



Nova Scotia  
College of **MIRTP**

# **NSCMIRTP JURISPRUDENCE LEARNING MODULE**

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# INTRODUCTION

## Why You Are Here

Welcome to the Nova Scotia College of Medical Imaging and Radiation Therapy Professionals (NSCMIRTP) jurisprudence learning module. Regulation is defined as the application of a system of laws, rules, or orders for the purpose of adjusting, organizing, and controlling an entity.<sup>(21)</sup> This module is designed to provide an overview of the regulatory framework for medical imaging and radiation therapy professional (MIRTP) practice in Nova Scotia and the obligations, as a registrant, under this framework. Completion of this online module is required by all new applicants of the NSCMIRTP.

All registrants of the College are accountable to, and responsible for, the decisions they make while under the jurisdiction of the College and its rules. MIRTPs who have registered with the College must understand and work within the boundaries of their practice and are required to take ownership and accountability of their actions. Throughout this module, you will learn about legal obligations of practise and College action in cases of non-compliance. The goal of this module is to develop a foundation on which to build further understanding of your roles and responsibilities as registrants of the College. This jurisprudence module reviews key components of the legislation that governs MIRTP practice in Nova Scotia. It is not intended as an in-depth analysis of the legislations. For more information, please refer to the specific Act, regulation, guidelines or NSCMIRTP publications which have been provided in the references list.

The information in this package was current at time of publication in Fall 2022, however, legislation is often changing, and new legislation being introduced. MIRTPs should ensure that they are dealing with the most recent version of a particular Act, regulation or guideline when reviewing practice.

This learning module is divided into three sections and at the end of each section is a short case study and a few multiple-choice questions to assist you in understanding the practical application of the course material.

At the end of this jurisprudence module, you will be able to:

- Understand the role of the NSCMIRTP in regulating MIRTPs.
- Understand the meaning and the importance of self-regulation.
- Outline key components of the regulatory framework governing the practice of MIRTPs in Nova Scotia and explain your accountabilities under this framework.
- Identify standards of practice and ethics related to the practice of medical imaging and radiation therapy and explain your related responsibility and accountability.



**Note:** As an MIRTTP, you are required to complete 30 credits every 2 years for Continuing Professional Development (CPD) program. Successful completion of this module may be used as 2 credits towards this requirement.

## Module Navigation

We recommend that you complete the jurisprudence module as follows:

- Work through module content including practice questions.
- Log into the registrant platform and access online question. There are 40 multiple choice questions and is open booked. It must be completed in one sitting.
- Complete test (must achieve 85%). Questions can be re-answered until 85% is achieved.

## What You Will Learn

### Section 1 - Overview of NSCMIRTTP

This section reviews the College mandate to support understanding of the governing structures associated with it, including gaining perspective on the function and make-up of the board. Knowing how the College operates will help you understand where the rules, regulations, by-laws, and governance originates. This module also reviews the professional roles and responsibilities associated with the College, as well as your responsibilities as one of its registrants.

### Section 2 - NSCMIRTTP By-laws and Committees

Applicants will become familiar with the by-laws and committees set forth by the College. Link to by-laws is provided. Applicants will need to access actual by-laws to answer some of the multiple choice questions

### Section 3 - Other Acts/Regulations

You will complete a review of the provincial and national acts that impact MIRTTP practice in Nova Scotia.

## Terms and Definitions

**Act:** Refers to the MIRTTP Act.

**ALARA:** As Low as Reasonably Achievable (a philosophy of minimizing radiation and high frequency sound waves used to attain the desired diagnostic, therapeutic or other goal).

**Board:** Refers to the governing Board of Directors of the NSCMIRTTP.

**By-laws:** Rules made by a company, college, or association to provide guidelines on operational processes of the organization; in this case, the NSCMIRTTP.



**Client:** The direct recipient of private services, customer, stakeholder, person, or company who is engaged in a contractual agreement with the registrant or the practice setting, and the patient's family members.

**College:** Nova Scotia College of Medical Imaging and Radiation Therapy Professionals.

**Confidentiality:** the protection and non-disclosure of personal and health information to ensure privacy of the individual to whom the information belongs is maintained.

**Discipline:** Refers to the practice areas of diagnostic medical sonography, magnetic resonance technology, nuclear medicine technology, radiation therapy, radiological technology or any other discipline set out in the regulations.

**Dual Registered:** Refers to a MIRTP who is registered in more than one discipline.

**Ethical Dilemma:** Is a decision-making problem between two possible moral imperatives or morale conflicts, neither of which is the correct or unmistakable correct or preferable decision or path.

**Ethics:** Moral principles that govern a person's behaviour or the conducting of an activity.

**Governance:** The system by which entities are directed and controlled. The structure and processes for operations, decision making, accountability, control, and behaviour at the leadership of an entity.

**Indirect Patient Care:** A description of a function that describes non-patient care activities that indirectly affect patient care and services. For example, administrative duties, management functions, applications, product development, quality control and assurance education or sales.

**Jurisprudence:** The study, knowledge, or science of law.

**Personal Scope/Sphere of Practice:** The MIRTP's personal knowledge, skill and judgement or competence. Personal scope of practice can be influenced by a variety of factors including experience, continuing education, and employment-setting opportunities.

**Provincial Acts:** Rules and regulations brought forth to the provincial government that are approved for the use, protection and regulation of organizations, people, systems, and more.

**Regulation(s):** The NSCMIRTP Regulations.

**Scope of Practice:** Scope of practice refers to the procedures, actions, and processes that a MIRTP is legally permitted to perform or follow within the terms of their professional license. Scope of Practice varies by province for each healthcare provider.



**Standards of Practice:** The entry-level professional practice expectations for any registrant in any setting or role, approved by the Board or otherwise inherent in the profession.

**Substitute Decision-Maker:** A person who makes decisions for a patient that is incapable of making their own decisions and who is authorized to give or refuse consent to an intervention on behalf of a person who is incapable with respect to the intervention. In most cases, this person is a family member or partner; however, this may be an individual specifically selected by the client or appointed by the Court.

**Vulnerable Sector Check (VSC):** A search by a policing agency to disclose if a health professional has been convicted of, and been granted a pardon for, any of the sexual offences listed in the schedule to the Criminal Records Act. A VSC includes a criminal records check.



## SECTION ONE: OVERVIEW OF THE NSCMIRTP

Self-regulation is a privilege conferred on a profession and signifies a contract between the profession and society. In return for this privilege, a self-regulating profession has the obligation to ensure public protection in the provision of valued health services. Self-regulated health professions have a significant degree of autonomy in establishing their own standards of practice, registration requirements, and continuing competency program. It is based on the belief that members of a profession possess the knowledge, skills, and judgement to best govern the profession to ensure public safety and accountability. Specifically, self-regulation is achieved through a legislative framework that describes the extent of legal authority delegated to the profession's regulatory body, in this case the NSCMIRTP.

The [NSCMIRTP Act](#) came into being with the passage of Bill 70 in May 2013 and lays out the mandate and powers of the NSCMIRTP. The mandate and powers became active upon proclamation of the [NSCMIRTP Regulations](#) in September 2020. While the Act outlines the mandate and powers of the College, the regulations are the rules that dictate how the provisions of the Act are applied and carried out. [The By-laws](#) outline operational matters of the College. Both the Act and Regulations are legal documents of the provincial government, and any changes must be approved by the Government. This is both a costly and lengthy process that takes years. Conversely, By-laws are approved by the NSCMIRTP Board and can be changed by a 2/3 board vote in support of the change. By-laws cannot contravene any part of the Act or Regulations.

Per the Act (2013), the NSCMIRTP works to:

- (a) Serve and protect the public interest in the practice of the profession;
- (b) Subject to clause (a) preserve the integrity of the profession and maintain the confidence of the public in the ability of the profession to regulate itself;
- (c) Regulate the practices of medical imaging technology and radiation therapy and govern its registrants through:
  - (i) The registration, licensing, professional conduct, and other processes set out in the Act and the Regulations; and
  - (ii) The establishment and promotion of standards of practices for its registrants; and
  - (iii) The establishment and promotion of code of ethics; and
  - (iv) The advancement and promotion of the practice of the profession; and
  - (v) Do such other lawful acts and things as are incidental to the attainment of the purposes and objectives set out in Section 4 of the MIRTP Act.

In other words, it is the duty and responsibility of the College to ensure that the organization and its registrants follow rules to ensure the health and wellness of itself and the public which it serves. The College is made up of a board of directors and several committees. By understanding the structure of the College registrants can better understand where rules and regulations come from that pertain to your career and how those rules and regulations are monitored and enforced.





## The Structure of the College

### The Board

According to the NSCMIRTP Act and Regulations the Board shall govern the College and manage its affairs and may take any action consistent with this Act and the Regulations that it considers necessary for the promotion, protection, interest or welfare of the College including:<sup>(13,14)</sup>

- The setting of fees payable by applicants and registrants.
- Approving the processes for establishing, revising, and monitoring its annual budget.
- Appointing an auditor for the College.
- Approve CPD program.
- Approve education programs.
- Approval of licensing, renewal and reinstatement requirements including national entry to practice exams.
- Establish Standards of Practice and Code of Ethics.
- Investigate allegations against a registrant and implement the professional conduct/fitness to practice process as appropriate.
- Establish the titles and designations authorized for use by MIRTTPs.
- Respecting all matters associated with the professional conduct processes of the College, including the investigative and hearing processes and settlement agreements.
- Creating the categories of licenses.
- In addition to any other power conferred by this or any other Act, the Board may do such things as it considers appropriate to advance the objects of the College.

