Alberta College of Medical Diagnostic and Therapeutic Technologists

Standards of Practice

Standards Area 2.0 Professional Accountability

Standard 2.1 Legislation, Standards and Ethics

Adopted September 1, 2019

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Alberta College of Medical Diagnostic & Therapeutic Technologists

Mission: Public confidence in receiving safe, competent, and ethical diagnostic and therapeutic care from regulated professionals.

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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 five distinct specialties within two distinct professional groups called medical radiation technologists and electroneurophysiology technologists. The five specialties consist of radiological technologists, nuclear medicine technologists, magnetic resonance technologists, radiation therapists and electroneurophysiology technologists.

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 members and reflect delivery of safe, competent and ethical care to patients.

These Standards are mandatory for all members 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 profession.

Schedule 12(3)(1) 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.

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

> (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 and electroneurophysiology technology.

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

[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.

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 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 regulated members.
- 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.
- Regulated members 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 member.
- **Indicators** describe the application of the standards by a member, 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 members) 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 member 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 regulated members are expected to be safe, competent, ethical, accountable and professional.
- All regulated members 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 members regardless of practice area or setting.
- 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[3,4,5,6,7]

Background on Standard 2.1

The *Health Professions (Protecting Women and Girls) Amendment Act*, formerly known as Bill 10, received royal assent and came into effect on May 31, 2022. This amendment requires health professional regulatory Colleges in Alberta to adopt standards of practice that set out registrant expectations regarding Female Genital Mutilation (FGM).

Female genital mutilation (FGM) or female circumcision involves injury to or partial or total removal of the external female genitalia for non-medical reasons. Such procedure/practice is classified as aggravated assault under the Criminal Code of Canada.

In response to this legislative imperative, the College focused on reviewing and enhancing its current practice standards to ensure clear FGM practice expectations.

As a result, the following standards of practice revisions were made, and registrants should take note that Standard 2.1 now includes:

- An amended indicator, (f), that reinforces the need for registrants to report FGM.
- A new indicator, (g), which addresses the need for ACMDTT registrants to not procure/facilitate FGM.
- Glossary term clarifications and additions to address FGM and other mandatory reporting requirements.

College Position

The College's primary mandate is to protect the public interest. In the case of FGM, the College is committed to protecting women and girls who are subject to such inhumane and traumatic procedures which have been known to have life-long adverse health consequences.

Registrants should note that by enacting these amendments, the College is committed to adhering to Alberta health professional regulatory requirements to:

- Ensure that those registrants who are convicted of procuring, performing, offering, or facilitating female genital mutilation in Alberta will be removed from practice.
- Prohibit individuals who are convicted of this crime in another province or country from practicing in Alberta.
- Ensure that its standards of practice support the physical and mental health and well-being of women and girls who may be subject to or may have been subjected to female genital mutilation.

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[2] ACMDTT. (2015). *Code of Ethics*. Edmonton. Available at: https://acmdtt.com

[3] ACMDTT. (2016). *Competency Profile Electroencephalography*. Edmonton. Available at: https://acmdtt.com

[4] Canadian Association of Medical Radiation Technologists. (2014-Under Review). *Competency Profile Magnetic Resonance Technology*. Ottawa. Available at: https://camrt.ca

[5] Canadian Association of Medical Radiation Technologists. (2014-Under Review). *Competency Profile Nuclear Medicine Technology*. Ottawa. Available at: https://camrt.ca

[6] Canadian Association of Medical Radiation Technologists. (2014-Under Review). *Competency Profile Radiological Technology*. Ottawa. Available at: https://camrt.ca

[7] Canadian Association of Medical Radiation Technologists. (2014-Under Review). *Competency Profile Radiation Therapy*. Ottawa. Available at: https://camrt.ca

Standard Area 2.1
Professional Accountability

Standard 2.1 Legislation, Standards and Ethics

Standard

A **regulated member** of the Alberta College of Medical Diagnostic and Therapeutic Technologists adheres to the legislative requirements governing the practice of the member's specialty and the College's Code of Ethics and Standards of Practice.

Indicators

To demonstrate this Standard, a regulated member will:

a. Assume personal responsibility for the quality and competence of the member'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 authorized by the College.

d. Protect patient confidentiality within policy and legislated parameters.

e. Recognize, avoid and/or manage real or perceived **conflict of interest** situations.

f. Report abuse, incapacity or unprofessional conduct as per the duty to report (e.g., sexual abuse, sexual misconduct, and female genital mutilation (FGM)).

g. Refrain from procuring and/or facilitating female genital mutilation (FGM).

h. Adhere to legal obligations required by the College (e.g., use of protected title, mandatory registration requirements, professional liability insurance).

i. Engage in conduct that does not harm the integrity of the member's profession.

j. Ensure that information provided by the member about services offered is accurate and verifiable.

k. 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 regulated member to provide services in compliance with applicable legislation, regulations and professional requirements.

