

Self-Regulation for Medical Radiation Technologists & Diagnostic Medical Sonographers

Frequently Asked Questions

Below are commonly asked questions from the presentations provided by the Self-Regulation Committee to help guide members to better understand what it means to be self regulated.

If you have not already done so, you are encouraged to view the last education session presented to members in November 2020 by our consultant Taras Luchak at this link:

[November 2020 Self-Regulation Presentation](#)

- 1) Am I going to have to pay more in fees with the creation of a College?
- 2) Why do governments regulate professions?
- 3) What are the types of regulation?
- 4) Will there be mandatory continuing education requirements as part of the new College?
- 5) Will there be a complaints/disciplinary process for the profession?
- 6) Are MRITs regulated in other Canadian provinces?
- 7) Why do professions seek self-regulation?
- 8) But what does a regulatory college actually do?
- 9) What are things a regulator cannot do?
- 10) What's the difference between an "association" and a "regulatory college"?
- 11) How will the governing council be selected?
- 12) What happens to MAMRT once the new college is created?
- 13) Will radiologists who call themselves "sonologists" be regulated by the new MRIT college?
- 14) Would point of care ultrasound be more controlled?
- 15) How many incidents have there been in Manitoba where a diagnostic medical sonographer was hired at a hospital that was not credentialed by sonography Canada and/or ARDMS?
- 16) Would "cardiology technologist" be included within our group?
- 17) During the November video session, Taras said that health care is a provincial matter and that he couldn't conceive of a scenario where someone practicing a profession in that province could possibly practice in that province without being registered and regulated by the profession's college in that province.
- 18) How will the creation of a college impact "cross-trained" (MLTX) individuals? Do we have any say now?
- 19) The British Columbia report (Cayton) suggested that there was a lack of public trust in regulatory bodies in that province. Also, there are plenty of stories in the media of regulated health professionals convicted of crimes that do not lose their license to practice until after the fact (e.g. nurse Wetlaufer in Ontario). Is there a sense of how the public views regulatory bodies in Manitoba and would the public support regulation of MRTs and sonographers?

Q 1: Am I going to have to pay more in fees with the creation of a College?

When the new College is created, you will begin paying licensing and registration fees to the College. You will also be required to provide proof of professional liability insurance.

Members of the MRT profession in Manitoba currently support the administration of their provincial association (MAMRT). It is this same base that will be asked to support the expense of administering a regulatory college. The current membership is able to support the duties required of the governing board and current committees.

The following is a table of what members currently pay in Manitoba for provincial fees, association fees and union dues. The table also includes the amount paid in the similarly sized regulated province of Nova Scotia (which includes sonography)

<i>What MRTs in Manitoba are currently paying for association fees (national and provincial)</i>	
CAMRT/MAMRT/PLI	\$418.09/year (\$200 CAMRT; \$190 MAMRT; \$26.25 PLI)
<i>What Sonographers in Manitoba are currently paying for association fees (national only)</i>	
SONOGRAPHY CANADA (Active Member)	\$260/year (\$175 Active Member; \$85 PLI)
<i>What both MRTs and Sonographers are paying in Manitoba for union dues</i>	
MAHCP Union Dues (1.25% of gross income)	\$875/yr (based on \$70,000/year gross salary)
<i>For comparison...</i>	
ANNUAL REGISTRATION FEE - NSCMIRTP (Nova Scotia College of Medical Imaging and Radiation Therapy Professionals) FOR BOTH MRTs AND SONOGRAPHERS	\$450/year (plus taxes)
ANNUAL REGISTRATION FEES - CMLTM (College of Medical Laboratory Technologists of Manitoba)	\$465/year

Without question, the new College will be performing a number of additional duties that are not currently done by the membership associations. It is the stated goal of the current MAMRT board to try and keep the future College fees to a number that is reasonably close to that paid in Nova Scotia as well as an amount comparable to similar Colleges in Manitoba such as the CMLTM listed above.

The association costs for MRTs, when national and provincial are combined, are very comparable to those paid to register with Colleges in other provinces and are roughly half of what some are currently paying in union dues.

