

CAMRT AGM 2021: Questions from Members

Please find below answers to the questions submitted to the CAMRT leadership during the course of the 2021 CAMRT AGM.

The CAMRT also reminds members that questions can be asked of the organization throughout the year. We are happy to discuss our programs and initiatives at any time.

Questions Answered Verbally:

The questions noted in this section were asked and answered at the 2021 CAMRT Annual General Meeting (AGM). The written answers below summarize the answers given.

If members wish to see and hear the responses as they occurred at the AGM, they can do so by viewing the recording of the 2021 AGM available on the CAMRT members' site: <https://members.camrt.ca/annual-general-meeting/>

Agenda Item 5.1 President's and CEO's Report

Q: Are there any plans for additional certification exam sessions for 2021 and in the future?

A: As was the case at the beginning of the pandemic, CAMRT will be responsive to evolving realities. While we are not yet in a position to make an announcement for 2021, any decision will be based on the expressed needs and demands from the community and any remaining Covid-related constraints.

Q: Where do things stand with respect to the activities that fall under the new social accountability mandate?

A: CAMRT was able to secure a project intern from January to May. We have conducted an environmental scan of similar associations within the health sector to see what others have done and the process they followed to determine priorities such as creating project advisory/steering committees. While many associations have created such committees, they have often been devoid of representation of the very populations and communities that the activities are meant to involve.

We are now in the midst of determining the most appropriate and inclusive process to obtain advice and guidance and will hopefully be able to convene a first meeting shortly. Obviously, Covid restrictions have made this challenging.

Q: What will the connection be between the enhanced organizational focus on research and any social accountability programming?

A: Regardless of the areas of focus that are selected for CAMRT activities, research will be central. Defining the problems to be addressed and any interventions or activities undertaken will be evidence-based and build on existing resources wherever possible.

Q: What was the nature of the remote proctoring for certification exams that was implemented because of public health restrictions, and what was the satisfaction level with students and educators?

A: The virtual proctoring process, developed by Yardstick and ProctorU, involved assigning one online professional proctor for every four students. The proctor closely monitors students while they challenge the exam. A multitude of security measures were put in place to ensure that students did not have access to anything other than the exam, both in the physical space they were taking the exam in and through their computers or other electronic devices.

Feedback has been that satisfaction levels are high, and students are grateful to have the opportunity to challenge the exam without delay. Educational institutions and provincial regulatory authorities have also expressed their appreciation for the approach we were able to take.

Q: Is CAMRT looking at changing education programming to adapt to industry changes and changes within the profession?

A: CAMRT is always assessing changes in the practice environment, and we continue to adapt our continuing professional development offerings based on these changes.

Agenda Item 5.2 Treasurer's Report

Q: What are the increases in expenses under professional services (~\$60K) and governance (~\$70K) in the proposed budget for?

These increased expenses are related to expenses for legal counsel and for the upcoming strategic planning exercise.

Q: Was the funding CAMRT received from the Canada Emergency Wage Subsidy one-time funding and does CAMRT need to pay back the moneys received?

A: CAMRT qualified for the subsidy, which was a time-limited program. The subsidy is not meant to be repaid.

Q: The 2021 budget is a deficit budget. Will the 2020 surplus be applied to this deficit, or will it be placed into the CAMRT restricted reserve funds?

A: As was the case for all associations, budgeting during the pandemic has been extraordinarily difficult. Both the 2020 and 2021 budgets were built on a series of assumptions, some of which turned out to be correct while others did not materialize as hoped. Several of the projects we had planned to complete may or may not come through as was originally thought. We are hopeful that activities which were deferred last year will be able to be completed this year. Whether the 2021 budget ends up being a deficit budget will be dictated by how the pandemic affects operations over the next three quarters.

Q: Each year the CAMRT membership numbers have declined. Are there any joint strategic initiatives to build membership between CAMRT and the provinces?

A: The decrease in membership numbers is relatively modest, and not yet a consistent trend, we are definitely looking at it closely. We have begun an in-depth analysis of the demographics and what the causes may be. We are also meeting with active association members to discuss the issue and develop strategies to both reduce any attrition and, more importantly, increase membership.

Q: Why did the Advocacy Advisory Council budget drop from \$18K in 2019 to \$1470 in 2021?

The budgeted numbers quoted apply to the Education Advisory Committee (EAC) budget, but the general response still applies. The drop in budget is related to the inability to travel and hold to face-to-face meetings. The committees continued to do their work and were consulted as much as they had been before, if not more.

The Advocacy Advisory Council (AAC) had met virtually at least five times and had made essential input into the work of the CAMRT. Any decrease in budget was not a reflection that the committees were not providing value to the association.

Q: Is the legal contingency fund one time or an ongoing fund?

