ALBERTA COLLEGE OF MEDICAL DIAGNOSTIC AND THERAPEUTIC TECHNOLOGISTS

STANDARDS OF PRACTICE

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INTRODUCTION

BACKGROUND

The Alberta College of Medical Diagnostic and Therapeutic Technologists (**ACMDTT**[1] or the College) is the regulatory body in Alberta for medical diagnostic and therapeutic technologists.

This collective is composed of eight distinct specialties within three distinct professional groups called medical radiation technologists, electroneurophysiology technologists, and diagnostic medical sonographers. The eight specialties consist of radiological technologists, radiation therapists, nuclear medicine technologists, magnetic resonance technologists, electroneurophysiology technologists, general diagnostic medical sonographers, cardiac diagnostic medical sonographers, and vascular diagnostic medical sonographers.

These professional groups are legislated by the *Health Professions Act* (HPA) and, in accordance with Section 133 of the HPA, the College has developed Standards of Practice (Standards) to guide professional practice. The **Standards** represent the expected minimum level of performance for **registrants** and reflect delivery of safe, competent, and ethical care to **patient**s.

These Standards are mandatory for all registrants of the College across all contexts of professional practice. The HPA and the *Medical Diagnostic and Therapeutic Technologists Profession Regulation* (the Regulation) govern the practice of the professions.

Section 3(1) of Schedule 12 of the HPA sets out the **practice statement** for the profession of medical diagnostic and therapeutic technologists as follows:

> 3(1) In their practice, medical diagnostic and therapeutic technologists do one or more of the following:
>
> (a) apply ionizing radiation, non-ionizing radiation and other forms of energy to produce diagnostic images,
> (b) evaluate the technical sufficiency of the images,
> (c) use ionizing radiation, non-ionizing radiation and other forms of energy for treatment purposes,
> (d) teach, manage and conduct research in the science, techniques and practice of medical diagnostic and therapeutic technology,
> (d.1) assess the medical condition and needs of patients before, during and after the procedure described in clause (a), and
> (e) provide restricted activities authorized by the regulations.

Section 3(2) of Schedule 12 of the HPA sets out the practice statement for the profession of electroneurophysiology technologists as follows:

[1] A glossary of key terms used in the Standards is included at the end of the document. Words or terms that are included in the Glossary are identified in the document by **bold text** the first time they appear in each Standard.

3(2) In their professional practice, electroneurophysiology technologists do one or more of the following:

(a) use sensitive electronic equipment to record and evaluate the electrical activity of patients' central and peripheral nervous systems to assist physicians, surgeons and other health professionals in diagnosing diseases, injuries and abnormalities;

(a.01) evaluate the technical sufficiency of the recordings made under clause (a);

(a.02) assess the medical condition and needs of patients before, during and after the procedure described in clause (a);

(a.1) teach, manage and conduct research in the science, techniques and practice of electroneurophysiology;

(b) provide restricted activities authorized by the regulations.

Sections 24 to 33 of the *Health Professions Restricted Activity Regulation* set out restricted activities for the practice of medical radiation technology, electroneurophysiology technology, and diagnostic medical sonography.

The process used to develop the Standards is described in Appendix A.

PURPOSE OF THE STANDARDS OF PRACTICE

The Standards serve a variety of purposes for stakeholders both internal and external to the professions of medical radiation technology, diagnostic medical sonography and electroneurophysiology technology such as:

- The College uses the Standards to outline standards/expectations for evaluation of the quality of professional practice and inform processes to review professional practice and conduct of registrants.
- Educators use the Standards in the design of education programs and practice assessments, in conjunction with entry-to-practice competency statements.
- Managers/employers use the Standards to guide the development of job descriptions/roles and performance evaluation.
- Other health professionals use the Standards to learn about the roles of those regulated by the College and enhance collaborative practice.
- Registrants use the Standards to provide guidance for exemplary practice and a framework for patient care, to enhance the culture of professionalism, to provide the basis for self-monitoring processes and to facilitate continued learning initiatives.
- Members of the public use the Standards to learn about what patients can expect when receiving services.

HOW THE STANDARDS OF PRACTICE ARE ORGANIZED

The Standards of Practice are organized under six broad standard areas:

Standard Area 1: Provision of Patient Care/Services

Standard Area 2: Professional Accountability

Standard Area 3: Professional Roles

Standard Area 4: Practice Management

Standard Area 5: Protection of Patients from Sexual Abuse and Sexual Misconduct

Standard Area 6: Continuing Competence Program

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

- **Standard** describes the legal and professional expected level of performance by a registrant.
- **Indicators** describe the application of the standards by a registrant, and can also be used to determine if the standards are being achieved. The indicators are not all-inclusive, nor are they listed in order of importance. Both general indicators (those that are applicable to all registrants) and specific indicators (those that apply to one or more of the specialties) are provided.
- **Expected Outcomes** describe the outcomes that patients, family/representatives, the public and employers may expect when a registrant provides services.
- **Related Standards** refer to other standards that provide additional and/or related information.
- **Resources** include a list of documents that provide additional information related to the Standards.
- The **Glossary** provides definitions for words in boldface in the Standards of Practice. Words or terms that are included in the Glossary are identified in the document by bold text the first time they appear in each Standard.

ASSUMPTIONS

The Standards are based on the following assumptions:

- All registrants are expected to be safe, competent, ethical, accountable and professional.
- All registrants will only practice where they have the necessary knowledge, skills and judgment, as well as the requisite education to deliver diagnostic and therapeutic services.
- The Standards are applicable to all College registrants regardless of practice area or setting, unless specifically identified in the Standards.

- The Standards are part of a continuum of standards and should be used in conjunction with related College documents such as:
  - Code of Ethics[2]
  - Competency Profile for each specialty[3,4,5]

[2] ACMDTT. (2015). *Code of Ethics*. Edmonton.

[3] ACMDTT. (2023). *Competency Profile Electroneurophysiology*. Edmonton.

[4] Canadian Association of Medical Radiation Technologists. (2020). *National Competency Profile for Entry-Level MRTs in Canada*. Ottawa.

[5] Sonography Canada. (2021). *National Competency Profiles*. Ottawa.

STANDARD AREA 1.0
PROVISION OF PATIENT CARE/SERVICES

STANDARD 1.1 PATIENT-CENTRED CARE

Standard

A **registrant** of the College provides **patient-centred care** that is safe, competent and ethical. The registrant provides the **patient**'s care with integrity and compassion and adheres to the registrant's inherent legal responsibilities (e.g., *Health Professions Act*, *Medical Diagnostic and Therapeutic Technologists Profession Regulation*).

Indicators

To demonstrate this Standard, a registrant will:

a. Take steps to put the patient at ease and establish rapport (e.g., introduce oneself, state profession and role).
b. Assess the patient's level of understanding of the procedure and adapt communication and assessment accordingly.
c. Clearly explain the procedure and possible implications to the patient.
d. Ensure appropriate **informed consent** for the procedure has been obtained (e.g., explain procedure and possible implications, recognize the patient's right to accept or refuse medical services).
e. Determine, where possible, the patient's individual needs and expressed wishes and adapt the approach, as appropriate, within the limitations of the procedure.
f. Perform the procedure in a manner that maintains the patient's dignity.
g. Provide the opportunity, where appropriate, to have a **third party** in attendance for specific procedures.
h. Advise the patient of any preparation for the procedure and/or post-procedural care (e.g., transfer of care, release of the patient, follow-up), when applicable.

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to consider patients' individual needs during delivery of care and to provide sufficient information to ensure appropriate consent is obtained.

Related Standards

1.2 Clinical Procedures

2.1 Legislation, Standards and Ethics

2.4 Professional Boundaries

2.5 Privacy/Confidentiality

2.6 Communication

4.1 Record Keeping and Information Management

Resources

Alberta Health Services. (2020). *Consent to Treatment/Procedure(s) Policy*. Edmonton.

Government of Alberta. (2005). *Alberta Regulation 61/2005 Health Professions Act - Medical Diagnostic and Therapeutic Technologists Profession Regulation*. Edmonton.

Government of Alberta. (2000). *Health Information Act*. Edmonton.

Government of Alberta. (2000). *Health Professions Act*. Edmonton.

STANDARD 1.2 CLINICAL PROCEDURES

Standard

A registrant of the College employs clinical procedures in a safe, competent and ethical manner.

Indicators

To demonstrate this Standard, a registrant will:

a. Take actions to prepare for the procedure (e.g., verify procedure ordered, ensure procedure requisition/ prescription contains required patient information, verify correct patient/anatomical location).
b. Obtain relevant patient history.
c. Ensure the patient has been assessed for contraindications to the procedure and respond appropriately (e.g., allergies, medications, conflicting treatments/examinations, medical condition, implants/devices or other items).
d. Clearly explain the procedure and obtain appropriate informed consent.
e. Possess the necessary **competence** to perform the procedure safely and ethically.
f. Comply with applicable federal and provincial legislation and regulations, professional requirements, and employer or organization policies and procedures that relate to patient safety, professional practice, or the performance of clinical procedures.[6]
g. Ensure patient safety (e.g., transfers, physical environment).
h. Support patient comfort, as appropriate, while performing procedures (e.g., position the patient, utilize positioning aids and immobilization devices).
i. Assess and monitor the patient during the procedure (e.g., watch for adverse reactions, sudden changes in patient status or condition) and take appropriate action, when required (e.g., provide direct assistance, call for emergency assistance).
j. Select appropriate equipment and parameters considering the individual patient (e.g., imaging, data acquisition, treatment, optimum settings, transducer settings, coils).
k. Appropriately identify anatomical orientation on imaging/recordings (e.g., utilize radio-opaque markers, utilize annotation, differentiate patient positioning such as left/right).

[6] Note: If the College's Standards are more restrictive than related policies and procedures of the organization/employer, the registrant is required to adhere to the College's expectations.

l. Optimize, capture and archive information (e.g., images, recordings).
m. Identify and communicate with the appropriate healthcare provider any procedural concerns or patient's expressed wishes (e.g., appropriateness of or modifications to the procedure, patient's gender expression).
n. Modify procedure based on evidence from previous data, images and reports.
o. Assess results (e.g., images, data sets, recordings) for acceptability and completeness.