For sonographers, the fee paid to Sonography Canada (national association) is very comparable to the fee paid by MRTs to the CAMRT (national association); however, because there is not a provincial association representing sonographers in Manitoba, the overall fee is less.

It is likely that the creation of a College, along with the increase in responsibilities, will result in a net increase in cost to registrants to practice and support the College. This is particularly the case in that a regulatory college cannot perform the function of a membership advocacy association. It is our view that the goal of the creation of a self-regulating body will be worth the additional financial contribution. At the present time it is not possible to provide an actual dollar amount.

Q 2: Why do governments regulate professions?

The primary motivation on the part of the Government is to protect the public from harm. Particularly in the area of health care, there is a risk of harm in what professionals do. It is the degree of risk that inspires the Government to want to ensure there is regulation to protect the public.

Q 3: What are the types of regulation?

The most common types are:

- a) Government licensing and regulation; where it is a Government department (with little or no governance input from the profession);
- b) Self-regulation; where it is a “College” created by the profession that governs. There is generally some degree of oversight by the Government, and the inclusion of public representatives on the governance body.

Q 4: Will there be mandatory continuing education (CE) requirements as part of the new College?

The nature of continuing education is within the mandate of the new College. As part of the application process, it is our intention that there will be a mandatory continuing education program similar to those instituted in other regulated provinces. There is currently a sub-committee which is reviewing requirements in other provincial jurisdictions, as well as in other regulated health professions in Manitoba. It will be your peers that decide what will be appropriate for the new College.

As a general rule, most regulators prefer that approved courses relate to the “practice” of the profession, as opposed to “self-help” types of courses.

Decisions will need to be made on a number of issues such as:

- Will non-practicing members need to continue CE?
- What types of courses will be acceptable?

- Who will provide the courses? In 2021, the same survey was offered to all MAMRT members, as well as sonographers, showing the majority of participants in support of MRTs and Sonographers to pursue the application
- What will the minimums be (hours? Courses?)?

Q 5: Will there be a complaints/disciplinary process for the profession?

It is a requirement for all regulated health professions in Manitoba to implement a transparent professional conduct process. It is an expectation that the College will have a process to receive and review complaints from the public and, if appropriate, discipline registrants who fail to adhere to professional guidelines and regulations.

As with all other professions, the new College will initiate specialized training for all of those committee members and staff who will undertake the review of complaints. Individual complaints, as well as the process, is subject to review by the courts to ensure that the College has followed their processes correctly and in a fair manner. Courts will NOT overturn the exercise of discretion by the College. E.g. courts will intervene if the process has not been “fair”, but will not overturn a decision made by the College. It is recognized that with respect to the subject matter of the profession, it is the profession itself that is best equipped with the expertise and knowledge to judge the conduct of its own registrants.

The College has the ability to dismiss complaints at an early stage if they feel that the subject matter is frivolous or does not disclose any possible breach of rules, regulation or standards. If, on the face of an allegation, it raises a potential for misconduct (if proven), then the allegation will be investigated more thoroughly.

Q 6: Are MIRTTS (Medical Imaging and Radiation Therapy Technologists) regulated in other Canadian provinces?

MRTs are regulated in six provinces:

- Alberta
- Saskatchewan
- Ontario
- Quebec
- New Brunswick
- Nova Scotia.

Sonographers are regulated in Nova Scotia, Ontario and Quebec.

Q 7: Why do professions seek self-regulation?

Professions seek the creation of self-regulating bodies in order to control their own destinies. Doing so allows the profession to use their own knowledge and expertise to more efficiently protect the public, and also protect the reputation of the profession from incompetent or unethical practitioners. The profession is able to control their own registration requirements, standards of practice and professional conduct requirements. There is a degree of professional recognition and status in being self-regulated. It also allows the profession to be part of the

provincial health-care alliance, the Manitoba Alliance of Health Regulatory Colleges. It also allows the profession to join with, and seek information from, national alliances of regulators.

