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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.

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### On the cover...

Jacquie Turley, Principal Investigator of CAMRT Research Fellowship Grant with research assistant Cole Frandsen (Article on page 18)

# PRESIDENT'S MESSAGE



It is an incredible honour and privilege to write this message for the CAMRT Newsletter. Not usually at a loss for words, I am humbled to be a part of this innovative profession and organization. Although new to this role, I have been active in MRT advocacy for a while now, championing mental health, social justice and highlighting MRTs as carers. I am excited to see the initiatives that have been and are taking shape to further the work in these aspects.

I've had the opportunity to network with some of our international MRT/Radiography partners, stakeholders and leaders, and it is interesting and validating that MRT/Radiographer experiences, struggles and successes across the globe are very similar. There has been some remarkable research done around the mental health, wellbeing, and practice considerations by MRT/Radiographer researchers.

As we head into MRT Week, I love seeing how MRTs across the country come together to share and celebrate this special profession of ours. There is never any shortage of creative ways you highlight the work we do and the care we provide as MRTs.

I relish the MRT recognition posts shared by parents, partners, families, and friends throughout MRT Week. The cleverness of using TikTok to share videos of aspects of our work provides non-MRTs with a look behind the scenes at what our roles entail. I've shared some of the TikToks out of BCIT with my parents so they would finally understand more about nuclear medicine technology.

I am typically quite loud and proud about the MRT profession, but traditionally we are quiet about the critical roles we play in the patient journey. Whether it is minutes, months, or years, our care matters. We are in the thick of it 24/7, 365, during birthdays, holidays, and snow days, often with little recognition or accolade. MRTs are the absolute heart of healthcare, and we should be proud of our contribution. MRT Week, and to be honest, every week is an opportunity to sing about our profession from the rooftops. Share your stories.

The future is bright,

A handwritten signature in blue ink that reads "Megan Brydon". The signature is fluid and cursive.

**Megan Brydon**



***MRTs are the absolute heart of healthcare, and we should be proud of our contribution.***



# FROM THE CEO'S DESK



## WHAT'S IN A NAME?

When I decided to apply for the position of CEO of CAMRT, one of the first things I did was to reach out to some of my colleagues in leadership positions across healthcare. My goal was to find out more about the organization. I was pleased to learn that the CAMRT was well respected as an association. Most of the people I consulted spoke highly of its reputation across its multiple mandates, such as certification, education, and advocacy.

One of the questions I asked my colleagues was what, to their knowledge, MRTs did – what specific roles they played in the healthcare system. I had done my homework and was aware of MRT's various roles. The purpose of my question was as much about the understanding other healthcare professionals had about MRTs as it was to learn about the roles myself.

I was surprised to learn that many healthcare professionals had only a very general notion of what MRTs do. Most commonly, "taking x-rays" was mentioned. Some identified MRI or CT, and only one explicitly mentioned radiation therapy. All referenced the importance of MRTs in the healthcare team, but few went into specifics. It was only as I began my new role that I came to understand just how much this fact shaped the experiences of MRTs. Clearly, advancing an understanding of the profession among other healthcare professionals would be a critical component of my work.

This past July, I attended the European Conference of Radiology in Vienna and had the opportunity to meet and network with association leadership from across the world. Throughout my time there, something else jumped out at me. There was confusion about what an MRT was and how they related to radiographers, the term more commonly used globally for those in the role. I found myself having to explain that MRTs in Canada were, in fact, the same as radiographers.

From the very beginning of my tenure as CEO, it was made clear that MRTs have always faced the challenge of a lack of awareness of the profession. This lack of awareness is common among members of the public but is also present within health care (including decision-makers and even other professionals).

*I think we need to discuss what impact the term MRT as a professional designation has had on the awareness of the profession.*

It may not be the biggest reason for lack of awareness, but I don't think the name we use for the profession in Canada (MRT) is doing us any favours.

To start, it is an acronym. Second, even when the acronym is unpacked, the terms Medical Radiation Technologist are not instantly understood. Never mind the understandable frustration among MRTs at being called technicians as opposed to technologists.

We are headed into what will undoubtedly be a period of unprecedented change in how we deliver healthcare. MRTs need the best awareness and advocacy CAMRT can provide; they will need a seat at the tables where decisions will be made and to have a loud voice. The name of the profession is only one component of awareness, albeit an important one.

I think we need to discuss what impact the term MRT as a professional designation has had on the awareness of the profession. But, perhaps, more importantly, we need to consider what advances, if any, using the more understandable term radiographer could have in helping the profession face what will be an even more challenging and turbulent time.

If you have any thoughts on this topic, or any other association matters, I'd love to hear from you at [igold@camrt.ca](mailto:igold@camrt.ca).

**Irving Gold**

# CAMRT ADVOCACY INSIGHT

*The most recent CAMRT member survey showed that advocacy is a more important priority than ever for our members. CAMRT has been involved in a lot of advocacy efforts recently, and we wanted to share what has been happening with you. To do that, we spoke to **Christopher Topham**, Director of Advocacy and Communications; **Jennifer Carey**, Manager for National Advocacy / Provincial Manager, CAMRT-ATL; and **Sarah Erdelyi**, Provincial Manager, CAMRT-BC.*

**CAMRT members are interested in hearing about the advocacy the association has been doing. Can you tell us a bit about what has been happening through CAMRT, CAMRT-BC and CAMRT-ATL?**

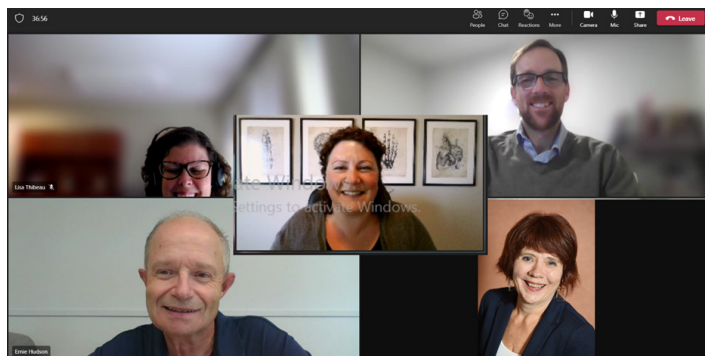
**Chris:** Certainly. I will start by saying that with the new provincial arms being added to CAMRT, the advocacy work has become more diverse and now spans the local, the provincial and the national. I will leave the reports of provincial advocacy to Jenn and Sarah and focus my answer on the traditional CAMRT advocacy, which is at the national level.