In addition, registrants in the profession of **Medical Radiation Technology** will:

Radiological

p. Utilize shielding in accordance with radiation protection principles without compromising the exam (e.g., determine location of radiosensitive tissues/reproductive organs).
q. Collimate and direct the x-ray beam to the area of interest to produce images that demonstrate only the required anatomy and/or pathologies that is/are of diagnostic interest.
r. Expose the patient to the lowest practicable amount of radiation, consistent with clinical objectives and without loss of essential diagnostic information.

Radiation therapy

s. Modify treatment, as required, based on image guidance.

Nuclear medicine

t. Ensure that radioactive materials utilized meet appropriate standards for safety as well as manufacturing (e.g., acceptable radiopharmaceutical quality control, appropriate shielding).
u. Prepare radiopharmaceuticals according to manufacturers' specifications.
v. Dispense and administer radiopharmaceutical preparations as per employer/organization policies and guidelines and physician orders (e.g., procedural requisition and facility protocol).
w. Ensure appropriate measures are in place and followed to safely prepare blood products as radiopharmaceuticals.
x. Utilize shielding in accordance with radiation protection principles without compromising the exam (e.g., determine location of radiosensitive tissues/reproductive organs).
y. Collimate and direct the x-ray beam to the area of interest to produce images that demonstrate only the required anatomy and/or pathologies that is/are of diagnostic interest.
z. Expose the patient to the lowest practicable amount of radiation, consistent with clinical objectives and without loss of essential diagnostic information.

In addition, registrants in the profession of **Electroneurophysiology Technology** will:

aa. Modify/adapt recording and/or procedure based on physical, clinical or electrographic observations.
bb. Communicate technical impressions of examinations to the most appropriate healthcare provider.

In addition, registrants in the profession and all specialties of **Diagnostic Medical Sonography** will:

cc. Communicate technical impressions of examinations to the most appropriate healthcare provider.

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to have the necessary competence to perform the clinical procedures safely, competently, and ethically.

Related Standards

1.1 Patient-Centred Care

2.1 Legislation, Standards and Ethics

2.2 Professional Competence

2.4 Professional Boundaries

2.6 Communication

3.1 Collaboration/Professional Relationships

3.3 Evidence-Informed Practice

4.1 Record Keeping and Information Management

4.2 Safe Practice

Resources

- ACMDTT. *Advanced and Enhanced Practice Authorization*. Edmonton.
- ACMDTT. (2023). *Competency Profile Electroneurophysiology*. Edmonton.
- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- American Society of Radiologic Technologists. (2025). *Best Practices in Digital Radiography*. Albuquerque.
- Canadian Association of Electroneurophysiology Technologists. (2016). *National Technical Standards*. Ottawa.
- Canadian Association of Medical Radiation Technologists. (2020). *National Competency Profile for Entry-Level MRTs in Canada*. Ottawa.

- Cardiac Care Network. (2017). *Standards for the Provision of Electrocardiography (ECG)-Based Diagnostic Testing in Ontario*. Toronto.
- Government of Alberta. (2005). *Alberta Regulation 61/2005 Health Professions Act - Medical Diagnostic and Therapeutic Technologists Profession Regulation*. Edmonton.
- Government of Alberta. (2000). *Health Information Act*. Edmonton.
- Health Canada. (2024). *Safety Procedures for the Installation, Use and Control of X-ray Equipment in Large Medical Radiological Facilities*. Ottawa.

STANDARD AREA 2.0
PROFESSIONAL ACCOUNTABILITY

STANDARD 2.1 LEGISLATION, STANDARDS AND ETHICS

Standard

A **registrant** of the College adheres to the legislative requirements governing the practice of the registrant's specialty and the College's Code of Ethics and Standards of Practice.

Indicators

To demonstrate this Standard, a registrant will:

a. Assume personal responsibility for the quality and **competence** of the registrant's practice.
b. Maintain and apply the knowledge, skills, judgments and behaviours necessary for safe, competent and ethical practice.
c. Perform **restricted activities** only as set out in Standard 2.3 Restricted Activities and Standard 2.3.1 Performance of Restricted Activities, and only when the registrant has the required competence and current authorization.
d. Protect **patient** confidentiality within policy and legislated parameters.
e. Recognize, disclose, avoid and/or manage real or perceived **conflict of interest** situations.
f. Report abuse, incapacity or unprofessional conduct as required by legislation, including complying with the **duty to report sexual abuse**, **sexual misconduct**, and **female genital mutilation** (FGM) under the *Health Professions Act*. For the purposes of this indicator, incapacity and unprofessional conduct have the meanings set out in sections 1(1)(s) and 1(1)(pp) of the *Health Professions Act*.
g. Comply with all **self-report** obligations by notifying the Registrar in writing, as soon as reasonably possible and in accordance with legislative requirements, of findings of professional negligence, decisions of unprofessional conduct made by another regulatory college or jurisdiction, and charges or convictions under the *Criminal Code* (Canada).
h. A registrant must not procure, perform, or facilitate female genital mutilation (FGM).
i. Adhere to legal obligations required by the College (e.g., use of protected title, mandatory registration requirements, professional liability insurance).
j. Refrain from utilizing protected titles(s) when engaged in activities that are outside of the practice of Medical Radiation Technology, Electroneurophysiology Technology and Diagnostic Medical Sonography (e.g., animal treatment, entertainment ultrasound).
k. Engage in conduct that does not harm the integrity of the registrant's profession.
l. Ensure that information provided by the registrant about services offered is accurate and verifiable.
m. Be accurate and transparent in interactions related to patient billing (e.g., accurately report procedures performed).

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to provide services in compliance with applicable legislation, regulations and professional requirements.

Related Standards

1.1 Patient-Centred Care

1.2 Clinical Procedures

2.2 Professional Competence

2.3 Restricted Activities

2.4 Professional Boundaries

2.5 Privacy/Confidentiality

3.3 Evidence-Informed Practice

4.2 Safe Practice

5.0 Protection of Patients from Sexual Abuse and Sexual Misconduct

Resources

- ACMDTT. *Advanced and Enhanced Practice Authorization*. Edmonton.
- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- Government of Alberta. (2005). *Alberta Regulation 61/2005 Health Professions Act - Medical Diagnostic and Therapeutic Technologists Profession Regulation*. Edmonton.
- Government of Alberta. (2000). *Health Information Act*. Edmonton.
- Government of Alberta. (2000). *Health Professions Act*. Edmonton.

STANDARD 2.2 PROFESSIONAL COMPETENCE

Standard

A registrant of the College limits their professional practice to those techniques and procedures that the registrant is competent to perform, and that are consistent with the College's Standards. The registrant is responsible for life-long learning to maintain competence in their practice.

Indicators

To demonstrate this Standard, a registrant will:

a. Possess the competencies set out in all competency profiles that are applicable to the registrant's areas of **practice**.
b. Practice within the limits of the registrant's competence.

c. Maintain knowledge of current and evolving technologies and integrate new learning into practice, as appropriate.
d. Undertake continuing professional development.
e. Comply with all the requirements of the College's Continuing Competence Program.

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to possess the necessary competence for safe and ethical service delivery.

Related Standards

1.2 Clinical Procedures

2.1 Legislation, Standards and Ethics

2.3 Restricted Activities

3.3 Evidence-Informed Practice

4.2 Safe Practice

Resources

- ACMDTT. (2023). *Competency Profile Electroneurophysiology*. Edmonton.
- ACMDTT. (2025). *Continuing Competence Program (CCP) Manual*. Edmonton.
- Canadian Association of Medical Radiation Technologists. (2020). *National Competency Profile for Entry-Level MRTs in Canada*. Ottawa.

STANDARD 2.3 RESTRICTED ACTIVITIES

Standard

A registrant of the College may perform only those restricted activities that they are authorized and have the required competence to perform as follows.

Restricted Activities

The restricted activities that registrants of the College are authorized to perform under sections 24 to 33 of the *Health Professions Restricted Activity Regulation* are as follows:

PROFESSION OF MEDICAL RADIATION TECHNOLOGY

RADIOLOGICAL

(1) A registrant who is registered on the radiological technologist general register or the radiological technologist provisional register may:
   a. apply any form of ionizing radiation in conjunction with medical radiography;
   b. apply non-ionizing radiation in lithotripsy;

c. administer diagnostic imaging contrast agents for the purpose of conducting diagnostic scans and imaging of body tissue;
d. for the purpose of administering diagnostic examinations in medical radiography, to insert or remove instruments, devices or fingers
   i. beyond the opening of the urethra,
   ii. beyond the anal verge, or
   iii. into an artificial opening in the body.

(2) A Medical Radiation Technologist who has completed advanced training approved by the College and who has received authorization confirmation from the College may:
a. cut a body tissue or to perform other invasive procedures on body tissue below the dermis for the purpose of starting an intravenous line;
b. apply non-ionizing radiation for the purpose of ultrasound imaging.

RADIATION THERAPY

(1) A registrant who is registered on the radiation therapist general register or the radiation therapist provisional register may:
a. apply any form of ionizing radiation in conjunction with radiation therapy;
b. administer diagnostic imaging contrast agents for the purpose of conducting diagnostic scans and imaging of body tissue;
c. for the purpose of radiation treatment, to insert or remove instruments, devices, fingers or hands
   i. beyond the cartilaginous portion of the ear canal,
   ii. beyond the pharynx,
   iii. beyond the opening of the urethra,
   iv. beyond the labia majora,
   v. beyond the anal verge, or
   vi. into an artificial opening in the body.

(2) A Radiation Therapist who has completed advanced training approved by the College and who has received authorization confirmation from the College may:
a. cut a body tissue or to perform other invasive procedures on body tissue below the dermis for the purpose of starting an intravenous line;
b. apply non-ionizing radiation for the purpose of ultrasound imaging.

NUCLEAR MEDICINE

(1) A registrant who is registered on the nuclear medicine technologist general register or the nuclear medicine technologist provisional register the may:
a. apply any form of ionizing radiation in conjunction with nuclear medicine;
b. compound or administer blood or blood products to perform autologous procedures;
c. administer radiopharmaceuticals, radio labelled substances, radioactive gases or radio aerosols for diagnostic and therapeutic purposes;

d. cut a body tissue, or administer anything by an invasive procedure on body tissue below the dermis, for the purpose of administering injections or for starting an intravenous line;
e. insert or remove instruments or devices beyond the opening of the urethra for the purpose of administering diagnostic examinations in nuclear medicine.