The Board will also ensure a record of registrants is available to the public showing:

- The name and registration number of every person authorized to engage in practice.
- The discipline or disciplines in which the registrant is authorized to practice.
- Any conditions or restrictions on such person's license if the Registrar determines it is in the public interest to have such information available to the public.
- Any licensing sanctions imposed on a registrant that are not otherwise subject to a publication ban.<sup>(14)</sup>

Neither the Board nor College represent registrants in relation to economic and work life interests such as employee benefits and salary and cannot advocate on their behalf. That is the primary responsibility of unions, such as NSGEU and professional associations, such as Canadian Association of Medical Radiation Technologists (CAMRT) or Sonography Canada (SC).



The Board is composed of 9 voting members. There are 6 MIRTTP positions which are elected by the registrants once they meet minimum screening requirements to sit on the board and 3 public members that are appointed by the Government. The mix of professional and public members in the College's Board is a key component of the College's public accountability. Terms are staggered and are 3 years in duration. All board members are expected to make decisions in the best interest of the public. The executive of the board consists of the secretary, vice-chair, and chair positions. These positions are decided by board members each year after elections are completed. Appointment of executive members use the process developed by the nominations committee and previously approved by the board. In the event a board member vacates their position before the completion of their term the Board may appoint a new member to complete the remainder of the term.

The Board appoints a registrar of the College. This is a paid staff position for the NSCMIRTTP. The Board may delegate any functions to the Registrar assigned by the Act, the Regulations, or By-laws. The Registrar is a non-voting member of the Board. The Registrar's principal responsibility is to oversee the registration function of the College and receive any allegations related to professional practice.

### The Board Accountability

The Board and College have multiple stakeholders that they are accountable today as outlined in the Table 1 below.

**Table 1.** Accountability

Stakeholder	Accountability
Public	The primary accountability of the Board and College is to set standards related to practice which protect <b>the public</b> from practitioners who are unqualified, incompetent, or unethical.
Government	The Board and College are also accountable <b>to government</b> to meet the requirements established under the NSCMIRTTP Act and Regulations.
Profession	The Board and College are accountable to <b>the profession</b> to promote the policies and standards that guide the provision of safe and effective practice.
Other regulatory bodies and professional organizations	The Board and College are also accountable to <b>other regulatory bodies and professional organizations</b> to support collaborative practice (working together) for efficient health care delivery and services.



Individual Registrants	The Board and College are accountable to <b>individual registrants</b> to provide reasonable access to consultative services, assisting them in providing safe and effective services.
Employer	The Board and College are accountable <b>to employers</b> to ensure the MIRT profession remains current with changes in the health care environment.

Table 1-Accountability <sup>(29)</sup>

## The Regulatory Framework

The purpose of an effective regulatory framework is to promote good practice, prevent poor practice and intervene in situations of unacceptable practice.<sup>(1)</sup> The NSCMIRTP has four principal pillars to fulfilling its mandate as illustrated in Figure 1.

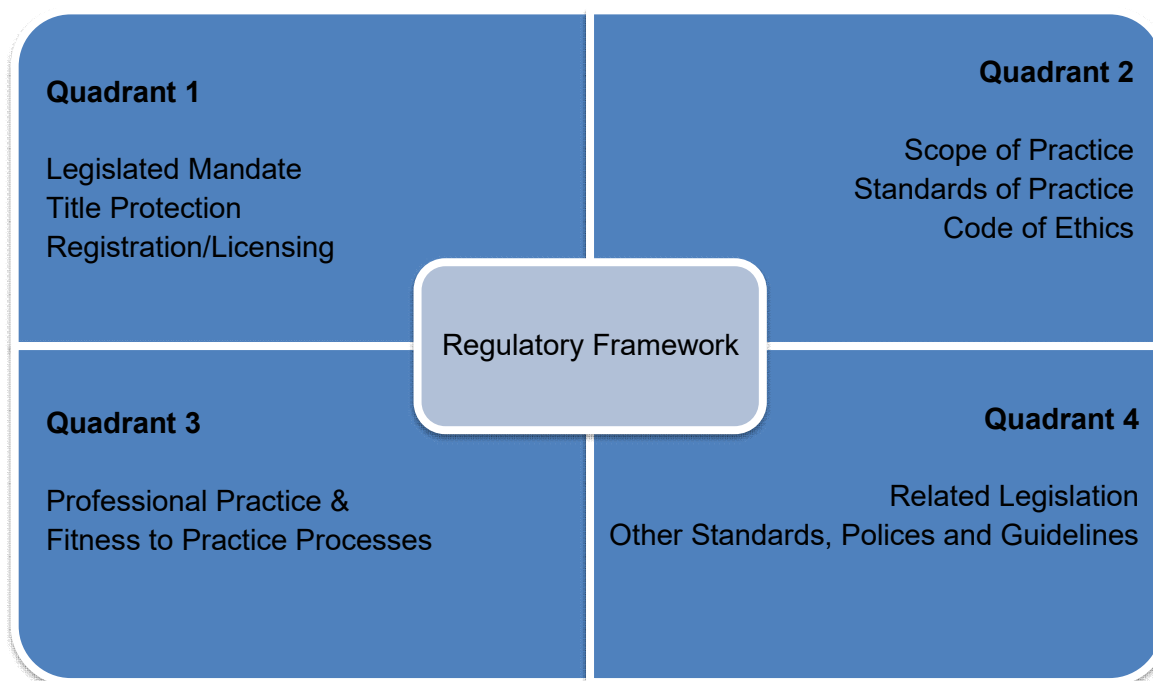


Figure 1. Regulatory Framework <sup>(20)</sup>

**Quadrant 1** focuses on the requirements and standards that must be met to license. Registration indicates to the public that the practitioner has the necessary knowledge, judgement, attributes, and skills to provide safe, competent, and ethical practice.

In Nova Scotia, initial active registration for MIRTTPs <sup>(14)</sup> is based on:

- Graduation from a MIRTTP education program approved by the College.
- Successful completion of a college approved entry to practice exam.

- Confirmation of currency in practice and/or successful completion of a college approved refresher/re-entry program in your discipline.
- Proof of current professional liability insurance (PLI) meeting College policy requirements.
- Letters of standing from other regulated/licensed jurisdictions where the applicant worked.
- English language proficiency sufficient to practice in the province.
- Vulnerable sector certificate from an appropriate policing authority.
- Legal entitlement to work in Canada.
- Successful completion of jurisprudence module.
- Payment of required fees.

There has been discussion on why registrants are required to carry their own professional liability insurance (PLI) when most have PLI through their employer. Professional liability serves to protect the public, registrant, and the College. If harm is deemed to come to a patient due to a registrant's actions, having PLI will enable:

- Registrants' insurance to pay for medical care and supports needed by the patient.
- The registrant to have their own legal representation from a lawyer familiar with regulatory law.
- The College to deal directly with respondent's legal representation during a complaints process helping to ensure a judicially fair process.

Relying solely on employer insurance may present gaps in coverage. The primary client is the employer not you, so decisions will be made with the interest of the primary client in mind. Additionally, a registrant may not be covered if:

- Their actions were contrary to employer policies.
- They no longer work for the employer at the time that the complaint is lodged.
- The employer has maxed out their policy payouts for that year.

The NSCMIRTP also issues temporary graduate licenses with conditions to allow MIRTPs to practice for a limited period while waiting to write their registration exam or awaiting exam results. They must meet all the above criteria apart from having passed the entry to practice exam. The criteria and conditions for those who qualify for a graduate license is in section 23 of the College Regulations. All MIRTPs practicing under new grad licensing must be supervised by a registrant in good standing and submit a signed letter of agreement from their employer.

Registrants must renew their licenses to practice annually. It is the responsibility of the MIRTP to renew their license on time. Where a registrant fails to do so, their license shall expire making them ineligible to practice in Nova Scotia. Those reinstating after allowing a license to lapse will be required to pay additional lapsed registration fee. If an individual continues to work as a



MIRTP without an active license, the College can pursue legal action to prevent them from continuing to practice without a license. All registrants must demonstrate annually that they continue to meet requirements of:

- Currency hours;
- Adequate PLLI;
- Good character standards through self-declarations; and
- Compliance with the continuing professional development (CPD) program (every 2 years);

The practices associated with medical imaging and radiation therapy are subject to change as are the responsibilities and accountabilities of all professionals providing care to the public. As part of registration with the College, registrants are expected and required to remain current and competent in practice. This jurisprudence module will contribute to that requirement. However, it is important that each registrant take responsibility for their CPD and ensure that cultural changes and technical and clinical advances in the field are adopted as they are made available through training and continuing education efforts.

**Quadrant 2** deals with NSCMIRTP Scope of Practice, Code of Ethics, and Standards of Practice. Code of Ethics and Standards of Practice will not be covered in-depth in this module, here we will focus on Scope of Practice. As a registrant of the College, MIRTPs are expected to accept and honor the scope of practice that is put forth, in the standards of practice, competency profiles, educational curriculum and MIRTP Act and Regulations. Registrants must be aware that the scope of practice of a discipline is broader than the scope of practice of an individual. For example, while mammography is within the scope of practice for the discipline of radiological technology it is not in the scope of practice for all individuals licensed as radiological technologists.

