioactive substances, x-rays and radiation) in the application of diagnostic, evaluative and therapeutic interventions for the delivery of respectful, efficient, effective, safe and ethical patient-centred care.

⁵ Ontario College of Social Workers and Social Service Workers. (2008). *Position Paper on Scopes of Practice*. Toronto: Author. Available at: <http://www.ocswssw.org/professional-practice/code-of-ethics/>

⁶ Saskatchewan Association of Licensed Practical Nurses. (n.d.) *Scope of Practice*. Regina: Author. Available at: <http://www.salpn.com/component/content/article/8-salpn/8-scope-of-practice>

⁷ A glossary of terms used in the Standards is included at the end of this document. Key terms included in the Glossary are identified by **bold italic text** the first time they are used.

⁸ Schmitt, K., & Shimberg, B. (1996). *Demystifying Occupational and Professional Regulation: Answers to Questions You May Have Been Afraid to Ask*. Lexington: Council on Licensure, Enforcement and Regulation.

⁹ College of Nurses of Ontario. (2014). *Legislation and Regulation: RHPA Scope of Practice, Controlled Acts Model*. Toronto: Author. Available at: http://www.cno.org/Global/docs/policy/41052_RHPAscope.pdf

¹⁰ National Council of State Boards of Nursing. (2006). *Changes in Healthcare Professions' Scope of Practice: Legislative Considerations*. Chicago: Author. No longer available online.

III. STANDARDS OF PRACTICE

Definition and Purpose of the Standards of Practice

The **standards**¹¹ of practice represent the expected level of performance for members in the delivery of respectful, efficient, effective, safe and ethical care to patients. These standards are mandatory for all members of the SAMRT across all contexts of practice. Standards of practice have a different relevance/purpose for stakeholders both within and external to the profession as outlined in Table 1.

TABLE 1 PURPOSE/USE OF STANDARDS OF PRACTICE BY KEY STAKEHOLDERS

Stakeholder	Purpose/Use of Standards of Practice
Regulatory Body (SAMRT)	To inform processes to review professional practice and conduct of members.
Educators	To design education programs and practice assessments, in conjunction with entry-to-practice competency statements.
Managers/Employers	To guide the development of job descriptions, roles and performance evaluation.
Other Health Professionals	To learn about roles of those regulated by the SAMRT, this in turn enhances collaborative practice.
Public	To learn about what they can expect when receiving care from members.
Regulated Members (members)	To provide the basis for self-monitoring processes and to inform continued learning needs.

In the event that the Standards of Practice set a standard that is higher than departmental policy or procedure, the MRT must comply with the standard set by the Standards of Practice.

¹¹ A glossary of terms used in the Standards is included at the end of this document. Key terms included in the Glossary are identified by **bold italic text** the first time they are used.

How the Standards of Practice are Organized

The Standards of Practice are organized in four broad areas including
Standard 1 Patient Care,
Standard 2 Accountability/Ethical Practice,
Standard 3 Professional Responsibility, and
Standard 4 Practice Management.

Each broad area includes several standards that are described using the following headings:

- *Standard statement*: the legal and professional expected level of performance by a member.
- **Indicators**: the application of the standards by a member, which can also be used to determine if the standards are being achieved. The indicators are not outlined in order of importance nor are they all-inclusive or a comprehensive list of all applications of a standard. General indicators are applicable to all members while specific indicators apply to one or more of the MRT disciplines.
- *Expected outcomes*: the outcomes **patients** may expect when a member provides care.
- *Resources*: a list of documents that provide additional information related to the standards.

In addition, a glossary of terms used in the Standards is included at the end of the document.

Assumptions

The Standards are based on the assumptions that they:

- Reflect the SAMRT's responsibility of commitment to the public.
- Reflect other College documents to describe and guide practice (e.g., Bylaws, Scope of Practice Statement, Code of Ethics, Competency Profiles, Position Statements).
- Outline mandatory expectations/criteria for professional conduct.
- Are applicable across all contexts of professional practice.

STANDARD AREA 1.0 PATIENT CARE

STANDARD 1.1 PATIENT-CENTRED CARE

Standard

A member of the Saskatchewan Association of Medical Radiation Technologists (SAMRT) incorporates a **patient-centred**¹² approach in the provision of respectful, efficient, effective, safe and ethical care.

Indicators

To demonstrate this Standard the member will:

- a. Consider patients as a whole (e.g., physical and emotional needs, values and cultural background) in the delivery of care.
- b. Educate patients on the proposed procedure(s) including outcomes (e.g., side effects, risks).
- c. Evaluate patients' understanding of proposed procedure(s) and communicate effectively.
- d. Ensure **informed consent** is obtained to proposed procedure(s) prior to initiating procedure(s) *see Standard 2.5).
- e. Assess and monitor patients' responses, adjusting procedure(s) as necessary and appropriate.
- f. Treat all patients with respect and dignity during the provision of care.