(2) A Nuclear Medicine Technologist who has completed advanced training approved by the College and who has received authorization confirmation from the College may apply non-ionizing radiation for the purpose of ultrasound imaging.

MAGNETIC RESONANCE

(1) A registrant who is registered on the magnetic resonance technologist general register or the magnetic resonance technologist provisional register may:
a. apply non-ionizing radiation in conjunction with magnetic resonance imaging;
b. administer diagnostic imaging contrast agents for the purpose of conducting diagnostic scans and imaging of body tissue;
c. insert or remove instruments or devices beyond the opening of the urethra or beyond the anal verge for the purposes of conducting diagnostic scans and imaging of body tissue.

(2) A Magnetic Resonance Technologist who has completed advanced training approved by the College and who has received authorization confirmation from the College may:
a. cut a body tissue or to perform other invasive procedures on body tissue below the dermis for the purpose of starting an intravenous line;
b. apply non-ionizing radiation for the purpose of ultrasound imaging.

PROFESSION OF ELECTRONEUROPHYSIOLOGY TECHNOLOGY

(1) A registrant who is registered on the electroneurophysiology technologist general register or the electroneurophysiology technologist provisional register, who has completed the training and education approved by the College and who is authorized by the Registrar may:
a. cut a body tissue or administer anything by an invasive procedure on body tissue for the purpose of using needle electrodes.

PROFESSION OF DIAGNOSTIC MEDICAL SONOGRAPHY

ULTRASOUND TECHNOLOGIST

(1) A registrant who is registered on the ultrasound technologist general register or the ultrasound technologist provisional register or the ultrasound technologist courtesy register may:
a. apply non-ionizing radiation for the purpose of ultrasound imaging, including any application of ultrasound to a fetus;
b. administer diagnostic imaging contrast agents for the purpose of conducting diagnostic scans and imaging of body tissue;

c. cut a body tissue or to perform other invasive procedures on body tissue below the dermis for the purpose of starting an intravenous line;
d. for the purpose of conducting diagnostic scans and imaging of body tissue, to insert or remove instruments or devices,
   i. beyond the labia majora, or
   ii. beyond the anal verge.

ECHOCARDIOGRAPHERS

(1) A registrant who is registered on the echocardiographer general register, echocardiographer provisional register or echocardiographer courtesy register may:
   a. apply non-ionizing radiation for the purpose of ultrasound imaging, including any application of ultrasound to a fetus;
   b. administer diagnostic imaging contrast agents for the purpose of conducting diagnostic scans and imaging of body tissue;
   c. cut a body tissue or to perform other invasive procedures on body tissue below the dermis for the purpose of starting an intravenous line.

VASCULAR TECHNOLOGIST

(1) A registrant who is registered on the vascular technologist general register, vascular technologist provisional register or vascular technologist courtesy register may:
   a. apply non-ionizing radiation for the purpose of ultrasound imaging, including any application of ultrasound to a fetus;
   b. administer diagnostic imaging contrast agents for the purpose of conducting diagnostic scans and imaging of body tissue;
   c. cut a body tissue or to perform other invasive procedures on body tissue below the dermis for the purpose of starting an intravenous line.

STANDARD 2.3.1 PERFORMANCE OF RESTRICTED ACTIVITIES

This Standard applies when a registrant independently performs a restricted activity.

A registrant of the College may independently perform a restricted activity only when the restricted activity is:

- authorized for the registrant's specialty under the *Health Professions Restricted Activity Regulation* (HPRAR), including any restricted activity that requires advanced training and authorization from the Registrar before it may be performed;
- otherwise authorized in accordance with section 33(1) of the HPRAR; and
- within the registrant's competence, current authorization, and any conditions on the registrant's practice permit.

A registrant who is authorized to perform a restricted activity but is required to perform that restricted activity under **supervision** must do so in accordance with Standard 2.3.2.

A registrant must not independently perform a restricted activity that is outside the registrant's authorization, even if the registrant has the competence to perform the activity, unless the restricted activity is otherwise authorized under applicable legislation and approved by the College.

A registrant remains responsible and accountable for determining whether they are authorized and competent to perform the restricted activity safely, competently and ethically.

Indicators

To demonstrate this Standard, a registrant will:

a. Perform only those restricted activities that are authorized for the registrant's specialty under the HPRAR, including those which require advancing training and notification from the Registrar to perform, or those restricted activities otherwise authorized in accordance with section 33(1) of the HPRAR.

b. Perform a restricted activity only when the registrant has the required competence and current authorization to perform the restricted activity.

c. Complete any required advanced training and receive authorization from the Registrar before performing a restricted activity that requires advanced training and Registrar authorization.

d. Confirm that any conditions, limits or requirements related to the restricted activity have been met before performing the restricted activity.

e. Not perform a restricted activity solely because an employer, supervisor, physician, other healthcare provider, policy, protocol or practice setting directs or permits the activity.

f. Assess the benefits and risks associated with performing the restricted activity and determine whether it is appropriate to proceed.

g. Perform the restricted activity safely, competently and ethically.

h. Ensure appropriate measures are in place to manage any critical or unexpected events that may arise during or after the performance of the restricted activity.

i. Seek clarification, direction or assistance when the restricted activity is outside the registrant's competence, authorization or ability to perform safely.

j. Perform restricted activities in accordance with applicable legislation, the College's Standards of Practice, the Code of Ethics, employer or organization policies, and any conditions on the registrant's practice permit.

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to independently perform restricted activities only when the registrant is authorized, competent and able to do so safely, competently and ethically.

Related Standards

1.1 Patient-Centred Care

1.2 Clinical Procedures

2.1 Legislation, Standards and Ethics

2.2 Professional Competence

2.3 Restricted Activities

2.3.2 Performance of Restricted Activities Under Supervision

2.3.3 Supervision of Restricted Activities

2.6 Communication

3.1 Collaboration/Professional Relationships

3.3 Evidence-Informed Practice

4.2 Safe Practice

4.3 Equipment Quality Control

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- ACMDTT. (2026) *Advanced and Enhanced Practice Authorization*. Edmonton.
- Government of Alberta. (2000). *Health Professions Act*. Edmonton.
- Government of Alberta. (2023) *Health Professions Restricted Activity Regulation*. Edmonton
- Government of Alberta. (2005). *Alberta Regulation 61/2005 Health Professions Act - Medical Diagnostic and Therapeutic Technologists Profession Regulation*. Edmonton.

STANDARD 2.3.2 PERFORMANCE OF RESTRICTED ACTIVITIES UNDER SUPERVISION

This Standard applies when a registrant performs a restricted activity under supervision. It does not apply when a registrant is supervising another person in the performance of a restricted activity.

A registrant of the College may perform a restricted activity under supervision only when one of the following applies:

- the registrant is authorized by the HPRAR to independently perform the restricted activity, but is required by the College, the registrant's registration status, a supervised practice requirement, or a condition on the registrant's practice permit to perform the restricted activity under supervision; or

- the registrant is not authorized by the HPRAR to perform the restricted activity independently, but the supervised performance of the restricted activity is permitted by applicable legislation and approved by the College.

A registrant performs a restricted activity under supervision only under the supervision of a regulated health professional who is authorized and competent to perform the restricted activity and permitted to supervise its performance.

The supervising regulated health professional is responsible for the supervision provided and for determining the appropriate level of supervision. The registrant remains responsible for practicing within their competence, following the College's Standards of Practice, and complying with any limits, conditions or directions placed on the supervised performance of the restricted activity.

Indicators

To demonstrate this Standard, a registrant will:

a. Perform a restricted activity under supervision only when the registrant is authorized or approved by the College to perform the restricted activity under supervision.

b. Perform the restricted activity only under the supervision of a regulated health professional who is authorized and competent to perform the restricted activity and permitted to supervise its performance.

c. Ensure the supervising regulated health professional has agreed to provide supervision before the restricted activity is performed.

d. Perform the restricted activity only in accordance with the level of supervision required by the registrant's registration status, a supervised practice requirement, a condition on the registrant's practice permit, or the supervising regulated health professional.

e. Follow any conditions, limits, directions or processes established by the College, the supervisor, the employer or applicable legislation.

f. Not rely on a supervisor's direction, employer policy, facility protocol or physician order as authority to perform a restricted activity unless the registrant is also authorized or approved by the College to perform that restricted activity under supervision.

g. Communicate with the supervising regulated health professional before, during and after the restricted activity as needed to support safe patient care.

h. Stop and seek direction from the supervising regulated health professional if the restricted activity is outside the registrant's competence, outside the registrant's authorization or approval, outside the supervisor's direction, or cannot be performed safely.

i. Document, or ensure documentation is completed, in accordance with any requirements established by the College, the employer, the supervisor or applicable legislation related to the supervised performance of the restricted activity.

j. Perform the restricted activity in accordance with applicable legislation, the College's Standards of Practice, the Code of Ethics, employer or organization policies, and any conditions on the registrant's practice permit.

Expected Outcomes

Patients, family/representatives, the public and employers can expect that restricted activities performed under supervision are performed only when the registrant is authorized or approved to perform the activity under supervision, an appropriate supervisor is in place, the level of supervision is clear, and the activity is performed safely, competently and ethically.

Related Standards

1.1 Patient-Centred Care

1.2 Clinical Procedures

2.1 Legislation, Standards and Ethics

2.2 Professional Competence

2.3 Restricted Activities

2.3.2 Performance of Restricted Activities Under Supervision

2.3.3 Supervision of Restricted Activities

2.6 Communication

3.1 Collaboration/Professional Relationships

3.2 Leadership

3.3 Evidence-Informed Practice

4.1 Record Keeping and Information Management

4.2 Safe Practice

4.3 Equipment Quality Control

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- ACMDTT. (2026) *Advanced and Enhanced Practice Authorization*. Edmonton.
- Government of Alberta. (2000). *Health Professions Act*. Edmonton.
- Government of Alberta. (2023) *Health Professions Restricted Activity Regulation*. Edmonton

- Government of Alberta. (2005). Alberta Regulation 61/2005 Health Professions Act - *Medical Diagnostic and Therapeutic Technologists Profession Regulation*. Edmonton.