A: It is an ongoing fund.

Q: Why was there an increase in salaries in 2020?

There were some one-time HR related expenses. For instance, there was a maternity leave.

Q: Under the Professional services expense we have budgeted for \$121K vs \$55K in 2021 What is this new budgeted expense?

A: In 2020, there were some projects that needed to be done and required specialized professional services. In those cases, it made more sense to bring someone in for a short period of time to provide such services. Some of it had to do with implementing a learning management system, and with the database system.

Q: What is our financial obligation to the CPQR committee now that the federal government (CPAC) has withdrawn their funds? How many representatives do we have?

The CAMRT has two representatives and their expenses had been covered by the CPQR. The CAMRT does not anticipate any significant changes even with the changing in funding model for the CPQR.

Agenda Item 5.3 Auditor's Report

Q: Why has there been an increase in exam development costs of almost \$30,000?

A: These costs are associated with the exam blueprinting costs. The member was informed that this information would be confirmed following the meeting. An answer follows in the sections below.

Agenda Item 5.4 Committee Reports

Q: Is MRSO training for Canadian MRI technologists being considered?

A: This has been discussed at the Education Advisory Council (EAC), but the committee has determined that at this time it would not be a sustainable program. Conversations have been had with our American counterparts, and we have looked at potential models for bringing this to Canada.

Q: What important advocacy developments took place, besides those related to COVID-19?

A: The most significant development besides COVID-19 related developments and activities in 2020 was professional awareness, which was only emphasized by COVID. In 2020, CAMRT developed and ran a national awareness campaign during November and December. In addition, the CAMRT recognized the importance of a developments in radiation safety and recently put out a position statement on lead shielding. Safety and adaptation of the government policies and recommendations, as they related to this, was another topic.

Q: With regards to the statement in the AAC that “The AAC addressed questions from CAMRT staff relating to these and other advocacy issues”, what were the issues addressed and what was developed?

A: The issues discussed were MRT awareness, radiation safety and the position statement on shielding, and several of the issues that arose during the first wave of COVID, such as access to PPE. The AAC is an advisory committee and not an operational committee; the issues were discussed, and the committee’s input was brought back to the senior management team. This type of committee input and guidance is invaluable. Last year, the AAC provided excellent advice which contributed significantly to our comprehensive, national advocacy campaign as well as three position statements.

Q: How many applicants were successful in attaining certification through the Canadian Dosimetry Certificate (CDC) in 2020?

A: The member was informed that this information would be shared following the meeting. An answer follows in the sections below.

Questions Answered in Writing

The questions noted in this section were asked but not answered during the allotted time for the 2021 CAMRT AGM.

Q: Why was there a \$30,000 increase in Exam Development costs?
(Extra information provided beyond AGM response)

A: The \$22 000 increase in Exam Development and Administration between 2019 and 2020 was due to increasing annual administration fees, an extra exam session in July and, additional resources added to the certification library to facilitate virtual exam development meetings.

Agenda Item 5.4 Committee Reports

Q: I have asked for 3 years in a row as to the actual Government Relations / government lobby plan and what the specific issues, needs and wants are, by federal Ministry, that impacts on medical radiation sciences. When are we going to see that specific Plan?

A: CAMRT works throughout the year to address priority advocacy issues. Some are perennial, such as MRT awareness while many, if not most, are issues that emerge throughout the year as a result of the changing environment, government priorities, unanticipated challenges to the profession, etc. Regardless of the issue, CAMRT conducts its advocacy work with a combination of direct contact with elected

officials, senior bureaucrats, collaboration with other healthcare organizations, and ensuring that the voice of MRTs are heard at national consultations by committees, task forces, and wherever else the opportunities arise.

Our ongoing priorities and those that emerge throughout the year are discussed on a regular basis by staff, CAMRT committees and the CAMRT Board of Directors. This past year, the pandemic has had a big influence on the advocacy of the organization. Over the next few months our top priority areas for advocacy are:

- Equity for MRTs in healthcare
- Health system recovery from COVID-19 (solutions for waitlists, backlogs, etc.)
- MRT Burnout and Mental Health
- Out-of-date government guidance relating to MRI and radiation safety (Safety Codes 26 & 35)
- Self-regulation for the profession
- Access to care in rural and remote communities.
- Ensuring that the voice of MRTs is present in discussions about AI

This past year, we addressed the equity issue both directly with Health Canada and the Public Health Agency of Canada (on PPE and vaccines), but also went beyond government to the wider healthcare community and the public to voice our concerns and make a long-term impact. We have put ourselves in an excellent position to advocate for change in 2021 in terms of health system recovery and MRT mental health by conducting and continuing to conduct research regarding the effects of these issues on the MRT community and generating data to add credence to our campaigns. We also worked with broad collaborations like HEAL, and the CAR-led Radiology resiliency work, to establish an MRT voice on the important health system recovery discussions taking place right now.