The scope of practice statement is a general statement describing what the profession does and methods it uses to accomplish this. It corresponds to what registrants of the profession learn in their programs of preparation and sets out the areas of expected competency. Scope of practice forms the foundation on which competencies and practice standards are developed, informs curriculum content, assists with staffing decisions and health care workforce planning. Generally, the scope of practice defined in legislation is broad enough to allow for some flexibility in interpreting the scope of practice of a profession to allow for changes in practice, evolving trends, and new models of care.<sup>(2)</sup>

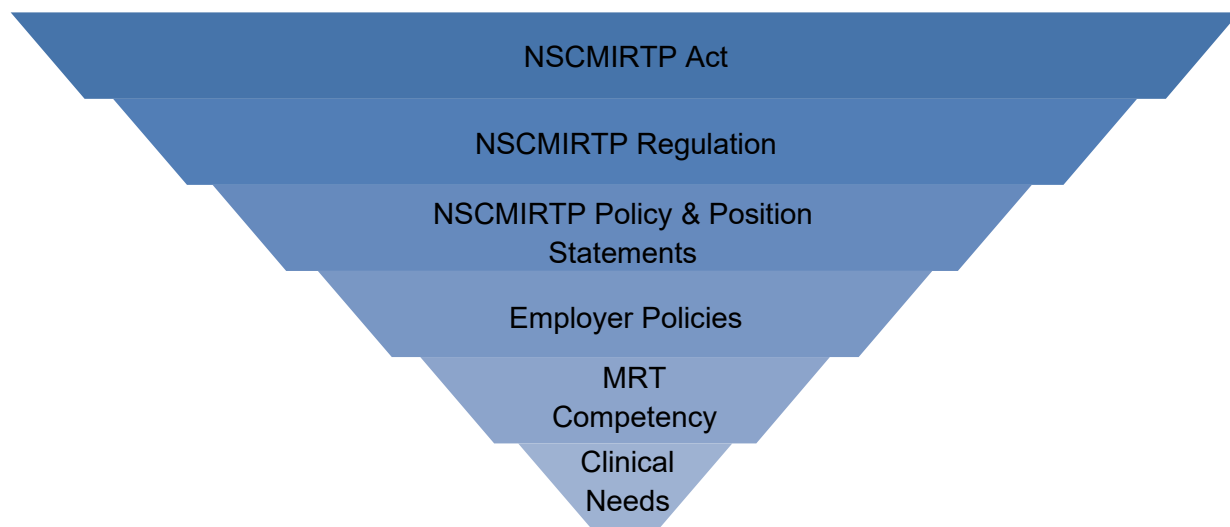
It is understood that no one health profession has a completely unique scope of practice and that many professions share competencies. One task or activity does not define a profession; rather, it is the entire scope of competencies that make a profession unique. When discussing scope of practice, it is important terms are used consistently and definitions are clear.

"Competence" is the ability to integrate and apply the knowledge, skills, attitude, and judgement required to practice safely, ethically, and professionally in a designated role and practice setting and includes both entry-to-practice and continuing competence.



"Individual scope of practice" means the roles, functions, and accountabilities that an individual is educated, competent and authorized to perform.

**Figure 2** below illustrates the various levels that are possible for scopes of practice in a profession. The legislation, along with other guiding documents will give the broadest and most general specifications for a MIRTTP's scope of practice and each successful level will be more specific and thus narrowing the scope. While the scope of an individual MIRTTP may be narrower than that of the profession, an individual may have more specialized and in-depth knowledge and competence in one area of practice. An example of this would be a diagnostic medical sonographer (DMS) who is employed in the fetal assessment clinic. If they are no longer performing general duty sonography procedures, these procedures may not be part of their current individual scope of practice, but they have specialized and in-depth skills in fetal assessment.



**Figure 2.** Scope of Practice

When encountering a scope of practice question in actual practice, several factors need to be considered by the MIRTTP and the employer:

- The first and most important priority is protection of the public.
- MIRTTPs, regulators, employers, educators, and government must be responsive to changes to support evolving scopes of practice. This means scope of practice questions often need to be assessed on an individual basis, taking context of the individual and situation into consideration.
- MIRTTPs are accountable for making professional judgments about when an activity is beyond their individual competence or professional scope of practice and pursuant to section 24(1) of the Act, no registrant shall engage in practice that falls outside that registrant's individual scope of practice.



This does not allow an MIRTP to refuse to perform activities on an ongoing basis if that activity is within their broader professional scope of practice. It is incumbent on MIRTPs to work with employers to attain or regain competencies that are within their professional scope of practice, but currently not in their individual scope of practice if requested by their employer. For example, if a nuclear medicine technologist had not performed radiopharmaceutical prep and quality control in several years it would not be a sound decision to allow/ask them to independently perform this skill as this would constitute an unnecessary heighten risk to patients. However, if this is an expected/needed skill set by the employer, the employee must make every effort to obtain/regain this skill and the employer should give reasonable support, such as working under the supervision of a MIRTP competent in this skill.

Regulators of health professions, such as NSCMIRTP, cannot and should not, control every aspect of the practice of the profession, but are there to help provide direction through the development of standards, guidelines, and policy documents.

**Quadrant 3** focuses on compliance and consequences through the professional conduct and fitness to practice processes. These processes are used when there is a concern with a registrant meeting expected standards of practice.

Terms and definitions related to professional conduct include:

- **Conduct Unbecoming:** Conduct in a registrant’s personal or private capacity that tends to bring discredit upon the profession.
- **Competence:** The ability to integrate and apply the knowledge, skills, attitude, and judgement required to practice safely, ethically, and professionally in a designated role and practice setting and includes both entry-to practice and continuing competence.
- **Incompetence:** The display of lack of knowledge, skill, or judgement in the respondent’s care of a patient or delivery of a professional services that, having regard to all circumstances, rendered it unsafe for the respondent to practice at the time of such care of the patient or delivery of professional services or that renders it unsafe for the respondent to continue in practice without remedial assistance.
- **Professional misconduct:** Conduct or acts relevant to the profession that, having regard to all circumstances, would reasonably be regarded as disgraceful, dishonorable, or unprofessional which may include, but is not limited to: [\(13,14\)](#)
  - Failing to maintain the standards of practice.
  - Failing to abide by the Act, the Regulations, or the By-laws.
  - Failing to uphold any code of ethics adopted by the College.
  - Abusing a person verbally, physically, emotionally, or sexually.
  - Misappropriating personal property, drugs or other property belonging to a patient or registrant’s employer.
  - Wrongfully abandoning a patient.



- Neglecting to provide care to a patient.
- Failing to exercise appropriate discretion in respect of the disclosure of confidential information.
- Falsifying records.
- Inappropriately using professional status for personal gain.
- Promoting for personal gain any drug, device, treatment, procedure, product, or service that is unnecessary, ineffective, or unsafe.
- Publishing, or causing to be published, any advertisement that is false, fraudulent, deceptive, or misleading.
- Engaging or assisting in fraud, misrepresentation, deception, or concealment of a material fact when applying for or securing registration of a license or taking any examination provided for in the Act, including using fraudulently procured credentials.
- Taking or using a protected title or describing the person's activities as a discipline in any advertisement or publication, including business cards, website, or signage, unless the referenced activity falls within the definition of the relevant discipline.

All registrants of the NSCMIRTP must accept the responsibility of self-regulation. This means it is the responsibility of each registrant of the College to uphold the standards of practice, ethical considerations, Act, Regulations and By-laws. According to section 85(1) of the Act, it is also important to note that **all registrants have a duty to report** to the Registrar of appropriate College if they have reasonable grounds to believe that another registrant of the NSCMIRTP or other regulated health professional:

- Has engaged in professional misconduct, incompetence or conduct unbecoming the profession; or
- Is incapacitated; or
- Is practicing in a manner that otherwise constitutes a danger to the public.

In accordance with section 31(1)(b) of the NSCMIRTP Act where a person's employment is terminated or the person resigns because of allegations of professional misconduct, conduct unbecoming the profession, incompetence or incapacity, the employer must report the matter to the Registrar.

When the College receives or initiates an allegation of professional misconduct or incompetence the College will engage in an investigation of the alleged instances of such misconduct, conduct unbecoming the profession, incompetence, or incapacity. The professional conduct committee will strike an investigation committee who will have the options of:<sup>(14)</sup>

- Dismissing the complaint and notifying the complainant and the respondent.





- Informally resolving the complaint if it would be consistent with the objects of the College. (This may include actions such as conditions on a licensed, remedial education, supervised practice etc.)
- Authorize the resignation of the respondent from the register and any relevant rosters if considered consistent with the objects of the College.
- If satisfied that a respondent has engaged in practice without a valid license, fine the respondent an amount determined by the Board.
- If the respondent agrees, refer the respondent to the Fitness to Practice Committee.
- Refer the matter to a Professional Conduct panel for hearing.

The College shall consider the possibility of rehabilitation except where it is considered prejudicial, in other words, if it is harmful to someone or something as a result. Where conditions or restrictions are placed on a license or a license is revoked the registrar must post to public registry unless stated otherwise as part of an agreement.

All registrants who enter the College have a duty to co-operate in any investigation process.

When through the professional conduct process, a registrant agrees to an informal resolution or there has been a finding made against the registrant, possible consequences, at the discretion of the College may include but are not limited to:

- Suspension of license.
- Imposition of restrictions or conditions on a license.
- Suspension of the person's ability to obtain a license in the instances where a license is not already in place.
- Activities/courses to fill identified knowledge, skill, or judgment gap.
- Counselling and/or therapy.

In some instances, information may come to light that results in a complainant wishing to withdraw a complaint. Where the College and the complainant agree, a complaint may be withdrawn. It is important to note that no action for damages or other relief lies against a registrant for any report that was made in good faith.

The Professional Conduct, Investigations, Fitness to Practice, and Reinstatement Committees are all legislatively required but focus specifically on handling allegations or finding of a registrant not complying with the standards of practice. These committees will be discussed more fully in section 2 of this module.

**Quadrant 4** is the final quadrant and focuses on other laws and regulations that govern MIRTTP practice. This is covered in greater depth later in section 3 of this module.



## Legislated Committees

Under the Medical Imaging and Radiation Therapy Professionals Act, the Board must appoint specified committees to perform duties as needed. Every committee shall meet the following minimum requirements:

- At least one public representative will be appointed: and
- At least two current registrants will be appointed.

