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The Canadian Association of Medical Radiation Technologists' Brief to the House of Commons Standing Committee on Health (HESA)

The Canadian Association of Medical Radiation Technologists (CAMRT) is pleased to contribute to the study of the scope of practice and skills training of healthcare professionals. We appreciate the opportunity to share our perspective on the three critical areas the committee wishes to examine:

(1) the federal role in the scope of practice of Canadian healthcare professionals; (2) best practices on the use of scope of practice, both in Canada and internationally; and (3) the federal role in supporting skills training and curriculum development.

The profession of medical radiation technology

Briefly, medical radiation technologists (MRTs) are healthcare professionals whose expert knowledge of medical imaging and/or radiation therapy equipment is applied to the delivery of quality care to their patients – care that is appropriate, safe, timely, and which maximizes the potential of the available equipment and resources.

Current scope of practice

The current scope of practice for medical radiation technologists involves:

- the safe and effective application of ionizing radiation and other energy forms;
- the production of diagnostic images and performance of diagnostic and therapeutic interventions;
- the evaluation and assessment of diagnostic images and therapeutic applications; and,
- the evaluation of the patient, pre-procedure, during and post-procedure.

MRTs' knowledge encompasses an extensive understanding of the principles of anatomy, physiology and pathology, image acquisition, treatment and radiation protection. MRTs also ensure the safe operation of equipment through quality assurance measures and identify opportunities to improve safety and provide the highest standard of patient care within imaging and treatment processes.

The profession is multidisciplinary. CAMRT membership includes those who work in radiological technology, radiation therapy, nuclear medicine and magnetic resonance, and in sub-specialities such as mammography, computerized tomography (CT) and dosimetry.

The expertise required for competent practice in all disciplines of medical radiation technology is achieved through a comprehensive and specialized education program in medical radiation sciences. MRT's professional commitment to lifelong learning means that the formal entry to practice educational studies are complemented by voluntary, and in some jurisdictions, mandatory continued professional development over the course of a career. Medical radiation technology education is offered by Canadian Medical Association (CMA) accredited programs at colleges and universities across Canada. The curriculum for accredited programs is developed using competency profiles, which have been created through a rigorous and broad consultative process with stakeholders. These profiles detail the behaviours and competencies required at entry level for safe and effective practice, and provide a foundation for future practice.

Graduation from an accredited program prepares the graduate for the national certification exams, which are based on the competency profiles. The CAMRT competency-based examination process is the accepted national standard for entry-to-practice in Canada, with the exception of the province of Quebec. The Quebec certification examination is administered by the regulatory body, l'**Ordre des technologues en imagerie médicale, en radio-oncologie, et en électrophysiologie médicale du Québec (OTIMROEPMQ)**. A reciprocity agreement between CAMRT and OTIMROEPMQ provides mutual recognition of certification for those who have successfully passed either examination.

Challenges in Current Scope of Practice

Beyond certification, the scope and standards of MRT practice are established through provincial legislation, and in six of the 10 provinces, by regulatory bodies. In the view of the CAMRT, this is less than optimal, as it means that the scope and standards of practice can vary significantly from one province to another. Better coordination would allow for improved sharing of best practices and a higher standard of care across Canada.

Furthermore, the current scope of practice in many provinces does not allow MRTs to work to their full capabilities and potential based on the education they have completed for their roles. The CAMRT believes that there is clearly now a place for advanced MRT practice in Canada. Facilitating advanced MRT practice would contribute to improving the delivery of health care in Canada.

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In support of this position, the CAMRT is collaborating with many partners, including the recently formed Alliance of Medical Radiation Technologists Regulators of Canada[1], on initiatives related to best practices, and adoption of advanced practice roles.

CAMRT believes that there is an opportunity for the federal government to play a leadership role in addressing these challenges. In this brief, we will outline the advantages of advancing MRTs' scope of practice, and suggest ways that the federal government could encourage this. As a starting point, we recommend that the federal government partner with the CAMRT to host a national forum to facilitate discussion of the harmonization and optimization of MRT's scope of practice across the country, and the potential for adoption of advanced practice models.

