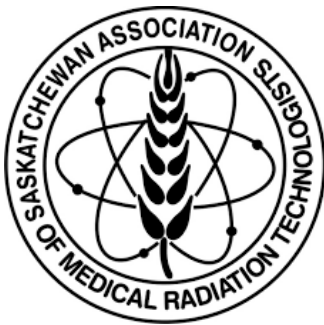


# The Saskatchewan Association of Medical Radiation Technologists (SAMRT)

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## ORIENTATION PACKAGE FOR COMMITTEE MEMBERS

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## Chapter: 1

### Organization/About Us

#### 1.1. About SAMRT

The Saskatchewan Association of Medical Radiation Technologists (SAMRT) is mandated through *The Saskatchewan Association of Medical Radiation Technologists Act, 2006* to regulate the profession of Medical Radiation Technologists practicing in Saskatchewan. As a college, we are given the authority by the provincial government to regulate and govern the professional practice of each of our members to serve and protect the public.

#### 1.2. Mandate

In accordance with *The Saskatchewan Association of Medical Radiation Technologists Act, 2006*, it is the duty of the Association to serve and protect the public, and to exercise its powers and discharge its responsibilities in the public interest and not in the interest of the members.

The Saskatchewan Association of Medical Radiation Technologists regulates members from the following four disciplines:

- Nuclear Medicine Technology
- Medical Radiological Technology
- Medical Radiation Therapy
- Magnetic Resonance Technology

#### 1.3. Our Mission

To protect the public through regulation of medical radiation technology in the province of Saskatchewan.

#### 1.4. Our Vision

To ensure public safety through regulating the practice of all medical imaging and radiation therapy in the province of Saskatchewan.

#### 1.5. Core-Values

Our core-values are: Integrity, Transparency, Professionalism, Collaboration, and Accountability.

#### 1.6. Self-regulation and why it is important

The name of the SAMRT does not include the word “College” however, it is a performing self-regulatory body and is indeed a “College.” Professional self-regulation is a regulatory model which enables government to have some control over the practice of a profession and the services provided by its members. Self-regulation is based on the concept of an occupational group entering into an agreement

with government to formally regulate the activities of its members. The agreement typically takes the form of the government granting self-regulatory status. This is done through a piece of legislation which provides a framework for the regulation of a specified profession and identifies the extent of the legal authority that has been delegated to the profession's regulatory body"<sup>1</sup>.

## 1.7. 2020-2022 Goals and Objectives

The 2020- 2022 goals and objectives of SAMRT can be grouped into four themes.

- **Public Protection:** The college is committed to public safety through regulation, accessibility, information, transparency, and safe practices.
- **Community Engagement:** Engaging the public, members and government through collaboration, education, and contribution.
- **Professional Practice:** The college will ensure members meet practice standards in the provision of health care services.
- **Capacity of College:** The college will establish systems and content that are efficient and effective.

## 1.8. Annual General and/or any special meetings

The *Saskatchewan Association of Medical Radiation Technologists Act, 2006* establish that the Association annual meeting shall be held in each calendar year at a time and place in Saskatchewan determined by the Association at the previous annual meeting, or, if no such determination is made, at a time and place determined by council. Council may call for a special meeting of the college.

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<sup>1</sup> College of Respiratory Therapists of Ontario (CRTO) 1993 - Nov 2000