Expected Outcomes

Patients can expect that their individual needs and values are incorporated into the delivery of care and appropriate consent is obtained for all procedures.

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.¹³
- CAMRT. (2006). *Competency Profiles*. Ottawa: Author. Available at: <http://www.camrt.ca/certification/graduates-of-canadian-accredited-programs/exam-preparation-resources/>
- Government of Saskatchewan. (2006). *The Medical Radiation Technologists Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/M10-3.pdf>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD 1.2 CLINICAL PROCEDURES

Standard

A member of the SAMRT **competently**, respectfully, efficiently, effectively, safely and ethically provides the clinical procedures related to the discipline that he/she is qualified by education and experience to perform.

¹² A glossary of terms used in the Standards is included at the end of this document. Key terms included in the Glossary are identified by **bold italic text** the first time they are used.

¹³ No longer available online.

Indicators

To demonstrate this Standard the member will:

- a. Have the required knowledge, skills, expertise and **professional** judgment to carry out procedures respectfully, efficiently, effectively, safely and ethically.
- b. Verify procedure information (e.g., patients' identity, requisition/prescription authorization completeness and appropriateness, compliance with legal requirements) and confirm/clarify instructions if there are questions or uncertainty.
- c. Obtain relevant history and assess for contraindications.
- d. Educate the patient on the proposed procedure(s) including outcomes (e.g., side effects, risks).
- e. Select, apply and adjust procedural parameters as required and appropriate.
- f. Use proper equipment and materials to position the patient accurately.
- g. Support patients' comfort and safety throughout the procedure(s) (e.g., transport, transfers, positioning, personal care).
- h. Monitor and assess patients' responses throughout the procedure(s), responding appropriately to any changes that may occur (e.g., physiological/behavioral changes and **adverse events**).
- i. Seek timely assistance from the appropriate health care provider(s) when issues arise outside his/her scope of practice.
- j. Evaluate outputs (e.g., images, data, tests) to confirm accuracy and reliability of procedure(s) and store images in the appropriate format.
- k. Prepare accurate and complete records of the procedure(s) and patients' responses and file, archive and distribute appropriately (see Standard 4.1).
- l. Perform and optimize medical imaging to various body systems.
- m. Apply safety and protection practices including the **as low as reasonably achievable (ALARA)** principle for patients, colleagues and others in accordance with the appropriate safety legislation (see Standard 4.2).

In addition, members in the discipline of **magnetic resonance technology** will:

- n. Perform procedures involving the application of electromagnetism for magnetic resonance technology when the conditions under the Health and Welfare Canada Safety Code 26 have been met (see Standard 4.2).

In addition, members in the discipline of **medical radiation therapy** will:

- o. Follow standard operating procedure(s) for the specified site to be treated.

In addition, members in the discipline of **nuclear medicine technology** will:

- p. Prepare, store and dispense radiopharmaceuticals safely and effectively according to manufacturers' specifications and Canadian Nuclear Safety Commission regulations.

Expected Outcomes

Patients can expect that the member competently delivers clinical procedures in a respectful, efficient, effective, safe and ethical manner.

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- CAMRT. (2006). *Competency Profiles*. Ottawa, Author. Available at: <http://www.camrt.ca/certification/graduates-of-canadian-accredited-programs/exam-preparation-resources/>

- Canadian Nuclear Safety Commission. (1997). *Nuclear Safety and Control Act*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/eng/acts/N-28.3/>
- Canadian Nuclear Safety Commission. (2000). *General Nuclear Safety and Control Regulations*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/PDF/SOR-2000-202.pdf>
- Canadian Nuclear Safety Commission. (2000). *Radiation Protection Regulations*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/PDF/SOR-2000-203.pdf>
- Government of Saskatchewan. (1985). *The Radiation Health and Safety Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Statutes/Repealed/R1-1.pdf>
- Government of Saskatchewan. (2005). *The Radiation Health and Safety Regulations*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/R1-1r2.pdf>
- Government of Saskatchewan. (2006). *The Medical Radiation Technologists Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/M10-3.pdf>
- SAMRT. (2012). *CT Operation Position Statement*. Regina: Author. Available at: <http://samrt.org/>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD 1.3 PROFESSIONAL BOUNDARIES

Standard

A member of the SAMRT maintains clear and appropriate **professional boundaries** with patients, families, **colleagues** and others at all times.

Indicators

To demonstrate this Standard the member will:

- Demonstrate an understanding of the nature of professional relationships and situations when professional boundaries could be compromised.
- Ensure patients are informed regarding all procedures that could be misinterpreted (e.g., removal of clothing, touching).
- Represent him/herself professionally and with integrity at all times (e.g., conduct, appearance, interactions, use of social media).

