

Agenda



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Meeting of Council

Friday, October 20, 2017
0900 hours — 1300 hours
CMRTO Council Room

NOTE: In reviewing the material for this meeting, if you become aware that you have a conflict of interest with any item on the agenda or are concerned that you may have a conflict of interest with any item on the agenda, you are asked to please contact Linda Gough or the Chair of the Committee immediately.

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Meeting of Council

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Item	By	Page#	Time
1. Call to Order	W. Rabbie		0900 hrs
a. Approval of the agenda			
2. Declaration of Conflict of Interest			
3. For Decision			
a. Registration Regulation	W. Rabbie		
Review and approve, if appropriate, the amending registration regulation to add diagnostic medical sonography as a fifth specialty			
i. Report to Council from Linda Gough, Registrar & CEO, dated October 16, 2017, regarding 'Consolidation of comments regarding circulation of amending registration regulation' (to be circulated at the meeting)			
ii. Consolidation of Registration Regulation As If Amended By Proposed Amending Regulation, Ontario Regulation 866/93 made under the <i>Medical Radiation Technology Act, 1991</i>		1 – 8	
iii. Proposed Ontario Regulation made under the <i>Medical Radiation Act, 1991</i> Amending O. Reg. 866/93 (Registration)		9 – 12	

b. Standards of Practice

Review the proposed amendments to the Standards of Practice and code of Ethics for circulation for comment.

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|------|--|---------|
| i. | Briefing note to Council from Linda Gough, Registrar & CEO, dated October 10, 2017, regarding 'Environmental Scan: RHPA College Terminology for "Members"' | 13 – 19 |
| ii. | CMRTO Standards of Practice with proposed amendments | 20 – 37 |
| iii. | CMRTO Code of Ethics with proposed amendments | 38 – 40 |

4. Discussion

a. Bill 160

- | | | |
|------|--|---------|
| i. | Email to Linda Gough, Registrar & CEO from Patrick Dicerni, Assistant Deputy Minister, Strategic Policy Branch, MOHLTC dated September 27, 2017, regarding 'OHFDA Introduced in the legislature' | 41 – 42 |
| ii. | Email to Linda Gough, Registrar & CEO from Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch, Health workforce Planning and Regulatory Affairs division, MOHLTC dated September 27, 2017, regarding 'Introduction of Strengthening Quality and Accountability for Patients Act, 2017' | 43 |
| iii. | MOHLTC News Release entitled 'Strengthening Quality and Accountability for Patients Act, 2017', dated September 27, 2017 | 44 – 47 |
| iv. | The Medical Radiation and Imaging Technology Act, 2017, Schedule 6 of Bill 160, Strengthening Quality and Accountability for Patients Act, 2017 | 48 – 51 |

- v. TVO.org article entitled 'Ontario's 'entertainment ultrasound' clinics will remain unregulated for now', dated October 3, 2017

52 – 55

5. Termination of Meeting

W. Rabbie

Medical Radiation Technology Act, 1991
Loi de 1991 sur les technologues en radiation médicale

ONTARIO REGULATION 866/93
CONSOLIDATION OF REGISTRATION REGULATION AS IF
AMENDED BY PROPOSED AMENDING REGULATIONS

This Regulation is made in English only.

GENERAL

1. (1) The following are prescribed as classes of certificates of registration:

- 1. Specialty.
- 2. Employment specific — nuclear medicine.
- 3., 4. REVOKED

(2) A specialty certificate of registration shall authorize a member to practise one or more of the following specialties:

- 1. Radiography.
- 2. Radiation therapy.
- 3. Nuclear medicine.
- 4. Magnetic resonance.
- 5. Diagnostic medical sonography.

(3) A member may be authorized to practise more than one specialty if the member has satisfied the registration requirements for each specialty.

2. A person may apply for a certificate of registration by submitting a completed application form to the Registrar together with the appropriate fee.

3. (1) The following are registration requirements for a certificate of registration of any class:

- 1. The applicant must provide details of any of the following that relate to the applicant:
 - i. A finding of guilt for a criminal offence or of any offence related to the regulation of the practice of the profession.
 - ii. A current investigation involving an allegation of professional misconduct, incompetency or incapacity in Ontario in relation to another health profession, or in another jurisdiction in relation to the profession or another health profession.
- 2. The applicant must not have been the subject of a finding of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction.
- 3. The applicant must not currently be the subject of a proceeding involving an allegation of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction.
- 4. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant,
 - i. will practise medical radiation technology with decency, honesty and integrity, and in accordance with the law,

¹ The section related to the coming into force of the proposed amending regulation has been omitted.

- ii. does not have any quality or characteristic, including any physical or mental condition or disorder, that could affect his or her ability to practise medical radiation technology in a safe manner, and
 - iii. will display an appropriate professional attitude.
5. The applicant must be able to speak and write either English or French with reasonable fluency.
 6. The applicant must be a Canadian citizen or a permanent resident of Canada or authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession.
 7. The applicant must have successfully completed a course in jurisprudence set or approved by the College.

(1.0.1) It is a registration requirement for a certificate of registration of any class that an applicant who, after having applied for but before being issued a certificate, is found guilty of an offence referred to in subparagraph 1 i of subsection (1) or becomes the subject of an investigation described in subparagraph 1 ii of that subsection or a finding or proceeding described in paragraph 2 or 3 of that subsection shall immediately inform the Registrar.

(1.1) Despite any other provision in this Regulation, an applicant who makes or permits to be made a false or misleading statement, representation or declaration in or in connection with his or her application, by commission or omission, shall be deemed, with respect to the application, not to satisfy, and not to have satisfied, the requirements for a certificate of registration in any class.

(2) The following are conditions of a certificate of registration of any class:

1. The member shall provide the College with details of any of the following that relate to the member and that occur or arise after the registration of the member:
 - i. A finding of guilt for any offence, including any criminal offence and any offence related to the regulation of the practice of the profession.
 - ii. A finding of professional misconduct, incompetency or incapacity, in Ontario in relation to another health profession or in another jurisdiction in relation to the profession or another health profession.
 - iii. An investigation or a proceeding involving an allegation of professional misconduct, incompetency or incapacity, in Ontario in relation to another profession or in another jurisdiction in relation to the profession or another health profession.
2. The member shall maintain professional liability insurance or protection against professional liability in accordance with the requirements, if any, set out in the by-laws of the College.

(3) ~~It is a condition~~The following are conditions of a specialty certificate of registration ~~that a:~~

1. The member shall, within every five-year period after the issuance of the certificate, engage in competent practice as a medical radiation technologist in at least one of the specialties in which the member holds a certificate of registration, and provide to the College satisfactory evidence of having done so.
2. The member shall practise only in the areas of medical radiation technology in which the member is educated and experienced.

SPECIALTY CERTIFICATE OF REGISTRATION

4. (1) The following are non-exemptible registration requirements for a specialty certificate of registration in the specialties of radiography, radiation therapy and nuclear medicine:

1. The applicant must have successfully completed a medical radiation technology program in one or more of the specialties which program is,
 - i. offered in Ontario and listed in Schedule 1 or offered in Ontario and considered by the Council to be equivalent to a program listed in Schedule 1,
 - ii. offered outside Ontario and considered by the Council to be equivalent to a program described in subparagraph i, or
 - iii. subject to paragraph 5, offered outside Ontario and considered by the Registration Committee to be substantially similar to, but not equivalent to, a program described in subparagraph i.
2. The applicant must have successfully completed the examination set or approved by the Council in one or more of the specialties.

3. The applicant must have engaged in clinical practice in one or more of the specialties within the five years immediately preceding the date of the application or must have successfully completed a program referred to in paragraph 1 within the five years preceding the date of the application.
4. The applicant must pay the annual fee required by the by-laws and the examination fee.
5. An applicant who has successfully completed a program described in subparagraph iii of paragraph 1 must also provide the Registration Committee with satisfactory evidence as to his or her competence to practise in Ontario as a medical radiation technologist in one or more of the specialties, in the form and manner approved by the Registration Committee.
6. An applicant for a specialty certificate of registration — radiography must comply with all of the requirements of paragraphs 1, 2, 3 and 5 in radiography.
7. An applicant for a specialty certificate of registration — radiation therapy must comply with all of the requirements of paragraphs 1, 2, 3 and 5 in radiation therapy.
8. An applicant for a specialty certificate of registration — nuclear medicine must comply with all of the requirements of paragraphs 1, 2, 3 and 5 in nuclear medicine.

(2) REVOKED

4.1 (1) The following are non-exemptible registration requirements for a specialty certificate of registration in the specialty of magnetic resonance:

1. The applicant must have successfully completed a medical radiation technology program in the specialty which program is,
 - i. offered in Ontario and listed in Schedule 1.1 or offered in Ontario and considered by the Council to be equivalent to a program listed in Schedule 1.1,
 - ii. offered outside Ontario and listed in Schedule 1.2 or offered outside Ontario and considered by the Council to be equivalent to a program described in subparagraph i, or
 - iii. subject to paragraph 5, offered outside Ontario and considered by the Registration Committee to be substantially similar to, but not equivalent to, a program described in subparagraph i.
2. The applicant must have successfully completed the examination set or approved by the Council in the specialty.
3. The applicant must have engaged in clinical practice in the specialty within the five years immediately preceding the date of the application or must have successfully completed a program referred to in paragraph 1 within the five years preceding the date of the application.
4. The applicant must pay the annual fee required by the by-laws and the examination fee.
5. An applicant who has successfully completed a program described in subparagraph 1 iii must also provide the Registration Committee with satisfactory evidence as to his or her competence to practise in Ontario as a medical radiation technologist in the specialty, in the form and manner approved by the Registration Committee.

(2), (3) REVOKED

4.2 (1) The following are non-exemptible registration requirements for a specialty certificate of registration in the specialty of diagnostic medical sonography:

1. The applicant must have successfully completed a medical radiation technology program in the specialty which program is,
 - i. offered in Ontario and listed in Schedule 1.3 or offered in Ontario and considered by the Council to be equivalent to a program listed in Schedule 1.3,
 - ii. offered outside Ontario and considered by the Council to be equivalent to a program described in subparagraph i, or
 - iii. subject to paragraph 5, offered outside Ontario and considered by the Registration Committee to be substantially similar to, but not equivalent to, a program described in subparagraph i.
2. The applicant must have successfully completed one or more of the examinations set or approved by the Council in the specialty.
3. The applicant must have engaged in clinical practice in the specialty within the five years immediately preceding the date of the application or must have successfully completed a program referred to in paragraph 1 within the five years preceding the date of the application.

