

**Alberta College of Medical Diagnostic
and Therapeutic Technologists**

Standards of Practice

Standards Area 6.0 Continuing Competence Program

Adopted September 1, 2019

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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 Ethics²
 - Competency Profile for each specialty^{3,4,5,6,7}

Background on Standard 6.0

The ACMDTT is mandated by the HPA to protect the public. The HPA requires regulatory colleges to establish a continuing competence program (CCP), which registrants must complete to renew their practice permits. The College must establish and administer a CCP as a means to provide for its registrants to maintain competence and to enhance the provision of professional services.

Currently, the HPA requires the CCP to be established in regulation; however, an amendment of the HPA now requires the CCP to be established in a college's Standards of Practice. This new Standard establishes the minimum requirements for registrants to comply with the CCP established by the College.

Registrants on the general register must comply with the requirements of the CCP. Registrants must apply for renewal of their practice permit annually. As per section 40(2) of the HPA, an application for renewal of the practice permit may be denied or a practice permit may be suspended if the applicant fails to comply with the requirements of the CCP.

The HPA is being amended to allow the following conditions to be imposed on a registrant's practice permit if they fail to satisfactorily comply with the CCP.

40.1 (1) Where the registrar, complaints director, registration committee or competence committee imposes conditions on a registrants practice permit, the conditions that may be imposed include, but are not limited to, conditions that

- a. the registrants practise under supervision,
- b. the registrants practice be limited to specified professional services or to specified areas of the practice,
- c. the registrant refrain from performing specified restricted activities,
- d. the registrant refrain from engaging in sole practice,
- e. the registrant submit to additional practice visits or other assessments,
- f. the registrant report to the registrar on specified matters on specified dates,
- g. the practice permit is valid only for a specified purpose and time,
- h. the registrant be prohibited from supervising students, other registrants, or other health professionals, and
- i. the registrant completes the continuing competence requirements within a specified time.

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 6.0

Continuing Competence Program

Standard

A **registrant** of the Alberta College of Medical Diagnostic and Therapeutic Technologists demonstrates professional **competence** through completing the requirements of the Continuing Competence Program (CCP).

As a part of the CCP, a registrant must complete, in each registration year, a reflective practice review, which includes the following:

- a. A **self-assessment** of the registrant's practice against the Standards of Practice governing the registrant's area of practice.
- b. The development and implementation of a learning plan that follows the registrant's professional development requirements identified in their personal assessment.
- c. Records of learning activities, including evidence of having completed the required number of learning hours and documented evaluation of how the learning activities undertaken in the learning plan have addressed the professional development requirements identified by the registrant.

The Continuing Competence Program Manual supports this Standard by setting out the policies governing the CCP.

Standard 6.1 Reflective Practice

A registrant completes, in each registration year, a reflective practice review.

Indicators

To demonstrate this Standard, a registrant will:

- a. Complete the required number of learning hours annually, in whole or in part, as designated in the Continuing Competence Program Manual.
- b. Complete a self-assessment of their practice against the Standards of Practice governing the registrant's area of practice.
- c. Develop and implement a learning plan that follows the registrant's professional development requirements identified in their self-assessment.
- d. Provide a documented evaluation of how the learning activities undertaken in the learning plan have enhanced/changed their practice.
- e. Complete any required education set out by the College.
- f. Retain a documented record of the reflective practice review for five registration years from the end of the registration year in which the reflective practice review was completed.

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

Standard 6.2 Review and Audit

A registrant who is selected for a review and audit of their reflective practice review must participate in the audit. The review and audit will be conducted in accordance with the rules set out in Continuing Competence Program Manual.

Indicators

To demonstrate this Standard, a registrant will:

- a. Provide evidence of having met the requirements of the CCP in any or all of the five registration years preceding the request.
- b. Complete, if directed, one or more of the following at their own cost:
- c. Complete specific CCP requirements and/or professional development activities within a specified time period.
- d. Report on specified matters related to the CCP.
- e. Correct any problems identified as part of the review.
- f. Complete any other requirements set out in the CCP Manual.

Expected Outcomes

Patients, family/representatives, the public and employers can expect the registrant to maintain compliance with the Continuing Competence Program.

Related Standards

- 2.1 Legislation, Standards and Ethics
- 2.2 Professional Competence
- 4.1 Record Keeping and Information Management
- 4.2 Safe Practice

Resources

- ACMDTT. (2015). *Code of Ethics*. Updated September 2021. Edmonton: Author. Available at: <https://acmdtt.com/wp-content/uploads/Code-of-Ethics.pdf> (acmdtt.com)
- ACMDTT. (2022). *Bylaws*. Updated April 1, 2023. Edmonton: Author. Available at: www.acmdtt.com
- Government of Alberta. (2000). *Revised Statute of Alberta 2000 Chapter H-7. Health Professions Act*. Edmonton: Author. Available at: <https://kings-printer.alberta.ca/documents/Acts/h07.pdf>
- Government of Alberta. (2005). *Alberta Regulation 61/2005 Health Professions Act. Medical Diagnostic and Therapeutic Technologists Profession Regulation*. Edmonton: Author. Available at: http://www.kings-printer.alberta.ca/documents/Regs/2005_061.pdf
- ACMDTT. (2022). *Continuing Competence Program Information Guide*. Edmonton: Author. Available at: <https://acmdtt.com/wp-content/uploads/CCP-Information-Guide-2022-2023-v1.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:

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

Professional **competence** is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served. Competence depends on habits of mind, including attentiveness, critical curiosity, self-awareness, and presence. Professional competence is developmental, impermanent, and context-dependent.¹

The **Continuing Competence Program Manual** supports Standard Area 6.0 by setting out the policies governing the CCP, including but not limited to the following:

- a. Information related to a registrant's participation in the CCP, such as number of learning hours required to be completed in a registration year and the forms to be used for documenting a registrant's participation in the CCP.
- b. The rules guiding the Competence Committee's review and evaluation of all or part of a registrant's reflective practice review.

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

Registrants 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 Regulation²,
- ii. pays the fees and other charges which are prescribed in the Regulation or by the Council, for licensing.³
- iii. includes a previous registrant whose last day of registration with the College is within the immediately preceding two years.⁴

Self-assessment is a personal evaluation of how an activity has impacted some aspect of the work duties, interactions with patients or colleagues or other areas of professional practice.

A **Standard** is a document that provides requirements, specifications, guidelines, or characteristics that can be used consistently to ensure that materials, products, processes, and services are fit for their purpose.⁵

¹ Epstein, R. M., & Hundert, E. M. (2002). Defining and Assessing Professional Competence, *Journal of the American Medical Association*, 287, 226–235.

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 ACMDTT. (2022). Bylaws. Updated April 1, 2023. Edmonton: Author. Available at: www.acmdtt.com

⁴ 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

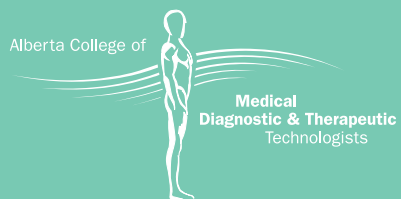
⁵ International Organization for Standardization. (2013). What is a Standard? Geneva. Available at: <https://iso.org/iso/home/about.htm>

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.



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