## Chapter: 2

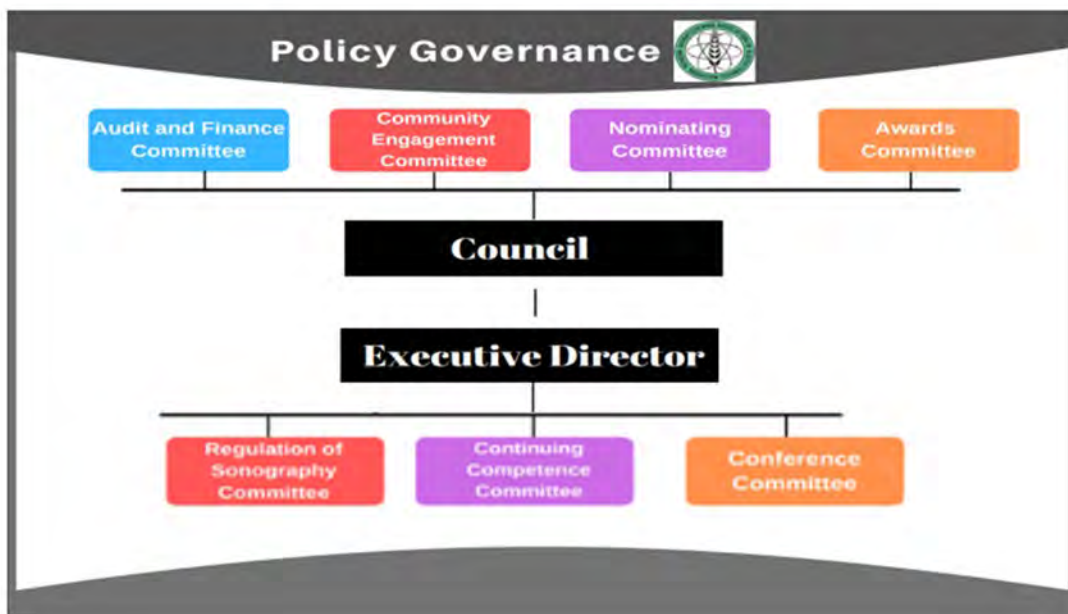
### SAMRT Council

#### 2.1. SAMRT Council Members

The SAMRT Council is made up of 3 government appointed representatives, and 8 elected MRT members. Council members serve a three-year term, effective January 1.

- President
- Vice-President
- Past President
- Five-member at large positions
- Three appointed public representatives

#### 2.2. Organizational Structure



#### 2.3. Role of Council Members

The council members are accountable for the overall governance of the College, which includes:

- Acting as one, in the best interests of the public.
- Defining strategic direction for the college.
- Overseeing fiscal management of the college.
- Appointment of the executive director of the college.
- Avoiding conflict of interest.
- Respecting confidentiality.

## Chapter: 3

### SAMRT Committees

#### 3.1. SAMRT Committees

The business of SAMRT is conducted by Committees which have members drawn from practitioners and Public Representatives across the province. *The Medical Radiation Technologists Act, 2006* and the Regulatory and Administrative Bylaws set out the Committee structure of the College and the composition and key responsibilities of the various committees.

##### 3.1.1 Legislated Committee:

The Act requires the College to have both Professional Conduct and Disciplinary Committees to ensure the SAMRT can conduct due diligence and provide fair hearing to members in the investigation (the Professional Conduct Committee) and response (the Disciplinary Committee) to complaints of professional misconduct. The council establishes the legislated committees and appoint persons to these committees.

##### 3.1.1.1 Professional Conduct Committee:

The Professional Conduct Committee (PCC) is a statutory committee established by *The Medical Radiation Technologists Act, 2006* and is responsible for reviewing, investigating and reporting on complaints or concerns received by the SAMRT regarding the conduct or competence of members. The SAMRT takes all complaints seriously and manages each through an objective and confidential process to ensure fairness to all involved.

Once its investigation is completed, the PCC must make a written report to the Discipline Committee recommending either that a hearing be held or that no further action be taken because the matter has been resolved with the consent of the complainant and the member (through an Alternative Dispute Resolution Agreement) or has been dismissed because the facts do not support a formal complaint. A report signed by a majority of the professional conduct committee is the decision of that committee.

**Term and method of appointment:** The term of office for members of the Professional Conduct Committee is three years and may be renewed. The professional conduct committee is established consisting of at least three persons appointed by the council, the majority of whom are to be practicing members. The Council shall designate the chairperson of the Professional Conduct Committee. No member of the council or member of the discipline committee is eligible to be a member of the professional conduct committee (SAMRT Policy Manual, 2016).