Advancing scope of practice

In a 2009 discussion paper that addresses, among other issues, Expanding Scopes of Practice and Developing New Roles, the federal government and its provincial/territorial partners in health delivery and human resources have suggested that "*In an ideal health system, professionals would operate at the high end of their cognitive and experiential capacity. ... They would delegate tasks that do not stretch their capacities, sharpen their skills, and maintain their enthusiasm for what they do. This would at the same time create new challenges for other professions and maximize their capacities." (Lewis, 2006)*

Further, they say, *"Given the additional years of training now required for many professional programs, it is appropriate for jurisdictions to assess whether scope of practice legislation and the deployment of health care providers have kept pace with their training. Within their current scope of practice, many providers are limited in what they are able to do — although they may have the skills and competencies to do more."*[2]

The CAMRT believes we are at a pivotal time in the evolution of the medical radiation technology profession; we now have the potential to challenge and expand the traditional scopes of practice in Canada. The CAMRT has invested significantly in research into the innovative implementation of advanced practice roles for MRTs globally, and is now exploring the feasibility of comparable innovations within the structure of the Canadian healthcare system.

[1] The Alliance's key mandate is to promote and evaluate common standards across jurisdictions, and is working closely with non-regulated jurisdictions to support their case for MRT self-regulation with provincial authorities.

[2] ***How Many Are Enough? Redefining Self-Sufficiency for the Health Workforce,*** Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources (ACHDHR), 2009.

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Worldwide trends in medical radiation technology indicate the knowledge and skills of highly-educated Canadian MRTs are currently underused in some areas within the Canadian healthcare system. Around the world, there are innovations in the MRT scope of practice designed to improve patient care through enhanced access to services and decreased wait times. Examples of advanced practice roles in the United Kingdom include Gastrointestinal Consultant Radiographers and Breast Imaging Consultant Radiographers who practice autonomously to deliver a full range of radiographic service to patients. In the United States, radiological assistants, under the supervision of radiologists, take a lead role in patient management and assessment at an advanced level (**see Appendix A**).

Already, this Committee has heard evidence of the benefits of advanced scope of practice as it has been applied to nurse practitioners and pharmacists in Canada through a multidisciplinary team-based approach to patient care. We believe by expanding the role of MRTs, Canada stands to benefit from improved patient care through increased access to care, enhanced quality of care, increased system innovation and potential cost savings.

Emerging Advanced Practice Roles in Canada

The CAMRT's study of international practice, and consultation with a broad spectrum of stakeholders, has resulted in several specific undertakings designed to develop and implement advanced practice roles for MRTs that are customized to the Canadian environment.

The first of these was the publication of an Advanced Practice Framework, (**see Appendix B**), which is the culmination of a multi-year, collaborative effort to design a "made in Canada" model for advanced MRT Practice. This Framework[3] highlights the principles that are essential to advanced MRT roles and discusses the way forward for Canadian MRT professionals.

Although the Framework does not describe the development of specific advanced practice roles, CAMRT is involved in role-building activities as well. This includes the direct exploration of roles across diagnostic imaging and radiation therapy.

Specifically, the CAMRT has supported local innovation to scope of practice in advanced radiation therapy practice in Ontario. This project began as a pilot with the stated goal of improving care for Ontario cancer patients. Beginning in 2004, advanced practice radiation therapists were deployed and studied in pilot roles across the province. The final report on the pilot to Cancer Care Ontario in 2010

[3] CAMRT Advanced Practice Framework, February 2014.

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details the enhancements the advanced practice radiation therapists provided. The primary benefit for patients and for the healthcare system were the increased access to care (where there had previously been little) and the contribution to improved waiting times for radiation therapy in Ontario. The success of the pilot led to an extension of the existing roles and an expansion into new roles that will continue to evolve. In parallel, the CAMRT has been working closely with these pioneering radiation therapists in Ontario to formalize these gains and develop a national program for formal certification.

