



Publication Mail Agreement No. 40068990  
Return undeliverable Canadian  
Addresses to Circulation Department

**Canadian Association of Medical Radiation Technologists**  
1300-180 Elgin Street  
Ottawa Ontario K2P 2K3  
Tel: (613) 234-0012 or 1-800-463-9729  
Fax: (613) 234-1097  
[www.camrt.ca](http://www.camrt.ca)

# CAMRT MEMBER SURVEY

The CAMRT 2020 member survey was conducted in August 2020. Over 1,500 members responded to the survey. Our membership was represented geographically and by specialty.

## TRENDS

**CAMRT PROMOTES  
MRT PROFESSION**

**79%**

Strongly agree, agree, or somewhat agree CAMRT promotes their profession and their role as an MRT.

Same % as in 2019

**OVERALL SATISFACTION**

**80%**

Are completely, mostly or somewhat satisfied with their membership.

Down 1% from 2019

**RECOMMEND  
MEMBERSHIP**

**78%**

Are extremely likely, likely or somewhat likely to recommend membership to a friend or colleague.

Up 4% from 2019

## WHAT MEMBERS WANT



**GREATER  
PROMOTION OF  
THE PROFESSION**

- ✓ National awareness campaign
- ✓ Social media engagement
- ✓ Articles in major media outlets on PPE, vaccines, and what defines a frontline worker

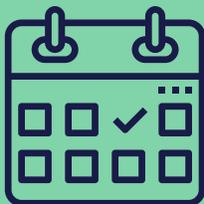


**MENTAL HEALTH  
SUPPORT**

- ✓ Mental health resource webpage
- ✓ MRT mental health working group to identify areas of action and support
- ✓ Position statement: Reducing the Prevalence of MRT Burnout

We are listening.  
Here's what we're doing.

## THINGS THAT ARE IMPORTANT TO YOU



Events



Low-cost CPD



Discount Programs



Professional Liability Insurance

## CAMRT Board of Directors 2020-21

### President

Jennifer Carey, RTR, CTIC

### Past President

Gaillyne MacPherson, MA, CHE, RTR, ACR

### Vice President (Quebec)

Marie-Pier Chagnon, RTT

### Treasurer (Ontario)

Liz Lorusso, RTR, RTMR, BSc

### British Columbia

Kristy Owen, RTNM

### Alberta

Susan Fawcett, MRT(T), BSc, MA

### Saskatchewan

Ada Bunko, RTT, CTRT

### Manitoba

Jenna MacLaine, RTR, CTIC

### New Brunswick

Crystal Bevan, BHSc, RTNM, CTIC (NM),  
Director-At-Large

### Nova Scotia

Megan Brydon, RTNM

### Prince Edward Island

Tanya Dickey, RTR, RTMR

### Newfoundland and Labrador

Dorothy Bennett, RTR

# In this ISSUE :

- Page 4** President's Message
- Page 5** From the Desk of the CEO
- Page 6** Vaccine Advocacy
- Page 8** Connect Care: A New Information System in Alberta
- Page 10** The State of Medical Radiation Technology 2021
- Page 16** Updates from JMIRS
- Page 18** Member Profile: John French
- Page 19** Introducing CAMRT's Interim Director of Education
- Page 20** Introducing Essential Imaging: a Quality Improvement Initiative to Improve Imaging Appropriateness in BC
- Page 22** Provincial Reports
- Page 26** Consider a Raffle to Promote the Foundation and Boost Morale!
- Page 27** Announcements

The CAMRT News is the official member newsletter of the Canadian Association of Medical Radiation Technologists (CAMRT). It reaches approximately 12,000 members within the field of medical radiation sciences.

Advertising: For information about advertising rates in the CAMRT News, please contact us at 1-800-463-9729 or by email at [pmondesir@camrt.ca](mailto:pmondesir@camrt.ca). See below for issue deadlines.

Submissions: Do you have a story idea or a topic you would like us to write about? We welcome your feedback and suggestions. Please email us at [pmondesir@camrt.ca](mailto:pmondesir@camrt.ca).

### DISCLAIMERS:

**Opinion Pieces:** The opinions expressed in the opinion pieces within this newsletter are those of the author(s) and do not necessarily state or reflect the views of the CAMRT. The CAMRT and its employees do not express or imply any warranty or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information in this section. Authors submitting material to this column are permitted to publish anonymously, if requested.

**Advertising:** Although all advertising material is expected to conform to ethical (medical) standards, inclusion in this publication does not constitute a guarantee or endorsement of the quality or value of such product or of the claims made of it by its manufacturer.



### On the cover...

Submission from Samantha Moraes, RTR, CTIC (Mississauga, Ontario) from the article "Profiles of MRTs during COVID-19" (Volume 38, issue 2)

# President's Message



*All year, MRTs have displayed sacrifice, showing up when called upon in ways they never have before.*

One year.

One year in a global pandemic that saw the world change and many aspects of how we do our jobs, with it. It has seemed like forever most days, and yet also went by in the blink of an eye. In the midst of all that change (policies, regulations, shift times and responsibilities) the essence of who we are didn't change. We pivoted, shifted, and accommodated, but we did not change. We are still care providers.

I am especially proud of how the CAMRT did the same. If we look at the amount of free online learning opportunities that have come out in the past year, we can see that the association still valued our continued education, even if it had to come in a different form. If we look to the upcoming CAMRT 2021, with its online platform and its ability to continue networking and connection, its obvious that a conference that unites the profession is still seen as necessary. Just look at the large amount of advocacy the association has done, nationally and provincially, with regards to PPE access, pay increases and vaccination priority. The CAMRT has been anything but silent. Fighting for the voice of the membership has been present throughout.

In the next year we will see that continued innovation, service and dedication continue. Some of the more exciting things, for me, are on the horizon. After sharing my own mental health story on Bell Let's Talk day, I received several messages from MRTs who felt the same. The CAMRT is focusing on mental health in the coming year, seeking to provide service to its members in an unparalleled way. Although the pandemic highlighted how many in government and positions of health system authority see our profession, the CAMRT will continue to advocate, write letters and have necessary tough conversations. Our voices will be heard. Finally, the CAMRT is increasing its commitment to social responsibility in its mandate, making it one of the organization's strategic priorities.

One year after all this began, it is my hope that you too see the many ways the CAMRT has worked on your behalf and has stepped up to the plate to meet our needs in the past year. And, in another year from now, when we are all looking at the pandemic in the rearview mirror, I hope we can all look ahead with pride to the place we are going as a profession.

---

A handwritten signature in black ink that reads "Jennifer Cooney".

# From the desk of the CEO

It has now been over a year since the first effects of the COVID-19 pandemic were felt in Canada. When I made the decision to close our offices last March 13, I had no inkling that a year later CAMRT staff would *still* be working from home. Or that our members would still be very much on the front lines of a relentless battle to keep their patients, their families and friends, and themselves safe.

I also never imagined that over the next 12 months we would be fighting for MRTs' right to access what they deserve as frontline patient care providers. In April of 2020, it was a fight to get appropriate PPE to MRTs while other allied health professionals were given PPE without a second thought. Soon afterwards, we would be fighting on behalf of our members for access to pandemic pay. Most recently, the need for advocacy has been for MRT inclusion in vaccination plans, in the same way as others with the same potential contact with COVID patients. While these struggles were unwelcome and unexpected, the resulting advocacy has been positive.

I am keenly aware of how difficult this past year has been for you. All of us at CAMRT are aware. We have worked hard, as your professional association, to be by your side - providing whatever resources we could think of and advocating strongly on your behalf. And we will continue to do so.

I am sure I am not alone when I say that it seems like the pandemic has overshadowed every other aspect of our lives. The fact is, however, that while some things have changed, other parts of our lives continue as usual. Similarly, while the pandemic continues to occupy a great deal of our attention, we continue to work on other elements of our core mission. We continue to deliver the programming that you, our members, expect us to, and we continue to evolve and respond to the changing needs of our members. I think it is important that this vital work does not get eclipsed.

As always, our CPD offerings are expanding – both in terms of the number of offerings and the number of MRTs across the country accessing these educational opportunities. Our advocacy work has been given a workout, but we are also continuing the important, ongoing advocacy that creates the relationships we need to have an impact. Our events team has been working extremely hard to ensure that CAMRT 2021 is a ground-breaking event. We have been strengthening our output and capacity for research. This is just some of the work that we continue to do, work that we need to do, regardless of COVID-19.

These are exciting times for CAMRT; we are poised to increase the role we play in raising awareness of the work our members do every day. We are also focussed on new ways to strengthen the profession in several ways. The success of a professional association relies in large part on the input of its members. As always, I urge you to connect with us. Share your concerns, let us know where you think our focus should be. Tell us what we are doing well, but even more importantly, tell us where we can improve. Finally, numbers matter. The credibility of CAMRT as the voice of the profession relies on the number of members we have. If you are a proud member, please tell your colleagues. Encourage them to join, become involved, and shape their association. We need them. Now, more than ever.



***We continue to deliver the programming that you, our members, expect us to, and we continue to evolve and respond to the changing needs of our members.***

# Vaccine Advocacy

After such a trying year, the end of 2020 at least brought with it the extremely encouraging news of new and effective vaccines to combat the coronavirus. Since the mid-December approval of Pfizer-BioNTech's mRNA vaccine, there is a new focus in healthcare and public health: getting as many people vaccinated as quickly as possible.