**Meetings and Conduct of business:** The professional conduct committee can prosecute or direct the prosecution of the formal complaint and may retain legal counsel to act on its behalf, but its members cannot participate in any other manner in the hearing of the formal complaint except as witnesses when required (SAMRT Policy Manual, 2016).

**Receiving an Investigation Report:** On receiving an investigation report, the PCC

- Reviews the investigation report and determine whether to refer the matter back for further investigation or, if the investigation is complete.
- Dismiss the matter, if the PCC is of the view that no discipline offence has been committed.
- Propose an Alternate Dispute Resolution Agreement (ADR), if the complainant and the member will agree.
- Refer the matter to the Discipline Committee for a hearing where agreement cannot be obtained (SAMRT Policy Manual, 2016).

**Initiation of Investigation:** The PCC can decide to appoint one or more of its members to do the actual work, or to hire an outside investigator (SAMRT Policy Manual, 2016).

**Steps in Investigation:** The PCC takes the following steps in investigating:

- Develop an investigation plan based on the complaint and the response if any, received from the respondent member. The plan should include an examination of all relevant documentation, including the Act, bylaws and policies, the Professional Code of Conduct, and any standards or guidelines for practice from the Association or the employer.
- Develop interview questions and a schedule for interviews, including the complainant and the respondent.
- Take statements from the complainant, respondent and any witnesses, beginning with the complainant. When conducting interviews, notes should be taken and should be provided to the interviewee to ensure the accuracy of the statement.
- All relevant information should be collected either through interviews or review of relevant documentation.
- Where necessary, the Committee can summon the respondent to appear before the Committee.
- A detailed written investigation report should be prepared as to whether the allegations have been supported by the evidence found through the investigation. The report may not include personal opinions of the investigators.

**Accountability and Reporting:** Pursuant to *SAMRT Policy Manual*, the chair of the PCC will prepare a written report of the Committee's decision, to be signed by a majority of the members of the PCC, and will forward the report to the Discipline Committee recommending that:

- the Discipline Committee hear and determine the formal complaint alleging professional incompetence or professional misconduct as set out in the written report; or
- no further action be taken with respect to the matter because the complaint is dismissed or is the subject of a Consensual Complaint Resolution Agreement.

Where the PCC's report to the Discipline Committee recommends no further action, a copy of the written report shall be provided to the complainant, the MRT, and the Executive Director/Registrar for presentation to Council. The PCC also files a report annually which provides a summary of the number of complaints received and investigated.



### 3.1.1.2 Discipline Committee:

The Discipline Committee is a statutory committee established by *The Medical Radiation Technologists Act, 2006* (the Act). It is the duty of the SAMRT to serve and protect the public. The Act and Regulatory Bylaws set out the SAMRT's responsibilities to regulate and discipline members, and all SAMRT activities must meet the duty of fairness and of due process.

The committee is responsible for holding hearings of formal complaints of professional misconduct or professional incompetence that are referred to it by the Professional Conduct Committee. Discipline hearings and reports are posted on the SAMRT website and are available to the public to review.

**Term and method of appointment:** The discipline committee is established consisting of at least three persons appointed by the council, the majority of whom are to be practicing members and one of whom is a member of the council. No member of the professional conduct committee and no elected member of the council is eligible to be a member of the discipline committee. Subject to the Act and the bylaws, the discipline committee may make rules regulating its business and proceedings.

**Conduct of business:** The discipline committee hears formal complaints and determines whether or not the member is guilty of professional misconduct or professional incompetence. The discipline committee may accept any evidence that it considers appropriate and is not bound by rules of law concerning evidence. Also, the discipline committee may employ, at the expense of the association, any legal or other assistance that it considers necessary, and the member whose conduct is the subject of the hearing, at his or her own expense, may be represented by counsel.

At a hearing by the discipline committee, there is right to examine, cross-examine and re-examine all witnesses; and to present evidence in defense and reply.

**Public Hearings:** Discipline hearings are open to the public unless the Discipline Committee decides that members of the public and/or the complainant should be excluded so as not to unduly violate the privacy of a person other than the member whose conduct is the subject of the hearing.

