



Condensed Guidelines

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For acting in accordance with the
Regulated Health Professions act scope of
practice / controlled acts model

This publication contains the following sections:



1
Overview



2
Authorized



4
Delegation



3
Agency practices

“ Please note that the guidelines contain a certain provisions of the *Regulated Health Professions Act* and related health professions Acts. The guidelines are not intended as a definitive legal analysis of the legislation nor to provide legal advice. The reader is advised to consult the actual legislation for specific wording and terminology and, where appropriate, seek legal advice.”

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for technologists in the fields of
radiation therapy, nuclear medicine and radiography

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1 Overview



In this section the following topics will be covered:

- The need Practice Guidelines
- The expectations for professional practice under the RHPA
- What MRTs need to know about the scope of practice statement



The need for Practice Guidelines

The CMRTO has developed these practice guidelines to provide a reference to assist MRTs to act in accordance with the Regulated Health Professions Act (RHPA) and the Medical Radiation Technology Act (MRTA) and to assist them to:

- Perform controlled act procedures authorized to MRTs;
- Accept delegation of controlled act procedures not authorized to MRTs, if appropriate; and
- Assess whether to perform services or procedures which are beyond the principal expectations of MRT practice.

The CMRTO has developed two versions of the guidelines: a condensed version and a more detailed, comprehensive version. This condensed version provides an overview of basic concepts to clarify practice expectations and the summaries of practice guidelines - an “at a glance” approach. The detailed guidelines provide more background information and full explanations of how to implement the practice guidelines, along with suggestions for agency practices. It will be useful to those who require more in-depth information to carry out their roles; for example, those involved in MRT administration, or front-line MRTs who wish to obtain more background information or who have a greater need for detail regarding the practice guidelines.

Throughout the condensed guidelines, on the right hand side of the page, readers will find a list of the relevant sections in the comprehensive guidelines.

The College will review these guidelines in 2001, evaluating several factors including the implementation process, the decision-making models presented in the guidelines, and the evolution of College approaches to delegation and front-line MRT practice. The guidelines will then be updated and will be incorporated into the Standards of Practice by 2002.

Please see comprehensive guidelines:

[Purpose pg 4](#)

[A note on competencies to perform specific procedures](#)

[List of acronyms pg 43](#)

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Expectations for professional practice under the RHPA

The Regulated Health Professions Act (RHPA) and the companion health profession Acts govern the practice of regulated health professions in Ontario. They protect the public through the regulation of those health professions. Proclaimed or enacted into law on December 31, 1993, they replaced the *Radiological Technicians Act* and other legislation, including the *Health Disciplines Act*. Under RHPA, each profession is also regulated by a profession-specific Act. The health profession Act for MRTs is the *Medical Radiation Technology Act (MRTA)*. *The Healing Arts Radiation Protection Act (HARP Act)* continues to exist and regulates the application of ionizing radiation, a form of energy not regulated under the RHPA.

Under the RHPA, regulated health professionals are expected to be:

Competent:

i.e., 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 current competence in their area of practice, refrain from acting if not competent and take the appropriate action to address the situation.

Accountable:

i.e., to take responsibility for decisions and actions, including those undertaken independently or collectively 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. MRTs are expected to take appropriate action if they feel these interests are being unnecessarily and unacceptably compromised. This includes not implementing ordered procedures or treatment plans that, from their perspective, appear to be contraindicated, and taking appropriate action to address the situation.

Collaborative:

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

Please see comprehensive guidelines:

The Regulated Health Professions Act (RHPA) pg 5

Overall expectations for professional practice under RHPA pg 5

Relationship between the RHPA and the HARP Act pg 6

Appendix C: pg 37

RHPA regulations defining the forms of energy and the controlled act of applying or ordering the application of "energy"



Circumstances in the Situation

An MRT must be competent to perform the authorized act in light of the circumstances in the situation in which the procedure is to be performed. This includes having the ability to manage the outcomes of performing the procedure.

The legislation **permits, but does not require**, performance of authorized acts. Having the authority to perform an authorized act does not automatically mean that it is appropriate to do so. MRTs will have different competencies within the overall MRT scope of practice, depending on qualifications and practice setting requirements. MRTs may only perform authorized acts if there is an order from a physician and if they have the necessary knowledge, skills and judgement to perform the procedure safely, effectively and ethically, given the circumstances in the situation.