The National Advisory Committee on Immunizations (NACI) released its COVID-19 vaccine guidance in December. Within the document, they laid out the recommendations of experts in microbiology, epidemiology, immunology, and infectious disease for getting the most impact from a vaccine rollout (i.e., case reduction and minimization of severe outcomes and mortality). In those recommendations, the NACI clearly delineated healthcare professionals as one of a handful of priority groups. The ball has since been in the court of the provinces to see this through.

Immediately following these announcements, we recognized that MRTs could again be overlooked and so went on the offensive to try and minimize this possibility. We endorsed the Canadian Association of Radiologist position, published in mid-December, that made a clear case for the vaccination of medical imaging professionals. Next, we drafted an Op-Ed for the national press, and targeted publication after the Christmas holidays. We were pleased that CAMRT CEO Irving Gold's [editorial](#) was picked up by the Toronto Star, the Hill Times, the Hamilton Spectator and some other publications in the first week of January at a time of national discussion on vaccines and vaccine priority.

## Nurses, doctors aren't only front-line workers in need of the first wave of vaccine doses

By IRVING GOLD JANUARY 13, 2021

Although 'doctors and nurses' is a common shorthand in the media to refer to health care workers, front-line health care workers are made up of a much more diverse set of professionals.



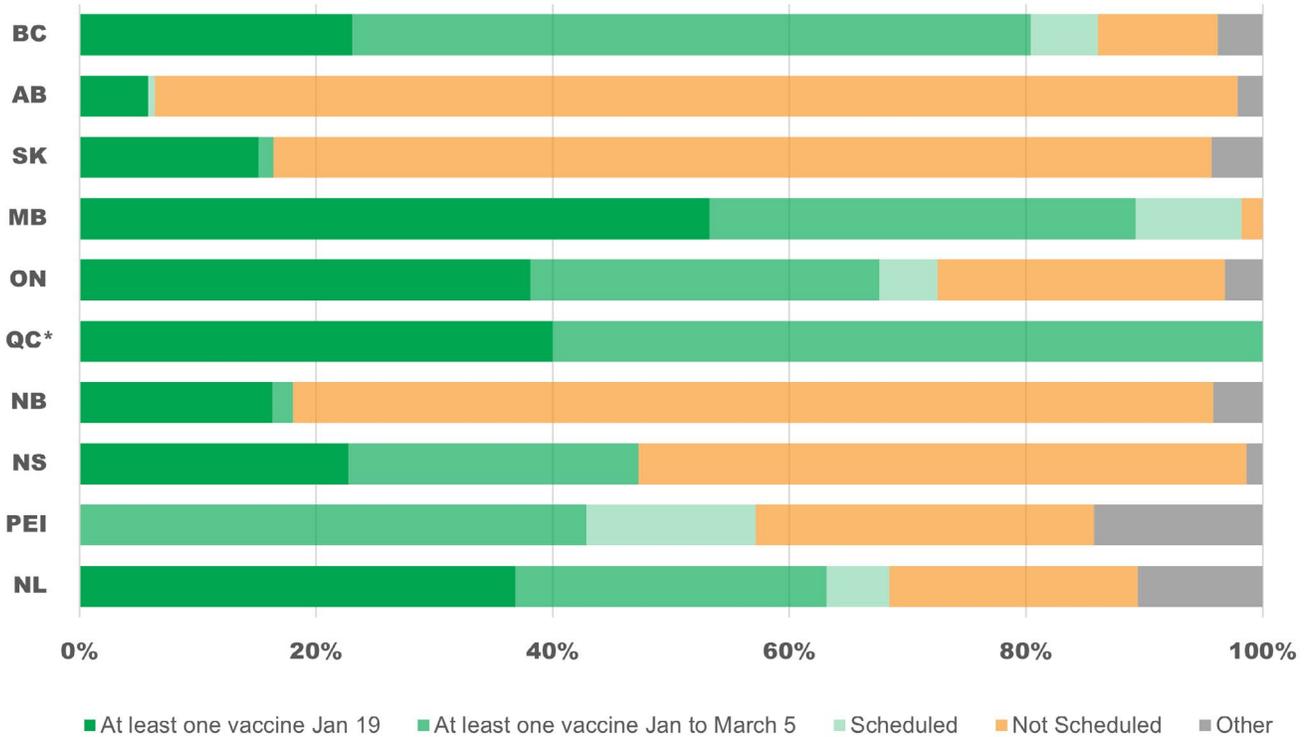
When it is determined that health care providers are due to receive vaccinations — as is happening right now across the country — we need an equitable and fair decision-making process to decide which of them are vaccinated first. Photograph courtesy of [Elinorloch](#)

CAMRT-BC also sent communications during the first week of January directly to the government in BC to express the same views about MRT vaccination priority.

As different provinces moved to implement the NACI recommendations (or not), and deployed vaccination in the real world, the CAMRT looked to maintain a presence in the conversation. Key to success in these conversations has been maintaining a knowledge and understanding of both the policy landscape across the country, and the real situation for MRTs on the ground. Our national surveys of MRTs in mid-January and early March, with responses from >1,000 MRTs all across the country, gave us a good sense of the national state of affairs; where MRTs were being vaccinated and where they weren't. Figure 1 shows the snapshot of vaccination by province at those timepoints. As you can see by the results, provinces that explicitly prioritized healthcare professionals for Phase 1 were ahead in the vaccination of MRTs in both January and March.

Since late January, the association's attention on vaccine access for MRTs has turned more to direct advocacy in jurisdictions where MRTs were either being given lower priority than national standards recommended, or where MRTs were being wrongly overlooked despite qualifying for vaccination on paper. Through the month of February, we were communicating with members and decision makers in several provinces. As of early March, we had communicated directly with health ministers in 4 provinces on behalf of MRTs (BC, AB, SK and NB).

## Vaccination Status of MRTs (March 5, 2021)



\*Data from Quebec is based on very limited MRT response

We are still in the position of closely monitoring in these and other provinces, and are hearing hopeful signs of MRT vaccinations in Saskatchewan and New Brunswick. We continue to be very concerned about Alberta, where our members signal to us how MRTs have been overlooked in every corner of practice across the province. Just prior to publication of this newsletter, we were successful in getting the *Edmonton Journal* to publish a scathing review of the situation, and have been trying both new and repeat avenues for advocacy to change the access situation for MRTs.

This period has shown the importance of awareness, but also for advocacy in support of that awareness. We thank all of you for answering our surveys and the large numbers of members that have reached out directly and taken the time to speak on the phone. Your outreach has allowed CAMRT to take meaningful and informed action. If you would like to know more about our advocacy relating to vaccines and other issues during COVID-19, see our [COVID-19 Advocacy page](#).

EDMONTON JOURNAL

Columnists

### Opinion: Medical radiation technologists overlooked in Alberta's vaccine rollout

Irving Gold  
Mar 23, 2021 • 21 minutes ago • 3 minute read • [Join the conversation](#)



Sahra Kaahiye, a respiratory therapist at the University of Alberta Hospital, was the first Albertan to receive the COVID-19 vaccine. PHOTO BY CHRIS SCHWARZ / Government of Alberta



# Connect Care:

## A New Information System in Alberta

*CAMRT spoke with Alberta Health Services Diagnostic Imaging Core Lead, **Scott Simmons**, the lead contact for the implementation of Connect Care in Diagnostic Imaging.*

### **Tell us about the new Connect Care system and the benefits it can have for healthcare workers and patients.**

The foundation of Connect Care is a common clinical information system (CIS), which will allow healthcare professionals a central access point to patient information, common clinical standards, and best healthcare practices. The benefits for healthcare providers are abundant. This system will replace many of the independent systems currently in use across the province. Connect Care will be in place everywhere Alberta Health Services (AHS) and its partners provide healthcare services. Users will be able to easily access comprehensive, up-to-date patient information in one place and document care using a variety of electronic devices.

Connect Care provides robust order and result management for lab, diagnostic imaging, and other tests. Medication orders, dispensing, histories, and reconciliation are managed within system. Most importantly, health professionals will be better supported in delivering safe, high-quality care for our patients, leading to better health outcomes.

In the development of Connect Care, AHS ensured patients provided extensive input. Patient care advisors have been actively part of Connect Care's development. Patient and family focused care is one of Connect Care's guiding principles. As an Albertan, I am very excited about how Connect Care will benefit me, specifically, in two ways. The first is in knowing that those caring for me, will have access to my comprehensive medical record. I had a personal healthcare experience where I was not in a position to provide a complete history when asked by healthcare providers upon arriving at a facility. With Connect Care, I can have confidence that my imaging, lab, and medication history is easily accessible.

Healthcare professionals can see my allergies, medical and surgical history recorded from previous Connect Care encounters. The second way is with my increased access to information through the patient portal, MyAHS Connect. I will be able access my lab and diagnostic imaging results, manage my upcoming appointments and communicate with my healthcare team. I do not have to wait for my physician to reach out to me: I can review my results and contact him with any questions I have. I no longer have to feel like a passenger on my healthcare journey, but a contributor.