The Discipline Committee can decide:

- To dismiss the complaint;
- To issue a disciplinary letter or a letter of guidance to the member;
- To place terms or conditions on the license of the member;
- To suspend the member from practice with or without conditions;
- To revoke the member's license.

**Accountability and Reporting:** The Chair of the Discipline Committee will ensure that disciplinary proceedings are organized and conducted in a manner that ensures due process and that the rules of natural justice are followed. The Discipline Committee shall produce a written report of the hearing, as expeditiously as justice will allow, including the decision reached, the reasons for the decision and the resulting orders of the committee.

The order of the Discipline Committee will be posted on the College website, so it is publicly available. If an order is made that affects the respondent member's license and ability to practice, the order will be recorded in the member's file and on the College's register. Depending on the nature of the order, the respondent member's license may be amended to show the conditions, or the license may have to be surrendered to the College.

### 3.1.2 Standing Committees:

The Administrative Bylaws establish four council committees of the College. These committees make recommendations and not decisions. They are accountable and report back to the council for decisions.

#### 3.1.2.1 Nominating Committee:

The nominating committee consist of the past-president and three members from the full practicing membership, non-practicing membership or life membership of the Association. The chair of this committee is determined by the committee by a majority vote.

***Roles and Responsibilities:***

- Submits names for vacancies on council.
- Considers governance Succession Planning Policy GP-13 when accepting nominees for Council positions.
- Provides an annual report outlining the status of Council vacancies.

***Authorities:***

- The Committee has authority to spend funds required for travel to meetings if meetings are required.
- The Committee has authority to use staff resource time normal for administrative support around meetings.

#### 3.1.2.2 Community Engagement Committee:

The community engagement committee consist of at least three members of council and one of whom will be a public representative and one of whom will be a member at large. The chair of this committee is determined by the committee by a majority vote.

***Roles and Responsibilities:***

- Establish a linkage with the owners of the SAMRT who have been identified as the public.
- Provides an annual report highlighting benefits and results of its activities.

***Authorities:***

- The Committee has authority to spend funds required for travel to meetings if meetings are required.
- The Committee has authority to use staff resource time normal for administrative support around meetings.
- The Committee has the authority to meet with external organizations to fulfil its' responsibilities.

#### 3.1.2.3 Audit and Finance Committee:

The audit and finance committee consist of the vice-president, a public representative and one medical radiation technologist who is a member of the SAMRT. The chair of this committee is determined by the committee by a majority vote.

**Roles and Responsibilities:**

- Act as a resource to the Executive Director on all financial matters and monitors the financial affairs of the Association.
- Provides an annual report highlighting the committee’s review of the audited financial statements and any other significant information arising from the external auditor.

**Authorities:**

- The Committee has the authority to meet independently with the organization’s external auditors.
- The Committee has authority to spend funds required for travel to meetings if meetings are required.
- The Committee has authority to use staff resource time normal for administrative support around meetings.

**3.1.2.4 Awards Committee:**

The awards committee consist of at least four members of the Association including the past president. The chair of this committee is determined by the committee by a majority vote.

**Roles and Responsibilities:**

- Promotes and communicate information regarding annual awards criteria and coordinate all awards.
- Receives nominations for Life membership to be submitted for Council decision.
- Receives nominations for Mentorship and Clinical Excellence Awards
- Provides an annual report naming the recipients of awards to be presented at the AGM.

**Authorities:**

- The Committee has authority to spend funds required for travel to meetings if meetings are required.
- The Committee has authority to use staff resource time normal for administrative support around meetings.

***\*For more detailed information on the terms of reference of the standing committees, refer to SAMRT policy manual and SAMRT administrative bylaws.***

**3.1.3 Executive Director Committees:**

These committees are formed for a specific task or objective and may be continuous or may be dissolved after the completion of the task depending on the objectives of the committee. Also referred to as the **Ad-Hoc committees.**

**3.1.3.2 Continuing Competence Committee:**

The SAMRT recognizes that advancing technology and increasing responsibility requires technologists to continually update their knowledge and skills. Continuing education ensures professional competence and prevents professional obsolescence.