Despite the tremendous success of the Ontario initiative, and the foundation it has established for the integration of formally recognized advanced MRT practitioners into the Canadian healthcare system, there remain many challenges in continuing this positive momentum in other Canadian provinces.

Our research and consultations to date have informed our association's leadership and strengthened our commitment to transformative change in our profession. We believe that there is a role for governments in this transformation, and that the international best practices we've discovered offer a basis for Canadian advancement. The following are our recommendations and observations on the three key areas under review by this committee.

The federal role in the scope of practice of Canadian healthcare professionals

We understand that the mandate of the federal government to advance the health of Canadians includes the promotion of innovation in healthcare.

The CAMRT experience with regard to optimizing the scope of MRT practice across Canada points to the need for greater coordination and sharing of innovative best practices nationally. As such, we would welcome the federal government playing a transformative role in the optimization of MRT scope on a pan-Canadian basis, and acting as a champion of examples of successful innovation with provincial and territorial governments with the support of associations and their stakeholders who are already in pursuit of these goals. The chance to work collaboratively with the federal government and the regulatory bodies toward common goals in this would be of great interest to the CAMRT.

The Minister of Health recently launched an Advisory Panel on Healthcare Innovation to look at the many creative ideas and approaches that exist in Canada and abroad, identify those that hold the greatest promise for Canada, and offer its recommendations on how the federal government can support them. The CAMRT will be submitting a brief that showcases innovation and advanced practice implementation in medical radiation technology in this consultation.

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Canadian and international best practices

Our research demonstrates that a precedent for a federal role in supporting advanced practice implementation is well demonstrated both in Canada and abroad.

In Canada, the role that the federal government played in the diffusion of best practices in nursing and pharmacy scope of practice[4][5] is a template for success for working with other professions such as MRTs.

Internationally, there are a number of informative examples of how strong federal/national leadership has brought about significant change to scope of practice for MRTs, to the benefit of healthcare systems.

In the UK, national targets set by the NHS Cancer Plan led to an understanding of the need for change across all services, including medical radiation technology (referred to as radiography in the UK).[6] A Radiography Workforce was set up shortly after targets were published in order to reorganize the MRT workforce. This process led to the rollout of the four-tier model for radiography, whereby scopes of practice were optimized at all four tiers of the spectrum for the benefit of patients.

In Australia, Health Workforce Australia (HWA) was established in 2010. This allowed the Council of Australian Governments to work across the health and education sectors to address the challenges of providing a skilled, flexible and innovative health workforce that meets the needs of the Australian community, now and into the future. The group published a National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015[7] — a national call to action for workforce reform that will involve the health and education sectors, and which can be used to guide and inform the health workforce response and future work plans of State and Territory Departments of Health.

Federal support for skills training and curriculum development

Collaboration and coordination with provincial and territorial governments on advancement of health human resource strategies that ensure a robust workforce are recognized as a highly important undertaking for Health Canada[8].Among the key

[4] http://www.cna-aiic.ca/~/media/cna/files/en/cnpi_report_2009_e.pdf
[5] http://cna-aiic.ca/~/media/cna/page-content/pdf-fr/ps_nurse_practitioner_e.pdf
[6]http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4061260.pdf
[7] https://www.hwa.gov.au/sites/uploads/hwa-wir-strategic-framework-for-action-201110.pdf
[8] http://hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/index-eng.php

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strategic directions are the <u>supply of health providers</u> to increase the number of qualified providers entering the health workforce and the <u>more effective use of skills</u> to increase productivity of health care providers by making full use of their skills; and to improve access to health care services for all Canadians, particularly in underserved areas, by addressing the distribution of health human resources.

Health Canada and its partners are pursuing a range of targeted strategies over the short term to optimize the Canadian health workforce. We suggest that federal-provincial-territorial collaboration on appropriate integration of MRT advanced practice roles across Canada will contribute to advancement of these strategies.