4. The applicant must pay the annual fee required by the by-laws and the examination fee.
 5. An applicant who has successfully completed a program described in subparagraph 1iii must also provide the Registration Committee with satisfactory evidence as to his or her competence to practise in Ontario as a medical radiation technologist in the specialty, in the form and manner approved by the Registration Committee.
 6. An applicant must comply with all of the requirements of paragraphs 1, 2, 3 and 5 in the same area of practice within the specialty.
- (2) Despite subsection (1), an applicant for a specialty certificate of registration in the specialty of diagnostic medical sonography who applies for the certificate prior to the date that is 365 days from the date on which Ontario Regulation [reg. number to be added] came into force, may be issued the certificate if the applicant meets the following non-exemptible registration requirements:
1. The applicant must satisfy one of the following requirements:
 - i. the applicant is engaged in practice in Canada within the scope of practice of the specialty on the day this section comes into force, or
 - ii. the applicant was engaged in practice in Canada within the scope of practice of the specialty,
 - A. for at least 400 hours in the year prior to the day this section comes into force, or
 - B. for at least 1200 hours in the three years prior to the day this section comes into force.
 2. The applicant must provide evidence satisfactory to the Registrar or the Registration Committee of competence to practise as a medical radiation technologist in the specialty.
 3. The applicant must pay the annual fee required by the by-laws.
- (3) For the purposes of subsection (2), the practice of the specialty is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

OUT-OF-PROVINCE CERTIFICATES IN A SPECIALTY

5. (1) In this section,
"specialty" means the specialty of radiography, radiation therapy, nuclear medicine ~~or~~ magnetic resonance or diagnostic medical sonography.
- (2) Subject to subsection (3), if an applicant already holds an out-of-province certificate that is equivalent to a certificate of registration issued by the College in the specialty being applied for, the applicant is deemed to have met the requirements set out in subsections 4 (1), 4.1(1) and ~~4.1~~4.2(1) as applicable to the specialty, but is not deemed to have met the requirement set out in paragraph 4 of ~~either~~any of those provisions.
- (3) It is a non-exemptible registration requirement that an applicant to whom subsection (2) applies provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a medical radiation technologist in a particular specialty in every jurisdiction where the applicant holds an out-of-province certificate in that specialty.
- (4) Without in any way limiting the generality of subsection (3), being in "good standing" with respect to a jurisdiction shall include the fact that the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding.
- (5) If an applicant to whom subsection (2) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant has, at any time in the preceding five years immediately before the applicant's application, engaged in the practice of a specialty to the extent that would be permitted by the certificate of registration for which he or she is applying, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.
- (6) An applicant to whom subsection (2) applies is deemed to have met the requirement of paragraph 5 of subsection 3 (1) if the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.
- (7) Despite subsection (2), an applicant is not deemed to have met a requirement that is described in subsection 22.18 (3) of the Health Professions Procedural Code.

6. REVOKED

EMPLOYMENT SPECIFIC CERTIFICATE — NUCLEAR MEDICINE

7. (1) The following are non-exemptible registration requirements for an employment specific (nuclear medicine) certificate of registration:

1. The applicant, on the day before this Regulation comes into force, is employed by one of the facilities in Ontario listed in Schedule 4 to practise nuclear medicine procedures.
2. The applicant must apply for an employment specific (nuclear medicine) certificate of registration within ninety days of the day this Regulation comes into force.
3. The applicant must sign an undertaking with the College in which the applicant agrees to have his or her registration limited to specific procedures and to other such terms and conditions as may be set by the Registration Committee under section 18 of the Health Professions Procedural Code.
4. The applicant must provide evidence satisfactory to the Registration Committee that,
 - i. at the time of application, the applicant is employed by a facility in Ontario referred to in Schedule 4 to practise nuclear medicine procedures, and
 - ii. additional training is not required since there is satisfactory evidence of competent practice in nuclear medicine procedures during the lesser of the past five years and the period of the applicant's employment.
5. The applicant must provide details to the Registration Committee of the specific nuclear medicine procedures carried out by the applicant in his or her employment.
6. The applicant must pay the annual fee.

(2) The following are conditions of an employment specific (nuclear medicine) certificate of registration:

1. The member shall practise the profession only within the scope of his or her employment with the facility specified in the certificate.
2. The certificate of registration is automatically revoked on the termination of his or her employment with the facility specified in the certificate.

MISCELLANEOUS

8. (1) A member who uses an abbreviation for the title "medical radiation technologist" may use the abbreviation "MRT".

(2) A member who holds a specialty certificate of registration listed in the first column of the Table to this subsection may use the title and the abbreviation set out opposite to the specialty in the second and third columns of the Table:

Specialty	Title	Abbreviation
Radiography	Medical Radiation Technologist — Radiography	MRT(R)
Radiation Therapy	Medical Radiation Technologist — Radiation Therapy; or Medical Radiation Technologist — Radiation Therapist	MRT(T)
Nuclear Medicine	Medical Radiation Technologist — Nuclear Medicine	MRT(N)
Magnetic Resonance	Medical Radiation Technologist — Magnetic Resonance	MRT(MR)
Diagnostic Medical Sonography	Medical Radiation Technologist — Diagnostic Medical Sonographer; or Diagnostic Medical Sonographer	MRT(DMS); or DMS

(3) A member shall not use a title or abbreviation set out in the second or third column of the Table to subsection (2) unless the member holds a specialty certificate of registration listed in the first column of the Table opposite the title or abbreviation.

~~9. An applicant must advise the College of his or her intention to write the examination set or approved by the Council in one or more of the specialties, at least ninety days before the examination is to be held.~~
PROPOSED TO BE REVOKED.

10. (1) Where the Registrar suspends a member's certificate of registration for failure to pay the annual fee and any applicable penalty, the Registrar may lift the suspension if the former member,

- (a) submits proof, in a form that is satisfactory to the Registration Committee, of competence as a medical radiation technologist in one or more of the specialties in the year in which such person wishes to resume practice in Ontario and if such person has not engaged in competent practice in Ontario for a period of five consecutive years, satisfies the Registration Committee by examination or otherwise as to competence to practise in Ontario as a medical radiation technologist in one or more of the specialties; and
- (b) pays the applicable fees.

(2) Where a member ceases to practice in Ontario, the Registrar may re-register the member as a medical radiation technologist if the member,

- (a) had provided the Registrar with a resignation in writing during the registration year in which such member ceased to practise;
- (b) submits proof, in a form that is satisfactory to the Registration Committee, of competence as a medical radiation technologist in one or more of the specialties in the year in which such person wishes to resume practice in Ontario and, if such person has not engaged in competent practice in Ontario for a period of five consecutive years, satisfies the Registration Committee by examination or otherwise as to competence to practise in Ontario as a medical radiation technologist in one or more of the specialties; and
- (c) pays the applicable fees.

(3) The specialty referred to in clause (1) (a) or (2) (b) must be the same specialty in which the person held a certificate of registration.

(4) If the person held a certificate of registration in more than one specialty and wishes to resume practice in one or more of the specialties in which he or she held a certificate of registration, the person must satisfy the requirements of clause (1) (a) or (2) (b), as applicable, in each specialty in which he or she wishes to resume practice.

11. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION).

SCHEDULE 1
APPROVED PROGRAMS UNDER SUBSECTION 4 (1)

RADIOGRAPHY

- 1. Cambrian College of Applied Arts and Technology, Sudbury, Ontario.
- 1.1 Collège Boréal D'Arts Appliqués et de Technologie, Sudbury, Ontario.
- 2. Collège Cambrian D'Arts Appliqués et de Technologie, Sudbury, Ontario.
- 3. Confederation College of Applied Arts and Technology, Thunder Bay, Ontario.
- 4. Eastern Ontario School of X-Ray Technology, Kingston, Ontario.
- 4.1 Eastern Ontario School of X-Ray Technology, Kingston, Ontario, in collaboration with Queen's University, Kingston, Ontario.
- 5. Fanshawe College of Applied Arts and Technology, London, Ontario.
- 6. Mohawk College of Applied Arts and Technology, Hamilton, Ontario.
- 6.1 Mohawk College of Applied Arts and Technology, Hamilton, Ontario, in collaboration with McMaster University, Hamilton, Ontario.
- 7. National Defence Medical Centre, Ottawa, Ontario.
- 8. The Michener Institute For Applied Health Sciences, Toronto, Ontario.
- 8.1 The Michener Institute For Applied Health Sciences, Toronto, Ontario, in collaboration with the University of Toronto, Toronto, Ontario.

NUCLEAR MEDICINE

- 9. The Michener Institute For Applied Health Sciences, Toronto, Ontario.
- 9.1 The Michener Institute For Applied Health Sciences, Toronto, Ontario, in collaboration with the University of Toronto, Toronto, Ontario.

RADIATION THERAPY

10. Ontario School of Radiation Therapy/The Princess Margaret Hospital, Toronto, Ontario in co-operation with:
Kingston Regional Cancer Centre
Northeastern Ontario Regional Cancer Centre, Sudbury
Nova Scotia Cancer Centre, Halifax
Ottawa Regional Cancer Centre
Saint John Regional Hospital, New Brunswick
The Princess Margaret Hospital, Toronto
Thunder Bay Regional Cancer Centre
Windsor Regional Cancer Centre
11. Hamilton Regional Cancer Centre, Hamilton, Ontario.
12. London Regional Cancer Centre, London, Ontario.
13. Toronto-Bayview Regional Cancer Centre, Toronto, Ontario.
14. Mohawk College of Applied Arts and Technology, Hamilton, Ontario, in collaboration with McMaster University, Hamilton, Ontario.
15. The Michener Institute For Applied Health Sciences, Toronto, Ontario, in collaboration with Laurentian University of Sudbury, Sudbury, Ontario.
16. The Michener Institute For Applied Health Sciences, Toronto, Ontario, in collaboration with the University of Toronto, Toronto, Ontario.

SCHEDULE 1.1

APPROVED PROGRAMS UNDER SUBPARAGRAPH 1 i OF SUBSECTION 4.1 (1)

MAGNETIC RESONANCE

1. The Michener Institute for Applied Health Sciences, Toronto, Ontario.

SCHEDULE 1.2

APPROVED PROGRAMS UNDER SUBPARAGRAPH 1 ii OF SUBSECTION 4.1 (1)

MAGNETIC RESONANCE

1. British Columbia Institute of Technology, Vancouver, British Columbia.
2. Northern Alberta Institute of Technology, Edmonton, Alberta.
3. Red River College of Applied Arts, Science and Technology, Winnipeg, Manitoba.

SCHEDULE 1.3

APPROVED PROGRAMS UNDER SUBPARAGRAPH 1 i OF SUBSECTION 4.2 (1)

DIAGNOSTIC MEDICAL SONOGRAPHY

1. Algonquin College of Applied Arts and Technology (General Sonography), Ottawa, Ontario.
2. BizTech College of Health Sciences, Business and Technology (Cardiac and Vascular Sonography), Mississauga, Ontario.
3. Cambrian College of Applied Arts and Technology (General Sonography), Sudbury, Ontario.
4. Canadian National Institute of Health (General Sonography), Ottawa, Ontario.
5. Collège Boréal d'arts appliqués et de technologie (Échographie générale), Sudbury, Ontario.