Scope of practice / controlled acts model

The RHPA introduces a number of reforms in the way that health professions are regulated, chief among them being the scope of practice/controlled act model. The model consists of:

Scope of Practice Statement:

a general statement describing what the profession does and the methods it uses. The scope of practice statements are not licensed (i.e., the area of practice is not restricted to a particular profession), and elements of the statements overlap between professions so that various professions may provide similar health care services. The MRT scope of practice statement is unique in that it identifies activities that may only be performed by those designated in the HARP Act, including MRTs.

Controlled Acts:

13 procedures, listed in the RHPA, that are deemed to pose risk of physical harm if performed by unqualified persons. Under the profession-specific Act, professions are authorized to perform the controlled acts, either in full or in part, depending on the profession's scope of practice and expected competencies. There is the option, for professions authorized to perform a controlled act procedure under the RHPA, to delegate - i.e. to transfer the authority to perform the controlled acts to others who are not so authorized. Therefore, professions have the option to delegate procedures within their authorized acts to



others and to accept delegation of controlled act procedures not authorized to them from others. Only those authorized to perform controlled act procedures, either through legislation or delegation, may do so.

Authorized Act:

a controlled act procedure or portion of a controlled act procedure that is authorized for a specific profession to perform under its health profession Act. Each regulated health profession is authorized to perform from 0 to 12 of the 13 controlled acts, either in full or in part, depending on the scope of practice and competencies of the profession. Some professions are authorized to perform procedures outright, without any conditions, while others, including MRTs, have additional requirements that must be met prior to implementation, such as the requirement for an order or prescription from another profession.

Risk of harm clause

In addition to the above elements, the RHPA also contains what is known as a risk of harm clause or “basket clause.” It states that:

“No person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious physical harm may result from the treatment or advice or from an omission from them.”

This means that whether a procedure is a controlled act or not, if a person who is not a member of a regulated health profession provides advice or treatment from which serious physical harm could result, it is a contravention of the RHPA. In addition, if a member of a regulated health profession provides advice or treatment from which serious physical harm could result and the advice or treatment is outside the scope of practice for the profession, this is also a contravention of the RHPA.

Anyone performing a controlled act procedure who is not authorized to do so, either through his or her authorized acts, delegation or through the limited exceptions set out in the legislation, may be found guilty of an offense and liable to a fine of up to \$25,000 or a jail term of up to six months, or both. Employers may also be found guilty of an offense and liable to a fine if an employee, while acting within the scope of his or her employment, performs a controlled act procedure and is not authorized to do so.

Please see comprehensive guidelines:

Scope of practice / controlled acts model pg 6

Elements of the model

Scope of practice statement

Controlled acts

Authorized acts

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Scope of practice statements for all regulated health professions

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13 controlled acts

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Summary of controlled acts authorized to each profession under the profession-specific Acts

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Exemptions and exceptions to RHPA



The scope of practice for MRTs

The scope of practice statement

The scope of practice statement for MRTs is:

The practice of medical radiation technology is the use of ionizing radiation and other forms of energy prescribed under subsection 12(2) to produce diagnostic images and tests, the evaluation of the technical sufficiency of the images and tests, and the therapeutic application of ionizing radiation.

What MRTs need to know about the scope of practice statement

The scope of practice statement identifies what can be expected of MRTs. It corresponds to what members of the profession learn in their programs of preparation and sets out the areas of expected competency. It establishes the foundation for the practice of the profession and serves as a frame of reference for such undertakings as:

- establishing course content for programs of preparation;
- establishing entry to practice requirements;
- establishing standards of practice for the profession;
- deciding whether to perform authorized acts (authorized acts may only be performed in the course of engaging in the practice of the profession); and
- deciding whether to take on responsibilities beyond principal expectations of practice.

As the foundation and frame of reference, the scope of practice statement clarifies MRT practice and provides a window for the evolution of that practice.