STANDARD 2.3.3 SUPERVISION OF RESTRICTED ACTIVITIES

A registrant of the College may supervise the performance of a restricted activity by a person identified in this Standard of Practice, provided the supervising registrant is authorized and has the required competence to perform the restricted activity in question. The supervising registrant is responsible for ensuring the restricted activity performed under their supervision is performed in compliance with legislation and any conditions established by the Standards of Practice.

Indicators

To demonstrate this Standard, a registrant will:

a. Provide **direct supervision** to students who are enrolled in an approved medical radiation technology program, diagnostic medical sonography program, or an electroneurophysiology technology program approved by the Council.
b. Provide **indirect supervision** to registrants on the provisional register.
c. Provide supervision to registrants who require a period of supervised practice to meet a condition on their practice permit, appropriate to the aforementioned condition.
d. Only supervise a regulated health professional, whether a registrant of the College or a regulated member of another health profession college, in performing a restricted activity that the regulated health professional is not authorized to perform under the *Health Professions Restricted Activity Regulation* (HPRAR) if
    i. the registrant providing the supervision is authorized to perform the restricted activity under the HPRAR for their specialty or under section 33(1) of the HPRAR; and
    ii. the regulated health professional being supervised is recognized and permitted by their own regulatory college to perform the restricted activity.

Note: As set out at section 4(5) of the *Medical Diagnostic and Therapeutic Technologists Profession Regulation*, where an appropriate registrant is not available to supervise a provisional registrant, the provisional registrant may seek permission from the Registrar or Registration and Competence Committee to practice under the supervision of a registrant of another regulated health profession who is authorized to perform the restricted activity that the provisional registrant is performing and who has given their consent to supervise the provisional registrant.

Expected Outcomes

Patients, family/representatives, employers and the public can expect registrants will provide the appropriate supervision required to ensure restricted activities are performed in a safe, competent and ethical manner.

Related Standards

1.1 Patient-Centred Care

1.2 Clinical Procedures

2.1 Legislation, Standards and Ethics

2.2 Professional Competence

3.1 Collaboration/Professional Relationships

3.2 Leadership

3.3 Evidence-Informed Practice

4.2 Safe Practice

4.3 Equipment Quality Control

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- ACMDTT. (2026). *Bylaws*. Edmonton.
- Government of Alberta. (2000). *Health Professions Act*. Edmonton.
- Government of Alberta. (2005). *Alberta Regulation 61/2005 Health Professions Act - Medical Diagnostic and Therapeutic Technologists Profession Regulation*. Edmonton.
- Government of Alberta. (2023). *Alberta Regulation 22/2023 Health Professions Restricted Activity Regulation*. Edmonton.

STANDARD 2.4 PROFESSIONAL BOUNDARIES

Standard

A registrant of the College maintains clear **professional boundaries** in relationships with patients, families and **colleagues**.

Indicators

To demonstrate this Standard, a registrant will:

a. Adhere to the Code of Ethics of the College.
b. Explain to the patient the need for removing clothing and/or other items that may interfere with diagnostic or therapeutic procedures.
c. Provide the opportunity, where appropriate for the procedure being performed, of having a **third party** in attendance for specific procedures.
d. Ensure **informed consent** is obtained when required to touch the patient for diagnostic and/or therapeutic purposes.
e. Take reasonable steps to maintain professional boundaries with patients, families/representatives and colleagues, including responding appropriately when another person's conduct may compromise those boundaries.
f. Establish and maintain only appropriate professional relationships with a patient, their family, and any patient representative, or a colleague.
g. Avoid expression of views or information to the patient that is not related to the professional relationship (including interactions through **social media**).

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to maintain appropriate professional boundaries.

Related Standards

1.1 Patient-Centred Care

1.2 Clinical Procedures

2.1 Legislation, Standards and Ethics

2.6 Communication

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.

STANDARD 2.5 PRIVACY/CONFIDENTIALITY

Standard

A registrant of the College respects patients' rights to privacy and maintains confidentiality of patients' personal information within the boundaries of the law.[7]

Indicators

To demonstrate this Standard, a registrant will:

a. Comply with applicable privacy legislation and employer/organization policies and procedures relating to confidentiality of patient information.
b. Respond to the questions and concerns of a patient's family/representatives within the parameters of patient confidentiality.
c. Ensure privacy and confidentiality during discussions and provision of services.
d. Utilize information and archival systems, only as required, for the provision of services specific to the patients who are under the direct care of the registrant or for other authorized activities (e.g., teaching, research, training).

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to maintain privacy and confidentiality of the patients' personal information in accordance with ethical and legal requirements.

[7] For example, Alberta's *Health Information Act* and *Personal Information Protection Act* (PIPA).

Related Standards

1.1 Patient-Centred Care

2.1 Legislation, Standards and Ethics

2.6 Communication

4.1 Record Keeping and Information Management

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- Government of Alberta. (2005). *Alberta Regulation 61/2005 Health Professions Act - Medical Diagnostic and Therapeutic Technologists Profession Regulation*. Edmonton.
- Government of Alberta. (2000). *Health Information Act*. Edmonton.
- Government of Alberta. (2000). *Health Professions Act*. Edmonton.

STANDARD 2.6 COMMUNICATION

Standard

A registrant of the College communicates effectively to ensure safe, competent and ethical service delivery.

Indicators

To demonstrate this Standard, a registrant will:

a. Utilize appropriate strategies to communicate with intended audiences (e.g., use verbal and non-verbal communication, written communication, plain language or an interpreter when available).
b. Provide the patient and/or family/representatives opportunities to ask questions and respond within the parameters of patient confidentiality and scope of practice.
c. Adhere to principles of professionalism regardless of the type of communication (e.g., verbal, non-verbal, written, electronic text, e-mail or social media).
d. Provide effective communication in adherence to the College's Code of Ethics and employer/organization policies.
e. Communicate pertinent examination-related information to other health care professional involved in the patient's care where relevant and appropriate.

In addition, registrants in the professions of **Electroneurophysiology Technology** and **Diagnostic Medical Sonography** will:

f. Communicate technical impressions of examinations to the most appropriate healthcare provider.

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to communicate with them clearly, effectively and professionally.

Related Standards

1.1 Patient-Centred Care

1.2 Clinical Procedures

2.5 Privacy/Confidentiality

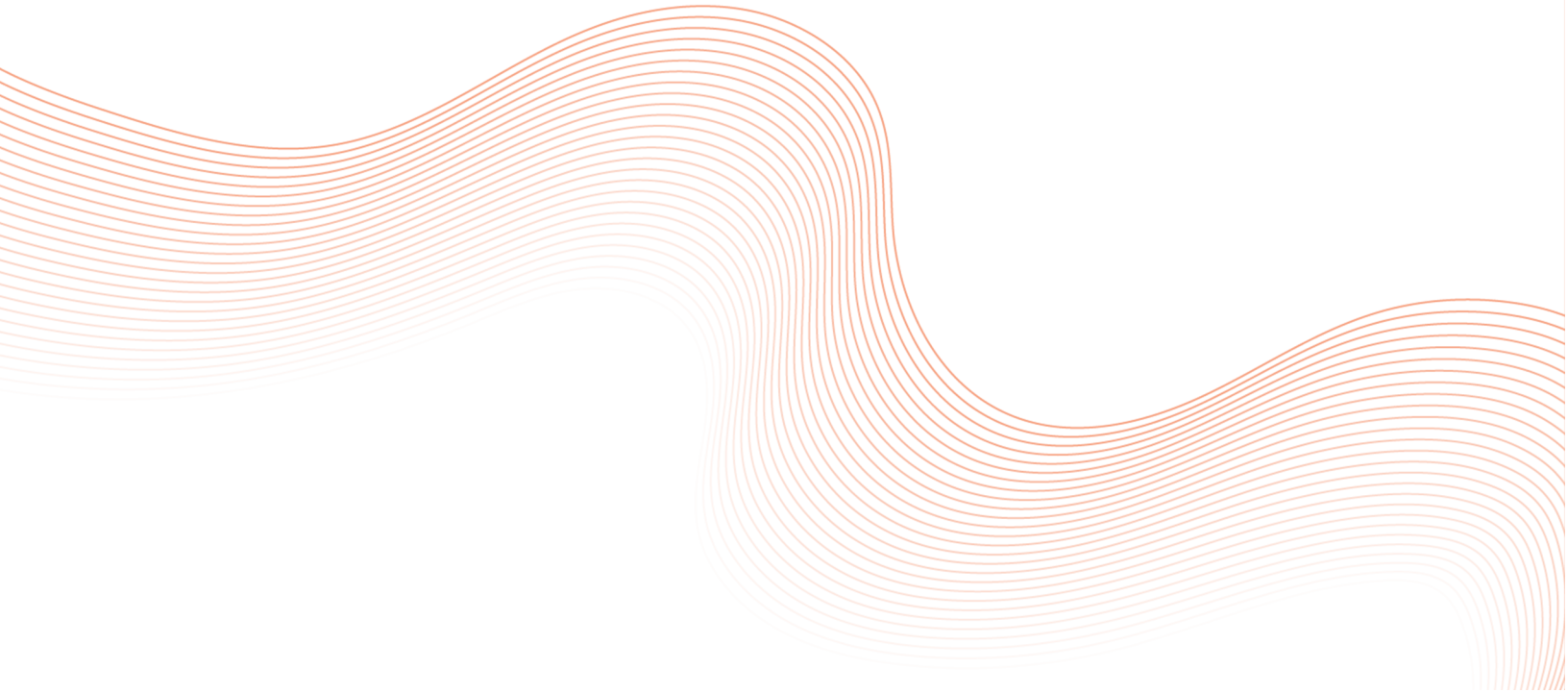
3.1 Collaboration/Professional Relationships

4.1 Record Keeping and Information Management

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- College of Physicians and Surgeons of Alberta. (2014). *Advice to the Profession: Social Media*. Edmonton.

STANDARD AREA 3.0
PROFESSIONAL ROLES



STANDARD 3.1 COLLABORATION/PROFESSIONAL RELATIONSHIPS

Standard

A **registrant** of the College works effectively as a member of an **interprofessional team** to facilitate safe, competent and ethical service delivery, and to contribute to a positive work environment.