**Roles and Responsibilities:**

- Ensure that full practice members comply with the mandatory continuing education requirements for maintaining membership/licensure with the SAMRT.
- Assists the Executive Director in determining what credits are considered specific to medical radiation technology.
- Assists in assessing and approving courses specific to medical radiation technology continuing education program.
- Annual review of the Continuing Education Credit Program Guidelines & Audit Expectations, Continuing Education Record, and the Certificate of Attendance template.
- Annual review of member continuing education audit submissions to ensure that all audited members meet the requirements either initially or through remediation of any deficiencies.
- Participate in determining what is/isn't acceptable as medical radiation technology specific credits.
- Participate in email correspondences.
- Participate in the annual face to face meeting.

Annually, ten percent (10%) of the membership is selected for an audit and are required to submit documentation to support the following declarations made by the member during the annual renewal:

- Proof of at least ten (10) Continuing Education credits.
- Validation of MRT practice hours (1,200 in the primary discipline and 300 in the secondary discipline).
- Proof of professional liability insurance.

The audit process helps the College assess, support, and ensure competent practice and continued professional learning and development.

**Term and method of appointment:** The term of office is three years and can be renewed.

**Meetings and conduct of business:** Approximately one face-to-face meeting is held in the spring of each year. In addition to the meeting, participation in email correspondences is required.

**Accountability and Reporting:** The SAMRT Continuing Competence Committee is accountable the SAMRT Executive Director.

**3.1.3.3 Conference Committee:**

The conference committee plans and organizes an educational conference in conjunction with the annual general meeting (AGM) which provides members with the opportunity to learn about new and emerging technologies, a chance to network with fellow MRTs, and a way to earn continuing education credits that are required to maintain licensure. The conference also includes Presentations (recognition of exceptional MRTs in various categories).

**Term and method of appointment:** Call for volunteers is sent out for this 1-year term.

**Meetings and conduct of business:** Meetings are held at the discretion of the chair, usually annually.

**Accountability and Reporting:** The SAMRT Conference Committee is accountable to the SAMRT Executive Director.

#### 3.1.3.4 Regulation of Sonography Committee:

SADMS and SAMRT first began working towards regulation of Diagnostic Medical Sonographers (DMS) in 2015. The SADMS/SAMRT Regulation of Sonography Advisory Committee (SRSAAC) submitted a joint application to the government for consideration annually from 2015 to 2018. The most recent application was put forward as a legislative proposal in the spring of 2019. In December 2019, the SADMS and SAMRT received notice from the Ministry of Health that they are committed to protecting the public and have accepted the 2018 application, however a further report outlining agreement on a few outstanding issues is required to move forward to submission as a legislative proposal.

Having completed their mandate “to establish dialogue regarding the self-regulation of DMS and to provide input and feedback on the joint application to the government for self-regulation of Diagnostic Medical Sonographers” the SAMRT/SADMS Regulation of Sonography Advisory Committee (SRSAAC), was concluded with the successful submission of the application. A new committee was formed in 2021 – the Regulation of Diagnostic Medical Sonographers (RoSC).

Together the SADMS and SAMRT this committee will work collaboratively with all DMS in the province to advance the application to a legislative proposal to pursue self-regulation of Diagnostic Medical Sonographers with the Saskatchewan Association of Medical Radiation Technologists.

The mandate of the RoSC is to further collaborate on protected titles and a more clearly defined governance approach for MRTs and DMS to identify and resolve barriers to a collaborative and unified approach for regulation of DMS. The Committee will prepare a SAMRT Council and SADMS Executive Council approved communication and report for the Ministry of Health; further work will be defined, and additional outcomes developed for implementation.

Self-regulation will provide the DMS with the framework to establish standards of practice as well to ensure continued competency and accountability, a code of ethics, and a complaint process. This will ensure DMS are able to serve and protect the public and demonstrate accountability. The public will be assured of receiving safe, competent, professional, and ethical care resulting in less potential for risk of harm to the public based on poor health outcomes caused by poor practice standards.