As a starting point, we recommend that the federal government partner with the CAMRT to host a national forum to facilitate discussion of the harmonization and optimization of MRT's scope of practice across the country, and the potential for adoption of advanced practice models among all potential partners. The forum would invite all federal, provincial and territorial representatives to present their views and hear from international experts, with a view to furthering collaboration to address scope of practice challenges.

Appendix A

Examples of Advanced MRT Roles

Clinical Specialist Radiation Therapist (Ontario) – Palliative Radiation Therapy[49]	
Description	Clinical Specialist Radiation Therapists (CSRTs) in Ontario practice autonomously to deliver a full range of services to patients in a variety of specialist areas. In this example, advanced practice is focused in the specialist area of palliative patients.
Advanced elements	Primary responsibility for patient triage, assessment, review and interpretation of results and establishing care plans Assumes a patient caseload in each clinic Coordination of resources On-treatment and end of treatment review
Examples of advanced clinical activities	Leadership in palliative patient assessment Conduct patient interviews Comprehensive physical examinations. Document patient history and physical assessment data Formulate care plans for palliative patients Provide technical and dosimetric consultation Interpretation of diagnostic information and patient condition to establish a plan for radiation therapy Identification and order of required diagnostic tests (CT, MRI, X-rays) and procedures, within scope of practice and medical directives/protocols and practice guidelines Liaison and consultation with other healthcare facilities, services and team members Assignment of patient priority for therapy Assignment of dose/fractionation according to disease site, target volume and dose limiting structures Determination of gross, clinical and planning target volumes Prescription of treatment regimen Obtain informed consent Reviews patient set up on the first day of treatment Respond to a variety of unusual clinical situations, adverse or unusual reactions Review of referrals for appropriateness

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	First point of contact for patients receiving palliative radiotherapy, and for those who have completed treatment and been discharged Patient education Pain management Provision of patient support (psycho-social) in palliative radiation therapy
Examples of evidence-based activities	Active involvement in research projects Clinically relevant research work Work on patient- and treatment-related outcomes Patient recruitment Involvement in practice guidelines, treatment protocol development Supervise/mentor health-related professionals in research/ clinical activities
Examples of leadership	Patient, professional and community education Strategic planning in workplace Supervision of residents and fellows in project work
Resultant improvements to service	Decreased patient wait times Increased patient throughput Improved efficiency of cancer care in Ontario

Gastrointestinal Consultant Radiographer (UK)[47]	
Description	The GI Consultant radiographer practices autonomously to deliver a full range of radiographic services to patients. Advanced practice is focused in the specialist area of GI imaging.
Advanced elements	Audit own practice to ensure their continuing competence Greater autonomy and responsibility for patient care: Independently carrying out many GI diagnostic tests Contribution to the reporting process Managing caseloads Little reference to radiologists Likely to be seen as the lead for the GI services across the hospitals Work across disciplines (e.g., with endoscopy)
Examples of advanced clinical activities	Pre-interventional counselling and follow-up Independent delivery of a wide range of GI studies: Double contrast barium enema (DCBE) and variants (e.g., contrast enemas, etc.)

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	Barium swallow Videofluoroscopic swallowing study (VFSS) (often with speech therapy) CT Colonography Proctography Non-GI Fluoroscopic studies (e.g., hysterosalpingography; cystography) Small bowel studies Interventional work Sigmoidoscopy Increased contribution to the reporting process Offering a formal report as part of a double reporting system Issuing the definitive report for most examinations Management of fluoroscopy suite
Examples of evidence-based activities	Involvement in multi-disciplinary research and audit, resulting in peer-reviewed publications and presentations Auditing of the GI imaging service against the evidence base and reconfiguring to improve the patient (and referrer) experience Participation in research
Examples of leadership	Clinical leadership Collaboration with multiple professionals Extra-clinical activities: Regular attendance at relevant clinico-radiological meetings Teaching and providing mentorship to different professional groups in the clinical environment and local universities Involvement in national associations and scientific journals Membership on relevant professional bodies and committees
Resultant improvements to service	Reduced waiting lists New services introduced for patients as a result of staffing efficiencies (videofluoroscopy for speech and language therapy, ‘same day’ endoscopy, radiology clinics) Dedicated lists for particular examinations Flexible appointments for patients (e.g., longer exam times for patients who require it, evening appointments, etc.)