### **How are professionals using the new patient records system to improve patient care?**

From a Diagnostic Imaging perspective, the improvement stems from two different pieces: access to information and clinical appropriateness. The first is in the ease of accessing vital information. This relates to having information for key points within the imaging experience. These would include triage/protocolling/prioritization step, the exam performance step, and the interpretation step.

The introduction of a robust CIS allows users at each of those steps to have access to enhanced information including recorded histories, recent encounters, and previous studies to name a few. Private community diagnostic imaging providers are also contributing images and results to Connect Care, further enhancing the accessible information to create a comprehensive Imaging record in one location.

Clinical appropriateness is associated with the electronic communication tools available to support the ordering prescriber when ordering diagnostic imaging procedures. They include duplicate checking during order entry with open or recent orders, a clinical decision support tool in choosing an appropriate diagnostic imaging study for a specific patient condition, and feedback to prescribers for exams where the radiologist has deemed a request as inappropriate or suggested an alternative. Our clinical decision support tool is currently in data collection mode but has an implementation strategy to become live to ordering prescribers later this year.

### Have there been any lessons from the implementation process, or the early adoption phase that you would pass along to those in other provinces?

Our successes in Alberta have stemmed from working with a CIS provider with a history of implementation success, and an implementation leadership team that includes Information Technology, Clinical Operations, and Medical Affairs, each of which contribute to a strong structure and rely on overarching guiding principles throughout the development and implementation process. Within diagnostic imaging, I can attribute our success to our leadership team. They have built a provincial program that has advanced cooperation across the province, moved forward on clinical best practices, and empowered clinical liaison groups to explore positive change. Our early adoption successes can be largely attributed to having engaged superusers, and clear and continuing communication on what is coming, with a focus on the positive impacts to patients and health professionals. The project's guiding principles were key to creating context for discussions. Overall, my energy has been fueled by my colleagues in diagnostic imaging and their excitement and willingness to embrace a change. Together, we look for new ways to use this tool to further healthcare delivery.

### How do you see Connect Care, and electronic patient records in general, changing the work of MRTs in the next 5-10 years?

We certainly see some opportunities to enhance workflow and enhance collaboration across professional groups or disciplines, and we know that so many more benefits are yet to be discovered that will only be realized over time and use.

### What are the next steps for this system?

Our focus right now is the next implementation. As a province, the Connect Care is being rolled out in nine waves, with diagnostic imaging being rolled out in almost all of those waves. We have completed the first two already and are now focused on the next wave to be launched in April.

#### For more information on Connect Care

- Visit the [AHS website](#)
- Read the [FAQ document](#)
- View a [YouTube](#) video



## Breast Cancer: An Overview

Quick Self Study – Updated/Revised 2021

“ This course is timely and appropriate for all health professionals and the general public ”

Register Now

2.5 Category A credits/credit hours\*

\*Recognized CAR MAP accredited activity



# The State of Medical Radiation Technology 2021

By **Chris Topham**, Director of Advocacy and Communications, CAMRT

2020 was a tumultuous and challenging year for everyone, and especially for those of us working in healthcare. We know 2021 is going to bring with it some inevitable change compared to the previous year. Some of the change will be related to infection control, some will be the consequence of dealing with the fallout of months and months of constant upheaval. Ever since I got involved with CAMRT and medical radiation technology eleven years ago, I have been told that “the one constant in medical radiation technology is constant change.” And it is not an exaggeration to say that. So pandemic or not, change was coming in 2021. What has changed now is the nature of the change, the dates we can expect change.

In some instances, the pandemic hit the pause button on progress. In other areas, it was a fast forward.

One of the key mandates of CAMRT is to keep up with the latest information and developments in the field, so that we can weigh it all together and take action to steer the profession to its best possible future. A big part of that is to keep you informed of what is coming as well, so that you can make decisions for yourself and your career that reflect the trajectory of things to come.

We are fortunate at CAMRT to have a large contingent of dedicated MRT leaders and volunteers to help us accomplish this vital work. The Professional Practice Advisory Council (PPAC) is made up of 8 subcommittees with more than 40 volunteers in all disciplines and subspecialty areas of the profession.

As we turned the page on 2020, and began looking forward to what comes next, we surveyed the members of the PPAC, with an interview with most of the subgroup chairs, to clarify the state of the profession today and to look at the directions it may be heading in the future. The article that follows is a summary of their observations and reflections on the past and some predictions for the future.

## A year of COVID-19

There is no way around it, the coronavirus pandemic loomed over everything in 2020 and it has affected the future of most fields, including medical radiation technology. To try and get to the bottom of how COVID-19 and its consequences could affect MRTs in the immediate future and even long-term, we asked the members of the PPAC how they thought the pandemic changed their area of MRT practice.

It was interesting, if not very surprising, that responses about lessons learned from coronavirus converged heavily across all the groups of the PPAC. Whether MRTs were specializing in MRI, IR or radiation therapy, the sense of immense challenge, rapid adaptation and lasting change from the experience was common. It was true, also, that many of the specific areas of change were common.

The top answers across the board related to the direct consequence this pandemic will have on all of healthcare, with a renewed appreciation and focus on infection control.

In all areas of MRT practice, this was chiefly cited as the continued importance of personal protective equipment and of sanitization and cleaning protocols. Of the lessons learned through this pandemic, the effectiveness of these important measures cannot be understated.

Different parts of medical imaging and radiation therapy were affected differently by the pandemic and its shutdowns. Across the board, PPE and cleaning measures were important and likely lasting changes from the pandemic. An effect of these precautions is a slower patient throughput, with more time between bookings. This slower pace, together with the total shutdown of some services in the first wave of the pandemic (e.g., breast screening).

## How has the COVID-19 pandemic and the events of the past year shaped your field?

### Top Answers:

- ▶ Enhanced sanitization and cleaning
- ▶ Personal protective equipment
- ▶ System slow downs and increased wait times
- ▶ MRT stress and burnout
- ▶ New recognition for MRT roles within healthcare

## Patients waiting

Not lost on any respondent was the consequence that enhanced infectious disease control could have on patient flow and wait times in the near and long-term.

In fact, wait times were a common thread in the discussions I had with PPAC chairs. Because certain services were shut down in the first wave of the pandemic, and because cleaning and infection control protocols slow the flow of patients through a department, one legacy of the coronavirus pandemic will certainly be wait times.

*“The wait times (in breast imaging) will take a long time to catch up on, I am not sure if we will ever be down to where we were before.”*

**N Bemister, RTR**



*“With the initial wave, all of our MRI services stopped performing non-urgent examinations ... Since (we are) already scanning 24 hours, it is very difficult to catch up on the back log.”*

**S Yim, RTR, RTMR**

Recognizing that wait times have wide ranging effects, some PPAC members also mused on other ways these wait times might affect their own areas of practice. In breast imaging, it is anticipated that there will be a need for staff, as institutions consider measures like longer working hours to address the backlogs. In other areas, there is hope that triage by appropriateness, seen to some extent during the pandemic can continue.

In radiation therapy and cancer care, cancer referrals at the beginning of the pandemic were down as much as 30%. There is a fear that these delays to screening, diagnosis and treatment in 2020 may lead to higher numbers of cancer patients now, and that these patients will be upstaged in their cancer (have more severe cases of cancer) than if no disruption had occurred.

In the past, we have seen how wait times, an issue that the public and governments can readily understand, has become an impetus for investment in the field of medical radiation technology. Possible solutions to wait times range from investment in more equipment, investment in more personnel, and doing better with the resources available (e.g., improvements to booking, appropriateness, etc.).

The CAMRT is working with the Canadian Association of Radiologists (CAR) and others to find ways to both deal with the wait times and change the professions for the better in so doing. The CAR's report on [“Radiology Resilience Now and Beyond”](#) published in late summer 2020, on which CAMRT collaborated heavily, made a number of recommendations that now become points of advocacy with governments for both organizations.

*"I think the safety protocols will be in place for a long time."*

**K Wade, RTR, CIR**

*"Moving follow-up appointments, patient education sessions etc. to a virtual platform has both pros and cons. Some patients may jump at the opportunity not to have to travel, not have to wait in a waiting room. Conversely, there are new issues regarding access and web-side manner as we navigate these uncharted territory."*

**B Liszewski, RTT**

*"MRT burn out/increased stress in the beginning of the pandemic due to the outbreak and what it meant for us/our families. Now that bookings are back to full scale, the stress comes from balancing a full workload alongside droplet/airborne precaution patients who take more time to complete."*

**C Adamsson, RTR**

*"I believe it has revealed to technologists within our profession and coworkers in the hospital that our role as a healthcare provider is just as crucial as nurses and supporting healthcare staff."*

**C Hetesi, RTR**

*"I think we are starting to be recognized as a profession in a way we never were before. Because of COVID the public are starting to understand what MRTs are and how we differ from other professions such as lab and nursing."*

**L Veale, RTR, RTMR**



## Electronic records and virtual care

The march to virtual care had begun long before a pandemic. But prior to 2020, the transition seemed slow. The pandemic, and more specifically the isolation and lockdowns prescribed to deal with it, have expedited the migration with much more adoption of virtual tools for care. Whether it be the adoption of electronic records, virtual bookings, or even virtual appointments for follow up or education, virtual care was seen by many as a possible long-term legacy of COVID-19 in healthcare and in medical radiation technology.