6. Mohawk College of Applied Arts and Technology (Diagnostic Cardiac Sonography), Hamilton, Ontario.
7. Mohawk College of Applied Arts and Technology/McMaster University - Collaborative Advanced Diploma - Bachelor of Medical Radiation Sciences Program - Ultrasound Specialization (General Sonography), Hamilton, Ontario.
8. St. Clair College of Applied Arts and Technology (General Sonography), Windsor, Ontario.
9. The Michener Institute of Education at University Health Network (General Sonography), Toronto, Ontario.

SCHEDULES 2, 3 REVOKED

SCHEDULE 4

FACILITIES FOR THE PURPOSE OF SUBSECTION 7 (1)

Post Secondary Educational Institutions

Boards under the *Education Act*

Private Hospitals under the *Private Hospitals Act*

Public Hospitals under the *Public Hospitals Act*

Psychiatric Facilities under the *Mental Health Act*

Designated institutions under the *Mental Hospitals Act*

Approved Charitable Homes for the Aged under the *Charitable Institutions Act*

Nursing Homes under the *Nursing Homes Act*

Homes for the Aged under the *Homes for the Aged and Rest Homes Act*

Boards of Health under the *Health Protection and Promotion Act*

Agencies, Boards or Commissions under any Ontario statute

Independent Health Facilities under the *Independent Health Facilities Act*

Laboratories or specimen collection centres under the *Laboratory and Specimen Collection Centre Licensing Act*

Institutions funded by the Minister as community health centres, health service organizations or comprehensive health organizations

Institutions similar to any of the above funded by the Minister of Indian Affairs and Northern Development

PROPOSED ONTARIO REGULATION

made under the

MEDICAL RADIATION TECHNOLOGY ACT, 1991

AMENDING O. REG. 866/93

(REGISTRATION)

1. Subsection 1 (2) of Ontario Regulation 866/93 is amended by adding the following paragraph:

5. Diagnostic medical sonography.

2. Subparagraph 4ii of subsection 3(1) of the Regulation is amended by revoking “quality or characteristic, including any”.

3. Subsection 3(3) of the Regulation is revoked and the following substituted:

(3) The following are conditions of a specialty certificate of registration:

1. The member shall, within every five-year period after the issuance of the certificate, engage in competent practice as a medical radiation technologist in at least one of the specialties in which the member holds a certificate of registration, and provide to the College satisfactory evidence of having done so.

2. The member shall practise only in the areas of medical radiation technology in which the member is educated and experienced.

4. Paragraph 5 of subsection 4(1) of the Regulation is amended by striking out “in one or more of the specialties” and substituting “in one or more of the specialties, in the form and manner approved by the Registration Committee”.

5. Paragraph 5 of subsection 4.1(1) of the Regulation is amended by striking out “in the specialty” and substituting “in the specialty, in the form and manner approved by the Registration Committee”.

6. The Regulation is amended by adding the following section:

4.2 (1) The following are non-exemptible registration requirements for a specialty certificate of registration in the specialty of diagnostic medical sonography:

1. The applicant must have successfully completed a medical radiation technology program in the specialty which program is,

i. offered in Ontario and listed in Schedule 1.3 or offered in Ontario and considered by the Council to be equivalent to a program listed in Schedule 1.3,

- ii. offered outside Ontario and considered by the Council to be equivalent to a program described in subparagraph i, or
 - iii. subject to paragraph 5, offered outside Ontario and considered by the Registration Committee to be substantially similar to, but not equivalent to, a program described in subparagraph i.
2. The applicant must have successfully completed one or more of the examinations set or approved by the Council in the specialty.
3. The applicant must have engaged in clinical practice in the specialty within the five years immediately preceding the date of the application or must have successfully completed a program referred to in paragraph 1 within the five years preceding the date of the application.
4. The applicant must pay the annual fee required by the by-laws and the examination fee.
5. An applicant who has successfully completed a program described in subparagraph 1iii must also provide the Registration Committee with satisfactory evidence as to his or her competence to practise in Ontario as a medical radiation technologist in the specialty, in the form and manner approved by the Registration Committee.
6. An applicant must comply with all of the requirements of paragraphs 1, 2, 3 and 5 in the same area of practice within the specialty.

(2) Despite subsection (1), an applicant for a specialty certificate of registration in the specialty of diagnostic medical sonography who applies for the certificate prior to the date that is 365 days from the date on which Ontario Regulation [*reg. number to be added*] came into force, may be issued the certificate if the applicant meets the following non-exemptible registration requirements:

1. The applicant must satisfy one of the following requirements:
 - i. the applicant is engaged in practice in Canada within the scope of practice of the specialty on the day this section comes into force, or
 - ii. the applicant was engaged in practice in Canada within the scope of practice of the specialty,
 - A. for at least 400 hours in the year prior to the day this section comes into force, or
 - B. for at least 1200 hours in the three years prior to the day this section comes into force.
2. The applicant must provide evidence satisfactory to the Registrar or the Registration Committee of competence to practise as a medical radiation technologist in the specialty.

3. The applicant must pay the annual fee required by the by-laws.

(3) For the purposes of subsection (2), the practice of the specialty is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

7. **Subsection 5(1) of the Regulation is amended by striking out “nuclear medicine or magnetic resonance” and substituting “nuclear medicine, magnetic resonance or diagnostic medical sonography”.**

8. **Subsection 5(2) of the Regulation is revoked and the following substituted:**

(2) Subject to subsection (3), if an applicant already holds an out-of-province certificate that is equivalent to a certificate of registration issued by the College in the specialty being applied for, the applicant is deemed to have met the requirements set out in subsections 4(1), 4.1(1) and 4.2(1) as applicable to the specialty, but is not deemed to have met the requirement set out in paragraph 4 of any of those provisions.

9. **Subsection 8(2) of the Regulation is revoked and the following substituted:**

(2) A member who holds a specialty certificate of registration listed in the first column of the Table to this subsection may use the title and the abbreviation set out opposite to the specialty in the second and third columns of the Table:

Specialty	Title	Abbreviation
Radiography	Medical Radiation Technologist — Radiography	MRT(R)
Radiation Therapy	Medical Radiation Technologist — Radiation Therapy; or Medical Radiation Technologist — Radiation Therapist	MRT(T)
Nuclear Medicine	Medical Radiation Technologist — Nuclear Medicine	MRT(N)
Magnetic Resonance	Medical Radiation Technologist — Magnetic Resonance	MRT(MR)
Diagnostic Medical Sonography	Medical Radiation Technologist – Diagnostic Medical Sonographer; or Diagnostic Medical Sonographer	MRT(DMS); or DMS

10. **Section 9 of the Regulation is revoked.**

11. **The Regulation is amended by adding the following Schedule:**

SCHEDULE 1.3

APPROVED PROGRAMS UNDER SUBPARAGRAPH 1 i OF SUBSECTION 4.2 (1)

Diagnostic Medical Sonography

1. Algonquin College of Applied Arts and Technology (General Sonography), Ottawa, Ontario.
2. BizTech College of Health Sciences, Business and Technology (Cardiac and Vascular Sonography), Mississauga, Ontario.
3. Cambrian College of Applied Arts and Technology (General Sonography), Sudbury, Ontario.
4. Canadian National Institute of Health (General Sonography), Ottawa, Ontario.
5. Collège Boréal d'arts appliqués et de technologie (Échographie générale), Sudbury, Ontario.
6. Mohawk College of Applied Arts and Technology (Diagnostic Cardiac Sonography), Hamilton, Ontario.
7. Mohawk College of Applied Arts and Technology/McMaster University - Collaborative Advanced Diploma - Bachelor of Medical Radiation Sciences Program - Ultrasound Specialization (General Sonography), Hamilton, Ontario.
8. St. Clair College of Applied Arts and Technology (General Sonography), Windsor, Ontario.
9. The Michener Institute of Education at University Health Network (General Sonography), Toronto, Ontario.
12. **This regulation comes into force on the later to occur of January 1, 2018 and the date it is filed.**

COUNCIL OF THE COLLEGE OF MEDICAL RADIATION
TECHNOLOGISTS OF ONTARIO:

President

Registrar

Dated on _____

OF OCT 20 2017

COUNCIL
ITEM#.....3hi.....

Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** October 10, 2017
Elizabeth Urso, Articling Student

Subject: Environmental Scan: RHPA College Terminology for "Members"

This agenda item is for:

- Decision
- Direction to staff
- Discussion
- Information

Introduction

Ontario's 26 regulatory colleges were established by the Regulated Health Professions Act, 1991 (the RHPA), to protect the public's right to safe, competent and ethical healthcare. The RHPA uses the term "member" to refer to a member of a College. The same is true of the Health Professions Procedural Code, being Schedule 2 to the RHPA, the Medical Radiation Technology Act, 1991 (the MRT Act) and the regulations made under that Act.

All CMRTO documents, including the Standards of Practice and Code of Ethics, use "member" to refer to a member of the CMRTO who holds a certificate of registration in either of the four subspecialties currently regulated with the CMRTO: radiography, radiation therapy, nuclear medicine and magnetic resonance. The term "MRT" is also used to describe a member of the CMRTO. This is the abbreviation of the protected title set out in the MRT Act.

The Regulation of Diagnostic Medical Sonographers

The Council of the CMRTO is proposing a regulation to amend the registration regulation made under the MRT Act. The amending regulation will enable the CMRTO to register diagnostic medical sonographers as a fifth specialty. The amending regulation proposes that the title for the specialty of diagnostic medical sonography be "Medical Radiation Technologist – Diagnostic Medical Sonographer" or "Diagnostic Medical Sonographer." The abbreviations for these titles would be "MRT(DMS)" and "DMS", respectively. It is unclear whether or not cabinet will approve the titles as set out in the proposed regulation. It is possible that DMS will be struck out, leaving only MRT(DMS).

On September 18, 2017, the Sonography Implementation Group (SIG) discussed the regulation of diagnostic medical sonographers with the CMRTO as a fifth specialty. SIG reviewed the CMRTO's Standards of Practice and Code of Ethics and discussed proposed amendments. Specifically, SIG discussed amending all references to "MRTs" in the Standards of Practice and Code of Ethics to a more neutral term, such as "members" or "registrants." SIG discussed how the term "members" aligns with the current legislative framework, and how the term "registrant" may assist in clarifying the distinction between mandatory registration with the CMRTO and elective membership with a professional association.

In light of these discussions, CMRTO staff reviewed College documentation of all 26 health regulatory colleges in Ontario to determine what terms they use to describe their members. Particular attention was paid to those regulators who regulate more than one profession. Other Canadian regulators of MRTs were also reviewed.