Indicators

To demonstrate this Standard, a registrant will:

a. Exhibit professionalism as a member of an interprofessional team, serving the best interests of the **patient**.
b. Respect a diversity of opinions and values.
c. Consult with other **colleagues**, as required, to facilitate timely, appropriate, safe, competent and ethical practice.
d. Refer questions and patient care outside of scope of practice to appropriate healthcare provider(s).
e. Contribute to integrated health records, as required, to facilitate the coordination of patient services.

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to interact effectively and collaboratively with colleagues, as required, to ensure safe, competent and ethical service delivery.

Related Standards

1.1 Patient-Centred Care

1.2 Clinical Procedures

2.1 Legislation, Standards and Ethics

2.4 Professional Boundaries

2.5 Privacy/Confidentiality

2.6 Communication

4.1 Record Keeping and Information Management

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver.

STANDARD 3.2 LEADERSHIP

Standard

A registrant of the College demonstrates **leadership** through the sharing of professional knowledge and by supporting professional activities.

Indicators

To demonstrate this Standard, a registrant will:

a. Support and promote the profession (e.g., mentoring, interprofessional collaboration, team contribution, public education).
b. Facilitate the sharing of professional knowledge with students, colleagues, patients and the public (e.g., preceptorships, presentations, journal clubs, public information sessions).
c. Promote understanding of regulation.
d. Follow College requirements related to the **supervision** of students or any registrants required to practice under supervision.

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to engage in leadership activities that contribute to overall safe, competent and ethical service delivery.

Related Standards

2.6 Communication

3.1 Collaboration/Professional Relationships

3.3 Evidence-Informed Practice

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- ACMDTT. (2023). *Competency Profile Electroneurophysiology*. Edmonton.
- Canadian Association of Medical Radiation Technologists. (2020). *National Competency Profile for Entry-Level MRTs in Canada*. Ottawa.

STANDARD 3.3 EVIDENCE-INFORMED PRACTICE

Standard

A registrant of the College uses **evidence-informed practice** to ensure safe, competent and ethical service delivery. The registrant also supports the development of new knowledge, when possible.

Indicators

To demonstrate this Standard, a registrant will:

a. Strive to use appropriate, current and evolving/emerging knowledge and skills to ensure safe, competent and ethical service delivery.
b. Reflect on clinical practice and take necessary action, as appropriate, to ensure safe, competent and ethical service delivery.
c. Support the development of new knowledge when possible (e.g., participating in/contributing to research activities).
d. Support evidence-informed change initiatives, when appropriate (e.g., change of protocol, new technology).

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to provide services based on knowledge and skills that are current and appropriate.

Related Standards

1.1 Patient-Centred Care

1.2 Clinical Procedures

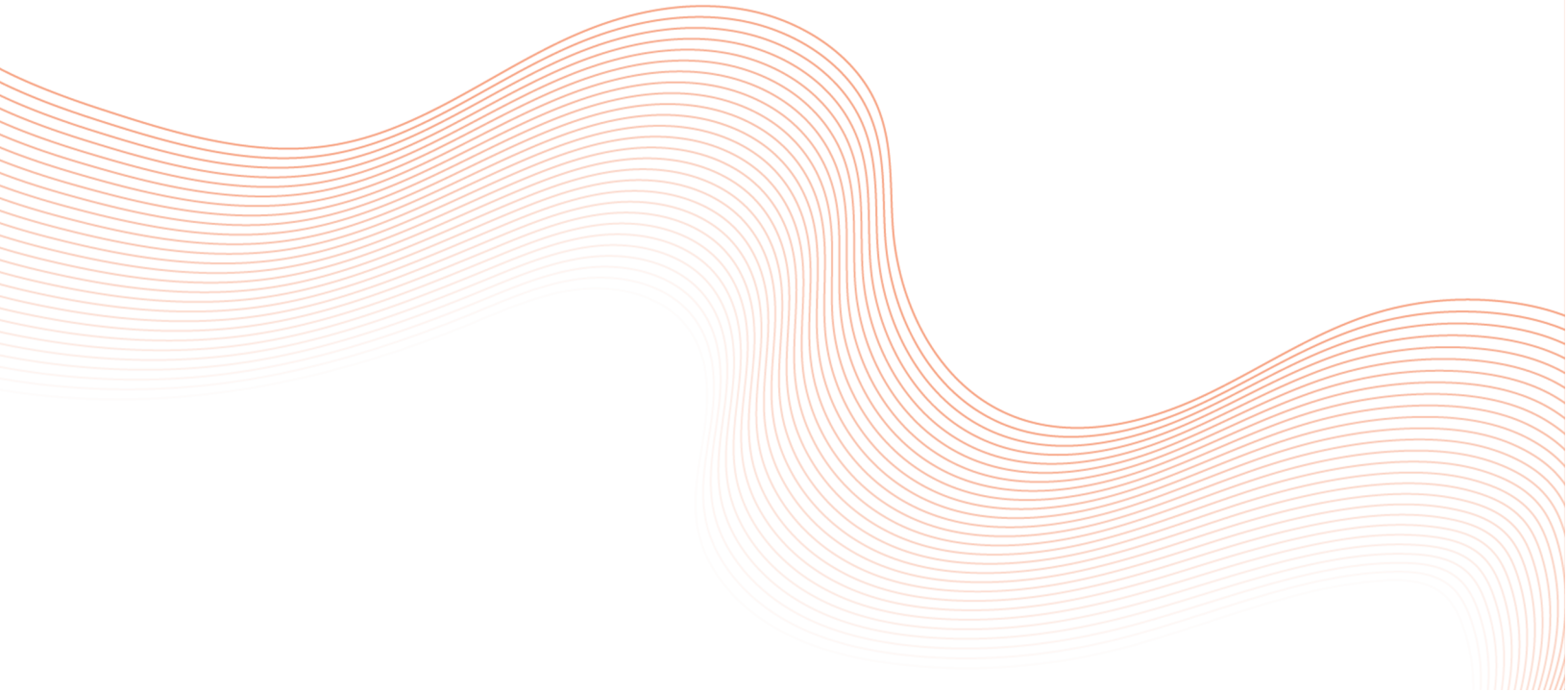
2.1 Legislation, Standards and Ethics

2.2 Professional Competence

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- ACMDTT. (2023). *Competency Profile Electroneurophysiology*. Edmonton.
- Canadian Association of Medical Radiation Technologists. (2020). *National Competency Profile for Entry-Level MRTs in Canada*.

STANDARD AREA 4.0
PRACTICE MANAGEMENT



STANDARD 4.1 RECORD KEEPING AND INFORMATION MANAGEMENT

Standard

A **registrant** of the College is responsible for contributing to accurate and complete confidential records, charts and other documentation relevant to the provision of safe, competent and ethical service delivery.

Indicators

To demonstrate this Standard, a registrant will:

a. Maintain comprehensive records appropriate to service delivery and employer/organization policies (e.g., document pertinent aspects of **patient** care and procedures performed including adverse reactions, relevant identifiers and demographic information).
b. Ensure records and access to records comply with applicable legislation intended to protect the privacy and confidentiality of personal information.
c. Utilize information and archival systems (e.g., integrated health records) according to employer/organization policies and procedures (e.g., paper and electronic systems).
d. Distribute/share patients' records, expressed wishes, images and pertinent data to/with appropriate recipients, as required, in accordance with applicable legislation and employer/organization policies and procedures.

Expected Outcomes

Patients, family/representatives, the public and employers can expect that the registrant follows processes to ensure the creation and maintenance of accurate and complete confidential records relevant to the provision of safe, competent and ethical service delivery.

Related Standards

1.2 Clinical Procedures

2.1 Legislation, Standards and Ethics

2.5 Privacy/Confidentiality

2.6 Communication

3.1 Collaboration/Professional Relationships

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- ACMDTT. (2023). *Competency Profile Electroneurophysiology*. Edmonton.
- Canadian Association of Medical Radiation Technologists. (2020). *National Competency Profile for Entry-Level MRTs in Canada*.

- Government of Alberta. (2005). *Alberta Regulation 61/2005 Health Professions Act - Medical Diagnostic and Therapeutic Technologists Profession Regulation*. Edmonton.
- Government of Alberta. (2015). *An Overview of Alberta's Electronic Health Record Information System*. Edmonton.
- Government of Alberta. (2000). *Health Professions Act*. Edmonton.

STANDARD 4.2 SAFE PRACTICE

Standard

A registrant of the College exercises **due diligence** for the safety of patients, **colleagues**, self and the general public when conducting procedures and providing services. The registrant also maintains safe work practices and effectively manages any potential risk to safety by adhering to relevant provincial and federal regulations and employer/organization policies and procedures.

Indicators

To demonstrate this Standard, a registrant will:

a. Ensure the patient has been assessed for contraindications to the procedure and respond as appropriate (e.g., allergies, medications, conflicting treatments/examinations, medical conditions, implants/devices or other items).
b. Participate in quality improvement and **risk management** activities (e.g., job hazard assessments, training activities, appropriate management of bloodborne fluid exposures and needle stick injuries).
c. Apply the applicable standards for the safe handling, use, storage and disposal of materials (e.g., WHMIS, nuclear safety legislation).
d. Adhere to the standards defined in workplace health and safety legislation.
e. Apply the appropriate infection prevention and control practices in accordance with applicable standards or guidelines and organizational requirements (e.g., employ **routine practices** and additional (isolation) precautions when required, use aseptic technique and implement protocols for single-use medical devices and for the cleaning, disinfection and sterilization of reusable medical devices).
f. Recognize an emergency situation and take appropriate action (e.g., seek help, administer first aid/basic life support).
g. Perform procedures in a manner that maintains the integrity of patient **ancillary devices** and equipment.
h. Seek clarification of orders, when required (e.g., an identified patient safety issue, radiation safety, patient suitability for procedure).
i. Determine if the patient is pregnant and take appropriate action, as required.
j. Take necessary measures to ensure patient safety (e.g., hearing protection, dental protection, shielding, side rails).

In addition, registrants in the profession of **Medical Radiation Technology** will:

Radiological

k. Apply the principles of *as low as reasonably achievable* (**ALARA**) in work practices.
l. Implement safety practices that adhere to the standard of relevant radiation protection and/or nuclear safety legislation.
m. Utilize personal radiation monitoring devices according to relevant legislation and employer/organization policies and procedures.
n. Respond to questions/concerns about radiation exposure risk, as appropriate to the procedure.