One of the advantages of belonging to a “network” of national regulators is the ability to exchange information related to any past history of misconduct on the part of a practitioner who moves from one regulated jurisdiction to another. Typically with a self-regulating profession there is a more robust system of declaration, disclosure and maintenance of a “record”.

Q 8: But what does a regulatory College actually do?

In consultation with Government and the profession, the College is responsible for

- Registration and renewal requirements;
- Developing the entry to practice requirements and approving the program of study/education for registration;
- Developing the scope of practice, standards of practice and code of ethics;
- Developing the continuing competence requirements;
- Establishing a complaints and discipline process;
- Ensuring that ONLY properly qualified/licensed/registered individuals are able to practice the profession in Manitoba;
- Maintaining a website with prescribed information (Regulated Health Professions Act).

Q 9: What are things a regulator cannot do?

The regulator cannot:

- regulate the use of the technology for other purposes, eg., non-medical use – Government decision;
- influence union activities, collective agreements, or work conditions;
- negotiate contracts on behalf of registrants;
- dictate where the registrant obtains their professional liability insurance (PLI) but WILL dictate what the minimum requirements of PLI are.

Q 10: What’s the difference between an “Association” and a “Regulatory College”?

The video presentation provides a long list of examples. The short answer is that the primary objective of an advocacy association is to serve the interests of the individual member. The primary objective of a regulatory college is to serve the interests of protection of the public.

An association will typically serve the following functions:

- advocate for, and serve the interests of, the members;
- provide educational opportunities (some of which might be approved by a regulator);
- promote the profession;
- communicate on matters of interest to the profession;
- provide conference and networking opportunities;
- have membership “awards”;
- provide member benefits such as professional liability insurance (that meets the requirements of the provincial regulator);

- philosophically, membership in an advocacy association must be voluntary (with exceptions, like in Manitoba where there is no regulatory body, Government can require membership with a “certification” body like MAMRT/CAMRT/Sonography Canada);
- negotiation of contracts (which might also be done by specific unions);
- professional promotional advertising.

A membership association will provide opportunities for members to achieve “best practices”. A regulatory body’s mandate is to ensure that registrants maintain a “minimum competency” to practice.

Q 11: How will the governing council be selected?

The actual make-up of the council will be determined in the paperwork submitted to the Government in the creation of the College. All regulatory health Colleges in Manitoba require the inclusion of public representatives on the council. In other Colleges in Manitoba public representatives are appointed by the Government and/or the council itself. This ratio will be determined in the process of creation of the College. Council members representing the profession are elected by the profession itself. Typically, staggered terms are implemented to ensure some degree of continuity.

Q 12: What happens to MAMRT once the new College is created?

Once a regulatory College is created, a registrant must be accredited, licensed and registered with the regulatory College in order to practice in Manitoba. The registrant may choose to voluntarily belong to an advocacy association. The usual reason to belong to an advocacy association, is to take advantage of professional liability insurance offered by membership in the association. The regulatory body cannot dictate WHERE the registrant obtains professional liability insurance, but the regulatory body will dictate that the registrant be covered by the minimum requirements noted by the regulatory body. An advocacy association will also offer many other services and products that make membership attractive.

It will be up to the members of MAMRT to decide what becomes of the association post-college. It might continue to function as an independent Manitoba advocacy association, or may become a “chapter” of the CAMRT.

Q 13: Will radiologists who call themselves “sonologists” be regulated by the new MIRT College?

The term “sonologist” is not an officially protected title, but commonly refers to a physician who reports and/or performs an ultrasound procedure (similar to a “radiologist”). The Manitoba Physician’s Manual does make reference to “sonologist”. Given that these individuals are radiologists engaged in sonography (as opposed to “technologists”), they would be regulated by the College of Physicians and Surgeons of Manitoba.

Q 14: Would point of care ultrasound be more controlled?