Summary

The majority of RHPA Colleges use the term "member" to refer to members of their College. This terminology aligns with both the *RHPA and each profession's profession-specific legislation, along with the regulations made under that Act (i.e. general, registration, and professional conduct)*. *Where the term member is not used, the protected title of the profession is used.*

Where neither "member" or the protected title is used, the word "Registrant" is used. The latter is used very infrequently among health regulatory Colleges. Whereas "member" is defined as a "member of the College", "registrant" is defined as a "person who registers or is registered with the College."

Those Colleges who use "registrant" and "member" fall into two groups. In the first group, the word "member" is used where an explicit or implicit reference to a legislative requirement is being made. For example, the word "registrant" would not be used to describe a "member's" ability to delegate a controlled act. This creates an internal inconsistency in the documents where "registrant" is used, since it usually appears in documents where either "member" or the protected title or both appear.

In the second group, the word "registrant" has replaced use of the word "member", even where the word "member" is used specifically in the legislation or regulation from which the requirement is drawn. For example, requirements of the College's quality assurance program.

There is also variation among the other Canadian regulators of MRTs: some use the term "member", others use the term "registrant", and some are unsure as to how they will proceed on this issue.

Detailed Environmental Scan

1. RHPA Colleges

RHPA College	Professions Regulated by the College	Terminology Used	Explanatory Notes
College of Audiologists and Speech-Language Pathologists	Audiology and Speech-Language Pathology	<ul style="list-style-type: none"> • Member • Audiologist • Speech-Language Pathologist 	The standards of practice are profession-specific. Professional conduct and quality assurance utilize "member."
College of Chiropodists	Chiropody and Podiatry	<ul style="list-style-type: none"> • Member • Chiropodists • Podiatrists 	Standards of Practice utilize the term "member." In some instances, the College utilizes the protected titles (i.e. certain practice guidelines).
College of Chiropractors	Chiropractic	<ul style="list-style-type: none"> • Member • Chiropractic • Chiropractor 	Standards of Practice utilize the term "member."
College of Dental Hygienists	Dental Hygiene	<ul style="list-style-type: none"> • Member • Dental Hygienist • Registrant 	Certain standards of practice and the Code of Ethics use the term "member" to refer to members of the College. Other standards, also use the term "registrant." Registrant is defined as "a person who registers or is registered with the College of Dental Hygienists of Ontario.
College of Dental Technologists	Dental Technology	<ul style="list-style-type: none"> • Member • Registered dental technologist (RDT) • Dental technologist 	The standards of practice use the terms "members" and "RDTs."
Royal College of Dental Surgeons	Dentistry	<ul style="list-style-type: none"> • Members • Dentist • Dental Surgeon 	The standards of practice and code of ethics use the term "dentist" and "members."
College of Denturists	Denturism	<ul style="list-style-type: none"> • Members • Denturists • Registered Denturists • Practitioners • Registrants 	Certain elements of the QA program (such as the explanation of the professional portfolio), refer to members as "registrants." For example, "registrants must keep the following documents related to

			their current CPD cycle in their professional portfolio..." Other college processes use the term "members." The standards of practice use the terms "members", "practitioners" and "Denturists."
College of Dietitians	Dietetics	<ul style="list-style-type: none"> • Members • Dietitian 	The standards of practice refer to the terms "members" and "dietitians." The Code of Ethics uses the terms "professional dietitian" and "nutritionist", though the Code was not developed by the College. It was developed by Dietitians of Canada and officially adopted by provincial dietetic associations and regulatory bodies, which explains why it references a title other than the protected title. The QA program references "members."
College of Homeopaths	Homeopathy	<ul style="list-style-type: none"> • Members • Homeopath • Registrants 	The standards of practice refer to "registrants." The term "member" is used when making a specific reference to legislation that uses the term "member" (i.e. delegation of a controlled act).
College of Kinesiologists	Kinesiology	<ul style="list-style-type: none"> • Members • Kinesiologists • Registered Kinesiologist (R.Kin) 	The standards of practice and the code of ethics use the term "members." The QA program also uses the term "members."
College of Massage Therapists	Massage Therapy	<ul style="list-style-type: none"> • Massage Therapist • Registered Massage Therapist (RMT) • Members • Registrant 	The College uses the term "registrant" for resources and information relating to Registration, QA, Practice Advice and Key Forms. The standards of practice also reference the term "member" but infrequently. The protected title is used instead. The Charter on Professionalism

			uses the terms "members" and "therapists"
College of Medical Laboratory Technologists	Medical Laboratory Technology	<ul style="list-style-type: none"> • Members • Medical laboratory technologists (MLTs) 	The standards of practice use both "members" and "MLTs." The same is true for documents relating to QA and professional conduct.
College of Midwives	Midwifery	<ul style="list-style-type: none"> • Member(s) • Midwives • Midwife 	The term "member" is used in both the standards of practice, as well as documents regarding the QA program and professional conduct. Where the term member is not used, the terms "midwife" or "midwives" are used.
College of Naturopaths	Naturopathy	<ul style="list-style-type: none"> • Member • Naturopath • Naturopathic Doctor (ND) 	The term "member" is used to describe those documents related to a member's practice. Where member is not used, "naturopathic doctor" or its abbreviation is used.
College of Nurses	Nursing	<ul style="list-style-type: none"> • Member • Nurse 	<i>The Nursing Act, 1991</i> divides members into two classes: registered nurses and practical nurses. The RN class includes nurse practitioners. The standards of practice use the word "nurse" to refer to RPN, RN and NPs.
College of Occupational Therapists	Occupational Therapy	<ul style="list-style-type: none"> • Member • Occupational Therapist (OT) • Registrants 	The standards of practice use the term "OT", and use the term "member" when making specific reference to a legislative provision that uses the term "member." The Code of Ethics also uses the protected title to refer to members of the College. The QA program uses both OT and members interchangeably. When referring registration services, "members" and "registrants" are used interchangeably.
College of Opticians	Opticianry	<ul style="list-style-type: none"> • Member • Optician 	The standards of practice used the term "member" in some

			instances and the protected title in others. References in the Code of Ethics are the same.
College of Optometrists	Optometry	<ul style="list-style-type: none"> • Member • Optometrist 	The standards of practice and Code of Ethics use the term "member." Descriptions of the QA program use the term member or the protected title.
College of Pharmacists	Pharmacy	<ul style="list-style-type: none"> • Member • Pharmacist • Pharmacy Technicians • Registrant 	The standards of practice for pharmacists and pharmacy technicians are profession-specific, whereas the Code of Ethics covers both professions and applies to all members of the College. The term "members" is used. The term "Registrant" is used when discussing the registration requirements specified in the general regulation ("the requirements [...] ensure that registrants possess the required knowledge, skills and abilities...").
College of Physicians and Surgeons	Medicine	<ul style="list-style-type: none"> • Member • Doctors • Physicians 	The standards of practice and Code of Ethics use the term "member", along with the protected title.
College of Physiotherapists	Physiotherapy	<ul style="list-style-type: none"> • Member • Physiotherapist (PT) 	The standards of practice seem to use the protected title more frequently than the term "member."
College of Psychologists	Psychology	<ul style="list-style-type: none"> • Member • Psychologist • Psychological Associate 	The standards of practice refer to the term "member", and specific references are made to the protected title.
College of Psychotherapists	Psychotherapy	<ul style="list-style-type: none"> • Member • Psychotherapist 	The standards of practice refer to the term "member", and specific references are made to the protected title.
College of Respiratory Therapists	Respiratory Therapy	<ul style="list-style-type: none"> • Member • Respiratory Therapist (RT) 	The standards of practice and code of ethics refer to the term "member", as well as the protected title and its abbreviation.

College of Traditional Chinese Medicine Practitioners and Acupuncturists	Traditional Chinese Medicine Acupuncture	<ul style="list-style-type: none"> • R. TCMPs • R. ACs 	The standards of practice are profession-specific, whereas the term “members” is used to describe program areas such as QA.
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2. Provincial MRT regulators

<i>Provincial Regulator</i>	<i>Terminology Used</i>	<i>Explanatory Notes</i>
<i>Alberta</i>	<ul style="list-style-type: none"> • <i>Member</i> 	
<i>New Brunswick</i>	<ul style="list-style-type: none"> • <i>N/A</i> 	<i>The NBAMRT is unsure as to how they will proceed on this issue.</i>
<i>Nova Scotia</i>	<ul style="list-style-type: none"> • <i>Registrant</i> 	
<i>Saskatchewan</i>	<ul style="list-style-type: none"> • <i>Member</i> 	
<i>Newfoundland</i>	<ul style="list-style-type: none"> • <i>Registrant</i> 	
<i>Québec</i>	<ul style="list-style-type: none"> • <i>Membre (member)</i> 	

Action Required: For review and discussion regarding using term ‘member’ or ‘registrant’ in the CMTRO standards of practice.

Standards of Practice

CIRCULATED WITH AGENDA

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Introduction

The Standards of Practice have been developed by the College of Medical Radiation Technologists of Ontario (CMRTO or the “College”) to describe the expectations for professional practice of medical radiation technologists (MRTs)/members of the College/registrants of the College. The Standards of Practice describe what each MRT/member/registrant is accountable and responsible for in practice. They represent performance criteria for MRTs/members/registrants and can be used to interpret the scope of practice to the public and other health care professionals.

In the Standards of Practice, “medical radiation technologists” or “MRTs” refers to all members of the CMRTO; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.¹ In the Standards of Practice, “profession” refers to the profession of medical radiation technology, which includes all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

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

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

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

By regulation made under the *Medical Radiation Technology Act*, soundwaves for diagnostic ultrasound have been prescribed as a form of energy. This means that the practice of medical radiation technology includes the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedure.

The *Medical Radiation Technology Act* also sets out which of the 13 controlled acts as set out in the *Regulated Health Professions Act*, MRTs/members/registrants are authorized to perform. These are known as authorized acts. The *Medical Radiation Technology Act* states:

“In the course of engaging in the practice of 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 As of [date], the profession of medical radiation technology includes, as a fifth specialty, diagnostic medical sonography

1. Administering substances by injection or inhalation.
2. Tracheal suctioning of a tracheostomy.
3. Administering contrast media, or putting an instrument, hand or finger,
 - Beyond the opening of the urethra,
 - Beyond the labia majora,
 - Beyond the anal verge, or
 - Into an artificial opening of the body.
4. Performing a procedure on tissue below the dermis.
5. Applying a prescribed form of energy.”

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

In the event that the Standards of Practice set a standard that is higher than departmental policy or procedure, the MRT/[member/registrant](#) must comply with the standard set by the Standards of Practice. In the Standards of Practice, the term “legislation” refers to both statutes and regulations.

Under the College’s Standards of Practice, medical radiation technologists/[members of the College/registrants of the College](#) are expected to be:

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

Accountable: meaning to take responsibility for decisions and actions, including those undertaken independently and those undertaken as a member of a team. This means that MRTs/[members/registrants](#) 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/[members/registrants](#) must take appropriate action if they feel these interests are being unnecessarily and unacceptably compromised. This includes not implementing ordered procedures or treatment plans that, from their perspective, appear to be contraindicated, and in this event, taking appropriate action to address the situation.