Radiation Therapy

o. Apply the principles of *as low as reasonably achievable* (ALARA) in work practices.
p. Implement safety practices that adhere to the standard of relevant radiation protection and/or nuclear safety legislation.
q. Utilize personal radiation monitoring devices according to relevant legislation and employer/organization policies and procedures.
r. Respond to questions/concerns about radiation exposure risk, as appropriate to the procedure.
s. Ensure radiation safety/protection for sealed and unsealed sources (e.g., post warning signs as appropriate, receive, store, handle and dispose of radioactive material according to regulations).
t. Contain and restrict access to areas of radioactivity.

Nuclear Medicine

u. Apply the principles of *as low as reasonably achievable* (ALARA) in work practices.
v. Implement safety practices that adhere to the standard of relevant radiation protection and/or nuclear safety legislation.
w. Utilize personal radiation monitoring devices according to relevant legislation and employer/organization policies and procedures.
x. Respond to questions/concerns about radiation exposure risk, as appropriate to the procedure.
y. Determine if the patient is breast-feeding and take appropriate action, if required.
z. Ensure radiation safety/protection for sealed and unsealed sources (e.g., post warning signs as appropriate, receive, store, handle and dispose of radioactive material according to regulations).
aa. Contain and restrict access to areas of radioactivity.

Magnetic Resonance

bb. Apply the principles of as low as reasonably achievable (ALARA) in work practices.
cc. Ensure magnet/magnetic field safety of patients and personnel (e.g., emergency response in the case of a quench, MR safe/MR compatible equipment, appropriate warning signage is in place).
dd. Adhere to appropriate magnetic resonance legislation.[8]

In addition, registrants in the profession of **Electroneurophysiology Technology** will:

ee. Ensure electrical safety for patients (e.g., indwelling catheters, proper grounding of patients).

In addition, registrants in the profession of **Electroneurophysiology Technology** with applicable **enhanced practice** authorization will:

ff. Apply the principles of as low as reasonably achievable (ALARA) in work practices.
gg. Implement safety practices that adhere to the standard of relevant radiation protection and nuclear safety legislation.
hh. Utilize personal radiation monitoring devices according to relevant legislation and employer/organization policies and procedures.
ii. Respond to questions/concerns about radiation exposure risk, as appropriate to the procedure.
jj. Determine if the patient is pregnant and/or breast-feeding and take appropriate action.
kk. Ensure radiation safety/protection (e.g., post warning signs as appropriate, receive, store, handle and dispose of radioactive material according to regulations).
ll. Contain and restrict access to areas of radioactivity.

In addition, registrants in the profession and all specialties of **Diagnostic Medical Sonography** will:

mm. Apply the principles of as low as reasonably achievable (ALARA) in work practices.
nn. Follow relevant policies, guidelines and recommendations for gel bottles and **decontamination** of reusable medical devices.
oo. Determine if the patient is breast-feeding and take appropriate action, if required.

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to deliver services safely and to manage adverse events effectively to minimize the impact on the patient, the registrant, colleagues and the general public.

[8] Government of Alberta. (2021). *Occupational Health and Safety Code*. Edmonton.

Related Standards

1.1 Patient-Centred Care

1.2 Clinical Procedures

2.1 Legislation, Standards and Ethics

2.6 Communication

4.3 Equipment Quality Control

Resources

- ACMDTT. (2023). *Competency Profile Electroneurophysiology*. Edmonton.
- Alberta Health Services. (2017). *Patient Blood & Body Exposure*. Edmonton.
- Canadian Association of Medical Radiation Technologists. (2020). *National Competency Profile for Entry-Level MRTs in Canada*.
- Canadian Department of Justice. (1997). *Nuclear Safety and Control Act*. Ottawa.
- Canadian Nuclear Safety Commission. (2000). *General Nuclear Safety and Control Regulations*. Ottawa.
- Canadian Nuclear Safety Commission. (2015). *Packaging and Transport of Nuclear Substances Regulation*. Ottawa.
- Canadian Nuclear Safety Commission. (2000). *Radiation Protection Regulations*. Ottawa.
- Canadian Standards Association. (2023). *Canadian Medical Device Reprocessing in All Health Care Settings*. Toronto.
- Government of Alberta. (2015). *Infection Prevention and Control Strategy*. Edmonton.
- Government of Alberta. (2020). *Occupational Health and Safety Act*. Edmonton.
- Government of Alberta. (2021). *Occupational Health and Safety Act – Occupational Health and Safety Code Part 29 WHMIS*. Edmonton.
- Government of Alberta. (2019). *Reusable & Single-Use Medical Devices Standards: Standards for the Reprocessing of Reusable Medical Devices and for the Use of Single-Use Medical Devices in All Health Care Facilities and Settings*. Edmonton.
- Government of Alberta. (2000). *Workers' Compensation Act*. Edmonton.
- Health Canada. (2024). *Safety Code 35: Safety Procedures for the Installation, Use and Control of X-ray Equipment in Large Medical Radiological Facilities*. Ottawa.

STANDARD 4.3 EQUIPMENT QUALITY CONTROL

Standard

A registrant of the College operates equipment for which appropriate training has been completed, verifies equipment and materials meet appropriate and applicable safety and operational standards and follows established quality control (QC) measures.

Indicators

To demonstrate this Standard, a registrant will:

a. Have the necessary knowledge, skills and judgment to operate the equipment and utilize materials for procedures.
b. Perform or verify regular quality control measures on equipment used for procedures, as per applicable legislation and employer/organization policies and procedures.
c. Verify equipment is functioning properly before and/or during performing procedures.
d. Respond, as appropriate, to any equipment issues so that they may be addressed in a timely fashion.
e. Operate equipment in accordance with manufacturers' specifications.
f. Ensure cleanliness of equipment.
g. Regularly inspect equipment for functional and mechanical integrity.
h. Perform basic troubleshooting and correct or report, as appropriate.

In addition, registrants in the specialty of **Nuclear Medicine Technology** will:

i. Perform or verify that appropriate quality control has been completed on radiopharmaceutical preparations and their components (e.g., radionuclide purity, particle number).

In addition, registrants in the specialties of **Nuclear Medicine Technology** and **Radiation Therapy** will:

j. Perform or verify that appropriate quality control has been completed on sealed sources.

In addition, registrants in the specialty of **Electroneurophysiology Technology** will:

k. Perform or verify quality control for leakage current.

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to operate equipment for which appropriate training has been completed and to verify equipment and materials meet safety and operational standards.

Related Standards

1.2 Clinical Procedures

2.1 Legislation, Standards and Ethics

2.2 Professional Competence

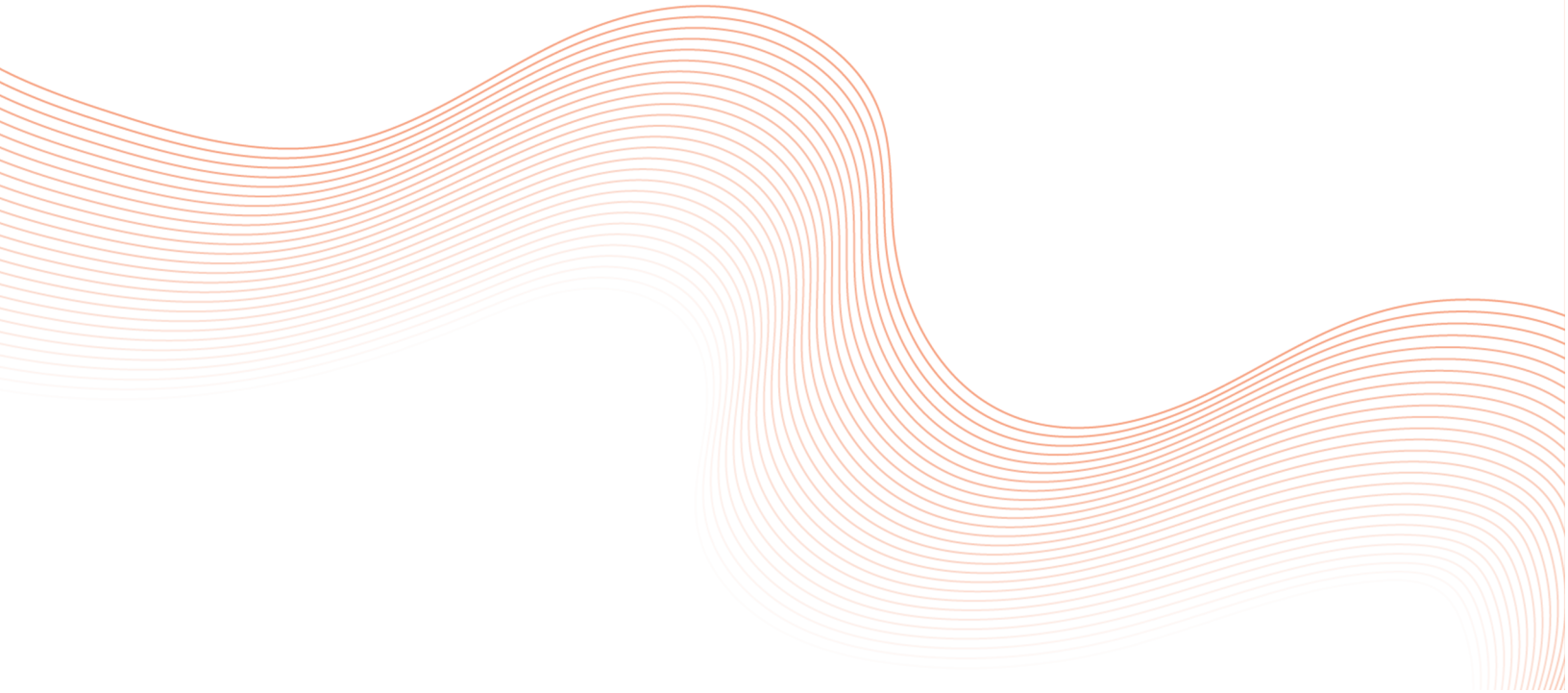
4.2 Safe Practice

Resources

- ACMDTT. (2023). *Competency Profile Electroneurophysiology*. Edmonton.
- Canadian Association of Medical Radiation Technologists. (2020). *National Competency Profile for Entry-Level MRTs in Canada*.
- Department of Justice Canada. (1997). *Nuclear Safety and Control Act*. Ottawa.
- Government of Alberta. (2020). *Occupational Health and Safety Act*. Edmonton.