## Impact on technologists as individuals

The demands on MRTs throughout these past 12 months have been immense. In the first months of the pandemic, technologists were asked to adapt. Being asked to wade into the fray of COVID during the uncertainty of those early days took immense courage, and MRTs demonstrated from coast to coast their professionalism and dedication to patient care, no matter the risk.

As time passed and lockdowns lifted, the demands of backlogs began to emerge as new challenges on imaging and therapy departments. With the virus still in circulation, this was doubly demanding for MRTs. It is not surprising therefore that emotional exhaustion and even burnout is an issue being discussed and recognized amongst MRTs.

## More visibility as technologists

Another interesting theme to emerge from our survey of the PPAC was that of greater recognition for MRTs as professionals throughout the past twelve months.

No one believes the work is yet done, but encouraging signs are being seen for this long-term project. These past months may offer a motivation to keep doing the things that MRTs have been doing to bring the recognition: spending more time with patients, taking time to answer questions with patients, being more outspoken in their own settings, and being more outspoken generally.

Awareness for the MRT profession is an area that CAMRT has heard from members, has put in the strategic plan, and has been assisting MRTs to do through its awareness campaigns, MRT Week and more. Coming out of the pandemic, the Board and the leadership of CAMRT have seen the progress of this work too, and have clearly identified it as a top priority for the future.

# Beyond the pandemic

Difficult as it was in January 2021, we asked the members of the PPAC to reflect also on a world beyond the pandemic. If there is a normal, where was normal taking us before we took this enormous detour? What technological or practice changes were coming down the line before 2020, and are will they still have a place in the future now?

Answers to these questions varied more across disciplines than the ones about the COVID-19 pandemic. But there remained a few themes that surfaced across different groups.

## The need for speed

The pursuit of speed in both imaging and therapy was a clear trend, and it feels that we are likely to see more innovations and technologies to help reduce times for scans and/or treatments.

When clarifying this trend with the PPAC chairs it was clear that in some instances the potential gains in speed will have very different implications. In MRI, a shortening of the scan time has the potential to reduce overall visit time, and therefore increase the capacity for one unit to scan more patients in a day. In CT, reductions in scan times won't have the same effect on patient throughput, but could have an important effect on radiation dose reduction, with important implications for patients as well.

The technological advances that allow for faster scans are fascinating and very innovative, and in many cases the emergence of AI and higher-speed computer processing is facilitating these advances too.

## Hybrid technology

It may not be a brand new theme, but hybrid technology, and its continued adoption across Canada is perceived to be an important thing to look out for over the upcoming years. Technologies like PET-CT and PET-MRI were seen by nuclear medicine and other imaging technologists as having massive room for expansion and adoption across the country. In radiation therapy, the adoption of MR-LINACs across the country is seen as an extremely important trend for the next decade of cancer care. Respondents noted the need for MRTs to follow the trend and to be prepared to learn new areas of practice as these technologies become more mainstream.

## Change in radiation safety practices

General x-ray is the field of practice vast majority of MRTs in Canada, and so changes on the horizon to fetal and gonadal shielding deserves mention as a major trend. The CAMRT is currently finalizing its position on this important topic to be communicated widely on publication.

*"The use of AI to automate many functions. Faster scan times."*

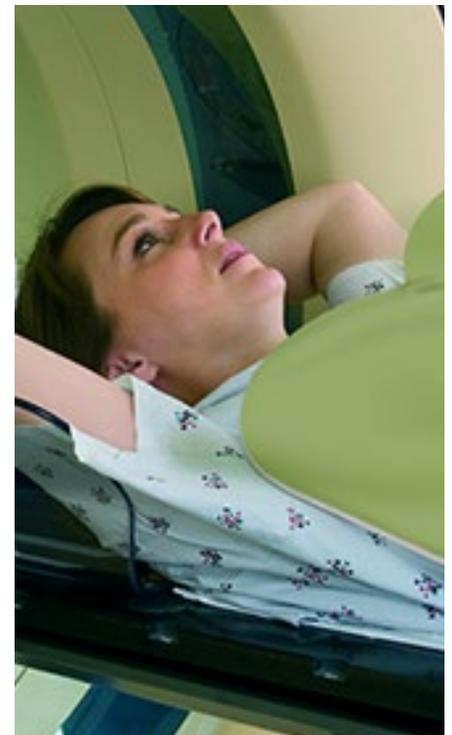
**S Brice, RTR, RTMR**

*"There is a very big expansion of PET/CT and molecular imaging happening across the country. MRTs within the nuclear medicine discipline need to prepare for the potential shift and growth within PET/CT. To some degree they should prepare for the hybrid imaging ahead."*

**A Morris, RTNM**

*"I hesitate to say (the removal of lead shielding), because it seems too simple, but I think years of work and research has contributed to this recommendation and it will be a massive change to our practice."*

**C Hetesi, RTR**





## Artificial intelligence

Upon receiving the responses to this survey, we were slightly surprised that more answers discussing AI were not received. In conversations with chairs, it seems that this is due to a couple of phenomena:

- 1) Much AI is already in place within the existing technology and is being introduced all the time
- 2) The bigger roles for AI (such as image interpretation) is not ready for mainstream, and will be dependent on the availability of high-quality, *standardized* data

That said, there were still numerous observations about the coming innovations thanks to AI. The PPAC AI subcommittee, with representation from multiple disciplines, also had much to say on the topic. In relation to MRI, I heard about how AI is helping with the enhancement of images post-processing. In radiation therapy, I heard about how different algorithms are helping professionals in radiation oncology develop treatment plans for their patients. In nuclear medicine, we spoke about how, to some extent, low-level AI has been in wide use for a very long time.

The impression I got from my conversation with Andrew Murphy, the Chair of PPAC's subcommittee for AI, was that AI is in its infancy. The initial enthusiasm and hype has been replaced with the realization that the integration of AI into medical radiation technology will take time. What works very well in the academic setting may not work as well in the real-world due to issues like quality and standardization of data, as stated above. He made a point to note that many are indeed working very hard to move these innovations forward, and that they will one day come, but that their introduction may be more incremental than the hype originally suggested.

*"Of the 2000 or so COVID-19 AI tools proposed in medical imaging, not one of them is ready, or close to ready, for clinical use"*

**A Murphy, RTR**

Interestingly, we also spoke about how many are working to find value for AI in radiology beyond abnormality detection. We spoke about how companies are pursuing "driverless" imaging -- hands-off positioning/acquisition in general x-ray and CT. In fact, most major vendors now coming out with some sort of quasi-autonomous positioning systems based on either technologist feedback from outside the room or cameras. This clearly has important impact for MRTs in practice and is a trend that the CAMRT and PPAC will be keeping a close eye on. A case in point has been the work on AI in COVID-19.

*"MRTs need to be actively engaged in learning about AI as it's poised to be the next frontier of every field in the profession."*

**R Duggan, RTR**

# Upcoming Trends by Area of Practice

## Breast imaging

1. Tomosynthesis
2. Automated Breast Ultrasound (ABUS)
3. Contrast enhanced breast imaging
4. Paperless reporting systems: good, centralized, turnaround is faster for patients
5. A need for more technologists trained in mammography

“There is a need for more mammography trained technologists to tackle the increased wait times ... this need will continue on post pandemic.  
N Bemister, RTR

## Computed tomography (CT)

1. Growing demand for CT scans
2. Lower dose CT scanning
3. New protocols for new technology
4. Flash scanning (Low-dose CT)

“I think AI will come in to help preserve image quality in low dose imaging.  
S Erdelyi, RTR, CTIC

## Interventional radiology

1. 3D/4D Imaging
2. Drive for less invasive procedures leading to an expansion of IR procedures (ablation therapy, etc.)
3. More outpatient procedures in IR

“I see our profession becoming more busy as we can provide such a range of procedures that are less invasive.  
K Wade, RTR, CIR

## Radiological technology

1. Discontinuation of lead shielding practices
2. The opportunity to make MRT work more patient focused despite technological innovation that has machines doing more on their own

“More focus on personal care, what each patient requires, rather than the list of patients we have to image through the day.

S Schofield, RTR

## Magnetic resonance imaging

1. Faster scans
2. Image processing, faster software, etc.
3. Continued emphasis on MRI safety
4. Parallel imaging (two coils... cut scan time)
5. Greater access to MRI (more scanners being installed across the country)

“Automation in imaging in terms reformatting of images, coil improvements, scanner improvements and MRI safety.

A Lageri, RTMR

## Nuclear medicine

1. Hybridization of functional and anatomical imaging (PET-CT, SPECT-CT, PET-MRI)
2. New molecular imaging agents
3. Theranostics

“Nuclear medicine will never be irrelevant, because it embodies personalized medicine.

M Brydon, RTNM

## Radiation therapy

1. Hypofractionation
2. MR-guided radiation therapy
3. Critical evaluation and quality assurance of AI in therapy

“There is now a real need for radiation therapists to have an understanding of adaptive radiation therapy.