Collaborative: meaning to work with other members of the health care team to achieve the best possible outcomes for the patient. This means MRTs/[members/registrants](#) are responsible for communicating and coordinating care provision with other members of the health care team,

and taking appropriate action to address gaps and differences in judgement about care provision.

1. Legislation, Standards and Ethics

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

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

Indicators

MRTs/members/registrants must:

- a. have the knowledge, skills and judgement to perform procedures undertaken in the course of the practice of the profession
- b. take responsibility for decisions and actions, including those undertaken independently and those undertaken as a member of the team
- c. work with other members of the health care team to achieve the best possible outcomes for the patient
- d. adhere to all relevant provincial and federal legislation and guidelines governing the practice of the profession
- e. adhere to the Standards of Practice set by the College
- f. adhere to the Code of Ethics and the by-laws of the College
- g. adhere to all regulations made under the *Medical Radiation Technology Act* including:
 - i. Quality Assurance
 - ii. Registration
 - iii. Professional Misconduct
 - iv. Advertising

2. Equipment and Materials

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

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

Indicators

MRTs/members/registrants must:

- a. ensure the room is prepared for the procedure specified in the order
- b. select and set up the equipment and materials needed for the procedure specified in the order
- c. select the correct substances to be administered orally, by injection or inhalation, or into the body through an orifice
- d. prepare diagnostic or therapeutic substances as required
- e. conduct the required quality control tests, or ensure that the required quality control tests have been conducted, on each piece of equipment and any materials used in the ordered procedure, according to the applicable legislation and the facility policies and manufacturers' guidelines
- f. ensure that the results of quality control tests are acceptable
- g. if quality control tests are not within acceptable limits, take corrective action to ensure that the standards set by legislation, facility policies and manufacturers' guidelines are met
- h. determine the quality, serviceability, and operability of the equipment and materials to be used in the procedure in accordance with the standards set by legislation, facility policies and manufacturers' guidelines, and if the standards are not met, take corrective action
- i. determine, set and verify the technique and protocol to be used in the procedure
- j. verify all required immobilization and/or beam modification devices
- k. make use of appropriate shielding devices

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

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

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

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

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

- n. dispose of expired, unused or contaminated eluate, radioactive materials and all administrative devices in accordance with legislation and established safety protocols
- o. store radiopharmaceuticals and radioactive materials according to manufacturers' specifications

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

- p. clean and or reprocess transducers after each patient use in accordance with the manufacturers' guidelines, other applicable guidelines and the facility policies
- q. use, store and dispose of ultrasound gel and gel containers in accordance with applicable guidelines and the facility policies

3. Diagnostic and Therapeutic Procedures

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

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

under an exemption set out in the Controlled Acts regulation made under the *Regulated Health Professions Act*²

MRTs/members/registrants perform five controlled acts, which they are authorized to perform under the *Medical Radiation Technology Act*. These are:

- a. administering substances by injection or inhalation;
- b. tracheal suctioning of a tracheostomy;
- c. administering contrast media or putting an instrument, hand or finger,
 - i. beyond the opening of the urethra,
 - ii. beyond the labia majora,
 - iii. beyond the anal verge, or
 - iv. into an artificial opening of the body;
- d. performing a procedure on tissue below the dermis; and
- e. applying a prescribed form of energy.

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

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

Under the *Medical Radiation Technology Act*, MRTs/members/registrants are authorized to perform five controlled acts (“authorized acts”) as required in the course of engaging in the practice of the profession. They must not perform the authorized acts or any exempted controlled act unless the conditions under the *Regulated Health Professions Act*, the *Medical*

² Effective [date], only members of the College of Medical Radiation Technologists of Ontario, members of the College of Midwives of Ontario, members of the College of Nurses of Ontario who are nurse practitioners and members of the College of Physicians and Surgeons of Ontario will be exempt from subsection 27(1) of the *Regulated Health Professions Act* for the purpose of applying soundwaves for diagnostic ultrasound.

Radiation Technology Act and their respective regulations, and the Standards of Practice have been met.

Indicators

MRTs/members/registrants must:

- a. perform procedures involving the application or administration of ionizing radiation only when the conditions under the applicable legislation have been met (This includes, without limitation, the *Healing Arts Radiation Protection Act* and its regulations and the *Nuclear Safety and Control Act*, its regulations and licences issued thereunder.)
- b. perform only those controlled acts that have been authorized or exempted or excepted under the legislation or delegated in accordance with the legislation and the Standards of Practice³
- c. perform authorized acts or delegated or exempted controlled acts only when the conditions under the legislation and the Standards of Practice have been met
- d. ensure that the appropriate order authorizing the performance of the procedure is in place:
 - i. for application of ionizing radiation: the order must be from a physician or other authorized health professional listed in the *Healing Arts Radiation Protection Act* or regulations
 - ii. for nuclear medicine procedures: the order must be from a person authorized under the regulations made under the *Public Hospitals Act* or in accordance with the generally accepted professional standards established under the *Independent Health Facilities Act*
 - iii. for application of electromagnetism for magnetic resonance imaging procedures: the order must be from a physician or another authorized health professional listed in the Controlled Acts regulation made under the *Regulated Health Professions Act*
 - iv. for application of soundwaves for diagnostic ultrasound procedures: the order must be from a physician or from another authorized health professional listed in the Controlled Acts regulation made under the *Regulated Health Professions Act* with respect to certain types of procedures listed in that regulation
 - ivv. for authorized acts (other than the application of electromagnetism for magnetic resonance imaging procedures or the application of soundwaves for diagnostic ultrasound procedures): the order must be from a physician
- e. perform procedures, including authorized acts, only in the course of engaging in the practice of ~~medical radiation technology~~ the profession

³ MRTs may accept delegation of other procedures that are controlled acts under the Regulated Health Professions Act and not authorized to MRTs under the Medical Radiation Technology Act provided they comply with the Regulated Health Professions Act and the Standards of Practice 6, Professional Relationships.

- f. not perform procedures contrary to any terms, conditions or limitations placed upon the MRT's/member's/registant's certificate of registration
- g. have and apply the necessary knowledge, skill and judgement to perform and manage the outcomes of performing the procedure safely, effectively and ethically
- h. ensure that patient consent has been obtained
- i. be responsible and accountable for performing the procedure and managing the outcomes having considered:
 - i. the known risks to the patient in performing the procedure
 - ii. the predictability of the outcomes in performing the procedure
 - iii. whether the management of the possible outcomes is within the MRT's/member's/registant's knowledge, skill and judgement given the situation
 - iv. any other factors specific to the situation to ensure the procedure is implemented safely, effectively and ethically
- j. not perform any procedure or provide any advice which may result in serious bodily harm unless that procedure or advice is within the scope of practice of the profession or the MRT/member/registant is authorized or permitted to do so by legislation
- k. position the patient as required for the diagnostic or therapeutic procedure
- l. ensure the area to be diagnosed or treated will be displayed on the resultant image or captured electronically
- m. use radiation protection devices and other patient protection devices as required
- n. instruct the patient on breathing and movement procedures
- o. ensure that the orientation of the body and other pertinent parameters are marked correctly on the image and data
- p. ensure the exposure provides optimum image quality while using minimal radiation
- q. ensure examination results (images and data) provide all the information requested in the order
- r. carry out the procedures ordered
- s. assess the patient's condition before, during and after the procedure or course of treatment
- t. respond to any change in the patient's condition during or after the procedure or course of treatment
- u. complete the procedure, advise the patient of any post-procedural care, and transfer the care of, or release, the patient

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

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

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

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

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

- x. perform procedures involving the application of soundwaves for diagnostic ultrasound imaging only when the conditions under the *Regulated Health Professions Act*, the *Medical Radiation Technology Act* and their respective regulations have been met
- y. use the minimum acoustic power output and minimum exposure time to obtain the optimum image quality and the necessary clinical information

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

- xz. develop and/or interpret a treatment plan for each patient
- yaa. calculate treatment doses and duration of administration
- z-bb ensure use of record and verification systems
- aacc. identify the treatment field and treatment volumes
- bbdd. determine if the image verifies treatment parameters or if a repeat image is necessary
- ceee. assess and match the treatment verification image with the reference image and make required adjustments to patient position
- ddff. select and/or verify treatment parameters
- eegg. administer treatment

4. Safe Practice

MRTs/members/registrants operate equipment, apply ionizing radiation, and electromagnetism for magnetic resonance imaging and soundwaves for diagnostic ultrasound, and administer radiopharmaceuticals. All all of which-these could be dangerous if used incorrectly. MRTs/members/registrants endeavour, at all times and in every aspect of their practice, to

reduce the risk of harm to their patients, to themselves, to their colleagues and to any other individuals who may be present in the practice environment.

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

Indicators

MRTs/members/registrants must:

- a. observe all departmental and facility- policies and relevant provincial and federal legislation and guidelines pertaining to health and safety, such as:
 - i. *Regulated Health Professions Act* and its regulations
 - ii. *Medical Radiation Technology Act* and its regulations
 - iii. *Public Hospitals Act* and its regulations
 - iv. *Independent Health Facilities Act* and its regulations
 - v. *Healing Arts Radiation Protection Act* and its regulations
 - vi. *Occupational Health and Safety Act* and its regulations
 - vii. *Nuclear Safety and Control Act* and its regulations and licences issued thereunder
 - viii. *Radiation Emitting Devices Act* and its regulations
 - ix. *Transportation of Dangerous Goods Act* and its regulations
 - x. *Health Protection and Promotion Act* and its regulations
 - xi. Health Canada's Technical Reports and Publications, including:
 - Safety Code 20A – X-Ray Equipment in Medical Diagnosis Part A: Recommended Procedures for Installation and Use, 1980
 - Safety Code 26 – Guidelines on exposure to Electromagnetic Fields from Magnetic Resonance Clinical Systems, 1987
 - Safety Code 30 – Radiation Protection in Dentistry, 1999
 - Safety Code 33 – Radiation Protection in Mammography: Recommended Safety Procedures for the Use of Mammographic X-Ray Equipment, 1995
 - Safety Code 35 – Safety Procedures for the Installation, Use and Control of X- Ray Equipment in Large Medical Radiological Facilities, 2008

