

Ontario Association of Radiology Managers



Barbara Sullivan - Chair
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West,
Toronto, ON
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Dear Ms. Sullivan,

This letter is in response to the invitation by the Health Professions Regulatory Advisory Council for identified professions to make recommendations to enhance their respective scope of practice in order to enhance interprofessional collaboration.

Medical radiation technology has as its core value, the collaboration with other healthcare practitioners that are involved in a patient's continuum of care. The services provided Medical Radiation Technologists (MRTs) are pivotal in the diagnosis, treatment, and overall health of our patients.

The College of Medical Radiation Technologists of Ontario (CMRTO) and the Ontario Association of Medical Radiation Technologists (OAMRT), have made a joint submission seeking a change to the scope of practice of medical radiation technology by amending, not expanding, the scope of practice statement and by expanding the number of controlled acts authorized to Medical Radiation Technologists (MRTs). These changes are proposed to address the current practice of MRTs in Ontario.

Scope of practice is used by various professions to define the procedures, actions, and processes that are permitted to be performed by a licensed individual. The scope of practice is limited to those acts that the individual has the required knowledge, skill, and judgement to perform.

The Executive of the Ontario Association of Radiology Managers (OARM) is pleased to support all of the proposed changes as outlined in the joint submission made by the CMRTO and the OAMRT. Specifically;

1. Scope of Practice Statement:

The current statement in no way reflects the current trends in medical imaging technology. First, the application of electro-magnetism for the purpose of Magnetic Resonance Imaging is not specifically mentioned in the *Medical Radiation Technology Act* (MRT Act), rather it is alluded to as "...other forms of energy...".

Secondly, due to technological advances over the years, there has been a 'blurring' of the boundaries between the use of radiation for diagnostic and therapeutic procedures. For example, diagnostic equipment, such as CT Scanners, are being used to facilitate radiation treatment planning; CT Scanners are being utilized in conjunction with Nuclear Medicine SPECT machines to pinpoint areas of increased radioisotope uptake in a Nuclear Medicine study.

It is not uncommon for a MRT to implement changes to an examination upon the identification of pathology and/or a questionable abnormality on the patient's images. The current scope of practice does not provide the technologist with the necessary autonomy to make or initiate changes, even though the technologist has been able to assess the patient's condition and correlate this with the preliminary images and the clinical history provided.

2. Controlled and Authorized Acts:

Under the *MRT Act*, MRTs are currently authorized to perform four authorized acts, provided there is an order for the performance of the procedure from a physician:

- Taking blood samples from veins;
- Administering substances by injection or inhalation;
- Administering contrast media through or into the rectum or artificial opening into the body, and;
- Tattooing.

In addition, there are a number of controlled acts authorized to MRTs that, via delegation, that allow them to perform certain procedures – a) putting an instrument, hand or finger beyond the larynx, b) putting an instrument, hand or finger beyond the labia majora, c) putting an instrument, hand or finger beyond the opening of the urethra, d) putting an instrument, hand or finger beyond the anal verge, and e) putting an instrument, hand or finger beyond into an artificial opening into the body. However, the interpretation of these authorized acts has created a barrier for MRTs to effectively practice their profession. For example, the performance of a Barium Enema examination requires the insertion of an enema tip or catheter in order for a MRT to administer contrast media, yet some feel that the actual insertion of the enema tip or catheter falls outside the scope of practice for a MRT and thus the act must be delegated to them, while others feel the authority to insert the tip is implied as it is an integral part of the procedure.

MRTs currently have the knowledge, skill, and judgement to carry out the procedures affiliated with these controlled acts, regardless of delegation. The procedures that are associated with these controlled acts can best be described as routine and part of a MRT's established professional practice. As such, the controlled acts currently authorized to medical radiation technologists should be expanded to include those mentioned above because they are a key component to a MRT's effective performance of routine procedures.

There is another controlled act that MRTs are exempt from – the application of electro-magnetism for the purpose of magnetic resonance imaging. If this act was included in the list of authorized acts, then any confusion encountered by a member of the public would be eliminated.

As noted in the CMRTO's 2007 Annual Report, the College supports "...consultation, dialogue and interaction between the College, other health regulatory colleges and various government bodies ...in the discussion and consultative process around the Health Professions Regulatory Advisory Council (HPRAC) review of the mechanisms to facilitate and support interprofessional collaboration among health colleges."

Given the challenges that face the healthcare system, it is not only critical but imperative that Medical radiation Technologists be enabled to practice their professional to the full extent of their knowledge, skill, and ability, within the regulatory framework of the *RHPA*. The OARM fully supports the joint submission of the CMRTO and the OAMRT regarding the review and enhancement of the scope of practice for Medical Radiation Technologists in Ontario. In this way we will be able to better meet the needs of the citizens of Ontario.

Sincerely,

Kate McKague MRT(R)
President – Ontario Association of Radiology Managers