Expected Outcomes

Patients can expect the member to act sensitively and maintain appropriate professional boundaries at all times.

Resources:

- College of Physical Therapists of Alberta. (2007). *Therapeutic Relationships Establishing and Maintaining Professional Boundaries*. Edmonton: Author. Available at: http://www.physiotherapyalberta.ca/files/resource_guide_therapeutic_relations.pdf
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD 1.4 COMMUNICATION

Standard

A member of the SAMRT effectively communicates in all aspects of patient care.

Indicators

To demonstrate this Standard the member will:

- a. Be sensitive to patients' individual values and needs, adapting communication strategies accordingly.
- b. Ensure effective exchange of information (e.g., use active listening skills, provide opportunity for questioning).
- c. Use appropriate communication methods to obtain relevant, accurate and complete information and ensure patients comprehend proposed procedures (e.g., plain language, use of interpreters when available).
- d. Record all information (e.g., paper, electronic) accurately, clearly, comprehensively and in a timely manner.
- e. Abstain from making false or misleading claims or statements.
- f. Incorporate an effective professional approach to all forms of communication (e.g., listening, speaking, written, electronic, social media).
- g. Ensure effective communication of comprehensive information to colleagues during transfer of care and collaborative practice.
- h. Provide diagnostic/therapeutic impressions to other health care professionals as required to assist in patient care management.

Expected Outcomes

Patients can expect the member to use clear, professional and appropriate communication methods in the delivery of care.

Resources:

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- CAMRT. (2006). *Competency Profiles*. Ottawa: Author. Available at: <http://www.camrt.ca/certification/graduates-of-canadian-accredited-programs/exam-preparation-resources/>
- Canadian Medical Association. (2011). *Social Media and Canadian Physicians: Issues and Rules of Engagement*. Ottawa: Author. Available at: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD12-03.pdf>
- Canadian Public Health Association. (1998). *Easy does it! Plain language and clear verbal communication training manual*. Ottawa: Author. Available at: http://www.cpha.ca/uploads/portals/h-l/easy_does_it_e.pdf
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD AREA 2.0 ACCOUNTABILITY/ETHICAL PRACTICE

STANDARD 2.1 LEGISLATION

Standard

A member of the SAMRT complies with the legislative requirements governing practice.

Indicators

To demonstrate this Standard the member will:

- a. Be a current member of the SAMRT and use the appropriate legislated title.
- b. Adhere to the legislation governing practice (e.g., Medical Radiation Technologists Act, Radiation Health and Safety Regulations, Health Information Protection Act, Canadian Nuclear Safety Commission Regulations).
- c. Comply with the SAMRT regulatory documents including the Code of Ethics, Bylaws, Standards of Practice and Position Statements.
- d. Fulfill required professional obligations (e.g., assumes accountability/responsibility for practice, participates in continuing competency activities, reports abuse or unprofessional behavior to the appropriate authority, maintains practice hours, has the required professional liability insurance).

Expected Outcomes

Patients can expect that the care delivered by the member is in compliance with all applicable legislative requirements.

Resources

- Canadian Nuclear Safety Commission. (1997). *Nuclear Safety and Control Act*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/PDF/N-28.3.pdf>
- Canadian Nuclear Safety Commission. (2000). *General Nuclear Safety and Control Regulations*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/PDF/SOR-2000-202.pdf>
- Canadian Nuclear Safety Commission. (2000). *Radiation Protection Regulations*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/PDF/SOR-2000-203.pdf>
- Government of Saskatchewan. (1999). *The Health Information Protection Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/H0-021.pdf>
- Government of Saskatchewan. (2005). *The Radiation Health and Safety Regulations*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/R1-1r2.pdf>
- Government of Saskatchewan. (2006). *The Medical Radiation Technologists Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/M10-3.pdf>
- SAMRT. (2012). *Position Statements*. Regina: Author. Available at: <http://samrt.org/>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD 2.2 COMPETENCE

Standard

A member of the SAMRT ensures he/she has the required competence (e.g., knowledge, skills, expertise and professional judgment) to provide respectful, efficient, effective, safe, and ethical care. The member engages in lifelong learning to ensure continued competence.

Indicators

To demonstrate this Standard the member will:

- a. Provide only the care he/she has acquired the competence to perform through education and experience.
- b. Fulfill the continuing education and practice hour requirements as outlined in the SAMRT regulations.
- c. Maintain awareness of new and emerging practices, acquiring the necessary competencies to integrate these into practice when appropriate.
- d. Provide care only when he/she is fit to practice (e.g., free from the influence of drugs, other substances or conditions that would impact on safe practice).
- e. Assume responsibility for conduct and professional care provided.
- f. Recognize the limitations of his/her practice and seek advice, education or refer to other health professionals as required.