STANDARD AREA 5.0

PROTECTION OF PATIENTS FROM SEXUAL ABUSE AND SEXUAL MISCONDUCT



STANDARD AREA 5.0
PROTECTION OF PATIENTS FROM SEXUAL ABUSE AND SEXUAL MISCONDUCT

Standard

Sexual abuse and **sexual misconduct** are unprofessional conduct. A **registrant** must not engage in sexual abuse or sexual misconduct and must take measures to prevent sexual abuse or sexual misconduct. A registrant who engages in sexual abuse or sexual misconduct may be subject to discipline under the *Health Professions Act* and the College's complaint and discipline process.

A registrant must not enter into a sexual relationship with a **patient** as doing so constitutes sexual abuse.

A registrant must report instances of sexual abuse or sexual misconduct.

For the purposes of this Standard:

i. 'Patient' shall mean a person who has received medical diagnostic and/or therapeutic services administered by a registrant of the College within the immediately preceding year except in the cases of an **episodic care**. A person receiving episodic care is considered a patient while they receive episodic care; however, they cease to be considered a patient upon its conclusion.
ii. A **spouse**, **adult interdependent partner** or person with whom there is an existing personal and/or sexual relationship that predates the receipt of medical diagnostic and/or therapeutic services is not a patient.

Indicators

To demonstrate this Standard, a registrant will:

a. Maintain and manage **professional boundaries** with patients at all times.
b. Refrain from providing professional diagnostic and/or therapeutic services to their current or ongoing spouse, current or ongoing adult interdependent partner or any other individual with whom they have a current or ongoing personal and/or sexual relationship, unless there is an emergent situation in which the registrant is the most competent healthcare professional present to perform the required duties and/or the patient is restricted by geography, or other factors, that prevent them from receiving services from an alternate authorized healthcare professional. In addition, a registrant providing professional diagnostic and/or therapeutic services in these circumstances is expected to take reasonable steps to transfer the individual's care to another authorized healthcare professional as soon as reasonably possible.
c. Explain to the patient the need for removing clothing or other items that may interfere with diagnostic or therapeutic procedures.
d. Ensure **informed consent** is obtained when required to touch the patient for diagnostic and/or therapeutic purposes.

e. Provide the opportunity, where appropriate for the procedure being performed, of having a **third party** in attendance for procedures.
f. Take measures to perform procedures in a manner that maintains the patient's dignity (e.g., providing gowns, appropriate draping, private space).
g. Report sexual abuse and/or sexual misconduct in accordance with the **duty to report** and **self-report** requirements under the *Health Professions Act*, the College's Standards of Practice, and any applicable College requirements.
h. Comply with the College's Code of Ethics.

Expected Outcomes

Patients, family/representatives, the public and employers can expect that registrants will not engage in, and will take appropriate measures to prevent, sexual abuse and/or sexual misconduct.

Related Standards

1.1 Patient-Centred Care

2.1 Legislation, Standards and Ethics

2.4 Professional Boundaries

2.6 Communication

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton.
- ACMDTT. (2026). *Bylaws*. Edmonton.
- College of Physiotherapists of Alberta. (2025). *Protecting Patients from Sexual Abuse or Sexual Misconduct Guide*. Edmonton.
- Alberta Health Services. (2020). *AHS Consent to Treatment/Procedure(s) Policy*. Edmonton.
- College of Physicians and Surgeons of Ontario. (2025). *Treatment of Self, Family Members and Others Close to You*. Toronto.
- Government of Alberta. (2002). *Adult Interdependent Relationships Act*. Edmonton.
- Government of Alberta. (2000). *Health Professions Act*. Edmonton.
- Saskatchewan Association of Social Workers. (2020). *Standards of Practice for Registered Social Workers in Saskatchewan*. Regina.

STANDARD AREA 6.0
CONTINUING COMPETENCE PROGRAM

STANDARD AREA 6.0
CONTINUING COMPETENCE PROGRAM

Standard

A **registrant** of the College who is registered on the general or provisional register, as applicable, demonstrates professional **competence** through mandatory participation in the Continuing Competence Program (CCP).

The Continuing Competence Program Manual (CCP Manual) supports this **Standard** by setting out the requirements, policies and processes governing the CCP. If a registrant has not appropriately completed the CCP requirements, has not maintained proper records, or has unsatisfactory results on a competence assessment, the Registrar or Registration and Competence Committee may:

a. Deny annual permit renewal;
b. Refer the registrant to the Complaints Director;
c. Direct a registrant to undertake one or more actions as outlined in the CCP Manual within the time period specified;
d. Impose conditions in accordance with section 40.1 of the *Health Professions Act*.
e. At the College's discretion, the registrant may be responsible for the costs of:
    i. Any action that the registrant must undertake in response to a direction by the Registrar or Registration and Competence Committee; and
    ii. Any competence assessment.

Indicators

To demonstrate this Standard, a registrant will:

a. Meet the requirements of the CCP as outlined in the CCP Manual by:
    i. Obtaining CCP learning hours as set out in the policies outlined in the CCP Manual; and
    ii. Completing courses or learning activities required by the College to maintain competence in the practice of the profession, within the time-period specified
        - Where College-directed professional development is required, comply with the College's process for requesting an exemption or alternative requirement, as set out in the CCP Manual.
b. Record and retain, in the form and manner outlined in the CCP Manual, any learning and/or activities undertaken for the purpose of the CCP for a minimum of five (5) years. If requested or required, provide copies of CCP records to the College.
c. When directed, participate in a competence assessment, as set out in the criteria and policies outlined in the CCP Manual. Competence assessments may require evaluations including:

i. Examinations;

ii. Reviews or audits of records of any learning or activities undertaken for the purpose of the CCP. For the purposes of this Standard, a CCP audit is a review of CCP records and supporting documentation. Reviews or audits may be conducted by the College on a random, directed, or risk-based basis, in accordance with the CCP Manual.;

iii. Individualized assessments of **professional competence**;

iv. Interviews; or

v. Any other type of evaluation as required.

Expected Outcomes

Patients, family/representatives, the public, and employers can expect the registrant to maintain the professional competence required to provide safe, competent, and ethical care.

Related Standards

2.1 Legislation, Standards and Ethics

2.2 Professional Competence

2.3 Restricted Activities

3.2 Leadership

3.3 Evidence-Informed Practice

4.1 Record Keeping and Information Management

4.2 Safe Practice

Resources

- ACMDTT. (2015). *Code of Ethics*. Edmonton:
- ACMDTT. (2026). *Bylaws*. Edmonton.
- Government of Alberta. (2000). *Health Professions Act*. Edmonton.
- Government of Alberta. (2005). *Alberta Regulation 61/2005 Health Professions Act - Medical Diagnostic and Therapeutic Technologists Profession Regulation*. Edmonton.
- ACMDTT. (2025). *Continuing Competence Program (CCP) Manual*. Edmonton.

GLOSSARY

ACMDTT is the acronym for the Alberta College of Medical Diagnostic and Therapeutic Technologists.

Advanced and enhanced practice authorizations are granted to registrants upon successful completion of advanced training approved by Council and approval of an application submitted to the ACMDTT. Enhanced practice refers to practice that requires the practitioner to perform restricted activities that are not primarily authorized for the registrant's area of practice in which they are registered. Advanced practice authorization differs from enhanced practice in that the additional competencies/restricted activities are included in the specialty's section of the regulation. Advanced and enhanced practice authorizations are developed by the ACMDTT to reflect the requirements for specific practice areas.[9]

Adult interdependent partner is defined in section 3(1) of the *Adult Interdependent Relationships Act*:

> 3(1) Subject to subsection (2), a person is the adult interdependent partner of another person if
>
> (a) the person has lived with the other person in a relationship of interdependence
>
> i. for a continuous period of not less than 3 years, or
>
> ii. of some permanence, if there is a child of the relationship by birth or adoption, or
>
> (b) the person has entered into an adult interdependent partner agreement with another person under section 7.
>
> (2) Persons who are related to each other by blood or adoption may only become adult interdependent partners of each other by entering into an adult interdependent partner agreement under section 7.[10]

ALARA is the acronym for "as low as reasonably achievable," which is "an optimization tool in radiation protection used to keep individual, workplace and public dose limits as low as reasonably achievable, social and economic factors being taken into account. ALARA is not a dose limit; it is a practice that aims to keep dose levels as far as possible below regulatory limits."[11]

Ancillary devices are devices that provide necessary support to the primary activities or operation (e.g., IV pump, oxygen).[12]

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[9] ACMDTT. (2026) *Advanced and Enhanced Practice Authorization*. Edmonton.

[10] Government of Alberta. (2002). *Adult Interdependent Relationships Act*. Edmonton.

[11] Government of Canada. (2023). *Nuclear and Radiation Glossary*. Ottawa.

[12] Adapted from: Cambridge Dictionary (2026). *Ancillary*.

Colleagues refer to peers, other healthcare providers (both regulated and non-regulated) and the staff of the College with whom the registrant interacts.

Competence means the knowledge, skills, attitudes and judgment required to provide professional services.

Conflict of interest refers to a conflict between the private interests and the professional responsibilities of a person in a position of trust.[13]

Decontamination is the process of cleaning, by use of physical and/or chemical means, to remove, inactivate, or destroy pathogenic micro-organisms, in order to render an object safe for handling.[14]

Due diligence refers to the care that a reasonable person exercises to avoid harm to other persons or their property.[15]

Duty to report means the legal and professional obligation to report specified conduct to the appropriate authority, including where required under the *Health Professions Act* or other applicable legislation.

Episodic care refers to a single encounter with a patient focused on a presenting concern(s), identified medical condition(s) or referred consultation, where neither the registrant nor patient have the expectation of an ongoing care relationship.[16]

Evidence-informed refers to practice that incorporates evidence from research, clinical expertise, patient preferences, and other available resources to guide practice decisions in all practice settings.[17]

Expected outcomes describe what patients, family/representatives, the public and employers may expect when a registrant provides services.