- xii. As Low As Reasonably Achievable (ALARA) principle
- b. conduct the appropriate quality control tests, or ensure that the appropriate quality control tests have been conducted, for all equipment and substances to be used in the diagnostic or therapeutic procedure
- c. take corrective action if quality control tests are not within acceptable limits
- d. use substances only before their expiry time or date
- e. verify the patient's identity for all diagnostic or therapeutic procedures
- ~~f. ascertain whether any female patient, age 10 – 55, might be pregnant, and make necessary explanations, referrals or implement essential restrictions~~
- gf. Prior to performing the procedure, ascertain whether there are any contraindications to the procedure, including pregnancy, and notify the patient's physician, authorized health professional, radiologist, nuclear medicine physician or radiation oncologist of any contraindications including pregnancy to the ordered procedure and obtain direction to proceed, modify or halt the procedure
- hg. prior to administering a substance orally, by injection or inhalation, or into the body through an orifice, ascertain whether there are any contraindications to administering the substance to the patient and make necessary explanations, or referrals or implement necessary restrictions
- ih. assess the patient's physical and emotional limitations and ensure that the patient will not be expected to perform any task or movement that would cause physical harm
- ji. take all reasonable precautions to ensure that no equipment can injure a patient
- kj. use the ALARA principle to minimize patient exposure to radiation for the procedure
- l-k use shielding/protective devices where indicated
- m. initiate emergency response procedures, notify a physician (if possible) and assist in, or carry out, emergency treatment as required if a patient suffers any adverse reaction to treatment or to administered substances
- am. use appropriate aseptic techniques and infection control procedures in the course of the diagnostic or therapeutic procedure
- en. protect themselves, their colleagues, other members of the health care team, any other individuals who may be present as well as any patient from any unnecessary exposure to radiation
- po. ensure all positioning aids and immobilization devices maintain the patient's position appropriate to the diagnostic or therapeutic procedure specified in the patient's chart/order according to departmental or facility policy
- qp. assess the patient's condition before, during and after the course of treatment or procedure

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

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

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

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

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

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

vu. conduct personal and area contamination monitoring

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

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

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

yx. label and orient all patient-specific ancillary equipment

5. Relationship with Patients

MRTs/members/registrants have patient care as their main concern.

Practice Standard: MRTs/members/registrants must maintain clear and professional boundaries in relationships with patients and treat all patients with dignity and respect.

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

Indicators

MRTs/members/registrants must:

- a. provide clear and understandable information to the patient or patient's substitute decision maker prior to, during and after the diagnostic or therapeutic procedure, using an interpreter if necessary
- b. give the patient or patient's substitute decision maker an opportunity to ask questions
- c. provide the patient or patient's substitute decision maker with answers to his or her questions within the scope of ~~MRT~~ the profession's responsibility
- d. refer questions of the patient or patient's substitute decision maker that are outside the scope of ~~MRT~~ the profession's responsibility to an appropriate health professional for answers
- e. carry out diagnostic or therapeutic procedures only with the informed consent of the patient or the patient's substitute decision maker
- f. treat the patient with dignity and respect and in accordance with the Code of Ethics of the College
- g. make modifications to procedures based on the patient's physical, medical and/or emotional status and needs, based on the MRT's/member's/registrant's assessment of the patient's physical, medical and/or emotional status and needs
- h. instruct the patient to remove only the clothing and items that will interfere with the diagnostic or therapeutic procedures
- i. provide the patient with a gown or sheet to cover areas where clothing was removed
- j. explain to the patient when and where the MRT/members/registrants might touch him/her them and why
- k. touch the patient in only those areas needed to facilitate carrying out the procedure
- l. keep all patient information confidential except when necessary to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information
- m. comply with any applicable privacy legislation such as the *Personal Health Information Protection Act*
- n. comply with all relevant legislation such as the *Health Care Consent Act*
- o. comply with the *Regulated Health Professions Act* pertaining to the prevention of sexual abuse and the College's sexual abuse prevention program

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6. Professional Relationships

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

Practice Standard: MRTs/members/registrants must be able to practise effectively within interprofessional care teams to achieve the best possible outcomes for the patient.

MRTs/members/registrants are responsible for communicating about and coordinating care provision with other members of the team, and must be able to take the appropriate action to address gaps and differences in judgement about care provision.

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

Indicators

MRTs/members/registrants must:

- a. use a wide range of communication and interpersonal skills to effectively establish and maintain professional relationships
- b. demonstrate an understanding of and respect for the roles, knowledge, expertise and unique contribution of other members of the health care team to the team
- c. share knowledge with other members of the health care team to promote the best possible outcomes for patients
- d. collaborate with other members of the health care team for the provision of quality care
- e. participate effectively in interprofessional team meetings
- f. resolve concerns about an order or treatment plan by:
 - i. discussing the concern directly with the responsible health professional
 - ii. providing a rationale and best practice evidence in support of the concern
 - iii. identifying outcomes desired for resolution
 - iv. documenting the concern and steps taken to resolve it in the appropriate record
- g. perform controlled acts not authorized to MRTs/members/registrants under the *Medical Radiation Technology Act*, based on delegation, only when the following conditions have been met:

- i. the health professional who is delegating the controlled act (the delegator) is a member of a regulated health profession authorized by ~~his or her~~ their health profession Act to perform the controlled act
- ii. the delegator is acting in accordance with any applicable legislation and any guidelines and policies of ~~his/her~~ their regulatory body governing delegation, and has not been restricted or prohibited from delegating the controlled act
- iii. the delegator has the knowledge, skills and judgement to perform and delegate the controlled act
- iv. the MRT/member/registrant has the knowledge, skills and judgement to perform the controlled act delegated to ~~him or her~~ them safely, effectively and ethically given the circumstances of the situation
- v. a written record of the transfer of authority (delegation) and certification of ~~my the~~ MRT's/member's/registrant's competence is maintained
- vi. the MRT/member/registrant complies with any conditions established by the delegator in order for the MRT/member/registrant to maintain the authority to perform the controlled act
- vii. patient consent has been obtained
- viii. the appropriate order authorizing the performance of the controlled act delegated to the MRT/member/registrant is in place

7. Records and Reporting

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

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

MRTs/members/registrants must produce records and reports that are accurate, complete, legible and timely.

Indicators

MRTs/members/registrants must:

- a. record results of quality control tests

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- b. record and report any equipment faults or problems
- c. record and notify the patient's physician, authorized health professional, radiologist, nuclear medicine physician or radiation oncologist of any allergies, abnormal test results, pregnancy or other contraindications to the ordered procedure
- d. mark all images and data with the patient's identity
- e. ensure all images and data are archived according to principles and guidelines established by the employment facility
- f. record the patient's reactions to the treatment or procedure or any administered substances
- g. record all pertinent aspects of patient care and all procedures performed, including emergency treatments and descriptions of, and reasons for, any deviations from standard procedures on order forms, treatment prescriptions, patient charts-health records or other relevant documentation
- h. forward patients' records, images and pertinent data to appropriate recipients
- i. record and inform the patient and/or members of the health care team of any follow-up care required

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

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

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

- k. record receipt and disposal of radiopharmaceuticals, generators and radioactive materials
- l. label radiopharmaceutical preparations
- m. maintain radiopharmaceutical and pharmaceutical dispensing records

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

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

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

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

8. Continuing Competence

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

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

Indicators

MRTs/members/registrants must:

- a. maintain competence and refrain from performing activities that the MRT/member/registrant is not competent to perform
- b. maintain and apply current and relevant scientific and professional knowledge and skills in their practice
- c. obtain and maintain the necessary knowledge, skills and judgement to respond to changes in practice environments, advances in technology and other emerging issues
- d. assume responsibility for professional development and for sharing knowledge with others
- e. invest time, effort and other resources to improve their knowledge, skills and judgement
- f. engage in a learning process to enhance practice
- g. participate in the College's Quality Assurance Program
- h. collaborate with other members of the health care team to create quality practice settings

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OF OCT 20 2017

Code of Ethics

COUNCIL
ITEM# 3biii**Code of Ethics for Members of the College of Medical Radiation Technologists
of Ontario****INTRODUCTION**

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

The Code of Ethics provides direction and guidance for all Medical Radiation Technologists (MRTs)/members of the College/registrants of the College in the province of Ontario.

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

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

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

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

ETHICAL PRINCIPLE S**1. Responsibility to the public**

MRTs/members/registrants act to ensure the trust and respect of the public by:

INDICATOR S

- a) maintaining high standards of professional conduct, competence and appearance;
- b) providing only those services for which they are qualified by education, training or

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experience;

- c) not making false, misleading or deceptive statements, orally or in writing; and
- d) advancing and supporting health promotion and research.

2. Responsibility to patients

MRTs/members/registrants act in the best interests of their patients by:

INDICATORS

- a) upholding the principle of informed consent including the right of the patient, or the patient's substitute decision maker, to refuse service;
- b) respecting the dignity, privacy and autonomy of their patients;
- c) maintaining clear and appropriate professional boundaries in the MRT – patient relationship;
- d) treating all patients equitably, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or type of illness;
- e) providing individualized, comprehensive and safe treatment during examinations or therapy sessions, taking into account the patient's particular physical and emotional needs, values and cultural background; and
- f) preserving and protecting the confidentiality of information acquired through professional contact with the patient, except to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information.

3. Responsibility to the profession

MRTs/members/registrants promote excellence in the profession by:

INDICATORS

- a) assisting each other and the CMRTO in upholding the spirit and the letter of the law, the Regulated Health Professions and Medical Radiation Technology Acts, their respective regulations and the standards of practice set by the CMRTO;
- b) contributing to the development of the art and science of medical radiation technology the profession through continuing education and research; and

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

4. Responsibility to Colleagues and other health professionals

MRTs/members/registrants develop and maintain positive, collaborative relationships with colleagues and other health professionals by:

INDICATORS

- a) consulting with, referring to and co-operating with other professionals to the extent needed to serve the best interests of their patients;
- b) ensuring the safety of other health professionals when in practice or in areas under the MRT's/member's/registrant's responsibility; and
- c) educating colleagues and other health professionals about practices and procedures relating to ~~medical radiation technology~~ the profession.

5. Personal Responsibility

MRTs/members/registrants are accountable for all of their professional undertakings and shall:

INDICATORS

- a) aspire to a high level of professional efficacy at all times;
- b) maintain and apply current and relevant scientific and professional knowledge and skill in every aspect of practice;
- c) avoid conflict of interest; and
- d) provide professional service only when free from the influence of alcohol, drugs or other substances or any condition that might impede the delivery of safe service

Kirusha Kobindarajah

OF OCT 20 2017

From: Dicerni, Patrick (MOHLTC) <Patrick.Dicerni@ontario.ca>
Sent: September-27-17 4:24 PM
To: Linda Gough
Cc: Guerriero, Lynn (MOHLTC); Court, Sean (MOHLTC); Ryan, Pauline (MOHLTC)
Subject: OHFDA introduced in the legislature

COUNCIL
 ITEM# 491

Linda,

We are pleased to inform you that earlier today, Dr. Eric Hoskins, the Minister of Health and Long-Term Care, introduced the *Strengthening Quality and Accountability for Patients Act, 2017*, for First Reading in the Legislature. This Act proposes several legislative changes. One of these changes is the proposed *Oversight of Health Facilities and Devices Act, 2017* (Schedule 9 of the bill) to oversee community health facilities (CHFs) and energy applying and detecting medical devices (EADMDs).