K Rans, RTT



## Calling all Writers – Submit a Medical Radiation Sciences Narrative!

This innovative new article format is for anyone with something to share related to any aspect of medical radiation sciences, including patients, families, health care leaders, policy makers, and medical radiation science professionals themselves. Narratives can offer different ways of thinking, and this lived experience may teach us to better understand patients, families and each other. We hope that they will complement our other traditional research, commentaries and perspective article types. Submissions are not restricted to any particular format—we are open to print-based formats such as personal stories, poems, photographic essays, or any other method that can communicate your narrative. This could include patient encounters or clinical experiences (good or bad), or aspects of medical radiation sciences that are not directly related to patient care.



### ARTICLE FORMAT: MEDICAL RADIATION SCIENCES NARRATIVES



Why narratives? They can offer different ways of thinking and may teach us to better understand patients, families, health care leaders, policy makers, and MRTs.

We hope that this new format attracts submissions from diverse voices - authors who are Black, Indigenous or People of Colour; patients; or our own readership whose submissions may not fit the traditional research dissemination model.

Contact [editor@camrt.ca](mailto:editor@camrt.ca) with any questions!

## Explore our latest issue!

As a CAMRT member, you have free access to all content published in the JMIRS. You must [log-in through the CAMRT Members site](#) to unlock the content as opposed to accessing it directly at [www.jmirs.org](http://www.jmirs.org), because most articles on this site are blocked by a paywall. [See the latest issue](#)

**CALL FOR PAPERS**

*Education in Medical Radiation Sciences*

Deadline: May 1, 2021

**facebook**

**New!** [Check out the new Facebook page for our journal](#) - Like and follow the page to stay up to date with JMIRS updates!

**NEW JMIRS PODCAST**

Available at <https://anchor.fm/jmirs>

**Four "P's" in a Podcast - A Conversation with Pete and Robert Bridge**



## We are pleased to announce two calls in 2022!



Leadership has never been tested more than in 2020/2021. Across the radiation sciences leaders are guiding teams through perhaps the greatest challenges of their careers. All of us can lead from where we stand, regardless of our role, and we'd like to hear your insights about the dilemmas, ambiguities and complexities of leadership in our profession.

For more info on these calls , [click here!](#)



Palliative care can provide relief from pain and other symptoms of a serious, long-term or life-threatening illness. Symptoms can be physical, psychological, social or spiritual. We are seeking submissions in any of our formats, related to your research, practice, policy, theory or narratives in this crucial topic.

## Congratulations to our 2020 award winners!

Editor's Choice Top 5 papers include:

- [What Medical Imaging Professionals Talk About When They Talk About Compassion](#)
- [What We Know So Far \(As of March 26, 2020\) About COVID-19—An MRT Point of View](#)
- [Examining the Relationship between Emotional Intelligence, Leadership Attributes and Workplace Experience of Australian Chief Radiographers](#)
- [Machine Learning Methods for Computer-Aided Breast Cancer Diagnosis Using Histopathology: A Narrative Review](#)
- [A Tale of Two MRIs](#)

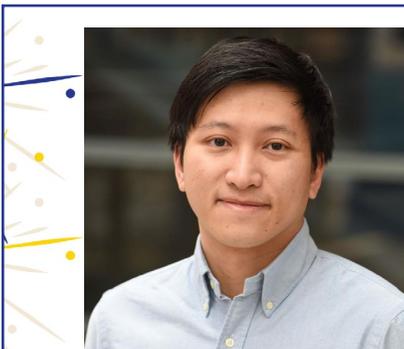
**EDITOR'S CHOICE 2020**

**Reviewer of the Year**

- Minh (Shayne) Chau, BMRS(MedImaging) (Hons), GradCertMRS, GradCertClinEd, PhD(c)

**Outstanding Reviewers**

- Samantha Moraes, BSc, BMRS, MRT(R), CTIC
- Brandon Hirsch, MS, CMD RT(R)(T)(CT)
- Lynne Hazell, MTech (Radiography)
- Carrie Lavergne, MSc, MRT(T)



*"I am highly passionate about growing the profession's workforce, research and advance scope of practice. The prospect to serve our medical radiation community as a peer reviewer fills me with excitement!"*

**- Reviewer of the Year, Shayne Chau**

# Member Profile:

## John French



*In June 2020, **John French, MSc, FCAMRT, CHE** transitioned from his role as Senior Director, Cancer Strategy and Capital Redevelopment at the British Columbia Provincial Health Authority and made the move to Manitoba for an exciting new role. John is an active CAMRT member, having served as Editor-in-Chief of the Journal of Medical Imaging and Radiation Sciences from 2003-13, and as a course author and administrator for the last 18 years.*

**Congratulations on your new role! In June, you made the transition to a new province and role during a pandemic, can you tell us about that?**

Moving to a new province along with a change from cancer care to medical imaging was certainly a learning opportunity for me. The transition was made more interesting in that it happened during a global pandemic and having to learn to connect and build relationships with new colleagues who were largely working

from home and using videoconferencing technology to meet. I was fortunate that my new colleagues had adapted very well to the new way of working and were very tolerant of me as I tried to muddy through the first few months!

**What does the role of Provincial Executive Director for medical imaging entail?**

The role is responsible for developing a provincially integrated diagnostic imaging program for the whole province, covering all the major urban hospitals and smaller remote rural sites. This responsibility covers day to day operations, capital planning, and longer-term strategic planning.

**Can you share some of the major priorities for (medical imaging in) the province in 2021?**

The main focus is to recover from the impact of the response to the pandemic on waiting times for imaging. The goal is to eliminate waiting lists for imaging and by doing so build resilience in the system for any future challenges. We have been very fortunate to have a supportive government who have provided significant new funding to help us in this regard. We are also working towards upgrading and expanding our equipment fleet, and of course supporting MRTs and other staff in doing the invaluable work that they do every day.

**Can you speak to the importance of your background as an MRT in this role? (Is this a role traditionally held by an MRT?)**

This is a new role, and a background in imaging is a requirement for the job. While my background is primarily in radiation therapy, I think that because RT is an imaging intense field it certainly helped, although there is a lot for me to learn still about the various imaging modalities. I think an MRT background, in either diagnostic imaging or radiation therapy, is valuable for anyone wishing to move into a managerial role, in that they combine both technical expertise and patient care, in a fast paced and high stress environment. I would encourage anyone in the MRT field who is interested to pursue a managerial career!

# Introducing CAMRT's Interim Director of Education



It is our pleasure to introduce you to CAMRT's interim Director of Education **Melissa Sponagle**. Melissa Sponagle will be covering a one-year maternity leave contract, effective January 5<sup>th</sup>, 2021.

Melissa joins us from the east coast where she is a nuclear medicine technology educator at Dalhousie University. Upon graduation from her MRT program she completed a Master's of Education in Lifelong Learning from Mount Saint Vincent University. She has been a long-time volunteer with both her provincial and national associations. With CAMRT she has engaged in certification exam and competency profile development, IEMRT assessment, and as a conference chair. She also has experience developing relationships with stakeholders such as government organizations, professional associations and not for profit organizations. Her professional passions include advancing the profession through peer capacity building, citizenship and lifelong learning.



Fast & easy homestudy courses by mail or eBook via email.

Order online 24/7 at [www.x-raylady.com](http://www.x-raylady.com)

All CE courses are approved by the ASRT, State of Florida, and accepted by the ARRT.  
Canadian technologists may use these to meet their individual (or provincial) CPD requirements.

Over **50** unique courses to meet your needs  
CE credit available from 3 to 36.5 A & A+ CE

**All Courses Apply Towards  
for Structured Education & CQR**

We have courses that cover the following topics and more!

- ◆ Imaging Special Cases
- ◆ Digital Radiography
- ◆ Radiation Protection/Safety
- ◆ Ethics & Patient Care
- ◆ Trauma & Forensic Radiology
- ◆ Anatomy, Positioning, & Pathology
- ◆ Medical Terminology
- ◆ Fluoroscopy Management & Safety
- ◆ CT, MRI, & US
- ◆ Bone Densitometry
- ◆ DBT/Stereo/Digital Mammography
- ◆ Breast Ultrasound/MRI
- ◆ Breast Anatomy & Physiology
- ◆ Imaging Breast Implants
- ◆ Mammography Initial Training Packages

- ◆ Online interactive testing with instant grading & certificates
- ◆ Courses by mail or email
- ◆ Free CE course tracking
- ◆ Senior, Group, & Test Only Discounts
- ◆ Free eBook with Test Only purchase on select courses



Visit our website for our entire course listing!

[www.x-raylady.com](http://www.x-raylady.com)

X-Ray Lady<sup>®</sup> CE  
6511 Glenridge Park Place, Suite 6 • Louisville, KY 40222  
Phone: 502-425-0651 • Fax: 502-327-7921 • e-mail: [xrayladyce@gmail.com](mailto:xrayladyce@gmail.com)

# Introducing *Essential Imaging*: a Quality improvement initiative to improve imaging appropriateness in BC



BC PATIENT SAFETY & QUALITY COUNCIL  
Working Together. Accelerating Improvement.

By **Sarah Erdelyi**, RTR, CTIC, M.Sc.  
HSED, Provincial Manager, British Columbia, CAMRT

## What is Essential Imaging?

Essential Imaging is a quality improvement initiative led by the BC Patient Safety & Quality Council (BCPSQC) in partnership with the Ministry of Health, with a goal to help care providers partner with patients to successfully initiate, test, implement and spread evidence-based best practices for appropriate medical imaging in five common areas in primary and emergency care.