Expected Outcomes

Patients can expect that the member has the required competence to provide respectful, efficient effective, safe and ethical care.

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- CAMRT. (2006). *Competency Profiles*. Ottawa: Author. Available at: <http://www.camrt.ca/certification/graduates-of-canadian-accredited-programs/exam-preparation-resources/>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD 2.3 PRIVACY/CONFIDENTIALITY

Standard

A member of the SAMRT respects patients' rights to privacy and protects the confidentiality of personal information according to applicable legislation and employers' policies and guidelines.

Indicators

To demonstrate this Standard a member will:

- a. Adhere to the SAMRT Code of Ethics and relevant employer policies and legislation related to privacy and confidentiality of information (e.g., Health Information Protection Act).
- b. Ensure patients' privacy in the practice environment and when providing care.
- c. Ensure the confidentiality of all patient information (written, spoken, paper-based, electronic).
- d. Obtain patients' consent/legal authorization prior to disclosing confidential information.
- e. Restrict the use of information and archival systems (e.g., electronic records) only for the provision of patient care and educational/research purposes.

Expected Outcomes

Patients can expect that their privacy is protected and confidentiality of information is maintained in accordance with relevant legislation.

Resources

- Government of Saskatchewan. (1999). *The Health Information Protection Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/H0-021.pdf>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD 2.4 CONFLICT OF INTEREST

Standard

A member of the SAMRT recognizes and avoids, if possible, situations that could lead to or be perceived as a conflict of interest in the provision of care.

Indicators

To demonstrate this Standard the member will:

- a. Recognize situations that could lead to a real or perceived conflict of interest.
- b. Disclose appropriately situations of potential or real conflict of interest.
- c. When conflict of interest cannot be avoided (e.g., small communities, sole practitioners) document appropriately the issues/situations related to conflict of interest and the efforts to prevent/manage the situation(s).
- d. Act in the best interest of patients in conflict of interest situations.

Expected Outcomes

Patients can expect the member will provide care that is in their best interest and that conflicts of interest are appropriately managed (e.g. avoided, disclosed, or minimized).

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- SAMRT. (2015). *Regulatory Bylaws*. Regina. Author: Available at: <http://samrt.org/>

STANDARD 2.5 CONSENT

Standard

A member of the SAMRT ensures the appropriate informed consent of patients is obtained for proposed care.

Indicators

To demonstrate this Standard the member will:

- a. Explain the proposed procedures including risks, modifying communication as necessary to facilitate patients' understanding.
- b. Ensure informed consent (implied, verbal or written) is obtained prior to initiating procedures.
- c. Respect the right of patients who decide to withdraw from and/or refuse care.
- d. Document patients' informed consent as appropriate.

Expected Outcomes

Patients can expect the member to explain the proposed procedure(s) including risks, obtain their informed consent as appropriate and respect their right to refuse or withdraw from care.

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- Government of Saskatchewan. (1999). *The Health Information Protection Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/H0-021.pdf>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD AREA 3.0 PROFESSIONAL RESPONSIBILITY

STANDARD 3.1 COLLABORATION/PROFESSIONAL RELATIONSHIPS

Standard

A member of the SAMRT works collaboratively with colleagues, other health providers and students in the provision of integrated patient-centred care.

Indicators

To demonstrate this Standard the member will:

- a. Participate as a member of an **interprofessional collaborative** health care team.
- b. Maintain positive, respectful and trusting relationships with colleagues and others.
- c. Respect diverse perspectives, values and opinions.
- d. Contribute to the management of differences and resolution of conflicts.
- e. Consult with and refer to other health providers for patient issues outside his/her professional scope of practice.
- f. Educate others (e.g., patients, families, colleagues, the public) regarding the role, practice and procedures related to medical radiation technology.

Expected Outcomes

Patients can expect the member to collaborate effectively with colleagues and other health care providers in the provision of integrated patient-centred care.

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- CAMRT. (2006). *Competency Profiles*. Ottawa: Author. Available at: <http://www.camrt.ca/certification/graduates-of-canadian-accredited-programs/exam-preparation-resources/>
- Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver: Author. Available at: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD 3.2 KNOWLEDGE-BASED PRACTICE

Standard

A member of the SAMRT incorporates a knowledge-based approach to ensure competence in present and emerging practice areas.

Indicators

To demonstrate this Standard the member will:

- a. Seek out relevant information incorporating new knowledge, skills and best practices into practice.
- b. Use critical thinking and professional judgment in the provision of care.
- c. Advance and participate in the development of new knowledge/research in medical radiation technology as appropriate.

Expected Outcomes

Patients can expect that the care they receive is based on current information and acceptable practices.