## 3.2. Duties of committee chair

The Committee Chair ensures the integrity of the committee’s process, facilitates committee work and acts as a spokesperson for the Committee. The committee chair also provides report bi-annually before the Annual General Meeting and the Annual Report.

## Chapter: 4

### Code of Ethics

#### 4.1. Code of Ethics

Pursuant to *the Medical Radiation Technologists Act, 2006* every member of the college must comply with the Code of Professional Conduct. In addition, the code of ethics provides guidance for SAMRT Committees, especially those committees involved with making judgmental decisions related to professional misconduct or disciplinary action. The consideration of ethical issues is an integral component in the provision of health services and will help to ensure that professional performance will have safe, effective, and optimal outcomes for patients.

##### 4.1.1 Responsibility to the Public

MRTs must act to serve and protect the public and maintain their trust and respect by:

- Complying with high standards of professional conduct, competence, and appearance.
- Providing only those services for which they are qualified by education, training, or experience to perform.
- Not making false, misleading, or deceptive statements, orally or in writing.
- Advancing and supporting health promotion and research.

##### 4.1.2 Responsibility to Patients

MRTs must act in the best interests of their patients by:

- Upholding the principle of informed consent including the right of the patient to refuse service.
- Respecting the dignity, rights to privacy and autonomy of their patients.
- Treating all patients equitably, regardless of national or ethnic origin, colour, creed, sex, sexual orientation, age, family status, socio-economic status, mental or physical ability or type of illness with respect to their individual needs and overall welfare.
- Maintaining clear and appropriate professional boundaries in the MRT– Patient relationship to avoid actions that could impair their professional judgment.
- Providing individualized, comprehensive, and safe treatment during examinations or therapy sessions, considering the patient’s physical and emotional needs, values, and cultural background.
- 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.

### 4.1.3 Responsibility to the Profession

MRTs must promote excellence in the profession by:

- Assisting each other and the SAMRT in upholding the spirit and the letter of the law, the Medical Radiation Technologists Act, 2006 and the bylaws and other standards of practice set by the SAMRT.
- Contributing to the development of the art and science of medical radiation technology through collaboration, continuing education and research.
- Conducting all professional activities, programs, and relations honestly and responsibly, and by avoiding any actions that might discredit the profession.
- Committing to the practice of life-long learning, sharing new practices with colleagues, and engaging in professional activities.

### 4.1.4 Responsibility to Colleagues and other Health Professionals

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

- Consulting with, referring to and co-operating with other professionals to the extent needed to serve the best interests of their patients.
- Ensuring the safety of other health professionals when in practice or in areas under the MRTs' responsibility.
- Educating colleagues and other health professionals about practices and procedures relating to medical radiation technology.

### 4.1.5 Personal Responsibility

MRTs are fully accountable for all their professional undertakings and shall:

- Maintain and enhance their personal well-being to be effective in their practice.
- Maintain and apply current and relevant scientific and professional knowledge and skill in every aspect of practice.
- Take appropriate action in responding to incidents which put the care of patients at risk or brings harm to the profession.
- Avoid conflict of interest.
- 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.

***\* For more detailed information on the Code of Ethics, refer to SAMRT Code of Ethics policy, Schedule A – Code of Professional Conduct (Section 23) in the The Medical Radiation Technologists Regulatory Bylaws.***

## Chapter: 5

### SAMRT Resources

#### 5.1. Expenses claim and process

Travel, honoraria, and other expenses of elected members of the council and all committee members of the college, who are attending meetings or travelling on college business, will be paid from general funds according to the policies of the college.

#### 5.2. Privacy policy

The SAMRT website and its owner, Saskatchewan Association of Medical Radiation Technologists, respect your privacy. We do not collect any personal information via this Website. Unless you call or email us and identify yourself to us, we have no idea who you are. Even if you do identify yourself to us, SAMRT treats all client communications as confidential.