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Consultant Breast Imaging Radiographer (UK)[44]	
Description	The Breast Imaging Consultant radiographer practices autonomously to deliver a full range of radiographic services to patients. Advanced practice is focused in the specialist area of breast imaging.
Advanced elements	Audit own practice to ensure their continuing competence Greater autonomy and responsibility for patient care: Taking responsibility for completion of breast imaging diagnostic tests and procedures Reporting on diagnostic images Managing caseloads
Examples of advanced clinical activities	Manages the diagnostic decision-making pathway for breast imaging studies: Review of patient history Informed decisions regarding which diagnostic tools are appropriate Independent delivery of a wide range of breast imaging studies and procedures: Ultrasound-guided biopsy Cyst/seroma/abscess aspirations Fine needle aspiration for cytology Vacuum-assisted biopsies Biopsy or tumour marking Image-guided localization procedures for impalpable lesions Image interpretation and communication of the result Immediate reports on the mammograms and ultrasound scans to referring physicians from 'fast track diagnostic clinics' for symptomatic patients Communication of results to patients Reports for routine post-surgical follow-up and family history surveillance mammograms Indicates a description of the imaging appearances; the exact location and size of any significant abnormalities; a differential diagnosis, where possible; further imaging/biopsy in the management of a particular breast abnormality, if appropriate and possible. Breast clinical examination
Examples of evidence-based activities	Participation in a regular educational self-assessment scheme (PERFORMS – PERsonal perFORmance in Mammographic Screening) Self-audit of interventional work

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	Participation in research
Examples of leadership	Clinical leadership Collaboration with multiple professionals Introduction of new innovations into practice (e.g., new vacuum biopsy approach) Dissemination of breast imaging knowledge Extra-clinical roles: Teaching and providing mentorship to different professional groups in the clinical environment and local universities Supervision of undergraduate student radiographer dissertations Publication and presentation of work at conferences Speaking to the general public and breast cancer support groups regarding the role of breast imaging in diagnosing breast disease; Involvement in national associations and scientific journals Membership on relevant professional bodies and committees
Resultant improvements to service	Reduced waiting lists

Radiologist Assistant (USA)[50-52]	
Description	The radiologist assistant works under the supervision of a radiologist to enhance patient care by assisting in the diagnostic imaging environment. In practice, the clinical roles and responsibilities of each RA are tailored to the needs of the patient population, practice setting, state licensure laws and regulations, institutional credentialing requirements and federal reimbursement policies. As a result, RA practice varies from facility to facility.
Advanced elements	Lead role in patient management and assessment Performance of selected radiology examinations and procedures under the supervision of a radiologist – the level of radiologist supervision varies, depending on the type of examination

	Initial image observations (not diagnosis) to be forwarded to the supervising radiologist
Restrictions on practice	The RA cannot: Substitute for the radiologist Act independently Prescribe medications, treatments or therapies Provide an official interpretation of the imaging findings Prepare a final written report Independently bill for services
Examples of advanced clinical activities	Patient assessment Patient interview to verify and update medical history Radiology-focused physical examination Patient anxiety and pain levels Analysis of data (e.g., signs and symptoms, laboratory values, vital signs, and significant abnormalities) Report of findings to the delegating radiologist Assistance with invasive or complex radiology procedures Performance of selected procedures under the supervision of the radiologist: Fluoroscopy Non-invasive procedures Feeding tube placements Venous diagnostic exams Moderate sedation procedures Administration of moderate sedation Observation and assessment of moderately sedated patients Obtaining and documentation of patient consent Explanation of procedure to the patient or significant others, including a description of risks, benefits, alternatives and follow-up Referral of questions about diagnosis, treatment or prognosis to the delegating radiologist Communicates initial observations Evaluates images for image and diagnostic quality Reviews the images for initial observations Report of initial observations to delegating radiologist Communication of delegating radiologist's report to the appropriate healthcare provider