The chair for each committee is appointed by the Board. In this section, we will focus on legislated committees related to the registration of applicants, other committees will be covered in section 2 of the module. There are two committees specifically related to registration, the credentials and registration appeals committee.

### The Credentials Committee

Appointed by the Board, the Credentials Committee is charged with the responsibility to review applications for registration and CPD audit files which have been referred to the committee by the registrar. Under the Act and Regulations, this committee has the powers to:<sup>(13,14)</sup>

- Register and issue a license to a person who meets the criteria for registration and update the roster to reflect the licensure as set out in the Regulations, and as approved by the Credentials Committee.
- Impose conditions or restrictions on a license with the consent of the registrant if such conditions or restrictions are necessary in the interest of the public.

In addition, this committee is also responsible to:

- Maintain currency/relevance of the registration and application processes through annual review.
- Establish tools for assessing competency and return to practice for registrants.
- Develop/maintain CPD program.
- Review and monitor 3rd party international educated assessment processes to ensure they meet ongoing NSCMIRTP requirements.

### Registration Appeal Committee

The Board shall appoint a Registration Appeal Committee upon receipt of an appeal from an applicant to the College. The mandate of this committee is to review a denial of registration decision when the appellant feels errors in process or reasoning were made by the credentials committee. The Committee will consist of one public representative, one registration from the same discipline as the appellant and one other registrant. Upon receipt of a registration appeal, the Committee shall:<sup>(13,14)</sup>

- (a) Set a date for a hearing of the appeal not later than 60 days following receipt of the written notice of appeal; and



- (b) Serve written notice of the date, time, and place for the hearing of the appeal upon the appellant and the Registrar; and
- (c) Advise the appellant of the right to:
  - (i) Be represented by legal counsel, a union representative, or another representative at the expense of the appellant;
  - (ii) Disclosure of any information to be provided to the Registration Appeal Committee; and
  - (iii) A reasonable opportunity to present a response and make submissions.

It is important to note that decisions made by the Registration Appeal Committee are final and those decisions will be provided to the applicant in writing.

## Professional Roles and Responsibilities

The NSCMIRTP currently regulates and issues licenses to five professional groups which includes:

- Diagnostic Medical Sonographer
- Magnetic Resonance Technologist
- Nuclear Medicine Technologist
- Radiation Therapist
- Radiological Technologist

Only those licensed with the College are granted permission to use the protected titles associated with their license. Table 2 provides a range of titles and roles that pertain to MIRTPs in the field of practice. MRT and DMS are the primary protected titles being used by licensed MIRTPs. No person shall use these titles unless the criteria on the right side of the table are met. MIRTPs are encouraged to sign medical documents using their protected titles rather than their credentials to indicate they are licensed to practice in the province. MIRTP credentials are those earned by completing education and certification processes such as CRGS from Sonography Canada or RTT from CAMRT.

**Table 2.** Title Protection <sup>(14)</sup>

Titles	Criteria to be met
Registered Medical Imaging Professional Medical Imaging Professional Registered Medical Imaging Technologist Medical Imaging Technologist Or derivatives of the above	❖ Hold a current license in the discipline of diagnostic medical sonography, magnetic resonance technology, nuclear medicine technology or radiological technology



Titles	Criteria to be met
	<ul style="list-style-type: none"> <li>❖ Is otherwise authorized to use such designation as set out in the Act or Regulations</li> </ul>
<p>Registered Medical Radiation Technologist  Medical Radiation Technologist  Or derivatives of the above</p>	<ul style="list-style-type: none"> <li>❖ Hold a current license in the disciplines of medical resonance technology, radiological technology, nuclear medicine technology or radiation therapy</li> <li>❖ Is otherwise authorized to use such designation as set out in the Act or Regulations</li> </ul>
<p>Diagnostic Medical Sonographer  Diagnostic Ultrasound Technologist  Registered Diagnostic Ultrasound Professional  Registered Ultrasound Technologist  Registered Sonographer  Sonographer  Or derivatives of the above</p>	<ul style="list-style-type: none"> <li>❖ Hold a current license in the discipline of diagnostic medical sonography</li> <li>❖ Is otherwise authorized to use such designation and to engage in the practice of diagnostic medial sonography as set out in the Act or Regulations</li> </ul>
<p>Magnetic Resonance  Magnetic Resonance Technologist  Or derivatives of the above</p>	<ul style="list-style-type: none"> <li>❖ Holds a current license in the discipline of magnetic resonance technology</li> <li>❖ Is otherwise authorized to use such designation as per the Act.</li> </ul>
<p>Nuclear Medicine Technologist  Or derivatives of the above</p>	<ul style="list-style-type: none"> <li>❖ Hold a current license in the discipline of nuclear medicine technology.</li> <li>❖ Is otherwise authorized to use such designation as per the Act.</li> </ul>
<p>Radiation Therapist  Or derivatives of the above</p>	<ul style="list-style-type: none"> <li>❖ Hold a current license in the discipline of radiation therapy.</li> <li>❖ Is otherwise authorized to use such designation as per the Act.</li> </ul>
<p>Radiological Technologist  X-ray Technologist</p>	<ul style="list-style-type: none"> <li>❖ Hold a current license in the discipline of radiological technology.</li> </ul>



Titles	Criteria to be met
Or derivatives of the above	❖ Is otherwise authorized to use such designation as per the Act.

Figure 2 – Title Protection <sup>(14)</sup>

## Section One: Review Activities

**Scenario:** There are multiple registrants of the College that believe regulation is not necessary. They present a petition to the board demanding the board hold a re-vote for staying a self-regulated College. They expect if the vote is in favor of reversing self-regulation that we return to an association model and reduce fees accordingly.

**Answer:** As a regulator the primary mandate of NSCMIRTP is public protection. While the registrants can bring forth concerns to the Board for consideration, they cannot mandate a re-vote on self-regulation. It is not the professional group that dictates if they are regulated, it is the Government. Professional groups may advocate for regulation, but they do not get to select it. Additionally, once regulated the Board is responsible for decisions related to governance of the College, such as annual fees. Registrants do not get to vote on changes to fees and cannot overturn a board decision even if the majority of registrants disagree with a decision as the board makes decisions in the primary interest of the public not the profession.

### Questions:

1. What is the main responsibility of the NSCMIRTP?
  - (a) Act to gain and keep the respect and trust of the public.
  - (b) Ensure that all MIRTPs are acting with professional integrity.
  - (c) Discipline MIRTPs when a complaint is received.
  - (d) Manage the practice of all registrants.

Rationale:

(a) **As per the Act the priority of the college is to Serve and protect the public interest in the practice of the profession**

(b) Although it is expected of MIRTPs to practice with professional integrity, it is not possible to ensure that all MIRTPs are acting with professional integrity. Misconduct could be brought to the College’s attention by an employer, colleague, or member of the public through a complaint process.

(c) Discipline of MIRTPs is not the focus of the College; it is to protect and maintain the trust of the public. Complaints are managed by the NSCMIRTP using a fair and judicial process with the intent of removing/mitigating risk to the public not in being punitive to registrants.

(d) Regulators of health professions, such as NSCMIRTP, cannot and should not, control every aspect of the practice of the profession, but are there to help provide direction through the development of standards, guidelines, and policy documents



2. What is a main function of the Board of the NSCMIRTP?

- (a) To advocate for MIRTTPs' interests.
- (b) To manage operations of the College.
- (c) To oversee the practice of all MIRTTPs.
- (d) To set the strategic direction of the College.

Rationale:

- (a) Once regulated by government, it is the Board's duty is to protect the public, not the interests of the MIRT professionals.
- (b) The Board may oversee some operations of the College, but it is not the main function of the Board.
- (c) The Board does not oversee the individual practice of all MIRTTPs. The College is there for practice advisory questions and setting standards for MIRTTPs to assist them in providing safe and effective care.
- (d) The Board's principal mandate per the NSCMIRTP Act is protection of the public, and they achieve this through setting strategic priorities and direction.**

3. Steven recently completed his radiation therapy education program and took two months off before completing his application to become a registrant of the NSCMIRTP. He hopes to obtain work close to home and wants to become licensed as soon as possible. After speaking with the Registrar, Steven completes the application process and is waiting to receive confirmation of his license. Which of the following committees will review Steven's initial application for licensing?

- (a) Appeal Committee
- (b) Credentials Committee
- (c) Registration Committee
- (d) Reinstatement Committee

Rationale:

- (a) The Appeals Committee would review an appeal of a decision denying registration.
- (b) The Credentials Committee is the committee which reviews all applicants prior to granting license.**
- (c) There are two committees concerning registration, The Credentials Committee, and the Appeals Committee. The "registration" committee does not exist.
- (d) The Reinstatement Committee makes decisions related to previous registrants who have had their license revoked through a disciplinary/competency process.



4. Which of the following actions would be considered disgraceful, dishonorable, or unprofessional according to the NSCMIRTP?
- (a) Ashley is a new radiation therapy professional who is dealing with a difficult patient who is not listening to directions. After repeating herself several time she yells at a patient who continues to move during the procedure.
  - (b) John has arrived to work this morning to find a patient in the waiting room who John has provided care for in the past. John recollects that the patient was difficult to manage. John arranges for another technologist to care for the patient.
  - (c) Laurie was at a party on Friday night chatting with some of her friends when she starts to tell them about a patient who was in the clinic that afternoon. She does not share the patient's name but gives details of their condition and family.
  - (d) a, b, and c
  - (e) a and c

Rationale:

- a) Ashley has raised her voice in anger at the patient, this constitutes verbal abuse.
- b) Depending on exact nature of difficulty John encountered with the patient on last visits it may be more appropriate to have another technologist care for the patient. If John is simply trying to avoid a difficult patient this is not best practice but would be a performance management issue for the employer as this action in isolation does not constitute professional misconduct.
- c) Laurie fails to exercise appropriate discretion in respect to the disclosure of confidential information of patients.
- d) Option "b" does not constitute professional misconduct.
- e) **Correct selection**



## SECTION TWO: BY-LAWS AND COMMITTEES

### Overview of By-law Creation and Use

The NSCMIRTP By-Laws are a set of governing rules that the College, its Board, registrants, and affiliates operate under. By-laws are created in conjunction with provincial Acts and Regulations set out by the Government, namely the NSCMIRTP Act and Regulations. The By-Laws provide information about the Board, committees, duties of officers, protocols for meetings and record keeping. By-laws are used to govern the College and provide an operational framework on how business is to be conducted. By-Laws are enforced by the College, Board and Committees. By-laws can be amended with a 2/3 vote of the Board.