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- CAMRT. (2006). *Competency Profiles*. Ottawa: Author. Available at: <http://www.camrt.ca/certification/graduates-of-canadian-accredited-programs/exam-preparation-resources/>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD 3.3 INTERPROFESSIONAL EDUCATION

Standard

A member of the SAMRT participates in activities that promote the education and development of students, colleagues and other health care providers concerning medical radiation technology.

Indicators

To demonstrate this Standard the member will:

- a. Share knowledge with students, colleagues and other health care providers about practices and procedures relating to medical radiation technology.
- b. Support the profession by providing supervision/mentorship to students and colleagues as appropriate.

Expected Outcomes

Patients can expect that the member participates in interprofessional education that contributes to quality care.

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- CAMRT. (2006). *Competency Profiles*. Ottawa: Author. Available at: <http://www.camrt.ca/certification/graduates-of-canadian-accredited-programs/exam-preparation-resources/>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD AREA 4.0 PRACTICE MANAGEMENT

STANDARD 4.1 RECORD KEEPING AND INFORMATION MANAGEMENT

Standard

A member of the SAMRT ensures that all documentation and records are clear, accurate, timely and complete, and in compliance with relevant legislation and applicable standards and policies.

Indicators

To demonstrate this Standard the member will:

- a. Conform to applicable legislation and employers' policies and guidelines regarding documentation and record keeping.
- b. Document accurate and complete records related to professional services in a timely manner (e.g., patient care, equipment, workplace environment).
- c. Adhere to established processes to protect the privacy and confidentiality of patients' personal and health information during storage and transfer of records.
- d. Utilize patient information and data systems according to applicable legislation and employers' policies and guidelines (e.g., electronic health record systems).
- e. Ensure that all documentation adheres to high standards of professionalism (e.g., paper, electronic, social media).

Expected Outcomes

Patients can expect that the member maintains accurate and complete records and adheres to processes that protect the privacy and confidentiality of personal health information.

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- CAMRT. (2006). *Competency Profiles*. Ottawa: Author. Available at: <http://www.camrt.ca/certification/graduates-of-canadian-accredited-programs/exam-preparation-resources/>
- Government of Saskatchewan. (1990). *The Freedom of Information and Protection of Privacy Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/F22-01.pdf>
- Government of Saskatchewan. (1990). *The Local Authority Freedom of Information and Protection of Privacy Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/L27-1.pdf>
- Government of Saskatchewan. (1999). *The Health Information Protection Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/H0-021.pdf>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

STANDARD 4.2 SAFETY/QUALITY IMPROVEMENT/RISK MANAGEMENT

Standard

A member of the SAMRT ensures a safe work environment for patients, him/herself, colleagues and others, and participates in **quality improvement/risk management** practices.

Indicators

To demonstrate this Standard the member will:

- a. Ensure the practice setting is safe and potential risk of harm to patients, colleagues and others is prevented or minimized (e.g., radiation safety, patient **ancillary devices**).
- b. Screen patients for any contraindications to the procedure(s) and adjust appropriately.
- c. Recognize and respond appropriately to adverse events/emergency situations (e.g., cardiac arrest, adverse reactions to medications and/or procedures) and document accordingly.
- d. Comply with applicable occupational health and workplace safety legislation and employers' and manufacturers' policies and guidelines.
- e. Comply with applicable legislation, employers' and manufacturers' policies and guidelines related to the storage, handling, transport and disposal of materials.
- f. Comply with standards related to infection prevention and control including employer policies, occupational health and safety legislation, professional standards and any additional provincial standards.
- g. Adhere to reporting procedures related to the identification and occurrence of incidents involving workplace safety.
- h. Participate in quality improvement and risk management activities in accordance with employer policies.
- i. Adhere to the *as low as reasonably achievable* (ALARA) principles in accordance with the appropriate safety legislation.

In addition, members in the discipline of **magnetic resonance technology** will:

- j. Screen patients and personnel prior to implementing diagnostic procedures and adapt as needed.
- k. Ensure the appropriate magnetic resonance technology safety measures (e.g., signage, hearing protection, restricted access) are in place to inform and protect patients, him/herself, colleagues and others who may be present during the procedures.
- l. Ensure that all equipment in the clinical procedure room, including ancillary equipment, is compatible and utilized according to manufacturer's safety directions.

In addition, members in the discipline of **medical radiation therapy** will:

- m. Ensure radiation safety/protection according to standards and guidelines including federal, provincial and employer (e.g., Canadian Nuclear Safety Commission Regulations, Provincial Radiation Health and Safety Act and Regulations).^{14,15}

¹⁴ Canadian Nuclear Safety Commission. (2000). *Radiation Protection Regulations*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/PDF/SOR-2000-203.pdf>

¹⁵ Government of Saskatchewan. (2005). *The Radiation Health and Safety Regulations*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/R1-1r2.pdf>

In addition, members in the discipline of **medical radiological technology** will:

- n. Ensure radiation safety/protection according to standards and guidelines including federal, provincial and employer (e.g., Provincial Radiation Health and Safety Act and Regulations).^{16,17}

In addition, members in the discipline of **nuclear medicine technology** will:

- o. Ensure radiation safety/protection according to standards and guidelines including federal, provincial and employer (e.g., Canadian Nuclear Safety Commission, Provincial Radiation Health and Safety Act and Regulations).^{18,19}
- p. Screen patients prior to implementing diagnostic procedures and adapt as needed.