We communicate with members about these priorities and CAMRT advocacy activities on a regular basis through our many member communications vehicles at our disposal. The CAMRT News, at the recommendation of members experienced in advocacy, now encompasses one avenue, including updates on advocacy and the research and preparatory work that underlies it.

Q: How many are enrolled in the Canadian Dosimetry Certificate (CDC) program and how many graduates has this program produced? What is the member Value Proposition in terms of its status/recognition /acceptance and the cost/ benefit of the CDC program?

A: There are currently 2 candidates enrolled in the CDC program. There have been 25 graduates over the past 10 years. It should be noted that the dosimetry community is relatively small compared to other MRT speciality areas. Not all CPD offerings can be significant revenue generators, and instead are offered as a service to members. Our more highly enrolled courses help compensate for this, maintaining the viability of our CPD operations as a whole.

While the Dosimetry course series and certificate program does not generate the high levels of enrolment seen with other certificate programs, it is still operating at

a net positive revenue. Some measures have also been adopted to ensure its viability: for example, the committee is now meeting every other year instead of annually to reduce expenses.

CAMRT evaluates this program, and all of its certificate programs, annually; and the CDC committee is constantly working to evolve the certificate program to ensure relevance and appeal to the dosimetry community and promote enrolment. In 2019, a survey was conducted with Cancer Centre employers which indicated that there is a need to bring more awareness to the program nationally. In 2020, the program was reviewed and endorsed by COMP. In early 2021, a webinar information session was hosted live and made available on-demand to promote the program. The committee continues to look at ways to increase visibility.

Q: How many passed vs. those enrolled in the Certificates in Breast Imaging- Screening (CBIS) and Diagnostic (CBID) programs in 2020?

A: In 2020, the CBIS program had 49 registrations with 43 completions and the CBID program had 41 registrations and 18 completions.

Q: Please explain what “cross-over” courses are being referred to in the Report from the Educational Advisory Council (EAC)?

A: It is unclear as to what in the Committee Reports for the 2020 AGM this refers to. We believe this may refer to the 2019 AGM Workbook. The question about cross-over courses was asked, answered, and minuted in the 2020 AGM.

Q: Please explain what sub-committee of the Professional Practice Advisory Council (PPAC) will be “re-ignited” and will there be new ones added and if so, which ones and why?

A: The PPAC is an advisory council for professional practice staff. During 2020 the focus for the majority of the work was related to developing materials for the entire membership. This includes materials related to the pandemic, position statements, research and best practice guidelines. During this time, all PPAC sub-committee were engaged in many of these activities as they related to their scope of practice. After a pandemic year, the goal for 2021 is to re-ignite these sub-committees to provide specific information related to their modality of practice. The first instance of this was the 6-page newsletter article referencing PPAC feedback entitled “The State of Medical Radiation Technology 2021” in the Winter 2021 newsletter. As to new subcommittees, currently, we are not looking to add any new ones.

Agenda Item 5.5 External Liaison Reports

Q: Regarding Canada Safe Imaging (CSI), what specific value is this Liaison to CAMRT members in particular?

A: Canada Safe Imaging began many years ago as an effort to parallel the European equivalent EuroSafe Imaging, and to respond to the 2012 Bonn Call for Action. It represents a collaborative undertaking between government agencies, professional associations, universities, colleges, national research institutions and hospitals. After years conducting its efforts independently, Canada Safe Imaging recently joined forces with the [Radiation Safety Institute of Canada](#) a national non-profit organization dedicated to the promotion of radiation safety, to leverage resources and effect positive change in the national radiation protection agenda in medical imaging.

CAMRT's commitment to Canada Safe Imaging is minimal at this time. CAMRT was asked for and provides one volunteer from its membership to represent the voice of MRTs in the initiative. The value in maintaining the liaison is understanding what this potentially influential group is doing, and being able (through our volunteer voice) to influence their initiatives in radiation safety. There were no costs associated with this commitment in the 2020 calendar year at all, and because the group operates largely virtually, this is typical of most years.

Q: What is being done with whatever information CAMRT obtains from the Canadian Association of Nuclear Medicine-Canadian Association of Radiopharmaceutical Scientists (CANM-CARS) Regulatory Consultative Group?

A: As stated in the committee report, the mandate of this group is "To provide a collaborative framework in the fields of nuclear medicine and radiopharmaceutical sciences. This allows a unified perspective and voice with various initiatives and government collaboration." CAMRT uses the volunteer representation on this group to extend the voice of MRTs into these consultations.