Please see comprehensive guidelines:

Scope of practice for MRTs pg 9

MRT scope of practice statement

What MRTs need to know about the scope of practice statement

2 Authorized Acts



In this section the following topics will be covered:

- The four authorized acts under the MRTA
- What MRTs need to know about orders and authorized acts
- Summary of Practice Guidelines for MRTs performing authorized acts



MRTs Authorized Acts

Please see comprehensive guidelines

What MRTs need to know about authorized acts pg 12

Controlled acts authorized to MRTs (authorized acts)

MRT performance of an authorized act

The four authorized acts under the MRTA

Under the MRTA, MRTs are authorized to perform four authorized acts as follows:

In the course of engaging in the practice of the medical radiation technology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration to perform the following:

1. Taking blood samples from veins

(Authorized Act 1 for MRTs, falls within Controlled Act 2 of RHPA: an example of a procedure falling within this authorized act would be taking blood samples for the purpose of assessing effective renal plasma flow.)

2. Administering substances by injection or inhalation

(Authorized Act 2 for MRTs, which is Controlled Act 5 of RHPA: examples of procedures falling within this authorized act include an intravenous, subcutaneous or intramuscular injection; starting peripheral intravenous lines; or establishing saline locks for the purpose of administering substances, such as radiopharmaceuticals or contrast media for IVPs.)

3. Administering contrast media through or into the rectum or an artificial opening into the body

(Authorized Act 3 for MRTs, falls within Controlled Act 6 of RHPA: an example of a procedure falling within this authorized act would be inserting an enema tip for a barium enema procedure.)

4. Tattooing

(Authorized Act 4 for MRTs, falls within Controlled Act 2 of RHPA: an example of a procedure falling within this authorized act would be radiation therapy marking.)

MRTs are only permitted to perform a procedure falling within an authorized act if there is an order for the authorized act from a physician. In the MRTA, the exact wording of this requirement is:

A member shall not perform a (authorized act) procedure... unless the procedure is ordered by a member of the College of Physicians and Surgeons of Ontario.



Authorized acts can only be performed in the course of engaging in the practice of medical radiation technology. An MRT must be competent to perform the authorized act.

What MRTs need to know about orders and authorized acts

1. **An order is an authorizing statement** from a regulated health professional, with prescribing authority, permitting an MRT to implement a procedure that falls within the MRT scope of practice. In the practice of medical radiation technology, orders may also be known as prescriptions, requisitions, requests for consultation and doctor's notes.
2. **An order may be either a direct order, or a directive or protocol.** A direct order is for one specific patient, while a directive or protocol applies to a number of patients under specific circumstances. Through a physician directive, MRTs may be authorized to perform a procedure for a specific type of patient under specific circumstances. For example, an MRT may insert an enema tip for a barium enema procedure for certain patients or may inject a specific radiopharmaceutical to complete a specific scan on certain patients. The appropriateness of using a directive or protocol, instead of a direct order, must be evaluated. Directives should not be used if the procedure is carried out rarely, if the appropriate safeguards are not in place, or if the patient's condition and circumstances require a physician's assessment and competence to determine whether to implement the procedure.

(CMRTO has developed a joint policy with CNO and CPSO regarding medical directives for ordering X-rays. This joint policy should be reviewed before developing a medical directive for administering X-rays.)

3. **Orders must be complete.** A physician's direct order may be written or verbal. It must be dated, signed and must include the patient's name, the name of the procedure and, when a substance is being ordered, the dose, frequency and route of administration. A directive or protocol is always written and must contain a standardized reference number, identification of who specifically may perform the procedure and under what specific circumstances, documentation and quality monitoring requirements and the signatures of the sponsoring physician and representatives of the appropriate administrative bodies, including the Medical Advisory Committee.

Please see comprehensive guidelines:

What MRTs need to know about authorized acts pg 12

What is an order?