Expected Outcomes

Patients can expect that the care they receive is delivered safely and that processes are in place to manage risks and adverse events.

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- CAMRT. (2006). *Competency Profiles*. Ottawa: Author. Available at: <http://www.camrt.ca/certification/graduates-of-canadian-accredited-programs/exam-preparation-resources/>
- Canadian Nuclear Safety Commission. (1997). *Nuclear Safety and Control Act*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/PDF/N-28.3.pdf>
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- Canadian Nuclear Safety Commission. (2000). *Radiation Protection Regulations*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/PDF/SOR-2000-203.pdf>
- Canadian Patient Safety Institute. (2009). *Safety Competencies: Enhancing Patient Safety Across the Health Professions*. Ottawa: Author. Available at: www.patientsafetyinstitute.ca/English/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf
- Government of Saskatchewan. (1985). *The Radiation Health and Safety Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Statutes/Repealed/R1-1.pdf>
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- Government of Saskatchewan. (2005). *The Radiation Health and Safety Regulations*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/R1-1r2.pdf>
- Government of Saskatchewan. (2006). *The Medical Radiation Technologists Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/M10-3.pdf>

¹⁶ Government of Saskatchewan. (1985). *The Radiation Health and Safety Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Statutes/Repealed/R1-1.pdf>

¹⁷ Government of Saskatchewan. (1985). *The Radiation Health and Safety Act*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Statutes/Repealed/R1-1.pdf>

¹⁸ Canadian Nuclear Safety Commission. (2000). *General Nuclear Safety and Control Regulations*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/PDF/SOR-2000-202.pdf>

¹⁹ Government of Saskatchewan. (2005). *The Radiation Health and Safety Regulations*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/R1-1r2.pdf>

- Government of Saskatchewan. (2014). *Workplace Hazardous Materials Information System (WHMIS)*. Regina: Author. Available at: <http://www.saskatchewan.ca/work/safety-in-the-workplace/safety-standards-and-alerts/workplace-hazardous-materials-information-system>
- Health Canada. (2008). *Safety Code 35: Radiation Protection in Radiology – Large Facilities*. Ottawa: Author. Available at: <http://www.dap.org/CmsFiles/File/Safety%20Code%20HC35/Health%20Canada%20Safety%20Code%2035.pdf>
- Health and Welfare Canada. (1987). *Safety Code 26: Guidelines on Exposure to Electromagnetic Fields from Magnetic Resonance Clinical Systems*. Ottawa, Author. Available at: http://www.hc-sc.gc.ca/ewh-semt/alt_formats/hecs-sesc/pdf/pubs/radiation/87ehd-dhm127/87ehd-dhm127-eng.pdf
- SAMRT. (2012). *CT Operation Position Statement*. Regina: Author. Available at: <http://samrt.org/>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>
- Transport Canada. (1990). *Transport and Packaging of Radioactive Materials Regulations – Dangerous Goods Regulations*. Ottawa: Author. Available at <http://www.tc.gc.ca/eng/tdg/safety-menu.htm>

STANDARD 4.3 EQUIPMENT AND MATERIALS MANAGEMENT

Standard

A member of the SAMRT ensures the safe handling of equipment and materials.

Indicators

To demonstrate this Standard a member will:

- Have the necessary competence for the safe operation of equipment and utilization of materials.
- Ensure the equipment used for clinical procedures is functioning appropriately.
- Participate in quality control (QC) processes related to the operation and maintenance of equipment to ensure compliance with safety and operational standards in accordance with applicable legislation, and employers' and manufacturers' policies and guidelines.
- Operate equipment in accordance with applicable legislation, and employers' and manufacturers' policies and guidelines.
- Monitor equipment outputs (e.g., images, recordings) to ensure appropriate performance.
- Document activities associated with the operation of equipment in accordance with applicable legislation, and employers' and manufacturers' policies and guidelines.
- Use all materials in accordance with applicable legislation, employers' and manufacturers' policies and guidelines.

In addition, members in the discipline of **magnetic resonance technology** will:

- Practice in accordance with safety considerations associated with the utilization and interactions of radiofrequencies, static magnetic fields, gradient magnetic fields and imaging coils.