Related Standards

1.1 Client-Centred Care

1.2 Clinical Procedures

2.2 Professional Competence

2.3 Restricted Activities/Enhanced Practice

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. *Additional and Enhanced Practice Authorization*. Edmonton. Available at: https://acmdtt.com
- ACMDTT. (2015). *Code of Ethics*. Edmonton. Available at: https://acmdtt.com
- Government of Alberta. (2005). Health Professions Act. Alberta Regulation 61/2005. Medical Diagnostic and Therapeutic Technologists Profession Regulation. With amendments up to and including Alberta Regulation 48/2023. Edmonton: Alberta King's Printer. Available at: https://kings-printer.alberta.ca/documents/Regs/2005_061.pdf
- Government of Alberta. (2000). *Health Information Act*. Edmonton. Available at: www.kings-printer.alberta.ca/documents/Acts/h05.pdf
- Government of Alberta. (2000). *Health Professions Act*. Edmonton. Available at: www.kings-printer.alberta.ca/documents/Acts/h07.pdf

Glossary

The existing Standards of Practice glossary serves as main reference point for all College defined terms, including the **bolded** terms contained herein. The current Standards of Practice glossary may be accessed and viewed at acmdtt.com.

The following terms have been amended and/or are now in-force:

Duty to report is broken into:

- Reporting another regulated member: If a regulated member acting in their professional capacity (e.g., providing professional services) has reasonable grounds to believe that the conduct of another regulated member of their college or another college constitutes sexual abuse or sexual misconduct, or, the procurement and/or facilitation, or performance of female genital mutilation (FGM) of a patient, the regulated member must report the unprofessional conduct in writing to the Complaints Director of the relevant college. However, if the information regarding unprofessional conduct was obtained in the course of the regulated member providing professional services to the other regulated member, a report is not required.[1]
  A registrant's duty to report in accordance with the HPA and this Standard in no way affects any other reporting requirements the registrant may have under legislation such as the Protection of Persons in Care Act or the Child, Youth and Family Enhancement Act.
- Employer reporting: An employer who has reasonable grounds to believe the conduct of a regulated member constitutes unprofessional conduct based on the behaviour that, in the employer's opinion, is sexual abuse and/or sexual misconduct must, as soon as possible, give notice of that conduct to the Complaints Director.[2]

Female Genital Mutilation is "the excision, infiulation 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 regulated member 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
(ii) the person is at least 18 years of age and there is no resulting bodily harm."[3]

[1] Government of Alberta. (2000). *Revised Statute of Alberta 2000 Chapter H-7. Health Professions Act.* Edmonton: Author. Available at: www.kings-printer.alberta.ca/documents/Acts/H07.pdf

[2] Government of Alberta. (2000). *Revised Statute of Alberta 2000 Chapter H-7. Health Professions Act.* Edmonton: Author. Available at: www.kings-printer.alberta.ca/documents/Acts/H07.pdf

[3] Government of Alberta. (2000). *Revised Statute of Alberta 2000 Chapter H-7. Health Professions Act.* Edmonton: Author. Available at: www.kings-printer.alberta.ca/documents/Acts/H07.pdf

Appendix A

Development of the 2019 Standards of Practice

Steps used to develop the 2019 Standards of Practice included:

i. Establishment of an Advisory Group representing all five of the specialties 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;

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 feedback;

v. Stakeholder validation of draft Standards using an electronic survey;

vi. Preparation of final Standards;

vii. Government/external stakeholder consultation and feedback;

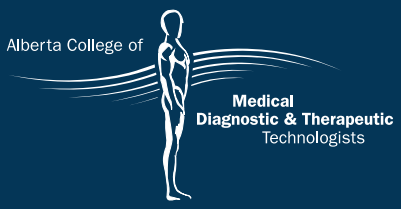
viii. Revision of draft Standards based Government/external stakeholder consultation and feedback;

ix. Revision of draft Standards based on the Advisory Group feedback;

x. Preparation of final Standards;

xi. Council approval of document; and

xii. Publication of final Standards of Practice document.



Suite 800, 4445 Calgary Trail
Edmonton, AB T6H 5R7
acmdtt.com