Point of Care Ultrasound (POCUS) can be defined as an ultrasound examination provided and performed by the primary care physician (or designate) of the patient, usually as an adjunct to

the physical examination, to identify the presence or absence of a limited number of specific findings. POCUS is considered a different examination than a comprehensive or limited sonographic evaluation of a patient performed in a dedicated imaging facility or department in a consultative process between the physician providing primary or specialty care for the patient and the consulting imaging specialist. It would be argued that POCUS can at times be invaluable at the point of care to clarify uncertain findings of the physical exam, identify important conditions in the context of acute care of the unwell patient, or provide image guidance that improves the success and safety of many procedures in the acute care setting, particularly when time saving for diagnosis or treatment is absolutely critical.

With the creation of a College, the College can undertake dialogue with the College of Physicians and Surgeons related to the best interests and safety of Manitobans.

As with any medical act or procedure, it is of critical importance that the practitioner be properly and adequately trained and licensed. Practitioners must be registered in good standing with their appropriate regulatory body. The specifics of training and evaluation for POCUS practitioners are legitimate and important issues that the College can bring forward for thorough review. In developing or adopting a training program for individuals engaged in POCUS, consideration should be given to evidence that demonstrates which interventions have proven effects on behaviour; e.g., whether didactic and/or practical sessions assist effectiveness. Training and credentialing guidelines are important considerations regarding ethical and legal requirements for the performance of POCUS. Documentation of the training completed by the practitioner, including Continuing Professional Development, would likely be recommended.

Q 15: How many incidents have there been in Manitoba where a diagnostic medical sonographer was hired at a hospital that was not credentialed by Sonography Canada and/or American Registry for Diagnostic Medical Sonography (ARDMS)?

We are not aware of any.

Q 16: Would “cardiology technologist” be included within our group?

Our application does not contemplate this group. As a result, we have not researched their regulatory status elsewhere in Canada.

Q 17: During the November video session, Taras said that health care is a provincial matter and that he couldn't conceive of a scenario where someone practicing a profession in that province could possibly practice in that province without being registered and regulated by the profession's College in that province.

It appears that federal First Nations reserves are technically not part of the province in which they are situated and that they are part of “Canada” as a First Nation, and arguably (and this has been the subject of debate and litigation for decades) not subject to provincial jurisdiction.

As a result, practitioners who ONLY practice on these reserves do not fall under provincial regulation. In the case of military bases, the federal government “encourages” practitioners to belong to their provincial regulatory body. Anyone practicing on both Manitoba land AND a federal reserve must be registered and regulated with the provincial College.

Anyone performing a locum in the reserve would typically be registrant within the province of residence.

Q 18: How will the creation of a College impact “cross-trained” (MLTX) individuals? Do we have any say now?

As with a number of issues, the creation of a College will provide our profession with a consistent vehicle to dialogue with both Government and other regulatory Colleges. In reviewing the issue, the paramount consideration should be the protection of the public. Government will also strongly consider the issue of “convenience” and service delivery. Your College will, at the very least, take steps to ensure that cross-trained individuals are held to the same standards as MRT professionals.

This is not to suggest that the MAMRT cannot or will not advocate on your behalf on issues like this, however, the creation of a College will expand the opportunities to do so.

Q 19: The British Columbia report (Cayton) suggested that there was a lack of public trust in regulatory bodies in that province. Also, there are plenty of stories in the media of regulated health professionals convicted of crimes that do not lose their license to practice until after the fact (e.g. nurse Wetlaufer in Ontario). Is there a sense of how the public views regulatory bodies in Manitoba and would the public support regulation of MRTs and sonographers?

There is certainly no easy answer to this question. Public opinion tends to ebb and flow with the tides of anecdotal episodes in the media. It is the solemn, but difficult, task of the regulator to fairly evaluate challenging issues, keeping in mind the oath of public protection, and also the need to adhere to legal principles of fairness as an administrative body. It is a popularly held viewpoint that the creation and existence of a regulatory College raises the level of credibility of any profession. The degree of public support for regulation of MRTs and sonographers will not be immune to those anecdotal tides.

As part of the application process, the viewpoint of the public will be canvassed through a consultation process directed by the Health Professions Advisory Council. Government is interested in what the public will think about your application for self-regulation.