In addition, members in the discipline of **nuclear medicine technology and medical radiation therapy** will:

- i. Ensure operation of equipment and management of materials complies with relevant federal, provincial and employer standards and guidelines (e.g., Canadian Nuclear Safety Commission, Provincial Radiation Health and Safety Act and Regulations).^{20,21}

Expected Outcomes

Patients can expect that the member has the knowledge, skills and training to ensure that equipment and materials used in clinical procedures meet safety and legislative standards.

Resources

- CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.
- CAMRT. (2006). *Competency Profiles*. Ottawa: Author. Available at: <http://www.camrt.ca/certification/graduates-of-canadian-accredited-programs/exam-preparation-resources/>
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- SAMRT. (2012). *CT Operation Position Statement*. Regina: Author. Available at: <http://samrt.org/>
- SAMRT. (2015). *Regulatory Bylaws*. Regina: Author. Available at: <http://samrt.org/>

²⁰ Canadian Nuclear Safety Commission. (2000). *Radiation Protection Regulations*. Ottawa: Minister of Justice. Available at: <http://laws-lois.justice.gc.ca/PDF/SOR-2000-203.pdf>

²¹ Government of Saskatchewan. (2005). *The Radiation Health and Safety Regulations*. Regina: The Queen's Printer. Available at: <http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/R1-1r2.pdf>

IV. GLOSSARY

Adverse event refers to “an event that results in unintended harm to the patient, and is related to the care and/or services provided to the patient rather than to the patient’s underlying medical condition”.²²

Ancillary devices refer to devices which “provide necessary support to the primary activities or operation”.²³

As low as reasonable achievable (ALARA) refers to “making every reasonable effort to maintain exposures to ionizing radiation as far below the dose limits as practical, consistent with the purpose for which the licensed activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed materials in the public interest”.²⁴

Colleague refers to other MRTs, individuals working in the same organization and other health professionals that the MRT associates with in carrying out professional care.²⁵

Competence/competently refers to an individual having “the necessary knowledge, skills and judgment to perform safely, effectively and ethically and to apply that knowledge, skill and judgment to ensure safe, effective and ethical outcomes for the patient”.²⁶

Indicators refer to “an illustration of how a standard can be applied in a specific dimension of practice”.²⁷

Informed consent refers to obtaining the permission from a patient “based on reasonable disclosure of the facts, risks and alternatives, to use identified intervention procedures”.²⁸ Informed consent may be expressed verbally, in writing or implied. **Implied consent** refers to consent inferred from the patient’s or alternate decision maker’s (if applicable) actions and surrounding circumstances.²⁹

Interprofessional collaboration/collaborative “is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making and partnerships”.³⁰

²² Canadian Patient Safety Institute. (2009). *The Safety Competencies: Enhancing Patient Safety Across the Health Professions*. Ottawa: Author. Available at: <http://www.patientsafetyinstitute.ca/English/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf>

²³ Oxford Dictionaries. (2013). Author. Available at: http://www.oxforddictionaries.com/us/definition/american_english/ancillary

²⁴ United States Nuclear Regulatory Commission. (2015). *Title 10, Section 20.1003, of the Code of Federal Regulations*. Author. Available at: <http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/part020-1003.html>

²⁵ Adapted from Saskatchewan Association of Social Workers. (2012). *Standards of Practice for Registered Social Workers in Saskatchewan*. Regina: Author. Available at: <http://sasw.in1touch.org/uploaded/web/policies/Standards-of-Practice-February-9-2012.pdf>

²⁶ CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.

²⁷ CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.

²⁸ Saskatchewan Association of Social Workers. (2012). *Standards of Practice for Registered Social Workers in Saskatchewan*. Regina: Author. Available at: <http://sasw.in1touch.org/uploaded/web/policies/Standards-of-Practice-February-9-2012.pdf>

²⁹ Alberta Health Services Consent to Treatment Procedure. Edmonton: Author. Available at <http://www.albertahealthservices.ca/3064.asp>.

³⁰ Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver: Author. Available at: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf.

Magnetic resonance technologists “produce diagnostic images using equipment that generates radio waves and a strong magnetic field. They apply their extensive knowledge of anatomy, pathology and physiology as well as their patient care skills to obtain the necessary images and monitor patients during scans”.³¹

Medical radiation therapists “are responsible for accurately planning and administering the radiation treatment for cancer patients using radiation treatment units...Therapists offer ongoing care and support to patients and their families during the course of treatment”.³²

Medical radiological technologists “produce images of body parts and systems by performing exams in general x-ray, CT, breast imaging, and operating room procedures. They are highly trained in the use of complex medical equipment which is used to better differentiate between normal and diseased tissue, while at the same time providing comprehensive compassionate care to each patient”.³³