The purpose of the Essential Imaging initiative is to accelerate the spread and implementation of the BC Guidelines for [Appropriate Imaging for Common Situations in Primary and Emergency Care](#). Key recommendations were agreed to by a provincial expert advisory group on medical imaging in BC.

“This initiative supports care providers to come together in new ways, bring services together and improve coordination of care while increasing access to appropriate services for patients and care providers. – BCPSQC”

Teams are multidisciplinary and will establish their own improvement goals for the reduction of inappropriate medical imaging that are specific, measurable, attainable, realistic and time bound. They will test and implement change ideas to improve imaging appropriateness at their respective sites.

The BCPSQC will support teams to establish a best practice approach that may include appropriateness decision support tools such as checklists, patient education resources, and more. An advisory group called the Essential Imaging Faculty has been established to help provide knowledge and expertise in various aspects of this initiative.

## How I got Involved

Medical imaging appropriateness is something I have been interested in for several years now. Working in CT/X-ray in the clinical setting, I have observed many instances of inappropriate imaging. I have worked as an MRT in Southern Ontario, Northern Saskatchewan (for a 10-day locum), and Southern Vancouver Island.

While each location has unique circumstances and challenges, one thing they all have in common is the potential for MRT involvement to help resolve some of the issues happening at a local/site level.

In recent years, I have been volunteering on the CAMRT Professional Practice Advisory Council (PPAC). Appropriateness has been an ongoing discussion among the PPAC. The PPAC has helped provide input for Choosing Wisely Canada Recommendations “[Five Things Medical Radiation Technologists and Patients Should Question](#)” and CAMRT Best Practice Guidelines, including “[appropriateness of requisition, order, or prescription](#)”.

I first found out about Essential Imaging in 2020 at the [Quality Forum](#), an annual event which brings over a thousand people working in British Columbia’s health care system to share and discuss how to improve health care quality. This was my second time attending the Quality Forum as a professional development activity. During my coffee break, I was making my rounds to the vendor booths, and saw a flyer for Essential Imaging.

As an MRT, this caught my eye. I immediately followed up by contacting one of the Project Co-Leads, **Sarah Carriere**.

Sarah was extremely open to meeting, hearing my feedback about this initiative and some of the resources produced so far, and learning more about the MRT profession and the work of the CAMRT. I described the unique lens MRTs contribute in this area and provided some examples from personal experiences:

- being caught in the middle of a discussion between a radiologist and emergency physician/referring practitioner regarding the urgency/necessity of an imaging procedure; concerns from patients about having the test or being unable to confirm why they are having the test other than “the doctor sent me”;
- due to excessive wait times, by the time the patient gets their scan, their pain/issue has resolved and they are unsure if they still need it, but showed up for their appointment anyway;
- and instances of doctors ordering imaging to satisfy their patients, rather than for medical necessity.

We also discussed potential appropriateness issues that have emerged since COVID-19, such as when chest CTs and X-rays should be ordered.

As per [CAR's statement](#), chest CTs and X-rays are only necessary to evaluate patients who have tested positive for COVID-19 and show signs of complications.

Sarah shared with me that the BCPSQC now participates on the Medical Imaging Advisory Committee (MIAC), a provincial committee that makes recommendations to the Ministry of Health to support continuous improvement in medical imaging.

Together, the BCPSQC and MIAC developed [this poster](#) to help spread the word about when chest CTs and X-rays are needed. They also developed [this poster](#) to help communicate to patients what to expect when visiting the medical imaging department during COVID-19. I discussed with Sarah the value MRTs could bring to resources such as this, and how MRTs could help to create additional materials for patients about what to expect during specific imaging procedures or help patients to understand the role of the MRT in their care.

After our discussion, Sarah invited me to participate as a faculty member on the Essential Imaging initiative. Along with fellow MRT and CAMRT member, Sean West, I am thrilled to be bringing an MRT perspective to this initiative.

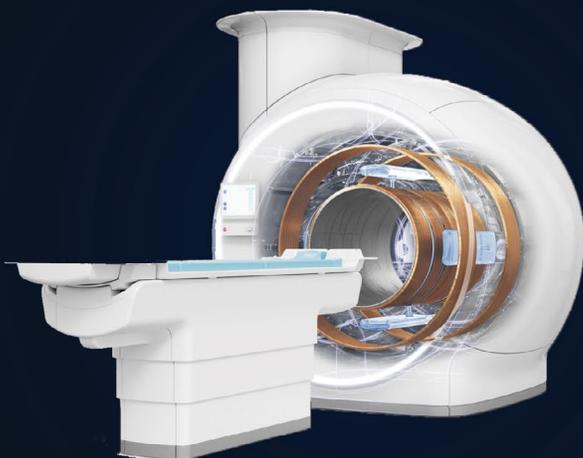
The overarching goals of Essential Imaging are to improve care provider's access to evidence-based tools that inform appropriate imaging requisition practices, promote patient and public awareness, and support provider education and provide decision support resources to increase medical imaging appropriateness. These are all things MRTs can and should be contributing to. This is the perfect initiative to engage MRTs.

In addition, over the last several months, the BCPSQC has been very interested to learn more about the MRT profession. This year, they helped us celebrate MRT Week by recognizing us on social media and [on their website](#).

I encourage all MRTs across Canada to find something you are passionate about and get involved. This is how we as MRTs will bring more awareness to our profession, grow as a profession, and contribute our expertise to future improvements in the healthcare system and patient care.

### Essential Imaging Resources

To learn more, read these [Frequently Asked Questions](#), watch this video <https://vimeo.com/476071342> or visit [BCPSQC's website](#). The website will continue to be updated as this initiative unfolds.



Now Available On Demand

## MR Safety: An Overview

Enhance and refresh your knowledge of MR safety! On-demand and interactive, this virtual lecture provides an overview of magnetic field hazards and reviews key practices for working safely in an MR environment.

Register at [www.camrt.ca](http://www.camrt.ca)  
FREE for CAMRT members

 VIRTUAL CLASSROOM  
LECTURE SERIES

Sponsored by: **PHILIPS**

# Provincial Reports



UNIFYING FOR A HEALTHY FUTURE

## NSCMIRTP in effect

NSCMIRTP came into effect on September 8<sup>th</sup>, 2020. This long-awaited proclamation of our self-regulated College finally sees Sonography and MRI Technology regulated in Nova Scotia along with Radiological Technology, Nuclear Medicine and Radiation Therapy. MRTs and DMSs join together as MIRTTPs (medical imaging and radiation therapy professionals) under the College's mandate of protecting the public interest. Please check out our new website [www.nscmirtp.ca](http://www.nscmirtp.ca)

Please note our email domains have changed as well, with "nscmirtp" replacing "nsamrt". For example, our main email is now [info@nscmirtp.ca](mailto:info@nscmirtp.ca)

## Our First Election

Our first election was held over the month of December and the inaugural NSCMIRTP Board began their first term on February 1<sup>st</sup>, 2021. The Board has representation from all MIRTTP disciplines as well as 3 Public members. In an effort to develop staggered terms on the board, initial terms have been broken up into 3 year, 2 year and 1 year terms.

## New Changes

Nova Scotia MIRTTPs will see several changes under the College's new mandate. These include the CPD Program as well as required currency hours and the duty to report. Registrants will also have to prove they carry professional liability insurance before registering/renewing with the NSCMIRTP. We are pleased that CAMRT has enabled payroll deduction of dues for those who wish it in Nova Scotia, just as NSCMIRTP has always offered.

Another item MIRTTPs should be aware of since proclamation is the use of protected titles. A protected title can only be used if you are licensed as a MIRTTP in the province. The protected title for Nova Scotia is MRT or DMS. For example, if you are a licensed sonographer in vascular you can use DMS or DMS(V) and if you are a therapist you would use MRT or MRT(T). When working as a MRT or DMS you should be using your protected title when signing medical charts etc... rather than your credentials (RTT or CRGS). If you are not licensed, you cannot use the protected title or indicate in any way that you are a practicing MRT or DMS.

## COVID-19 Update

COVID-19 has proven to be a rollercoaster for all Nova Scotians. MIRTTPs in Nova Scotia continue to work on the frontlines and follow public health guidelines to provide top quality care to all Nova Scotians. Currently, not all MIRTTPs in Nova Scotia have been vaccinated. As of February 15<sup>th</sup>, 2021, some have received both doses, whereas some have only received one dose and others have not received an initial appointment yet.

## NSCMIRTP AGM

Our 1<sup>st</sup> NSCMIRTP AGM will be held in early June. It will be held in conjunction with a half day of education, as usual. NSCMIRTP is also working on creating a YouTube channel for education purposes.

To stay up to date with College news, please follow us on Facebook. [www.facebook.com/nscmirtp](https://www.facebook.com/nscmirtp)

The logo for The Burwin Institute is a blue oval containing a red stylized graphic of a DNA double helix or a similar wave pattern. The text "THE BURWIN INSTITUTE" is written in blue around the perimeter of the oval.