MIRTPs should familiarize themselves with the [By-laws](#) of the NSCMIRTP to understand the governing body that creates, interprets, and enforces standards of practice, codes of ethics, regulations, and legislation.

### Interpreting By-laws

To read and interpret the By-laws, follow these guidelines:

- All words used in the by-laws have the same meaning as words used in the Act or Regulations used by the College.
- References in the document to the Act, Regulations and other By-laws refer to the Medical Imaging and Radiation Therapy Professionals Act, SNS 2013, c7, and Regulations.
- The by-laws can be cited as the Nova Scotia Medical Imaging and Radiation Therapy Professional By-Laws.
- Words importing the singular include the plural and vice versa unless the context otherwise requires.
- In the event of any conflict between the By-Laws and the Act/Regulations, the provisions of the Act/Regulations prevail.
- In the event of any conflict between these By-Laws and Board Policies, the provisions of the By-Laws prevail.

### Committees Related to Professional Conduct Processes

The Investigative, Professional Conduct, Fitness to Practise and Reinstatement Committees are required by legislation and have been created to govern and enforce the regulations, and the Act, to address concerns related to compliance and competency of registrants.





## Investigative Committee

The Chair of the professional conduct committee shall appoint an Investigative Committee to manage complaints that are initiated by:

- Any corporation, association, or other body
- The Registrar
- A committee of the College
- Any other person

This committee investigates and considers investigation reports filed with the registrar regarding the conduct or actions of a registrant of the College. The Investigative Committee is composed of a minimum of three individuals, including a public member, and a registrant of the same discipline as the respondent. The respondent is the individual that a complaint has been laid against. The College hires a third party to investigate the allegations and submit a report to the investigation committee for consideration. The investigation committee has the legal power to compel information related to the complaint and retains jurisdiction over a matter until such time as a hearing commences before the Professional Conduct Committee or the matter is otherwise resolved by the Investigation Committee.

It is important to note that a complainant is not a party of a professional conduct action. The parties are the respondent and the College. While the College will communicate with the complainant to let them know the progression of a complaints process and they will be asked to submit any evidence they have to support their complaint they are not entitled to know all the details of the complaint as it progresses. When a final decision is made the complaint does receive a report with the decision of the College.

A respondent has a right to:

- Have counsel (legal, union, other) representative at their own cost.
- Disclosure of the complaint.
- Written reports provided to the Investigative Committee by the Investigator, or any other document/record produced or received by the Investigative Committee; and
- Reasonable opportunity to present a response and make submissions.

The Investigative Committee has the power where it is in the public interest, to dismiss a complaint or, on an interim basis to:

- Suspend a license
- Impose restrictions or conditions on a respondent's license
- Prohibit the ability for a person to obtain a license if one is not already held



The Investigative Committee, where it is in the public interest, has the power to enter an informal resolution with consent of the respondent. Where the respondent does not agree to an informal resolution, or an informal resolution is not in the public interest the matter would be forwarded to a professional conduct panel. The investigation committee cannot make any findings. Findings can only be made by a professional conduct panel.

## Professional Conduct Committee

The professional conduct committee is appointed by the board and consists of a pool of registrants from all disciplines, public members, and a Chair. The Chair has the responsibility of forming investigation committees and/or professional conduct hearing panels as required. A hearing panel is called upon recommendation of the investigation committee. A panel has a minimum of three members, a public member and two registrants, one of which is from the same discipline as the respondent. All decisions require a majority vote of the panel. No member of a professional conduct panel can be a member of the investigative committee that investigates the allegations. Unless otherwise stipulated hearings are open to the public and findings of the hearing panel are posted to the [NSCMIRTP website](#). All evidence related to a complaint is presented at the hearing and both the complainant and College are entitled to legal representation. Where the Committee finds professional misconduct, conduct unbecoming of the profession, incompetence or incapacity, the panel may impose penalties upon the registrant including fines, reprimand, terms or conditions on their license or suspension or revocation of their license. Decisions of a hearing panel cannot be appealed through the College. An appeal of a professional conduct hearing decision would be filed with the Nova Scotia Court of Appeals.

## Fitness to Practice Committee

The Board shall appoint a Fitness to Practice Committee where all decisions require the majority vote of the panel. A fitness to practice panel has a minimum of three members, a public member and two registrants, one of which is from the same discipline as the respondent. Matters are sent to the Fitness to Practice committee at the decision of the investigation committee or registrar when the complaint appears related to capacity. This is a voluntary process that the registrant must agree to take part in. No member of the Fitness to Practice Committee can be a member of the Investigative Committee that investigated the complaint. Fitness to Practice Committee is responsible to determine if a registrant's ability to safely practice is impacted by a capacity issue such as a mental illness, addictions, or physical limitations etc. Any agreement or conditions placed on a registrant's license must be agreed to by the registrant. Fitness to practice findings are not made public unless it is part of the signed agreement. If a registrant does not wish to participate in a fitness to practice process the complaint would be handled through the professional practice process. A fitness to practice panel may do one or more of the following: revoke the registrants' license, suspend the license, or impose conditions on their license.

## Reinstatement Committee

The Board shall appoint a Reinstatement Committee to review applications for reinstatement of registration and licenses after a period of suspension. Where a period of suspension has expired,



or the conditions imposed on a registrant have been satisfied or removed, the Registrar shall restore the license to the registrant in the form it existed prior to the imposition or suspension. If the license has expired at the time of reinstatement, the registrant will pay the prescribed fee for renewal of the license before it is reissued.

## Other Committees

There are also two committees required under the NSCMIRTP By-laws which are Nominations, and Finance. The Finance Committee is mandated to oversee the financial processes and policies of the College, assist in developing annual budgets, and provide staff oversight. The Nominations Committee is mandated to oversee all aspects of the board election process and executive appointment process.

The Executive Committee functions as the board between board meetings as required. The Executive committee is constituted by the Chair, Vice Chair and Secretary of the Board and have all the powers of the Board except the power to make, amend or revoke a regulation or by-law. Members of the executive committee are appointed from members of the board annually.

The NSCMIRTP is also able to form other committees as required. Currently the only other committee formed is the Policy Committee.

As a final take away message all MIRTTPs must recognize that self-regulation relies on individual registrants of the profession for the overall governance of the profession. MIRTTPs contribute to the development of the profession through volunteering for the board and various committees to achieve its mandate. At the core of self-regulation is the trust and belief that MIRTTPs have the unique body of knowledge necessary to regulate their own profession.

## Section Two Review Activities

Scenario: An investigation committee was struck to consider a complaint filed against Alex, a registrant of the College. The committee recommends that the complaint proceeds to a full professional practice hearing. The College must select a public member to serve on the panel that will hear the complaint. They have three choices including one individual that works in the same hospital site, one that served as the public member of the investigation committee for this complaint and one individual that has a family member that works in same department as Alex.

Answer: In selecting the public member the Board must ensure a judiciously fair process. This means any public member with a conflict of interest or bias cannot serve on the panel hearing the complaint.

- Working at the same hospital is not a conflict of interest unless there is a personal or professional relationship that could create a bias.
- The person who served on the investigation committee related to this matter would have a conflict as they would have already developed an opinion on the matter so should not be selected.



- The individual who has a family member that works in the same department does not automatically have a conflict of interest as they have no relationship with Alex.

This leaves two possible options, but both would require further venting to ensure they have no conflicts of interests or bias for or against Alex.

### Questions:

1. What is the purpose of the By-Laws as presented by the NSCMIRTP?
  - a) They are the rules that govern the practice of MIRTTPs.
  - b) They inform the public of the expected standards associated with MIRTTP practice.
  - c) They outline the powers and mandate of the NSCMIRTP.
  - d) They provide information on protocols for College meetings and record keeping.

#### Rationale:

- a) These rules do not govern the actual practice of the MIRTTPs, they are in place to provide an operational framework for the college as set out by the government.
  - b) The By-Laws are not for the benefit of the public; they are for the utilization of the College, board, and registrants to operate under.
  - c) The NSCMIRTP follows the By-laws when making decisions regarding how to conduct business, it does not enforce power or mandates upon its members.
  - d) The By-Laws help guide the team during meetings and record keeping ensuring the rules are followed by the college.**
2. What does the Investigative Committee have the power to do?
    - a) It can impose interim suspension of a license.
    - b) It can make a finding of professional misconduct.
    - c) It can post informal resolutions to the website.
    - d) It can reinstate a license.

#### Rationale:

- a) Not only can the Investigative Committee suspend a license, but it can also impose restrictions or prohibit ability for a person to obtain one.**
- b) The Investigative Committee itself does not make the findings of professional misconduct. These must be brought forward to the committee by the corporation, the registrar, another committee of the college or by another person.
- c) Anything posted to the NSCMIRTP website is as decided by the Professional Conduct Committee, not the Investigative Committee.
- d) The reinstatement of licenses is the responsibility of the Reinstatement Committee, not the Investigative Committee.