- CHFs provide health care services outside of hospitals (e.g., Independent Health Facilities and Out of Hospital Premises).
- EADMDs apply or detect acoustic, electromagnetic, or particle radiation in relation to human beings (e.g., X-rays, magnetic resonance imaging, and ultrasound machines).

The proposed legislation, if passed, would repeal the *Independent Health Facilities Act* and the *Healing Arts Radiation Protection Act*, and replace them with the *Oversight of Health Facilities and Devices Act, 2017*. It would also allow the repeal of the *Private Hospitals Act, 1991* at a later date.

The proposed *Oversight of Health Facilities and Devices Act, 2017*, if passed, would:

- Establish a single legislative framework for both EADMDs and CHFs;
- Expand the scope of regulation beyond X-ray machines to include all EADMDs in all facilities;
- Consolidate oversight of Independent Health Facilities and Out-of-Hospital Premises;
- Establish licensing regimes for both EADMDs and CHFs;
- Establish a harmonized governance and oversight, accountability, and enforcement structure that would be responsible for ensuring safety, quality, and transparency for EADMD procedures and in CHF services;
- Establish evidence-based safety, quality, and transparency standards for EADMDs and CHFs; and
- Continue to fund some CHFs and protect all persons from inappropriate charges for OHIP-insured services.

The News Release can be found here: <https://news.ontario.ca/newsroom/en>

The bill can be found here: http://www.ontla.on.ca/web/bills/bills_current.do?locale=en

This work has been informed by recommendations made in two Health Quality Ontario reports: “Building an Integrated System for Quality Oversight in Ontario’s Non-Hospital Medical Clinics” and the “Report and Recommendations on Modernizing Ontario’s Radiation Protection Legislation,” and by feedback received from stakeholders through consultation webinars and submissions.

Additionally, in the coming months, the Minister of Health and Long-Term Care intends to strike a Task Force to advise Ontario on new and enhanced safety and quality regulations for X-ray devices (i.e., conventional X-ray machines, CT scanners, and fluoroscopy) that are currently regulated under the *Healing Arts Radiation Protection Act*. This work will support the transition from the *Healing Arts Radiation Protection Act* to the new legislation, if passed.

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Thank you for your contribution to this important initiative. We look forward to continuing to engage with you as we move forward with this work.

Sincerely,

**Patrick Dicerni
Assistant Deputy Minister
Strategic Policy Branch**

**Lynn Guerriero
Assistant Deputy Minister
Negotiations and Accountability Management Division**

Kirusha Kobindarajah

COUNCIL
ITEM# 4 a ii

From: Henry, Allison (MOHLTC) <Allison.Henry@ontario.ca>
Sent: September-27-17 4:05 PM
Subject: Introduction of Strengthening Quality and Accountability for Patients Act, 2017

On behalf of the Ministry of Health and Long-Term Care, I am writing to inform you of work the government is undertaking to strengthen transparency by bringing clarity to the legislation under which radiation and imaging technologists will be regulated in Ontario.

Stakeholder input was taken into careful consideration and has been reflected in proposed new legislation, the *Medical Radiation and Imaging Technology Act, 2017*. This Act was introduced for First Reading in the Legislature today, as Schedule 6 of the proposed omnibus Bill, the *Strengthening Quality and Accountability for Patients Act, 2017*. The News Release can be found here: <https://news.ontario.ca/newsroom/en>

Once posted, the Bill can be found here: http://www.ontla.on.ca/web/bills/bills_current.do?locale=en

If passed, the proposed *Medical Radiation and Imaging Technology Act, 2017* would replace the *Medical Radiation Technology Act, 1991* with new legislation that appropriately reflects the entirety of the medical radiation and imaging technology profession. The key legislative changes from the current state captured in the proposed *Medical Radiation and Imaging Technology Act, 2017* include updating:

- The name of the profession and of the health regulatory college overseeing the profession to accurately reflect the totality of its membership;
- The protected titles to align with commonly-used professional titles; and
- The scope of practice statement by adding “application of soundwaves” to reflect the regulation of diagnostic medical sonographers.

Amendments were made to other pieces of legislation as part of this Bill, please see the above noted link for the various schedules (again, it may take some time for the Bill to be posted).

Thank you,

Allison

Allison Henry, Director
Health System Labour Relations and Regulatory Policy Branch
Health Workforce Planning and Regulatory Affairs Division
56 Wellesley Street West, 12th Floor
Toronto ON M5S 2S3
416-327-8543



Strengthening Quality and Accountability for Patients Act, 2017

September 27, 2017 1:30 P.M.

The Strengthening Quality and Accountability for Patients Act, 2017, which Ontario intends to introduce later today, would support Ontario's Patients First: Action Plan for Health Care and, if passed, would ensure that patients continue to receive quality and accountable health care services. The 10 pieces of legislation included in the bill are:

Health Sector Payment Transparency Act, 2017

Ontario is introducing new legislation that would, if passed, make it mandatory for the medical industry, including pharmaceutical and medical device manufacturers, to disclose payments made to health care professionals and organizations, as well as other recipients. This legislation would strengthen transparency by providing information about financial relationships within the health care system and help patients make better informed decisions about their own health care.

The medical industry would be required to report all information about all other transfers of value, including meals and hospitality, travel associated expenses, and financial grants. The public would be able to search this information in an online database.

Health Protection and Promotion Act, 1990

Ontario is amending the Health Protection and Promotion Act to, if passed, permit the regulation of recreational water facilities like splash pads and wading pools to protect the health and safety of infants and young children. These changes would also permit the regulation of personal service settings like barber shops, nail salons, tattoo parlours and their aesthetic practices to better prevent infection in these settings.

These changes would bring Ontario in line with several other jurisdictions in Canada.

Long-Term Care Homes Act, 2007

While the vast majority of long-term care homes are in compliance with provincial rules and regulations, the legislation proposes new enforcement tools, including financial penalties, and

new provincial offences to ensure long-term care home operators are addressing concerns promptly.

The legislation also proposes a consent-based framework to protect residents who need to be secured in a long-term care home for safety reasons.

Retirement Homes Act, 2010

Ontario has a robust oversight system enforced by the Retirement Homes Regulatory Authority (RHRA) and recently consulted on ways to continue to improve the system in place.

The proposed changes would:

- Strengthen the oversight powers of the RHRA
- Increase transparency, accountability and governance through changes that include permitting the Auditor General to conduct value-for-money audits of the RHRA and by giving the minister authority to require reviews of the RHRA

Ambulance Act, 1990

Ontario is proposing to change the Ambulance Act to provide paramedics with increased flexibility to deliver alternative care options on-scene to patients, avoiding unnecessary visits to the emergency department.

Currently, paramedics are bound by law to transport patients to hospital facilities only. The proposed changes, if passed, would help reduce overcrowding in emergency departments by allowing paramedics to redirect low acuity patients who call 911 to non-hospital facilities (e.g. mental health facility or other home and community care resource).

Oversight of Health Facilities and Devices Act, 2017

Ontario is proposing to strengthen the safety and oversight of services delivered in community health facilities and with medical radiation devices like X-ray machines, CT scanners, ultrasound machines and MRIs.

The province's legislation would, if passed:

- Modernize and expand the regulation of medical radiation devices in all facilities to ensure safety and quality when using these devices
- Strengthen accountability in the system for providing high-quality care
- Ensure patients and their caregivers have access to critical information about the quality of care provided through public reporting.

This proposal would also allow private hospitals or other health facilities to be designated as community health facilities at a later date, so there is consistent quality oversight through detailed reporting and an enhanced inspection regime. This legislation would also allow the Private Hospitals Act to be repealed at a later date.

Medical Radiation and Imaging Technology Act, 2017

Ontario is proposing changes to strengthen transparency of the oversight of diagnostic medical sonographers (those who use ultrasound) by replacing the Medical Radiation Technology Act with new legislation to cover the entirety of the medical radiation and imaging technology profession.

Key changes proposed under the new Medical Radiation and Imaging Technology Act include:

- Updating the name of the profession and of the health regulatory college overseeing the profession to accurately reflect the entirety of its membership
- Changing the scope of practice statement to include the "application of soundwaves" to capture diagnostic sonographers
- Appropriately identifying all radiation and imaging professionals that are members of the college.

Excellent Care for All Act, 2010

The proposed amendments to the Excellent Care for All Act, 2010 include:

- Enabling the Patient Ombudsman to conduct investigations in private by excluding their investigation records from the Freedom of Information and Protection of Privacy Act
- Allowing government to make regulations specifying purposes for which Health Quality Ontario (HQO) may collect, use, and disclose personal health information which may be included, in its yearly reports.

Ontario Drug Benefit Act, 1990

This proposed new amendment would remove the last outdated reference to physicians in the Ontario Drug Benefit Act to reflect that other health care professionals (such as nurse practitioners) can prescribe drug products in Ontario.

The proposed change in scope for nurse practitioners was first addressed under the Protecting Patients Act, 2017, and would increase patients' access to the medications they need.

Ontario Mental Health Foundation Act, 1990

The province is proposing to repeal the Ontario Mental Health Foundation Act (OMHF) to complete the dissolution of the foundation. The decision to dissolve the OMHF has been made

based on the results of a review that found the bulk of OMHF's original mandate (diagnosis and treatment) is currently delivered by community-based organizations. Its research mandate will be managed through Ontario's existing Health System Research Fund.

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Laura Gallant Minister's Office

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Available Online
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2ND SESSION, 41ST LEGISLATURE, ONTARIO
66 ELIZABETH II, 2017

CIRCULATED WITH AGENDA

OF OCT 20 2017

COUNCIL
ITEM#.....4aiv.....

Bill 160

**An Act to amend, repeal and enact various Acts
in the interest of strengthening quality and accountability for patients**

The Hon. E. Hoskins
Minister of Health and Long-Term Care

Government Bill

1st Reading September 27, 2017
2nd Reading
3rd Reading
Royal Assent



**SCHEDULE 6
MEDICAL RADIATION AND IMAGING TECHNOLOGY ACT, 2017**

Definitions

1 In this Act,

“College” means the College of Medical Radiation and Imaging Technologists of Ontario; (“Ordre”)

“Health Professions Procedural Code” means the Health Professions Procedural Code set out in Schedule 2 to the *Regulated Health Professions Act, 1991*; (“Code des professions de la santé”)

“member” means a member of the College; (“membre”)

“profession” means the profession of medical radiation and imaging technology; (“profession”)

“this Act” includes the Health Professions Procedural Code. (“la présente loi”)

Health Professions Procedural Code

2 (1) The Health Professions Procedural Code shall be deemed to be part of this Act.