EDUCATION FOR THE  
MEDICAL PROFESSION  
SINCE 1985

**"STUDY WHILE YOU WORK"**

HOME STUDY COURSES  
IN  
GENERAL ULTRASOUND  
BREAST SONOGRAPHY  
MUSCULOSKELETAL  
ECHOCARDIOGRAPHY  
VASCULAR TECHNOLOGY

\*MOST COURSES ARE WORTH  
30 CME/CEU/CPD CREDITS\*

**www.burwin.com**

1-800-322-0737  
(Atlantic Time)

Email: [burwin@burwin.com](mailto:burwin@burwin.com)

A square QR code located in the bottom right corner of the advertisement box.

@BurwinInstitute



## 2020 Awards Recipients

This year we held an online awards celebration to recognize the following CAMRT-BC members for their accomplishments and contributions to the profession:

- Bracco Paragon Award, **Alanna Wolf, RTR**
- Award of Excellence, **Mark Johnson, RTR, RTMR**
- Award of Excellence, **Nicole Bemister, RTR**
- Young Professional Award, **Kelsey Houston, RTR**
- Excellence in Teaching Award, **Michael Ro, RTR**
- Innovative Leader Award, **Lisa Hudkins, RTNM**

On November 29, these awards recipients and their supporters came together for a live, online awards presentation. More information about the recipients, along with a recording of the awards presentation is available for viewing on [this webpage](#).

## Radiation 2020

On December 21, CAMRT-BC released its latest edition of *Radiation*, our provincial publication for BC members. Within the pages of *Radiation*, we share some reports, stories, testimonials, and more to highlight members and capture several of our accomplishments throughout the year. Find it [here](#).

## Advisory Council Update

The [CAMRT-BC Advisory Council](#) is comprised of members from each of the four disciplines and is geographically and clinically diverse. It is a critical voice in representing MRTs in BC and provides advice and support to the CAMRT staff and Board of Directors regarding issues relating to MRT practice and provincial member services in BC.

At the end of 2020, we said farewell to the following members who ended their terms on the council:

- **Alison Giddings, RTT**
- **Bryce Gillman, RTNM**
- **Sara Neukomm, RTR**
- **Sam Yim, RTMR**

Alison, Bryce, Sara, and Sam formed part of the inaugural Advisory Council back in the spring of 2018. We sincerely thank you for your dedication to the CAMRT-BC!

We are looking forward to welcoming new members to the council this year. The deadline to apply was January 31.

## Vaccine Advocacy

When BC was still early in the process of distributing the vaccine and making decisions about how to assign priority among healthcare workers, CAMRT-BC engaged with multiple stakeholders to advocate for MRTs.

On January 7, CAMRT-BC sent a [letter to the BC Minister of Health](#), Adrian Dix, to congratulate him on being re-elected, and to advocate that MRTs be considered alongside other healthcare professionals deemed frontline workers within the government's COVID-19 vaccination prioritization.

On January 8, BCRS/CAMRT-BC released a joint statement to welcome and support the BC government's Vaccine Distribution Taskforce to guide the vaccine prioritization and distribution across the province. This statement is being distributed by both the BCRS and CAMRT-BC. [Read statement](#)

## Collaboration with the Health Sciences Association of BC

HSA has been communicating and collaborating with CAMRT-BC to ensure the MRT perspective is included and considered in the COVID-19 vaccination prioritization and other relevant advocacy issues.

CAMRT-BC continues to monitor the vaccine rollout in BC and share timely communications with BC members. For more information on CAMRT-BC and COVID-19 visit [this webpage](#).

## Comments/Questions?

Any questions about the activities of the CAMRT-BC can be directed to the Provincial Manager, Sarah Erdelyi, at [serdelyi@camrt.ca](mailto:serdelyi@camrt.ca).

# Provincial Reports



## Alberta College of Medical Diagnostic & Therapeutic Technologists

### ACMDTT Bylaws Updated

Bill 30, the Health Statutes Amendments Act, 2020 (1), came into force on July 29, 2020. This legislation amends several existing Acts, including the Health Professions Act (HPA), whose amendments will come into force April 1, 2021. Bill 30 will increase the required percentage of public members from at least 25% to at least 50% on colleges' governing councils, hearing tribunals and complaint review committees. Council has updated the ACMDTT bylaws to incorporate changes to the legislation and best practice in governance. The updates affect the composition of Council and the way new regulated members join Council.

There are currently eight regulated members on Council. Best practice is to have 10 to 12 Council members, so the ACMDTT has decided to reduce the number of regulated members on Council rather than greatly increasing the size of Council to accommodate the required new public members. The new composition of Council will allow us to continue to have representation from each of the five specialties we currently regulate as well as diagnostic medical sonographers (DMSs) once that legislation takes effect.

Council has also approved moving away from the current competency-based election process for new regulated Council members to a competency-based appointment process, effective 2022.

Council members who are MRTs and ENPs will no longer be volunteers who are elected by their peers. Instead, they will be appointed based on specific attributes and competencies: their experience, knowledge and skills. Appointments based on competencies ensure that Council comprises a diverse group of people with a wide range of expertise and skills, extensive knowledge and different perspectives, and also prevent the potential for misunderstanding, because MRTs and ENPs elected to the governing body do not serve those that elected them — they serve the public. An appointment process also supports succession planning, which is crucial to effective governance, while an election process does not.

### Legislation Changes

While Bill 30 introduced significant changes to the HPA, Bill 46, the Health Statutes Amendments Act, 2020 (2), brings in the most changes to the HPA since its inception. This bill mandates the separation of regulatory colleges and their functions and oversights from professional associations. The amendments include prohibiting officers/senior employees of professional associations and unions from holding certain positions within a college.

In addition to formally separating colleges and associations, Bill 46 will realign the regulatory tools of all 30 health colleges, including the HPA, college regulations, standards of practice

and bylaws. There are several provisions in professional regulations that are common across all professions. We expect many of these to be taken out of the regulations of each college and put into the common HPA.

Bill 46 will also establish a centralized registry of health professionals in Alberta, which will allow a member of the public who has concerns about a health practitioner to search one database instead of potentially visiting several websites to determine which college was responsible and whether the practitioner regulated or not.

### Social Media Guidelines

Social media plays an important role in modern culture, but engaging with these platforms comes with certain risks. As regulated health professionals, MRTs and ENPs are expected to uphold the integrity of the profession by engaging in social media thoughtfully and responsibly. To help guide regulated members in making informed decisions when using social media, the ACMDTT has created a document that outlines social media best practices in relation to professionalism, boundaries and privacy and confidentiality. These guidelines are framed using the Standards of Practice and Code of Ethics as well as legislation. ([acmdtt.com/smg](http://acmdtt.com/smg))



**Manitoba**  
Association of Medical Radiation Technologists, Incorporated

## Annual General Meeting

The MAMRT held a very successful virtual AGM on November 8, 2020. We've been offering online participation for several years to accommodate our rural members, so pivoting to a 100% virtual event was not completely unknown territory – not, however, completely without its challenges. Nevertheless, member feedback indicated that the AGM format worked well, so much so that our next AGM, scheduled for **SUNDAY JUNE 13, 2021**, will also be virtual.

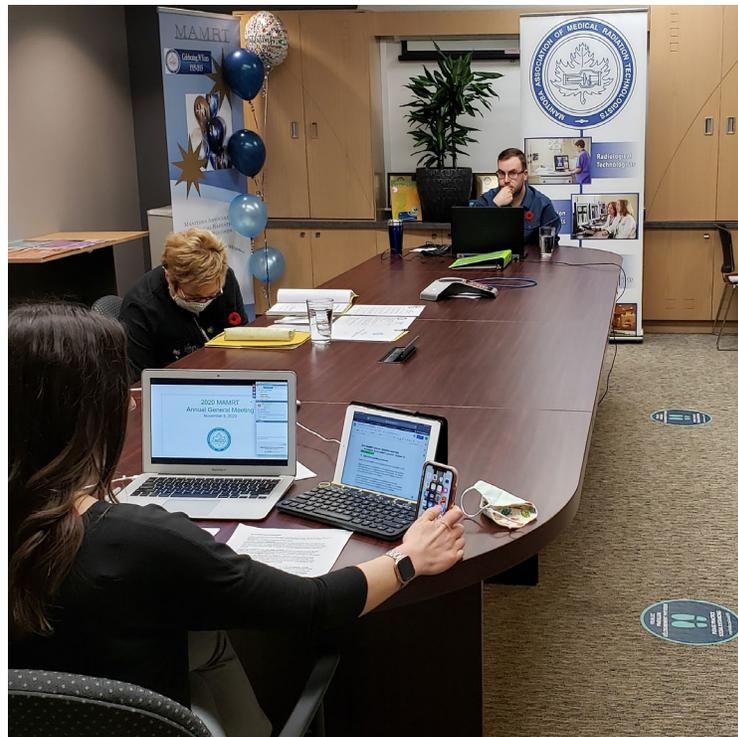
## Awards & Recognition Ceremony/Education Session

June 13, 2021 will also see the MAMRT Awards & Recognition Ceremony, acknowledging our Competitive and Honorary award winners as well as our Retirees. Members can look forward to the exciting new nomination and presentation processes the MAMRT Awards Committee, **Stephanie Rossi** (Chair), **Jordan Veale**, **Kayla Campbell**, and **Brett Johnston**, is working on. Deadline for nominations will be April 14<sup>th</sup>.