3. Why is there a Professional Conduct Committee?
- a) Because MIRTTPs are not always professional in their day-to-day work
  - b) To manage the expectations of conduct for the College
  - c) To oversee and rule on allegations related to professional conduct of registrants
  - d) To give the public a committee to lodge complaints with.

Rationale:

- a) Although there are some cases of unprofessionalism among MIRTTPs, the Professional Conduct Committee is appointed when a decision needs to be made regarding resolution of a complaint.
- b) The Professional Conduct Committee does not manage expectations of conduct for the College; however, it works towards a solution when professional misconduct has been found.
- c) The Professional Conduct Committee will make decisions and rulings regarding conduct on registrants. This includes actions such as imposing penalties and licensing conditions.**
- d) The public cannot lodge complaints with the Professional Conduct Committee; complaints would be made to the Investigative Committee.

4. Who is responsible for the overall governance of the professions we work in?

- a) The Government of
- b) The individual registrants of the profession
- c) The head of the NSCMIRTTP
- d) The Executive Committee

Rationale:

- a) Although The NS government has policy regarding self regulated professions, they do not have a direct role in the governance of the specific professions within the college.
- b) Us as professional registrants of the NSCMIRTTP are responsible to contribute to the development of the profession through volunteering for the board and various committees to achieve its mandate.**
- c) There is not one individual person who governs the regulation of our professions. NSCMIRTTP works together as a whole to accomplish goals and mandates.
- d) Along with numerous other teams and committees, The Executive Committee plays one part in the governance of the professions we work in.



## SECTION THREE: PROVINCIAL AND FEDERAL ACTS

This module will introduce some of the federal and provincial statutes that apply to MIRTTP practice in addition to the NSCMIRTTP Act and Regulations. This is not an all-inclusive list, and only applicable section(s) of each of the statutes is discussed in this module. Links to the statutes are available in the resource section of this module.

MIRTTPs must be familiar with their obligations under the following statutes. Employer policies are based on and should comply with the related legislation.

### Adult Protection Act (Nova Scotia)

MIRTTPs will work with adult patients on a regular basis. Understanding and adhering to the Adult Protection Act will support a safe environment for the patients, as well as MIRTTPs, and other health professionals. According to the act, adults are inclusive of people 16 years and older. The act focuses on adults who are living in a situation of significant risk of self-neglect or abuse. Principle concern is abuse or neglect by others which results in serious harm to the person and their inability to protect themselves from abuse or neglect by reason of mental and/or physical incapacity. The purpose of this *Act* is to provide a means whereby adults who lack the ability to care and fend adequately for themselves can be protected from abuse and neglect by providing them with access to services which will enhance their ability to care and fend for themselves or which will protect them from abuse or neglect. R.S., c. 2, s. 2.<sup>(9)</sup>

Every person, including MIRTTPs, who has information, even if it is confidential or privileged, indicating that an adult is in need of protection shall report that information to the Minister. MIRTTPs may report incidents or suspicions to their supervisors or to social services. An "adult in need of protection is defined as":

- (i) A victim of physical abuse, sexual abuse, mental cruelty, or a combination thereof, is incapable of protecting himself therefrom by reason of physical disability or mental infirmity, and refuses, delays or is unable to make provision for his protection therefrom; or
- (ii) Not receiving adequate care and attention, is incapable of caring adequately for himself by reason of physical disability or mental infirmity, and refuses, delays or is unable to make provision for his adequate care and attention.<sup>(9)</sup>

### Children and Family Services Act (Nova Scotia)

There are two sections of the Children and Family Services Act of Nova Scotia that are of importance to MIRTTPs. Reporting to your employer or directly to social services would fulfill your requirement of reporting to "an agency". The first is Duty to Report. According to Section 23:

- 1) Every person who has information, whether or not it is confidential or privileged, indicating that a child is in need of protective services shall forthwith report that information to an agency.



- 2) No action lies against a person by reason of that person reporting information pursuant to subsection (1) unless the reporting of that information is done falsely and maliciously.
- 3) Every person who contravenes subsection (1) is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.
- 4) No proceedings shall be instituted pursuant to subsection (3) more than two years after the contravention occurred.
- 5) Every person who falsely and maliciously reports information to an agency indicating that a child is in need of protective services is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both. 1990, c. 5, s. 23; 1996, c. 10, s. 2.<sup>(10)</sup>

The second section of concern is Duty of Professionals and Officials to Report, as per Section 24:

*(2) Notwithstanding any other Act, every person who performs professional or official duties with respect to a child, including (a) a health care professional, including a physician, nurse, dentist, pharmacist or psychologist; (b) a teacher, school principal, social worker, family counsellor, member of the clergy, operator or employee of a child-care facility; (c) a peace officer or a medical examiner; (d) an operator or employee of a child-caring facility or child-care service; (e) a youth or recreation worker, who, in the course of that person's professional or official duties, has reasonable grounds to suspect that a child has or may have suffered abuse; (g) is or may be suffering abuse; or (h) is or may be about to suffer abuse in the imminent future, shall forthwith report the suspicion and the information upon which it is based to an agency.<sup>(10)</sup>*

## Dangerous Goods and Transportation Act (Federal)

Because MIRTTPs work with, around and interact with dangerous goods, it is important that all MIRTTPs understand how to handle, offer, and transport these goods. Under the act, "dangerous goods" means a product, substance or organism included by its nature or by the Regulations in any of the classes listed in the Schedule; "packaging" means a receptacle or enveloping material used to contain or protect goods but does not include a container or a vehicle. The Transportation of Dangerous Goods Act and Regulations sets standards for shipments of harmful chemicals, to protect the public and those moving the goods.<sup>(8)</sup>

Examples of dangerous goods include, as defined in Section 2(c) of this Act include, explosives, compressed gas (such as oxygen, propane, aerosols), flammable liquids (such as paint, gasoline, diesel fuel), oxidizing substances, toxic substances (poison), infectious substances, corrosive substances, and miscellaneous goods that pose enough of a risk in transport to justify regulation.<sup>(8)</sup>

Moving dangerous goods by any means of transport requires compliance with the Regulations. The Regulations normally require training those who handle, offer or transport dangerous goods,



including MIRTTPs. MIRTTPs are required to participate in training appropriate for their work assignment. Otherwise, dangerous goods duties may only be performed under the direct supervision of a trained person.<sup>(8)</sup>

## Environmental Protection Act (Nova Scotia)

The purpose of the Environment Act is to support and promote the protection, enhancement and proper use of the environment, its agents, and areas. MIRTTPs should be aware of the environmental impacts made by the duties and activities performed in their role, as well as the larger impacts of the health care industry at large. The proper use, storage, distribution, treatment, removal, transportation, recycling, and understanding of chemicals and other agents in the environment can help reduce the impacts of activities. MIRTTPs should be aware of the importance of working to maintain environmental standards, promote the principles of sustainability in the workplace, encourage the conservation and efficient use of environmental resources, and work to reduce waste where possible.

The act defines an “adverse effect” as an effect that impairs or damages the environment or changes the environment in a manner that negatively affects aspects of human health. Sections 7, 8 and 9 respectively state any person, including MIRTTPs:

- Shall not release or permit the release of a substance into the environment in an amount, concentration, or level or at a rate that may cause an adverse effect.
- Shall report the release of a substance into the environment that has caused or may cause an adverse effect to the appropriate person, i.e., manager or agency.
- Shall take all reasonable measures to prevent, reduce or remedy the adverse effects of the substance on the environment.<sup>(11)</sup>

## Design of Rooms Where Unsealed Nuclear Substances Are Handled (Federal)

This piece of legislation is more pertinent to nuclear medicine technologists but may be of interest to other MIRTTPs especially those managing these areas. Design of Rooms Where Unsealed Nuclear Substances Are Handled provides requirements and guidance for designing a nuclear medicine room or a nuclear substance laboratory where unsealed nuclear substances are to be handled. This document also outlines an approach for submitting an application for a nuclear medicine room or a nuclear substance laboratory to the Canadian Nuclear Safety Commission (CNSC).

MIRTTPs should be aware that the requirements for and guidance on the design of rooms where unsealed nuclear substances are to be handled is regulated. The requirements and guidance include information on finishings and fixtures, emergency facilities and general contamination, plumbing, access control, shielding and radiation dose control, waste, ventilation, and dose estimation for the various room classifications (basic, intermediate-level, high-level room, containment, or nuclear medicine).<sup>(3)</sup>





## Hazardous Products Act and Regulations (Federal)

The Hazardous Products Act is a federal act in Canada that states all suppliers are required to label hazardous products, provide material safety and data sheets (MSDS), and provide information for the safe use and distribution of the materials. Hazardous product refers to “any product, mixture, material or substance that is classified in accordance with the Regulations made under subsection 15(1) in a category or subcategory of a hazard class listed in Schedule 2” of the Hazardous Products Regulations. Due to the nature of work undertaken by MIRTTPs, an understanding and awareness of the risks associated with hazardous materials is required. Identifying and using MSDS sheets properly is a requirement of the job, as well as being trained in WHMIS and first aid.<sup>(5)</sup>

## Hospitals Act (Nova Scotia)

According to the *Hospitals Act*, when a patient in a hospital or a psychiatric facility is found by declaration of capacity to be incapable of consenting to treatment, consent may be given or refused on behalf of the patient by a substitute decision-maker who has capacity and is willing to make the decision to give or refuse the consent from the following in descending order:<sup>(12)</sup>

- A person who has been authorized to give consent under the Medical Consent Act or a delegate authorized under the Personal Directives Act;
- The patient’s guardian appointed by a court of competent jurisdiction;
- The spouse of the patient;
- An adult child of the patient;
- A parent of the patient;
- A person who stands in the place of a parent to the patient;
- An adult sibling of the patient;
- A grandparent of the patient;
- An adult grandchild of the patient;
- An adult aunt or uncle of the patient;
- An adult niece or nephew of the patient;
- Any other adult next of kin of the patient;
- The Public Trustee.