Female Genital Mutilation is "the excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora, clitoral hood, or clitoris of a person, except where valid consent is given, and,

i. a surgical or other procedure is performed by a registrant under [the HPA] for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or

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[13] Adapted from: Merriam-Webster Dictionaries. (2017). *Conflict of interest*.

[14] Government of Alberta. (2019). *Reusable & Single-Use Medical Devices Standards: Standards for the Reprocessing of Reusable Medical Devices and for the Use of Single-Use Medical Devices in All Health Care Facilities and Settings*. Edmonton.

[15] Merriam-Webster Dictionaries. (2019). *Due diligence*.

[16] College of Physicians and Surgeons of Alberta. (2015). *Episodic Care*.

[17] College of LPNs and HCAs of Alberta. (2026). *Practice Guideline - Evidence Informed Practice*. Edmonton.

ii. the person is at least 18 years of age and there is no resulting bodily harm."[18]

Indicators describe the application of standards by a registrant, which can also be used to determine if the standards are being achieved.

Informed consent means consent given by a patient or alternate decision-maker after receiving sufficient information about the proposed service, including the purpose of the service, relevant benefits and risks, and available alternatives.[19] Informed consent may be verbal or written or implied unless a specific form of consent is required by legislation, regulation, policy, or employer requirements. Consent may be withdrawn at any time. Implied consent refers to consent inferred from the patient's or alternate decision maker's (if applicable) actions and surrounding circumstances.[20]

Interprofessional team collaboration is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision-making and partnerships.[21]

Leadership involves engaging with others to contribute to a vision of a high-quality healthcare system and taking responsibility for the delivery of excellent patient care through activities such as clinical service delivery, administration, scholarly activity or teaching.[22]

A **patient** is a person who has received medical diagnostic and/or therapeutic services administered by a registrant of the College within the immediately preceding year except in the cases of an **episodic care**.

Patient-centred care involves recognizing and responding to each patient's unique needs, values, and preferences, and ensuring they are active participants in decisions about their health care.[23]

Section 3(1) of Schedule 12 of the HPA sets out the **practice statement** for the profession of medical diagnostic and therapeutic technologists as follows:[24]

> 3(1) In their practice, medical diagnostic and therapeutic technologists do one or more of the following:

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[18] Government of Alberta. (2000). *Health Professions Act*. Edmonton.

[19] Alberta College of Speech Language Pathologists and Audiologists. (2022). *Standards of Practice*.

[20] College of Podiatric Physicians of Alberta. (2019). *Practice Standards for the Protection of Sexual Abuse and Sexual Misconduct*. Edmonton.

[21] Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver.

[22] Adapted from: Royal College of Physicians and Surgeons of Canada. (2015). *CanMEDS 2015 Physician Competency Framework*. Ottawa.

[23] College of Nurses of Ontario. (2026). *Understanding Client-Centred Care*. Toronto.

[24] Government of Alberta. (2000). *Health Professions Act*. Edmonton.

(a) apply ionizing radiation, non-ionizing radiation and other forms of energy to produce diagnostic images,
(b) evaluate the technical sufficiency of the images,
(c) use ionizing radiation, non-ionizing radiation and other forms of energy for treatment purposes,
(d) teach, manage and conduct research in the science, techniques and practice of medical diagnostic and therapeutic technology,
(d.1) assess the medical condition and needs of patients before, during and after the procedure described in clause (a), and
(e) provide restricted activities authorized by the regulations.

Section 3(2) of Schedule 12 of the HPA sets out the practice statement for the profession of electroneurophysiology technologists as follows:

3(2) In their professional practice, electroneurophysiology technologists do one or more of the following:

(a) use sensitive electronic equipment to record and evaluate the electrical activity of patients' central and peripheral nervous systems to assist physicians, surgeons and other health professionals in diagnosing diseases, injuries and abnormalities;
(a.01) evaluate the technical sufficiency of the recordings made under clause (a);
(a.02) assess the medical condition and needs of patients before, during and after the procedure described in clause (a);
(a.1) teach, manage and conduct research in the science, techniques and practice of electroneurophysiology;
(b) provide restricted activities authorized by the regulations.

Sections 24 to 33 of the *Health Professions Restricted Activity Regulation* set out the restricted activities for the practice of medical radiation technology and electroneurophysiology technology.

Professional boundaries set limits and clearly define a safe diagnostic and therapeutic connection between healthcare professionals and their patients.[25]

Professional competence refers to the habitual and judicious application of competence, including communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served. Professional competence is developmental, impermanent and context-dependent.[26]

[25] Adapted from: College of Health and Care Professionals of BC. *Clinical Practice Guideline: Where's the Line? Professional Boundaries in a Therapeutic Relationship*. Vancouver.

[26] Epstein, R. M., & Hundert, E. M. (2002). Defining and Assessing Professional Competence, *Journal of the American Medical Association*, 287, 226–235.

Registrant is a healthcare professional currently registered with the College and

i. is eligible for registration as a registrant as specified in Section 33(1)(a) of the HPA and in accordance with the Regulation[27]; and
ii. has paid all fees and other amounts owing to the College[28]; and
iii. includes a previous registrant whose last day of registration with the College is within the immediately preceding two years.[29]

A **restricted activity** is a high-risk activity performed by a registrant or under the supervision of a registrant when providing a health service. Restricted activities are set out in section 1.3 of the HPA. A registrant may only perform or supervise the performance of a restricted activity if authorized to do so under the HPA and the *Health Professions Restricted Activity Regulation* and must do so in accordance with the Standards of Practice.[30]

Risk management is the identification, assessment and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor and control the probability and/or impact of unfortunate events.[31]

Routine practices are identified practices and precautions for preventing the transmission of infection, and are meant to be employed in the routine care of all patients at all times in all healthcare settings. Routine practices are determined by the circumstances of the patient, the environment and the task to be performed. Routine practices include (but are not limited to): Point-of-care risk assessment, hand hygiene program, aseptic technique, use of personal protective equipment, sharps safety, and management of the patient care environment – cleaning of the patient care environment and cleaning and disinfection of non-critical patient care equipment and handling of waste and linen.[32]

Self-report means a registrant's obligation to notify the College, in writing and as soon as reasonably possible, of matters that may affect registration, competence, or fitness to practice.[33]

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[27] Government of Alberta. (2000). *Health Professions Act*. Edmonton.

[28] ACMDTT. (2026). *Bylaws*. Edmonton.

[29] Government of Alberta. (2000). *Health Professions Act*. Edmonton.

[30] Government of Alberta. (2023). *Health Professions Restricted Activity Regulation*. Edmonton.

[31] Hubbard, Douglas. (2009). *The Failure of Risk Management: Why It's Broken and How to Fix It*. Hoboken: John Wiley & Sons. p. 46

[32] Public Health Agency of Canada. (2013). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings*.

[33] Government of Alberta. (2000). *Health Professions Act*. Edmonton.

Sexual abuse is defined in section 1(1) (nn.1) of the HPA as "the threatened, attempted or actual conduct of a registrant towards a patient that is of a sexual nature and includes any of the following conduct:

i. sexual intercourse between a registrant and a patient of that registrant;
ii. genital to genital, genital to anal, oral to genital, or oral to anal contact between a registrant and a patient of that registrant;
iii. masturbation of a registrant by, or in the presence of, a patient of that registrant;
iv. masturbation of a registrant's patient by that registrant;
v. encouraging a registrant's patient to masturbate in the presence of that registrant;
vi. touching of a sexual nature of a patient's genitals, anus, breasts or buttocks by a registrant."[34]

Sexual misconduct is defined in section 1(1) (nn.2) of the HPA as: "any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a registrant towards a patient, that a registrant knows, or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and wellbeing but does not include sexual abuse."[35]

Sexual nature according to section 1(1) (nn.3) of the HPA "does not include any conduct, behaviour or remarks that are appropriate to the service provided."[36]

Social media means forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos).[37]

A **spouse** is a person who is legally married to another.[38]

A **standard** is a document that provides guidelines, characteristics or requirements for products, processes or services. It is developed by a committee or group of stakeholders and approved by a recognized body.[39]

Supervision includes **direct supervision** and **indirect supervision**.

i. **Direct supervision** means that a registrant (e.g., preceptor) providing supervision to an individual (e.g., student) performing a restricted activity must be physically present at the location and remain within audible distance and available for immediate physical

[34] Government of Alberta. (2000). *Health Professions Act*. Edmonton.

[35] Government of Alberta. (2000). *Health Professions Act*. Edmonton.

[36] Government of Alberta. (2000). *Health Professions Act*. Edmonton.

[37] Merriam-Webster Dictionaries. (2019). *Social media*.

[38] Government of Alberta. (2002). *Adult Interdependent Relationships Act*. Edmonton.

[39] Standards Council of Canada. (2026). *What Are Standards?* Ottawa.

assistance while the individual is performing the restricted activity. Availability by electronic devices is not acceptable.

ii. **Indirect supervision** means that a registrant providing supervision to an individual performing a restricted activity must be physically present at the location and available to assist the person with performing the restricted activity as needed.

A **third party** refers to a person or group besides the two primarily involved in a situation (e.g., a care-giver or guardian accompanying a patient, colleague, interpreter).[40]

[40] Oxford Dictionaries. (2017). *Third Party*.

APPENDIX A

Development of the 2019 Standards of Practice

Steps used to develop the 2019 Standards of Practice, with the 2026 addition of Diagnostic Medical Sonographers (DMS) included:

i. Establishment of an Advisory Group representing all five of the specialties and a separate DMS Advisory Group to provide input and feedback on development of the draft and final Standards of Practice documents;
ii. Development of an Environmental Scan Summary that included a review of comparators' Standards of Practice and other foundational materials, including DMS documents;
iii. Development of draft Standards based on the results of the environmental scan and the Advisory Group;
iv. Revision of draft Standards based on the Advisory Group's feedback;
v. Stakeholder validation of draft Standards using an electronic survey;
vi. Preparation of final Standards;
vii. Government/external stakeholder consultation and feedback;
viii. Revision of draft Standards based Government/external stakeholder consultation and feedback;
ix. Revision of draft Standards based on the Advisory Group's feedback;
x. Preparation of final Standards;
xi. Council approval of document; and
xii. Publication of final Standards of Practice document.

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