Authorized acts are ordered, not delegated

Types of orders

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Directive or protocol

When to use a directive or protocol

Procedures are ordered, not MRTs

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

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Recommended agency practices to support safe, effective and ethical MRT practice In relation to performing authorized acts, using directives or protocols, accepting delegation and performing beyond principal expectations of practice



4. **MRTs who take telephone orders are expected:** if working in hospitals governed by the Public Hospitals Act (PHA), to:
 - ensure they have been designated by the administrator as someone who can accept telephone orders;
 - transcribe the order along with the name of the physician who dictated it and the date and time of its reception;
 - sign the order;
 - be reasonably assured that any physician who dictates an order will sign it on the first visit to the hospital after dictation; and
 - ensure that if someone else has transcribed a telephone order, to ensure the person has the authority to accept such orders before implementing them.

5. **An order must be obtained for each procedure** the MRT is to perform. For example, if an MRT is to administer contrast media and apply ionizing radiation, the MRT requires an order for each of the two procedures.

6. **If an MRT thinks an order is inappropriate, or that he or she is not competent, he or she must refrain from implementing the ordered procedure** and take appropriate action to address the situation.

7. **Performing an authorized act without an order constitutes professional misconduct.** MRTs may not perform procedures that fall within medical radiation technology's four authorized acts unless there is a proper order from a physician permitting them to do so. If an MRT performs an authorized act without a proper order, he or she has committed an act of professional misconduct and may be subject to disciplinary action by the College.

8. **Quality practice settings support MRTs in ensuring the proper orders are in place and in appropriately performing authorized acts.**

Please see comprehensive guidelines:

Appendix F pg 41

Orders for Treatment—Section 24
of the Public Hospitals Act



Summary of Practice Guidelines for MRTs performing authorized acts

Please see comprehensive guidelines:

Summary of practice guidelines for MRTs performing authorized acts pg 17

An MRT may perform an authorized act procedure when all the following conditions have been met:

1. An appropriate order is in place from a physician authorizing performance of the procedure;
2. The procedure will be performed in the course of engaging in the practice of medical radiation technology;
3. Performance of the procedure is not restricted by the terms, conditions or limitations placed upon his or her certificate of registration;
4. The MRT has the necessary knowledge, skill and judgement to perform and manage the outcomes of performing the procedure safely, effectively and ethically;
5. Patient consent has been obtained;
6. Responsibility and accountability for performing the procedure are accepted by the MRT, having considered:
 - a) the known risks to the patient in performing the procedure;
 - b) the predictability of the outcomes in performing the procedure;
 - c) whether the management of the possible outcomes is within the MRT's knowledge, skill and judgement given the situation; and
 - d) any other factors specific to the situation that need to ensure the procedure is implemented safely, effectively and ethically;
7. Implementation of the procedure and/or actions taken is documented; and
8. The MRT refrains from performing the procedure if the above conditions are not met and takes the appropriate action to address the situation.

3 Delegation



In this section the following topics will be covered:

- Accepting delegation
- What MRTs need to know about delegation
- Summary of Practice Guidelines for MRTs accepting delegation



Accepting delegation

What MRTs need to know about delegation

Delegation is a process whereby regulated health professionals transfer the authority to perform an authorized act procedure to someone else, either another regulated health professional or an unregulated person. Only those authorized to perform a controlled act procedure under their profession-specific Act may delegate the procedure to others. Delegation includes:

- An initial evaluation of whether it is appropriate to consider delegation under the circumstances in the situation;
- Completion of a delegation program established by the delegator, which includes;
 - a theoretical and practical educational component;
 - supervised practice (assisting and observing the person who will be performing the delegated act to acquire the knowledge, skill and judgement necessary to perform the procedure safely and effectively); and
 - a formal, written transfer of authority to perform the procedure; and
- Ongoing evaluation of the appropriateness of delegation and performing a delegated act.

Under the RHPA, regulated health professionals are given the option of either delegating or accepting delegation of controlled act procedures. **Currently, it is the policy of CMRTO that MRTs may accept delegation, subject to the guidelines of CMRTO; however, they may not delegate their authorized acts to others.**

When determining the appropriateness of accepting delegation and performing a delegated act, the following question must be answered:

Given the patient's condition and needs and the circumstances in the situation, is the MRT competent to perform the delegated act safely, effectively and ethically, in accordance with legal requirements and standards of practice?

In order to address this question, refer to the “Decision-making guide for determining the appropriateness of accepting delegation and performing services or procedures beyond principal expectations of MRT practice.”

Quality practice settings support MRTs in accepting delegation and performing delegated acts appropriately.