## Medical Assistance in Dying - MAID (Nova Scotia)

This piece of legislation allows for individuals that meet specific criteria to be given medications at their request by a qualified health care provider to bring about the person’s death. This criterion includes:



- Be eligible for health services funded by the federal government, or a province or territory
- Be at least 18 years old and mentally competent. This means being capable of making health care decisions for yourself.
- Have a grievous and irremediable medical condition
- Make a voluntary request for MAID that is not the result of outside pressure or influence
- Give informed consent to receive MAID

MIRTPs must be aware of an individual's right to access MAID and must know who to refer patients to if asked about MAID. MIRTPs should document in the patient's chart if a patient or family member has made an inquiry to ensure care providers are aware.<sup>(22)</sup>

## Medical Imaging and Radiation Therapy Professionals Act (Nova Scotia)

This Act covers all aspects of the education, licensing, standards, codes of ethics, boards, governance and more for MIRTP to practice in Nova Scotia. It deals with the protection of the public as it relates to medical imaging and radiation therapy professionals, the College, and health care systems in which these services are employed. In order to protect the public and the integrity of the profession, the act states:

- 22(1) No person shall engage in the practice of a discipline unless such person:*
- (a) holds a license endorsing the person as eligible to practice in that discipline;*
  - (b) is a student in an approved education program in that discipline, and is engaging in learning authorized by that program; or*
  - (c) is otherwise authorized to engage in the practice of that discipline as set out in this Act or the Regulations.*<sup>(13)</sup>

## Nuclear Safety and Control Act (Federal)

The purpose of the Nuclear Safety and Control Act is to provide for:

- a) The limitation, to a reasonable level and in a manner that is consistent with Canada's international obligations, of the risks to national security, the health and safety of persons and the environment that are associated with the development, production and use of nuclear energy and the production, possession and use of nuclear substances, prescribed equipment, and prescribed information; and
- b) The implementation in Canada of measures to which Canada has agreed respecting international control of the development, production, and use of nuclear energy, including the non-proliferation of nuclear weapons and nuclear explosive devices.<sup>(7)</sup>

MIRTPs interact with and may utilize nuclear materials on the job. It is important to understand the risks and benefits of such material, and follow the directives and regulations as set forth according to the act.



MIRTPs must work to prevent unreasonable risk, to the environment and to the health and safety of persons, associated with that development, production, possession, or use, and to achieve conformity with measures of control and international obligations to which Canada has agreed. In particular the following regulations made under the Nuclear Safety and Control Act related to MIRTP practice:

- a) General nuclear safety and control regulations
- b) Radiation protection regulations
- c) Nuclear substances and radiation devices regulations
- d) Reg doc 1.6.1 License application guide- nuclear substances and radiation devices
- e) Packaging and transport of nuclear substances

## Occupational Health and Safety Act (Nova Scotia)

The Occupational Health and Safety Act of Nova Scotia applies to all workplaces and employees, including MIRTPs in various roles. The purpose of this act is to provide clarity surrounding the roles and responsibilities of workers, employers and the management of accidents and injury in the workplace. All employees, including MIRTPs have a duty to:

Section 4.3 (a) use the first aid supplies and services provided at the worksite as needed and without undue delay; and  
(b) report all injuries to the employer without undue delay.

According to the Act, every employee, while at work, shall:

- Take every reasonable precaution in the circumstances to protect the employee's own health and safety and that of other persons at or near the workplace.
- Co-operate with the employer and with the employee's fellow employees to protect the employee's own health and safety and that of other persons at or near the workplace.
- Take every reasonable precaution in the circumstances to ensure that protective devices, equipment, or clothing required by the employer, this Act or the Regulations are used or worn
- Consult and cooperate with the joint occupational health and safety committee, where such a committee has been established at the workplace, or the health and safety representative, where one has been selected at the workplace.
- Co-operate with any person performing a duty or exercising a power conferred by this Act or the Regulations.
- Comply with this Act and the Regulations.<sup>(15)</sup>

Where an employee believes that any condition, device, equipment, machine, material or thing or any aspect of the workplace is or may be dangerous to the employee's health or safety or that of



any other person at the workplace, the employee shall immediately report it to a supervisor. Where the matter is not remedied to the employee's satisfaction, the MIRTP must report it to the health and safety committee or the health and safety representative. If the matter is not remedied to the employee's satisfaction after the employee reports, it should be reported to the Occupation Health and Safety Division of the Department of Labour and Advanced Education.

A MIRTP may refuse to do any act at the employee's place of employment where the MIRTP has reasonable grounds for believing that the act is likely to endanger the MIRTP's health or safety or the health or safety of any other person. MIRTPs may refuse to perform tasks that are not an expected component of their position or role, but with the proper training and equipment, are expected to work under certain acceptable risk conditions. For example, MIRTPs may refuse to perform duties if there are live exposed wires (which is not a normal part of working conditions) but cannot refuse to care for someone who has an infection so long as the proper PPE has been provided and is available.

A MIRTP who is considering refusing to provide care due to a risk to their own health should be aware of the provisions of the Occupational Health and Safety Act that govern refusals to work and should consider seeking assistance from a union representative or legal prior to refusal.

### **Duty to report incidents of violence**

In accordance with the Regulations, an employer, contractor, constructor, supplier, employee, owner, or self-employed person in the workplace has a duty to report all incidents of violence in a workplace to the employer.<sup>(15)</sup>

### **Documentation, investigation, and actions to prevent reoccurrence**

In accordance with the Regulations, an employer must ensure that incidents of violence in a workplace are documented and promptly investigated to determine their causes and the actions needed to prevent reoccurrence.

In addition, an employer must ensure that notice of the actions taken to prevent reoccurrence of an incident of violence are given to any employee affected by the incident of violence, any committee established at the workplace, and any representative selected at the workplace.<sup>(15)</sup>

## **Personal Health Information Act (Nova Scotia)**

MIRTPs should be aware of and comply with the Personal Health Information Act in relation to the collection, use, disclosure, retention, disposal, and destruction of personal health information in a manner that recognizes both the right of individuals to protect their personal health information and the need of MIRTPs or other health care providers to collect, use and disclose personal health information to provide, support and manage health care.

It is the responsibility of the MIRTP to ensure the patient has the capacity to understand information that is relevant to the making of a decision related to the collection, use or disclosure



of personal health information and the ability to appreciate the reasonably foreseeable consequences of a decision or lack of a decision.

Collecting personal information for the purposes of health care where "health care" means an observation, examination, assessment, care, service, or procedure in relation to an individual that is carried out, provided, or undertaken.

An MIRTTP (or other health professionals) shall not collect, use, or disclose personal health information about an individual unless:

- Individual's consent under this Act and the collection, use or disclosure is reasonably necessary for a lawful purpose; or
- The collection, use or disclosure is permitted or required by this Act.<sup>(16)</sup>

For the purposes of this act, the health authority acts as the custodian of the personal information; however, MIRTTPs are required by-law to strictly comply with the privacy and confidentiality laws, rules and regulations set out by the health authority, municipality, and this act.

## Protection of Personal Care Act (Nova Scotia)

As a service provider who has a reasonable belief that a patient or resident is or is likely to be abused shall promptly report the belief, and the information on which it is based, to the facility administrator, which must then be reported to the Minister or the Minister's delegate by the facility administrator. The duty to report applies even if the information on which the person's belief is based is confidential and its disclosure is restricted by legislation or otherwise. Duty to report does not apply to information that is privileged because of a solicitor-client relationship.<sup>(17)</sup>

## Radiation Emitting Devices Regulation

In coordination with the Radiation Emitting Devices Regulation, MIRTTPs should be aware:

If, on the advice of the Radiation Health Advisory Committee, the Minister is satisfied that every radiation installation shall be so constructed, installed, and operated that no person shall be exposed to radiation in excess of the limits as defined in Appendix III attached to and forming part of the Regulations.<sup>(18)</sup>

## Federal Safety Code 35

### Safety Procedures for the Installation, Use and Control of X-ray Equipment in Large Medical Radiological Facilities

This Safety Code has been prepared to provide specific guidance to large medical radiological facilities where diagnostic and interventional radiological procedures are routinely performed using radiographic, radiosopic, or computed tomography equipment. Large facilities generally



operate more than one type of radiological equipment or have several suites of the same type of equipment. Most hospitals and computed tomography facilities fall within this category.

### Responsible User

The main role of the responsible user is to monitor and manage the radiation safety program of the facility including personnel requirements, equipment performance and safety procedures and to communicate program information with the appropriate staff. There must be at least one person designated as the responsible user. If the responsible user also performs patient examinations, then all of the requirements listed in section A1.3 for the X-ray equipment operator must also be met.<sup>(4)</sup>

### Quality Control Testing Procedures and Equipment

Quality control testing must be carried out during routine operation of a radiological facility. This section sets out the required and recommended quality control tests, the associated test equipment and testing frequencies.