	Provision of patient discharge, procedure and post-care instructions summary for review and co-signature by the delegating radiologist Post-care instructions to patient as ordered by the delegating radiologist
Examples of evidence-based activities	Collection of data for clinical research
Examples of leadership	Involvement in evaluation and maintenance of patient safety programs and initiatives Education of other healthcare providers regarding area of expertise
Resultant improvements to service	Continuity of care for the patient (i.e., one person remains with the patient throughout the entire radiologic procedure) Improved departmental efficiency Radiologists free to perform more complex procedures and interpretation

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Appendix B

Advanced Practice in Medical Radiation Technology — Executive Summary

As the healthcare system evolves to meet the changing needs of the Canadian public, significant shifts are taking place in the way patient care is delivered. One of the more notable evolutions is the drive to ensure healthcare professionals can all practice to the fullest scope of their practice, which has led to the rise of advanced practice. It is a model for modern healthcare which has been tested and embraced in many countries, including Canada.

The Canadian Association of Medical Radiation Technologists (CAMRT) firmly believes there is a place for advanced medical radiation technologist (MRT) practice in Canada. Examples from MRT practice in other countries and advanced practice in other healthcare professions show how it can improve patient care by increasing access to care, enhancing quality of care, and contributing to system innovation and potential cost savings.

For advanced MRT practice to become a reality across Canada there needs to be a concerted and coordinated effort from MRTs. This framework has been developed to define and illustrate the core principles of advanced MRT practice in the Canadian context. It is hoped that this discussion will help establish a common vision of advanced MRT practice and help MRTs as they begin building the advanced practice roles of the future.

Definition

Advanced practice in Medical Radiation Technology is defined as a higher level of practice wherein clinical responsibilities routinely exceed the current principal expectations of practice. Advanced practice roles require analytical skills to synthesize evidence-based knowledge to autonomously work towards optimal patient outcomes.

The Advanced Practice MRT is able to practice in these roles due to their advanced clinical and theoretical knowledge, skill and judgment acquired through a relevant graduate level education program or equivalent.

Principles of advanced practice

In the extensive literature on advanced practice in the healthcare professions, the higher level of practice that characterizes advanced practice is captured in several

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distinct principles. These principles are reflected in the definition above and are a helpful focus for an examination of advanced MRT roles in practice.

All advanced practice roles should exist to improve outcomes for patients, whether through enhanced access, quality of care or satisfaction with the care received. The principle of **improving patient outcomes** is central to advanced practice and its successful uptake and implementation in any profession.

The requirement for **critical thinking**, demonstrated by interpretation, analysis, synthesis, evaluation, inference and reflection must be a core part of any advanced practice role. Similarly, a responsibility for **complex decision making**, allows for roles that truly advance the scope of MRT responsibilities and function with increased levels of autonomy.

Advanced practice roles are characterized by an increased level of **autonomy**, with a greater independent contribution to the multidisciplinary care of the patient. The right to be more autonomous is enabled by education and training, and it is of critical importance to the acceptance of advanced roles.

Leadership is an expected quality of all advanced roles. Within organizations, advanced practitioners are expected to grow in their capacity as leader, advocate and mentor to improve the delivery of care.

Advanced roles in practice

Each of the principles is an important element of advanced practice in its own right, but all concepts are inter-related and complementary. Within an advanced role, all principles would be woven into the scope and expectations of practice and employed in day-to-day activities to elevate scope and influence. For roles to truly reflect a higher-level of MRT practice, they will need to be built around activities that not only exceed the principle expectations of MRT practice in Canada, but that incorporate the principles of advanced practice in a fundamental way. It is critical that advanced activities make up the core of a new role and are incorporated into a practitioner's primary day-to-day work.