Please see comprehensive guidelines:

What MRTs need to know about delegation pg 20

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When delegation is and is not required

MRT delegation of authorized acts to others

MRTs acceptance of delegation

Deciding whether to accept delegation and perform a delegated act

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Recommended agency practices to support safe, effective and ethical MRT practice In relation to performing authorized acts, using directives or protocols, accepting delegation and performing beyond principal expectations of practice

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Decision-making guide for determining the appropriateness of accepting delegation and performing services or procedures beyond principal expectations of MRT practice



Summary of Practice Guidelines for MRTs accepting delegation

Please see comprehensive guidelines:

Summary of practice guidelines
for MRTs accepting delegation pg 24

An MRT may accept delegation of a controlled act procedure within the controlled acts not authorized to MRTs, when all of the following conditions have been met:

1. It is appropriate to accept delegation given the factors identified in the “Decision-making guide for determining the appropriateness of accepting delegation and performing services or procedures beyond principal expectations of MRT practice;”
2. The delegator is acting in accordance with any applicable guidelines and policies of the regulatory body or regulations under the specific health profession Act governing the delegator, and has not been restricted or prohibited from delegating the procedure;
3. The delegator has the knowledge, skill and judgement to perform and delegate the procedure;
4. The MRT has the knowledge, skill and judgement to perform the procedure safely, effectively and ethically, given the circumstances in the situation;
5. A written record of the transfer of authority and certification of the MRT’s competence is maintained;
6. The conditions established by the delegator for maintaining the authority to perform the delegated act are adhered to;
7. It is appropriate to perform the delegated act, given the factors identified in the “Decision-making guide for determining the appropriateness of accepting delegation and performing services or procedures beyond principal expectations of MRT practice;”
8. Patient consent has been obtained;
9. The MRT accepts full responsibility and accountability for accepting delegation and performing the delegated act;
10. Implementation of the delegated act and/or actions is documented; and



11. If any of these conditions are not met, the MRT will refrain from accepting delegation and performing the delegated act.

Additionally, an MRT may **assist** in the delegation program established by the delegator, when all the following conditions have been met:

1. The MRT reasonably believes the delegation program has been developed and administered by a regulated health professional authorized by his or her health profession Act to perform the controlled act (e.g., physician authorized by the *Medicine Act*) who has the knowledge, skill and judgement to perform and delegate the procedure safely, effectively and ethically in accordance with any applicable guidelines or regulations;
2. The MRT has the knowledge, skill and judgement to perform and teach the procedure safely, effectively and ethically, in consideration of the patient's condition and needs and the circumstances in the situation;
3. The MRT assists in the educational component of the program, but does not become involved in the determination of competence and transfer of authority to perform the delegated act, either during the initial delegation (certification) or subsequent determinations of competence to continue to perform the delegated act (re-certification) and
4. The MRT refrains from participating in the program if the above conditions are not met.

4 Agency Practices



In this section the following topics will be covered:

- When services or procedures do not fall within principal expectations of MRT practice
- Expectations of practice
- Dealing with concerns about practice



When services or procedures do not fall within principal expectations of MRT practice

What MRTs need to know about principal expectations of practice

By CMRTO definition, “principal expectations of practice” refers to those services and procedures that fall within the scope of practice for MRTs. It includes those taught in MRT entry level programs, where students are provided with the knowledge base and clinical practice to perform them competently. It also includes those services and procedures that MRTs acquire competence to perform by expanding on the foundation of knowledge, skills and judgement obtained in entry level programs, through formal or informal education, clinical experience, or through on-the-job training as a graduate MRT. An example of “expanded” services or procedures that fall within principal expectations of practice would include mammography, CT scans and cardiac stress testing.

From time to time, particularly in today’s ever-evolving health care environment, MRTs may be asked to provide or may propose providing services or procedures that have not traditionally been considered to fall within the principal expectations of MRT practice. Services or procedures beyond principal expectations of practice are at the outer limits or outside the MRT scope of practice. In some instances, they may be at the outer limits of the MRT scope of practice because they are confined to highly specialized areas; for example, the performance of haemodynamics. In other instances, very few patients may require them; for example, the administration of strontium-89 treatments for palliative relief of bony metastases for patients with prostate cancer.