Test equipment required to perform daily to monthly quality control tests, must be readily available to the individuals responsible for performing these tests. All test equipment must be calibrated and verified to be operating accurately. Individuals performing quality control tests must be trained in the proper operation of the test equipment and in performing the tests.<sup>(4)</sup>

## Volunteer Services Act (Nova Scotia)

This Act establishes that a volunteer who renders assistance to a person who is ill, injured, or unconscious as a result of an accident or other emergency is not liable for any assistance provided in good faith. This provision only applies if:

- The assistance is provided in a setting that does not have adequate medical facilities and equipment; and
- Any ensuing injury or death is not caused by gross negligence on the part of the MIRTTP. R.S., c. 497, s. 3.<sup>(19)</sup>

## Section Three Review Activities

**Scenario:** You work in the diagnostic imaging department and receive a phone call from an individual requesting to see the results of all their diagnostic imaging exams from a recent hospital admission. The caller tells you that they are considering a malpractice suit against the hospital and need all their test results to determine whether there has been a medical error. You know that individuals have the right to access their personal health files. What do you do?



**Answer:** This individual does have the right to see their exam results. However, it is not your obligation to comply with this request. You are not able to verify the caller's identity, or judge whether there is a valid reason to refuse the request, this request risks a breach of privacy. The caller needs to follow proper hospital procedure to request and gain access to their full medical file. If your employer has a set person/number to refer inquires to direct caller to this if not refer caller to an individual that can properly direct them on the process to follow.

## Questions

- 1) Under the Adult Protection Act, what scenario constitutes as an "adult in need of protection"?
  - a) A parent unnecessarily and aggressively yelled at their 5-year-old child in the public waiting room.
  - b) A nervous 16-year-old girl attends an X-ray for broken ribs and facial bones and expresses the injuries were not accidental.
  - c) An ultrasound is performed on a patient who expresses that the sonographer pushed too hard on their sensitive abdomen while they were in pain.
  - d) A 20-year-old patient with mental infirmity is extremely upset with their parents after being told that they will not be able to play their favorite sport due to having a sprained ankle.

Rationale:

- (a) Although there is a risk that this child needs protection, this would fall under the Children and Family Services Act. Not the Adult protection act, as it appears the child is at risk, not the adult.
  - (b) **Under the Adult Protection Act, 16-year-olds are considered adults. Even if the girl did not share exactly what had happened to her, she expressed the injuries were deliberate. This case would be considered an Adult in need of protection and should be reported to appropriate supervisors or services.**
  - (c) This would not constitute as an adult in need of protection as the patient experienced slight discomfort during a medical examination, not a form of abuse. The sonographer did not deliberately cause the patient pain.
  - (d) This situation depicts an adult patient of a vulnerable population in distress, however the reason for his upset does not constitute abuse, and he is receiving an adequate level of care.
- 2) In the event of the need for a substitute decision-maker, which of the following individuals is **not** listed as a possible decision-maker under the *Hospital Act*?
    - a) a person who is authorized by or required by law to act on behalf of the individual
    - b) the spouse of the individual;
    - c) an adult child of the individual;
    - d) a parent of the individual;
    - e) the treating facility's social worker:
    - f) the Public Trustee.



#### Rationale

There is a specific list of individuals who can be qualified to make decisions for a patient who is considered incapable. Typically, this individual is pre appointed by the patient, or the next closest individual to the patient. The list is in specific order of assumed closest relationship, and the individual will be chosen based on this order. The treating facility's **social worker** would not fall within close enough relation to be chosen as decision maker as per the list established by the Hospital Act.

- 3) An employee reports a faulty piece of equipment to their manager; however, it is not remedied to the employee's satisfaction. What should the employee do next?
- a) Ignore it
  - b) Try and fix it themselves
  - c) Report it to the health and safety committee and safety representative
  - d) Report it to the Occupation Health and Safety Division of the Department of Labour and Advanced Education

#### Rationale:

- a) Ignoring an issue of safety could result in injury or even death to the employee or a patient.
- b) Having an issue repaired by a professional is important for ensuring that it is done properly, up to code, and can be guaranteed for safety and functionality in the future.
- c) **If a manager is unable to remedy a safety concern up to satisfaction, the next step would be to report to the health and safety committee and safety representative.**
- d) This would be the next step after first reporting to a manager, then to the safety committee. If an issue still remains unresolved after this, contact the Occupation Health and Safety Division of the Department of Labour and Advanced Education.

- 4) Which is **not** an aspect of the Federal Safety Code 35?
- a) Provides guidance to large medical facilities which regularly perform interventional and diagnostic radiological procedures.
  - b) Ensures a radiation safety program is in place across the facility to manage via equipment performance, communication, and safety procedures.
  - c) Requires daily to monthly quality control tests for equipment.
  - d) Regulates the use of nuclear substances for diagnostic purposes.

#### Rationale

- a) The main purpose of the Federal Safety Code 35 is to regulate and ensure safety procedures are in place to facilities who utilize diagnostic radiology, radioscopy, and CT.
- b) The responsible user designated under the Federal Safety Code is responsible for monitoring and managing the radiation safety program which ensures equipment performance, communication, and safety procedures.
- c) Regular testing is essential to ensure radiological equipment is safe for use. This is a requirement of the Federal Safety Code 35.
- d) **Nuclear substance control does not fall under the safety categories managed by the Federal Safety Code 35; however, this would be taken care of Federal Nuclear safety and Control Act.**





## REFERENCES

1. Canadian Dental Hygienists Association. (2012). *Dental Hygienists' Code of Ethics*. Retrieved April 13, 2021, from [http://www.cdha.ca/pdfs/Profession/Resources/Code\\_of\\_Ethics\\_EN\\_web.pdf](http://www.cdha.ca/pdfs/Profession/Resources/Code_of_Ethics_EN_web.pdf)
2. College of Registered Nurses of Nova Scotia. (2015). *Interpreting and Modifying the Scope of Practice of the Registered Nurse*
3. Government of Canada. (2021). Document history of REGDOC-2.5.6, Design of Rooms Where Unsealed Nuclear Substances Are Handled <https://nuclearsafety.gc.ca/eng/acts-and-regulations/regulatory-documents/history/regdoc2-5-6.cfm>
4. Government of Canada. (2021). Federal Safety Code 35. <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/radiation/safety-code-35-safety-procedures-installation-use-control-equipment-large-medical-radiological-facilities-safety-code.html>
5. Government of Canada. (May 2018). Hazardous Products Act. C. H-3. Retrieved April 14, 2021, from <https://laws-lois.justice.gc.ca/eng/acts/H-3>
6. Government of Canada. (March 2020). Hazardous Products Regulations. SOR. Retrieved April 14, 2021, from <https://laws-lois.justice.gc.ca/eng/regulations/SOR-2015-17/page-1.html#docCont>
7. Government of Canada. (March 2021). Nuclear Safety and Control Act. Retrieved April 15, 2021, from <https://laws-lois.justice.gc.ca/eng/acts/n-28.3/>
8. Government of Canada. (1992). *Transportation of Dangerous Goods*. Retrieved April 14, 2021, from [https://www.ccohs.ca/oshanswers/legisl/tdg/tdg\\_overview.html](https://www.ccohs.ca/oshanswers/legisl/tdg/tdg_overview.html)
9. Government of Nova Scotia. (2014). *Adult Protection Act* April 14, 2021, from <https://nslegislature.ca/sites/default/files/legc/statutes/adult%20protection.pdf>
10. Government of Nova Scotia. (2015). *Children and Family Services Act* April 14, 2021, from <https://nslegislature.ca/sites/default/files/legc/statutes/children%20and%20family%20services.pdf>
11. Government of Nova Scotia. (1994, last amended 2018). *Environment Act*. Retrieved April 14, 2021, from <https://novascotia.ca/nse/resources/legislation.asp>
12. Government of Nova Scotia. (2021). *Hospital Regulations*. <https://www.novascotia.ca/JUST/REGULATIONS/regs/hospreg.htm>
13. Government of Nova Scotia. (2013). *Medical Imaging and Radiation Therapy Professional Act*. Retrieved April 15, 2021, from [https://nslegislature.ca/sites/default/files/legc/bills/61st\\_5th/3rd\\_read/b070.htm](https://nslegislature.ca/sites/default/files/legc/bills/61st_5th/3rd_read/b070.htm)



## REFERENCES

14. Government of Nova Scotia. (2020). Medical Imaging and Radiation Therapy Professional Regulations. Retrieved April 15, 2021, from <https://novascotia.ca/just/regulations/regs/MIRTmedimagrad.htm>
15. Government of Nova Scotia. (August 2001). Occupational Health and Safety First Aid Act. O.I.C. Retrieved April 14, 2021, from <https://novascotia.ca/just/regulations/regs/ohsfirst.htm>
16. Government of Nova Scotia. (2010). Personal Health Information Act. Retrieved April 14, 2021, from [https://nslegislature.ca/legc/bills/61st\\_2nd/3rd\\_read/b089.htm](https://nslegislature.ca/legc/bills/61st_2nd/3rd_read/b089.htm)
17. Government of Nova Scotia. (2021). Protection for Persons. <https://novascotia.ca/dhw/ppcact/>
18. Government of Nova Scotia. (2009). Radiation Emitting Devices Regulations, NS Reg 14/81. Retrieved April 15, 2021, from <https://www.canlii.org/en/ns/laws/regu/ns-reg-14-81/latest/ns-reg-14-81.html>
19. Government of Nova Scotia. (2002). Volunteer Services Act Retrieved April 14, 2021. <https://nslegislature.ca/sites/default/files/legc/statutes/volunteer%20services.pdf>
20. Newfoundland and Labrador Association of Medical Radiation Technologists. (2021). Jurisprudence Course Template. Provided by Association.
21. Merriam Webster. <https://www.merriam-webster.com/dictionary/bylaw>
22. Medical Assistance in Dying Nova Scotia. (2021). <http://www.nshealth.ca/about-us/medical-assistance-dying>
23. NSCMIRTP. (2020). Code of Ethics Retrieved April 15, 2021, from <https://nscmirtp.ca/>
24. NSCMIRTP. (2020). Standards of Practice Retrieved April 15, 2021, from <https://nscmirtp.ca/>