#### 5.3. Canada Anti-Spam Legislation (CASL)

The CASL is intended to protect Canadian consumers from spam and online threats, such as identity theft, phishing, and spyware. Non-compliance with this policy places the organization at risk of prosecution under CASL. As such, intentional non-compliance on the part of any employee or contracted employee may result in corrective action which may include formal discipline.

Based on an internal CASL audit, SAMRT is not currently involved in commercial activity that involves revenue generation, or the sale of a service or product; CASL will not impact SAMRT general operational activity at this time. If SAMRT wishes to participate in the promotion of commercial activities (as defined by CASL), CASL compliance is mandatory.

#### 5.4. SAMRT Staff Contact

Executive Director / Registrar	Debbie Schatz	306-525-1434 <a href="mailto:debbieschatz@samrt.org">debbieschatz@samrt.org</a>
Administrative Assistant	Meegan Russell	306-525-9678 <a href="mailto:info@samrt.org">info@samrt.org</a>



## 5.5. SAMRT Glossary

<sup>2</sup> <b>Adverse event</b>	<b>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.</b>
<b>Ancillary devices</b>	devices which provide necessary support to the primary activities or operation.
<b>As low as reasonably achievable (ALARA)</b>	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.
<b>Competence/competently</b>	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.
<b>Indicators</b>	an illustration of how a standard can be applied in a specific dimension of practice.
<b>Informed consent</b>	obtaining the permission from a patient based on reasonable disclosure of the facts, risks and alternatives, to use identified intervention procedures. Informed consent may be expressed verbally, in writing or implied. <b>Implied consent</b> refers to consent inferred from the patient's or alternate decision maker's (if applicable) actions and surrounding circumstances.
<b>Interprofessional collaboration/collaborative</b>	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.
<b>Magnetic resonance technologists</b>	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.
<b>Medical radiation therapists</b>	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 treatment.
<b>Medical radiological technologists</b>	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,

<sup>2</sup> SAMRT Scope and Standards of Practice, 2015.

	while at the same time providing comprehensive compassionate care to each patient
<b><i>Nuclear medicine technologists</i></b>	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.
<b><i>Patient</i></b>	can refer to an individual, family, legal guardian, substitute decision-maker, community or organization that is the recipient of care.
<b><i>Patient-centered</i></b>	is an approach in which the health care provider values and respects partnerships with those receiving their care.
<b><i>Professional (ism)</i></b>	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.
<b><i>Professional boundaries</i></b>	set the limitations around relationships between patients and health care providers to ensure the delivery of safe, ethical patient-centered 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.
<b><i>Professional incompetence</i></b>	is a question of fact, but the display by a member of a lack of knowledge, skill or judgment or a disregard for the welfare of a member of the public served by the profession of a nature or to an extent that demonstrates that the member is unfit to: continue in the practice of the profession; or provide one or more services ordinarily provided as a part of the practice of the profession.
<b><i>Professional misconduct</i></b>	is a question of fact, but any matter, conduct or thing, whether or not disgraceful or dishonorable: (a) it is harmful to the best interests of the public or the members; (b) it tends to harm the standing of the profession; (c) it is a breach of the Act or the bylaws; or (d) it is a failure to comply with an order of the professional conduct committee, the discipline committee or the council.
<b><i>Quality improvement</i></b>	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
<b><i>Regulated members</i></b>	individuals holding membership/license with the SAMRT.
<b><i>Risk management</i></b>	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.
<b><i>Standard</i></b>	an authoritative statement that sets out the legal and professional basis of medical radiation technology practice. <sup>3</sup>

<sup>3</sup> SAMRT Scope and Standards of Practice, 2015.

**REFERENCE:**

*The Medical Radiation Technologists Act, 2006.*

*SAMRT Regulatory Bylaws.*

*SAMRT Administrative Bylaws.*

*SAMRT Annual reports 2014-2019.*

*SAMRT Policy Manual, 2016.*

*SAMRT Scope and Standards of Practice, 2015.*