Nuclear medicine technologists “have technical expertise in the use of radiopharmaceuticals and radiation physics, which allows them to perform diagnostic imaging procedures through SPECT and PET imaging. They acquire images of various body systems which aid in identifying normal and diseased tissue, and they keep patients safe by ensuring proper radiation handling and protection techniques are followed”.³⁴

Patient can refer to an individual, family, legal guardian, substitute decision-maker, community or organization that is the recipient of care.³⁵

Patient-centred is an approach in which the health care provider values and respects partnerships with those receiving their care.³⁶

Professional (ism) refers to “relating to a job that requires special education, training or skill.” Professions are “characterized by or conforming to the technical or ethical standards of a profession and exhibiting a courteous, conscientious, and generally businesslike manner in the workplace”.³⁷

³¹ SAMRT. (2014). *Who We Are*. Regina: Author. Available at: <http://samrt.org/>

³² SAMRT. (2014). *Who We Are*. Regina: Author. Available at: <http://samrt.org/>

³³ SAMRT. (2014). *Who We Are*. Regina: Author. Available at: <http://samrt.org/>

³⁴ SAMRT. (2014). *Who We Are*. Regina: Author. Available at: <http://samrt.org/>

³⁵ Adapted from: Saskatchewan Association of Social Workers. (2012). *Standards of Practice for Registered Social Workers in Saskatchewan*. Regina: Author. Available at: <http://sasw.in1touch.org/uploaded/web/policies/Standards-of-Practice-February-9-2012.pdf>

³⁶ Adapted from: Physiotherapy Alberta College and Association. (2012). *Standards of Practice for Alberta Physiotherapists*. Edmonton: Author. http://www.physiotherapyalberta.ca/physiotherapists/what_you_need_to_know_to_practice_in_alberta/standards_of_practice

³⁷ Merriam-Webster Dictionary. (2014). Author. Available at: <http://www.merriam-webster.com/dictionary/professional>

Professional boundaries set the limitations around relationships between patients and health care providers to ensure the delivery of safe, ethical patient-centred care. Professional boundaries are characterized by respectful, trusting and ethical interactions with patients that are free of abuse, sexual and/or romantic encounters. “Healthy boundaries function to empower ... giving clients a legitimate sense of control, thus facilitating the process of healing”.³⁸

Quality improvement refers to “the combined and unceasing efforts ... to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development”.³⁹

Regulated members (members) are individuals holding membership/license with the SAMRT.⁴⁰

Risk management refers to the “identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events”.⁴¹

A **standard** refers to “an authoritative statement that sets out the legal and professional basis of medical radiation technology practice”.⁴²

³⁸ College of Physical Therapists of Alberta. (2007). *Therapeutic Relationships Establishing and Maintaining Professional Boundaries*. Edmonton: Author. Available at: http://www.physiotherapyalberta.ca/files/resource_guide_therapeutic_relations.pdf

³⁹ Batalden, P.B. and Davidoff, F. (2007). *What is Quality Improvement and How Can it transform Healthcare?* BMJ Quality and Safety, 16: 2-3. Available at: <http://qualitysafety.bmj.com/content/16/1/2.full>

⁴⁰ SAMRT. (2014). *Types of Membership*. Regina: Author. Available at: <http://samrt.org/>

⁴¹ Hubbard, D. (2009). *The Failure of Risk Management: Why it is broken and how to fix it*. John Wiley & Sons. P. 46.

⁴² CAMRT. (n.d.). *Standards of Practice*. Ottawa: Author.

APPENDIX A. HOW THE SCOPE AND STANDARDS OF PRACTICE WERE DEVELOPED

In 2013 the SAMRT recognized the need to develop a Scope of Practice Statement and Standards of Practice that reflect current needs and trends with respect to MRTs' practice in Saskatchewan. Over an 18 month period the Scope/Standards of Practice were developed using the following steps:

1. Review of the literature related to the development of scopes/standards of practice and available information about scope/standards of practice within the profession and for comparable organizations within Saskatchewan;
2. Development of a Background Document to summarize the literature/document review and to inform development of the SAMRT Scope/Standards of Practice, including a proposed framework for the Standards of Practice;
3. Development of Draft 1 of the Scope/Standards of Practice;
4. Facilitation of a face-to-face meeting with the Standards of Practice Review Advisory Committee to review Draft 1 of the Scope/Standards of Practice and develop Draft 2 of the documents;
5. Validation of Draft 2 of the Scope/Standards of Practice using an electronic survey to consult with SAMRT members; and
6. Development of the final Scope/Standards of Practice and Report.



SASKATCHEWAN ASSOCIATION OF MEDICAL RADIATION TECHNOLOGISTS

Suite #202 - 1900 Albert Street
Regina, SK S4P 4K8
P: 306.525.9678 • F: 306.525.9680
E: info@samrt.org • W: www.samrt.org