This framework avoids identification of specific activities that would be considered advanced in the Canadian context. The continual evolution of MRT practice and differences in practice across Canadian provincial jurisdictions make it difficult to find examples that can be applied nationally and fixed in time. Instead, it provides examples from Canada and around the world to illustrate models that could be followed.

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Educational preparation for advanced roles

The CAMRT views education as a critical element for any future advanced practice roles. Training and education beyond entry-level qualification that is at once thorough, accessible and standardized will form the foundation for robust and lasting advanced MRT roles. Based on the reported experiences of others, including the leaders of the Clinical Specialist Radiation Therapist (CSRT) initiative in Ontario, the CAMRT has included in its recommendation a requirement for graduate level education or its equivalent. The combination of advanced studies and independent research typically pursued in graduate education provides both the structure and latitude for an individual to develop the necessary understanding and comfort with the complex subject matter central to advanced practice. Equivalency in this case, would consist of a level of achievement that is considered to be on the same level as finishing a course of study.

Into the future

Despite the unique challenges presented by the structure and diversity of the Canadian healthcare system, it is believed that advanced practice is attainable across jurisdictions. Indeed, the CSRT initiative has recently been expanded and represents a model on which to innovate advanced practice in radiation therapy across all provinces. In addition, innovative ventures already underway suggest there is potential for advanced MRT roles that mirror and extend beyond what has been developed internationally, within all the disciplines.

This framework represents an important first step in the advanced practice discussion for MRTs. We hope that the publication of this document will stimulate interest around advanced practice in the MRT community and provide the common language and starting point regarding advanced MRT practice and its place in the evolving Canadian healthcare mode.

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Appendix C

About the Canadian Association of Medical Radiation Technologists

The Canadian Association of Medical Radiation Technologists (CAMRT) is the national professional association and certifying body for radiological, nuclear medicine and magnetic resonance imaging technologists and radiation therapists. CAMRT provides leadership on standards for entry-level education and offers a suite of programs and services that advance the profession and the health of Canadians. These include certification, continuing professional development opportunities, publication of a journal, strengthening professional practice as well as advocacy to promote the effective contribution of MRTs in Canadian health system discussions and decisions. Founded in 1942, the CAMRT today represents over 12,000 members.

The Vision of the Canadian Association of Medical Radiation Technologists

As medical radiation technologists, we are essential, caring contributors to the healthcare team for Canadians. In an environment of rapid technological change and innovation, we remain at the leading edge of practice as we establish and expand the evidence base of our profession. We are recognized within the health system and the wider community as an authoritative voice in medical imaging and radiation therapies, and engage internationally as leaders in the profession.

Values of the Canadian Association of Medical Radiation Technologists

In pursuing its vision, the Canadian Association of Medical Radiation Technologists (CAMRT) embraces the following core values in order to support its members, contribute to the health system and further the health of Canadians:

- *accountability*, *adaptability*, *transparency* and *excellence* in the conduct of its affairs; and,
- *trust*, *fairness*, and *integrity* in the relations among members, staff and with stakeholders.

In serving its communities, the CAMRT *respects the diversity* of its members and stakeholders. The CAMRT recognizes and celebrates the contributions of its members and staff.

Mission of the Canadian Association of Medical Radiation Technologists

The Canadian Association of Medical Radiation Technologists (CAMRT) serves and supports its members to provide patients the highest quality of medical imaging and radiation therapy care. CAMRT ensures that all medical radiation technologists

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(MRTs) are certified as having the knowledge, skills, and judgment to enter practice. Through the development of services and tools, it helps MRTs continue to practice safely and effectively in a rapidly evolving field. As the national voice of the profession, the CAMRT is engaged internationally and promotes the effective contribution of MRTs in Canadian health system discussions and decisions.
For more information, visit the CAMRT website at www.camrt.ca .