In order to perform services or procedures beyond principal expectations of practice, MRTs generally require “skills upgrading” or “cross-training.” Further, if the service or procedure falls within a controlled act procedure not authorized to MRTs, delegation of the procedure would be necessary. If the service or procedure (although not a controlled act) could cause serious physical harm to the patient and is outside the MRT scope of practice, then the MRT cannot perform the service or procedure. An exception would be if the MRT is acting under the direction of or in collaboration with a health professional if the service or procedure is within that health professional’s scope of practice.

Please see comprehensive guidelines:

Deciding whether to perform procedures or services which do not fall within principal expectations of MRT practice pg 26

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Applying the guide: Case studies

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Recommended agency practices to support safe, effective and ethical MRT practice In relation to performing authorized acts, using directives or protocols, accepting delegation and performing beyond principal expectations of practice

Appendix G: pg 42

Decision-making guide for determining the appropriateness of accepting delegation and performing services or procedures beyond principal expectations of MRT practice



When services or procedures are beyond principal expectations of practice, the appropriateness of performing them must be carefully considered to ensure the public is protected, the limits of practice and competence are not exceeded and professional standards are adhered to. Fundamental to the decision is the underlying principle that an MRT must have the necessary knowledge, skill and judgement to perform an act safely and effectively before implementing any procedure or treatment plan.

When determining the appropriateness of providing services or procedures that do not fall within principal expectations of practice, the following question must be asked:

Given the patient’s condition and needs and the circumstances, in the situation, does an MRT have the competence to perform the service or procedure safely, effectively and ethically, in accordance with legal requirements and standards of practice?

In order to address this question, refer to the “Decision-making guide for determining the appropriateness of accepting delegation and performing services or procedures beyond principal expectations of MRT practice.”

Quality practice settings support MRTs in appropriately performing services or procedures that do not fall within principal expectations of practice.

Summary of practice guidelines for MRTs performing services or procedures beyond principal expectations of practice

An MRT may perform a service or procedure that does not fall within principal expectations of practice when all the following conditions have been met:

1. It is appropriate to perform the service or procedure given the factors identified in the “Guidelines for decision-making when determining the appropriateness of accepting delegation and providing services or procedures beyond principal expectations of practice;”
2. If the service or procedure falls within a controlled act procedure not authorized to MRTs, the service or procedure has been delegated appropriately;

Please see comprehensive guidelines:

Summary of MRTs Practice Guidelines for performing services or procedures beyond principal expectations of practice pg 29



3. If the service or procedure (although not a controlled act) could cause serious physical harm to the patient and is outside the MRT scope of practice, then the service or procedure is not performed unless an exception to the “risk of harm” clause applies;
4. The service or procedure is performed according to relevant Practice Guidelines; and
5. Performance of the service or procedure and/or action taken is documented.

The MRT refrains from performing the service or procedure if the above conditions are not met and takes appropriate action to address the situation.

Please see comprehensive guidelines:

What MRTs need to know about authorized acts pg 12

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

Dealing with concerns about practice

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

Because MRTs are obliged to implement only those procedures and treatment plans which, in their clinical judgement, are in the patient’s best interest, they should not implement any procedure they have concerns about and take appropriate action to address the situation. This may vary from situation to situation, but in general, if an MRT has concerns about an order or treatment plan, resolving the concern will involve the following steps:

1. The MRT should discuss the concern directly with the responsible health care provider to:
 - a) identify the concern clearly and concisely;
 - b) support it with a rationale and best practice evidence;
 - c) identify outcomes desired for resolution; and
 - d) use effective communication methods.

(This may follow consultation with the patient (as appropriate), MRT colleagues, other knowledgeable professionals, reference materials and any other resources necessary to clarify and verify the nature of the concern.)

2. If unable to resolve the concern, the MRT should inform the responsible health provider and discuss the concern with his or her immediate manager.