Terms in Code

(2) In the Health Professions Procedural Code as it applies in respect of this Act,

“College” means the College of Medical Radiation and Imaging Technologists of Ontario; (“Ordre”)

“health profession Act” means this Act; (“loi sur une profession de la santé”)

“profession” means the profession of medical radiation and imaging technology; (“profession”)

“regulations” means the regulations under this Act. (“règlements”)

Definitions in Code

(3) Definitions in the Health Professions Procedural Code apply with necessary modifications to terms in this Act.

Scope of practice

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

Authorized acts

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

1. Administering substances by injection or inhalation.
2. Tracheal suctioning of a tracheostomy.
3. Administering contrast media, or putting an instrument, hand or finger,
 - i. beyond the opening of the urethra,
 - ii. beyond the labia majora,
 - iii. beyond the anal verge, or
 - iv. into an artificial opening of the body.
4. Performing a procedure on tissue below the dermis.
5. Applying a prescribed form of energy.

Additional requirements for authorized acts

5 (1) A member shall not perform a procedure under the authority of paragraphs 1 to 4 of section 4 unless the procedure is ordered by a member of the College of Physicians and Surgeons of Ontario or the member performs the procedure pursuant to an exemption set out in a regulation made under the *Regulated Health Professions Act, 1991*.

Same

(2) A member shall not perform a procedure under paragraph 5 of section 4 unless the procedure is ordered by a member of the College of Physicians and Surgeons of Ontario or a member of any other College who is authorized to order the procedure or the member performs the procedure pursuant to an exemption set out in a regulation made under the *Regulated Health Professions Act, 1991*.

Professional misconduct

(3) In addition to the grounds set out in subsection 51 (1) of the Health Professions Procedural Code, a panel of the Discipline Committee shall find that a member has committed an act of professional misconduct if the member contravenes subsection (1) or (2) of this section.

College continued

6 The College of Medical Radiation Technologists of Ontario is continued under the name College of Medical Radiation and Imaging Technologists of Ontario in English and Ordre des technologues en radiation médicale et en imagerie médicale de l'Ontario in French.

Council

7 (1) The Council shall be composed of,

- (a) at least six and no more than nine persons who are members elected in accordance with the by-laws;
- (b) at least five and no more than eight persons appointed by the Lieutenant Governor in Council who are not,
 - (i) members,
 - (ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or
 - (iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*; and
- (c) one or two persons selected, in accordance with a by-law made under section 13, from among members who are faculty members of an educational institution in Ontario that is authorized to grant diplomas or degrees in a specialty of the profession.

Who can vote in elections

(2) Subject to the by-laws, every member who practises or resides in Ontario and who is not in default of payment of the annual membership fee is entitled to vote in an election of members of the Council.

President and Vice-President

8 The Council shall have a President and Vice-President who shall be elected annually by the Council from among the Council's members.

Restricted titles

9 (1) No person other than a member shall use the title "medical radiation and imaging technologist", "diagnostic medical sonographer", "radiological technologist", "radiation therapist", "nuclear medicine therapist", "magnetic resonance technologist", a variation or abbreviation or an equivalent in another language.

Representations of qualification, etc.

(2) No person other than a member shall hold themselves out as a person who is qualified to practise in Ontario as a medical radiation and imaging technologist or in a specialty of medical radiation and imaging technology.

Definition

(3) In this section,

"abbreviation" includes an abbreviation of a variation.

Notice if suggestions referred to Advisory Council

10 (1) The Registrar shall give a notice to each member if the Minister refers to the Advisory Council, as defined in the *Regulated Health Professions Act, 1991*, a suggested,

- (a) amendment to this Act;
- (b) amendment to a regulation made by the Council; or
- (c) regulation to be made by the Council.

Requirements re notice

(2) A notice mentioned in subsection (1) shall set out the suggestion referred to the Advisory Council and the notice shall be given within 30 days after the Council of the College receives the Minister's notice of the suggestion.

Offence

11 Every person who contravenes subsection 9 (1) or (2) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence.

Regulations

12 Subject to the approval of the Lieutenant Governor in Council, the Minister may make regulations prescribing forms of energy, other than ionizing radiation, electromagnetism and soundwaves, for the purposes of section 3.

By-laws

13 The Council may make by-laws respecting the qualifications, number, selection and terms of office of Council members who are selected.

Transition

14 (1) A person who, on the day before section 15 of this Act came into force, was registered under the *Medical Radiation Technology Act, 1991* shall be deemed to be the holder of a certificate of registration issued under this Act subject to any term, condition or limitation to which the registration was subject.

Same, Council members

(2) A person who, on the day before section 15 of this Act came into force, was a member of the Council or the President or Vice-President under the *Medical Radiation Technology Act, 1991* continues in office under this Act until their term would otherwise expire.

Same, by-laws and regulations

(3) By-laws and regulations made under the *Medical Radiation Technology Act, 1991* that were in force on the day before section 15 of this Act came into force remain in force until they are revoked or replaced under this Act.

Power of Council

(4) The Council of the College of Medical Radiation Technologists of Ontario has the power to make by-laws and regulations under this Act to come into force on or after section 15 comes into force.

Repeal

15 The *Medical Radiation Technology Act, 1991* is repealed.

Healing Arts Radiation Protection Act

16 Paragraph 7 of subsection 5 (2) of the *Healing Arts Radiation Protection Act* is amended by striking out “the College of Medical Radiation Technologists of Ontario” and substituting “the College of Medical Radiation and Imaging Technologists of Ontario”.

Regulated Health Professions Act, 1991

17 (1) Item 16 of the Table to the *Regulated Health Professions Act, 1991* is struck out and the following substituted:

16.	person registered under the <i>Radiological Technicians Act</i>	member of the College of Medical Radiation and Imaging Technologists of Ontario
17.	member of the College of Medical Radiation Technologists of Ontario	member of the College of Medical Radiation and Imaging Technologists of Ontario

(2) Schedule 1 to the Act is amended by striking out,

<i>Medical Radiation Technology Act, 1991</i>	Medical Radiation Technology
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and substituting the following:

<i>Medical Radiation and Imaging Technology Act, 2017</i>	Medical Radiation and Imaging Technology
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Commencement

18 (1) Subject to subsection (2), the Act set out in this Schedule comes into force on a day to be named by proclamation of the Lieutenant Governor.

(2) Subsection 14 (4) and sections 18 and 19 come into force on the day the *Strengthening Quality and Accountability for Patients Act, 2017* receives Royal Assent.

Short title

19 The short title of the Act set out in this Schedule is the *Medical Radiation and Imaging Technology Act, 2017*.

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Clinics that offer so-called entertainment ultrasounds promise to provide clearer images of a fetus's appearance. (AlexRaths/iStock)

Last year, dozens of expectant parents in the Greater Toronto Area left a Pickering ultrasound clinic believing they had received images of their healthy gestating children. There was just one problem: they all had the same picture. The government isn't currently taking any action to crack down on this kind of bungle: although it presented a major new health bill at Queen's Park last week, it doesn't plan to institute measures to restrict or regulate the non-medical use of ultrasound machines in Ontario.

Bill 160, introduced last week by Health and Long-term Care Minister Eric Hoskins, is a sprawling multi-part bill that will affect many aspects of the province's health care system. One of the sections will require the regulation of sonographers (technicians who use ultrasound machines for medical imaging) — bringing them in line with others who work in imaging technology. Ontario traditionally lets medical professions self-regulate through legally established colleges, of which there are 26, on the grounds that doctors are better than bureaucrats at determining appropriate professional standards. If the bill passes the legislature, the current College of Medical Radiation Technologists of Ontario will be renamed and have an expanded mandate to regulate sonographers, who aren't currently regulated by any medical college in the province.

Linda Gough, CEO of CMRTO, welcomed the change, indicating it addresses a regulatory gap. "We're well into the process [of regulation]. This is something we've been working on for a long time," Gough says. "It's our job to protect the public, and we've been working with the ministry to close that gap."

Ultrasound technology is inherently safe: the energy levels used by ultrasound machines are low, and the machines themselves are regulated by the federal government. Problems can arise, though, if sonographers fail to properly capture an image, leaving the doctor, midwife, or nurse practitioner who ordered the sonogram with incomplete information.

The safety of the technology notwithstanding, numerous medical organizations — including the College of Physicians and Surgeons of Ontario and the Society of Obstetricians and Gynaecologists of Canada — have explicit policies that recommend against the use of ultrasound machines for non-medical purposes. But these policies have done little to stem the growth of the “entertainment ultrasound” business — Ontario is now home to a profusion of “3D ultrasound” clinics that promise to provide clearer images of a fetus’s appearance, and offer videos, too.

Gough says that with an expanded mandate, the CMRTO will be able to ensure that operators are competent and have up-to-date training, and to evaluate complaints of error or abuse — the kind of functions that colleges perform for other medical professions in the province.

“What this will do is bring sonographers in line with the rest of the province’s framework,” she says.

But the provisions of Bill 160 (formally, the Strengthening Quality and Accountability for Patients Act) would apply only to sonographers who become members of the new medical college. As long as someone didn’t falsely represent themselves as a college-licensed sonographer, they could still legally operate an ultrasound machine and produce entertainment ultrasounds of the kind provided by places like the now-infamous Pickering clinic.

The health ministry signalled last year that it was looking into regulating the non-medical ultrasound sector, but Hoskins’s office says the legislation introduced this week isn’t intended to target entertainment ultrasounds.

“That level of oversight and accountability that we have for x-rays, we don’t have that for ultrasounds,” says Hoskins. “It’s more about modernizing the oversight system built when some of these technologies didn’t exist.”

A blunder involving the wrong pictures isn’t the worst-case scenario ultrasound machines could produce. Sonograms are a necessary step in sex-selective abortions, which both medical colleges and provincial governments have tried to restrict. But the fact that commercial, non-medical ultrasound clinics will continue to operate largely unregulated poses a problem: professional sonographers in good standing with their medical college will of course refuse to perform sonograms simply for the purpose of identifying the sex of a fetus. But parents intent on terminating a female fetus will be able to find operators who will help them.

There’s also nothing in the legislation that would stop a sonographer who’d been stripped of their licence by the college (for incompetence, say, or abuse) from opening their own non-medical clinic the next day.

Fundamentally, the province’s medical legislation isn’t meant to address the non-medical use of this kind of imaging technology: as long as clinics aren’t physically harming people, the government is reluctant to use laws meant to protect patients’ physical safety for what are, in the end, consumer complaints.

The public isn't being thrown to the wolves: a separate section of Bill 160 would give inspectors with the Ministry of Health and Long-Term Care substantial powers to inspect "any premises" suspected of the unsafe operation of ultrasound machines — but the government says it's simply too early in the legislative process to predict whether those powers will be used to restrict non-medical sonograms. The bill has to pass the legislature, the government needs to enact regulations, and the new college needs to set professional standards — after those pieces are in place, the government will be able to take a fresh look at the situation with new legal tools at hand.

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