For our annual Education Session (June 13), we're delighted that Dr. Gigi Osler, a dedicated advocate in healthcare for leadership, equity and diversity, wellness, global health, and virtual care, has accepted our keynote speaker invitation.

## Board of Directors: Terms Starting July 1, 2021

It's time to put in place the leadership team of MAMRT, for terms starting July 1, 2021. Several positions are open – check the nomination information circulated January 31 and remember – the submission deadline is April 14.



*MAMRT's Virtual Annual General Meeting November 8, 2020 at the MAMRT office. Leslie Veale, Director of Finance and Administration – look at all the devices she used to make her part in the virtual AGM run so smoothly! Vera Chernecki, Parliamentarian and Jason Lewis, our (pensive, pondering) President.*

## Strategic Plan Workplan Update

The MAMRT's 3-year plan ends this year (December 2021). Despite the disruptive forces of COVID-19, many of our planned initiatives have been completed or are well underway. Significant progress, for example, has been made in our goal to update and maintain a viable governance and organizational structure. Huge strides have also been taken with the Self-Regulation pursuit, thanks to our dedicated Committee, MAMRT members **Christine Preachuk** (Chair), **Jillian Bruneau**, **Kareena Nychuk**, **Lorraine Gendre**, **Tynnille Chomenchuk Bouchard**, **Mel Hampson** and, on behalf the Sonography profession, **Tracy Anderson**. A June 2021 application submission is targeted.

## Comments/Questions?

MAMRT will continue to operate on a remote basis, indefinitely. Any questions about the activities of MAMRT are best addressed via email: [admin@mamrt.ca](mailto:admin@mamrt.ca).

# Consider a Raffle to Promote the Foundation and Boost Morale!

During MRT Week this past November, the Radiation Therapy Department at Allan Blair Cancer Centre in Regina held a special fundraising event to benefit the [CAMRT Foundation](#). This is a great idea for any department to consider—and not only during MRT Week—we should try to raise the profile of MRTs year-round! A raffle raises funds, helps boost the profile of the Foundation, and builds MRT morale at the local level.

*“The raffle was a huge success! It engaged our entire clinic and created a buzz throughout the department with the chance to win the great prizes. Communication with the Foundation was smooth and effortless. Definitely a win-win for all involved!”*  
– **Raffle Organizer Maeghan Richard, RTT**



*\$400 50/50 raffle winner:  
LaRae Beebe (Social Worker)*

The Foundation arranged to contribute gift cards (purchased from points). A raffle was held and the whole clinic joined in, raising \$400 that was donated to the Foundation. Unfortunately, due to COVID, they could not do a big draw in front of everyone, but it was a successful event all the same!



*LEFT: \$50 BestBuy Gift Card - Samantha Kinvig (Patient Information Services); RIGHT: \$100 Costco Gift Card - Cory Ouellette (Safety Consultant)*

## TIPS FOR HOSTING A RAFFLE

1. Communicate with the Foundation (email [kfader@camrt.ca](mailto:kfader@camrt.ca))
2. Gift cards can be mailed directly to the clinic
3. Verify the raffle will not violate conflict of interest policy at your institution
4. Promote the raffle (posters, agency-wide emails, etc.)
5. Sell raffle tickets (a period of a week worked well)
6. Announce winners via email
7. Donate the proceeds through CAMRT Foundation's website – easy!

## ABOUT THE FOUNDATION

The CAMRT Foundation exists to support its members and the advancement of the profession. As such, the Foundation:

- Promotes pride in the profession and within our ranks.
- Helps members keep abreast of new and emerging technologies.
- Advocates lifelong learning
- Promotes excellence in patient care.

Over the years, the CAMRT Foundation has sponsored many members in their educational pursuits. Grants are available to members to provide financial assistance to individuals enrolled in courses of study related to Medical Radiation Technology and funds for research associated with Medical Radiation Technology – **the annual deadline for applications is April 1.**

# Announcements

## SEEKING AN INSTRUCTOR/MENTOR

The CAMRT is seeking an instructor/mentor for the course, **Introduction to Pharmacology for the Imaging Technologist**, effective Winter 2022.

The preferred applicant will have extensive knowledge and experience related to pharmaceuticals, specifically those used by technologists in diagnostic imaging.

A good understanding of drug classifications, indications, contraindications, risk factors, adverse effects and patient safety strategies would be essential. Knowledge in venipuncture, various methods of pharmaceutical administration and a basic knowledge of pharmaceuticals used in various organ systems would be an asset. Previous teaching experience in this area would be considered an asset.

A CAMRT course instructor/mentor is responsible for:

- Recommending content updates (course, assignments, and final examination) to ensure continued relevance and currency of subject matter.
- Monitoring and responding to student enquiries in a timely fashion during two annual pre-determined terms.

*This course is offered in a PDF format and requires marking of assignments and/or final examinations. Payment is based on the number of assessments marked and the number of course registrants.*

Interested applicants must submit a comprehensive CV and a cover letter highlighting their education and experience related to pharmacology **no later than June 1, 2021**.

**For a list of course objectives or to submit your application, please contact [mberube@camrt.ca](mailto:mberube@camrt.ca).**

## NOTICE OF MEETING - 79th AGM

The 79<sup>th</sup> Annual General Meeting (AGM) of the Canadian Association of Medical Radiation Technologists will be held virtually on Sunday, May 16<sup>th</sup>, 2021, 12:00 - 13:30. Technical details to follow.

Preliminary Agenda

1. Call to Order and Roll Call
2. Opening Remarks – CAMRT President
3. Approval of Minutes of the 78<sup>th</sup> Annual General Meeting of May 31<sup>st</sup>, 2020
4. Business Arising from the Minutes
5. Annual Reports
6. Motions presented to the membership
7. Appointment of Auditors
8. Other Business
9. Adjournment

The CAMRT Annual General Meeting (AGM) will be held this year in conjunction with CAMRT 2021.

This meeting provides members attending the conference an opportunity to discuss the business and the activities of the Association. Everyone at the conference is encouraged to attend this very important event, although only CAMRT members are eligible to vote.

The documents required for the Annual General Meeting will be included in the 2021 AGM Workbook, a comprehensive document containing relevant information and reports discussed during the meeting. The AGM Workbook will be available on the members' only section of the CAMRT web site by early April 2021. Provision will be made for advanced voting, should you be unable to attend the Annual General Meeting.

## UPCOMING EVENTS

**APR 24** **Wavelengths 2021, Annual Symposium**  
[www.michener.ca/wavelengths/](http://www.michener.ca/wavelengths/)

**APR 30** **AGM of Members of the OAMRS**  
<http://www.oamrs.org/>

**MAY 1** **OAMRS Virtual Education Summit**  
<http://www.oamrs.org/>

**MAY 15-16** **CAMRT 2021 - National Conference and AGM**  
[www.camrt.ca/CAMRT2021](http://www.camrt.ca/CAMRT2021)

**JUN 13** **MAMRT 2021 AGM**  
[Manitoba Association of Medical Radiation Technologists \(@MBMRTs\)](https://www.facebook.com/MBMRTs/) on Facebook

**SEP 29** **CARO 2021 Virtual Scientific Meeting**  
<http://www.caro-acro.ca/annual-scientific-meeting/2020-virtual-scientific-meeting/>

# ISCD & IOF OSTEOPOROSIS ESSENTIALS COURSE AND CANADIAN UPDATE ON SKELETAL IMAGING

An International Course of the ISCD and IOF for Physicians and Technologists

Co-Developed with OC, CAR, CAMRT, CANM & OAMRS

*PHYSICIANS • Saturday April 10, 2021 • Virtual Meeting*  
*TECHNOLOGISTS • Saturday April 10, 2021 & Sunday April 11, 2021*

The Osteoporosis Essentials Bone Densitometry course by the ISCD (International Society of Clinical Densitometry) and IOF (International Osteoporosis Foundation) and Update on Skeletal Imaging presents the state of the art for skeletal health assessment by leading national and international faculty. Advances in the diagnosis and monitoring of osteoporosis and fracture risk assessment are presented. An advanced curriculum will be presented for both physicians and technologists providing the tools for achieving excellence in skeletal health assessment including optimal BMD scan acquisition, interpretation, reporting and application of DXA technology. The limitations of DXA technology in the diagnosis and monitoring of skeletal health in pre and postmenopausal women, men and children will be presented. Common pitfalls in interpretation will be reviewed. The clinical utility of bone densitometry and quality assurance of this modality will be reviewed.

Target Audience:

Dual track content has been designed for physicians including radiologists, nuclear medicine physicians and medical specialists as well as technologists.

Learning Objectives:

1. Recognize and report fragility fractures and know impact on fracture risk assessment
2. Evaluate fracture risk utilizing advances in skeletal imaging
3. Integrate trabecular bone score with BMD and FRAX in evaluating fracture risk
4. Recognize early radiographic features of atypical femoral fractures

## Registration

<https://www.xcdsystem.com/mcmasterchse/attendee/index.cfm?ID=qWbUJ7h>

**PHYSICIANS • 8 MOC SECTION 1 HOURS**  
**TECHNOLOGISTS • 14.25 CATEGORY A CREDITS**