3. If the manager shares the concern,
 - a) the MRT should contact the responsible health care provider for further discussion, but
 - b) if the health care provider remains decided about the original treatment plan, the MRT should refer back to the manager and agency policy to determine how to bring the concern to the attention of a higher management authority in the agency.
4. If the manager does not share the concern and cannot provide information that will dispel it, the MRT should decide whether to report to a higher management authority.
5. The MRT should report to higher authorities in the facility until convinced of the appropriateness of treatment or until the treatment is changed.
6. If the decision is to refuse to implement the ordered procedure or treatment plan, the MRT should inform the health care provider of the decision and the action taken to date.
7. The MRT should document the concern and the steps taken to resolve it that directly relate to patient care in the health care record. If necessary, the MRT should refer to agency policy for the appropriate format to document information not directly related to patient care.

(Adapted from College of Nurses of Ontario – Standards for Nurses Disagreeing with the Multidisciplinary Plan of Care, 1997)

What MRTs should do if they are not competent to perform an authorized act

The authorized acts enable all MRTs, across a broad range of practice settings, to provide procedures that fall within those authorized acts. This does not mean that all MRTs are expected to be competent to perform all the procedures that fall within the acts. On the contrary, it is acknowledged that MRTs will have different competencies within the overall MRT scope of practice, depending on qualifications and practice setting requirements. Therefore, if an MRT is not competent to perform an authorized act procedure, even though legally authorized to do so under the legislation, he or she

Please see comprehensive guidelines:

What MRTs need to know about authorized acts pg 12

What MRTs should do if they are not competent to perform an authorized act



must refrain from performing it and take the appropriate action to address the situation.

The appropriate action will vary from situation to situation, as follows:

- If performing the procedure is part of an MRT’s regular role expectations within a practice setting, the MRT should obtain the competencies necessary to provide safe, effective and ethical services to patients in his or her care. The MRT may consult with his or her manager to determine how this may be achieved. In making this decision, the MRT is ultimately responsible to be competent to provide services required by patients within the practice setting. Quality practice settings foster the acquisition, maintenance and continuing improvement of competence.
- If performing the procedure is not part of an MRT’s regular role expectations, the appropriateness of obtaining the necessary competencies should be evaluated. In order to assist with such an evaluation, it may be useful to refer to the “Decision-making guide for determining the appropriateness of accepting delegation and performing services or procedures beyond principal expectations of MRT practice” and apply the relevant questions from that guide.

What MRTs should do if agency practices compromise their ability to practice safely, effectively and ethically

Agency practices may compromise an MRT’s ability to meet professional standards of practice and provide safe, effective and ethical care. Examples of possible situations that may give rise to concerns of this nature include inadequate or unavailable channels of communication to clarify concerns about orders, lack of appropriate back-up, inability to appropriately supervise unregulated care providers, or MRTs being asked to provide services that are beyond principal expectations of practice with no evaluation of the appropriateness of doing so.

In such situations, MRTs are expected to advocate for changes that will enable the delivery of safe, effective and ethical care. The specific methods for doing this may vary from setting to setting, but in general will involve the following steps:

1. Identifying the concern and providing suggestions for dealing with it. The MRT consults and works with all relevant stakeholders (colleagues, patients, administrators) to address and resolve the concerns;

Please see comprehensive guidelines

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What MRTs should do if agency practices compromise their ability to practice safely, effectively and ethically



2. Meeting with the immediate manager to identify:
 - the nature of, and rationale for, the concern;
 - the MRT's suggestions for dealing with the concern; and
 - a mutually established date by which the concern should be addressed;
3. If the manager disagrees with the concern and is unable to dispel it or does not address it by the agreed date, scheduling a meeting to discuss why and to determine the next step, including a new target date for resolution;
4. If the new date passes and/or the issue is not resolved to the MRT's satisfaction, forwarding the concern in writing to the manager, including the information in #2;
5. If the issue continues to remain unresolved, deciding whether to:
 - take the concern to a higher authority, informing the manager; or,
 - implement other dispute resolution mechanisms; and
6. Maintaining a record of actions taken.

(Adapted from CNO Materials)

Summary

These guidelines are presented to assist MRTs to provide safe, effective and ethical care.

If there are any questions, please feel free to contact the College of Medical Radiation Technologists of Ontario at (416) 975-4353 or toll-free at 1-800-563-5847.

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