In the past few months, a lot of the advocacy work we have been doing at the national and federal levels has been through collaborations and our established relationships at Health Canada, ministries and other national agencies. For example, through our collaboration with HEAL (Organizations for Health Action), CAMRT has been on a subcommittee on Health Human Resources, working to bring MRT issues to their advocacy with federal Health Minister Jean-Yves Duclos and others.

Our strong relationships with contacts in Health Canada also form an important part of our work. I'm thinking about our ongoing work on the important update of Safety Code 35, our participation in national consultations on health workforce and the discussions we are undertaking with Indigenous Services and Health Canada to help bring medical imaging to remote communities.

**Sarah:** In BC, we've been working directly with parts of the Health Ministry and the government on a few different projects. The biggest, perhaps, was the consultation for the 2022 BC Budget, which I attended live at the legislature in Victoria. It was an amazing opportunity to raise awareness of the profession and put forth recommendations for investments to address issues facing MRTs and ensure patients continue receiving high-quality healthcare services. No less important was our work with the Ministry of Health communications team to feature MRTs in provincial publications.

Outside of government, I am meeting regularly with other provincial health professional associations via two key forums: one led by the Health Sciences Association of British Columbia (HSABC) and the other formed from within the associations themselves. HSABC holds meetings for professional associations for those professions it represents, including MRTs.



**CAMRT-ATL meeting with PEI Health Minister, Ernie Hudson**

**Jenn:** The majority of the advocacy that I've been participating in lately in Atlantic Canada has been with government officials. We've been meeting with all the provincial health ministries and almost all provincial health "critics" from opposition parties. A really important initiative we took part in was a recent Health Canada study on health human resources in healthcare professions. This discussion was facilitated by the Canadian Academy of Health Sciences, engaging stakeholders like Chris, Sarah and me. CAMRT was represented at the Atlantic, the BC and the national level consultation.

**Jenn, you have a double title after your name. Does that mean you are doing national advocacy and provincial advocacy?**

**Jenn:** Yes, that's right. When I was hired as the Provincial Manager for the four provinces in Atlantic Canada, that was a three-day-a-week role. The other two days of the week, I work directly with Chris on advocacy at the national level (whether with the federal government or other venues) and on things like awareness of the MRT profession.

**What have you been talking about in your outreach?**

**Jenn:** We try to focus my discussions on the two main issues I see directly impacting MRTs in Atlantic Canada: burnout and the crisis in health human resources. We've been telling health ministers, politicians, and whoever else will listen about the marked increases in demand for medical imaging and therapy and the lack of corresponding investment in MRT human resources. Now because of COVID-19, we have a large backlog and exhausted staff.

As someone who worked during the pandemic myself, I saw that firsthand, and I've been able to use that experience in sharing their stories. We've been telling decision makers that they can't take burnt-out MRTs that have given everything over the last two years and expect them to do even more -- they need to invest to stabilize and eventually increase staff numbers.

**Sarah:** It's the same for us in BC, and I have been using the MRT mental health data to show the impact the staffing situation is having on MRTs. In addition, we have been having discussions about the importance of recruitment and filling educational seats in MRT programs. So not only are we trying to promote the profession's value directly to the public but also actively trying to promote the profession as a career path. Regulation and the establishment of a college that would include all MRTs professions is also an ongoing file. In fact, a regulatory college could play a key role in navigating licensures/assessing applicants who are considering returning to work, etc. Or to help develop pathways for internationally trained professionals.

**Chris:** With federal and pan-provincial stakeholders, human resources for our profession (and indeed all of healthcare) is the issue that keeps coming up again and again. We discuss it as the complex issue that it is, encompassing backlogs, wait times, increased workload and expectations on professionals, but also the personal toll on physical and mental health this is taking on MRTs.

**How successful do you feel the advocacy has been?**

**Chris:** From my perspective: very successful. People in decision-making positions are being asked to solve the healthcare system's problems, like backlogs and staffing crises. They so are eager to hear from informed stakeholders like CAMRT. From the meetings I have attended, it feels like our concerns are being heard.

**Jenn:** That's right. We've had quite a few successful offshoots from the meetings we've been setting up with healthcare leaders in Atlantic Canada this summer, whether it be the opposition health critic standing up in the New Brunswick legislature to speak about MRTs, the media coverage, or the follow-up talks that result from our opening eyes to a problem (like in PEI).



# 2022 ADVOCACY CONTINUED



While receptiveness to message and action on it is the ultimate goal, we've also had success in these meetings getting a deeper understanding ourselves and making more contacts.

For example, our interaction with the opposition party in Nova Scotia brought access to more accurate wait times data. In Newfoundland, the participants in the meeting were directly responsible for the upcoming HR planning. All in all, people in positions of influence are learning about the invaluable contributions of MRTs, and our voices are being heard.

**Sarah:** I want to echo some of this as well. For too long, MRTs have experienced being "left out"/not considered by decision-makers. But in the last few months, there have been noticeably more opportunities to be "at the table." Through our advocacy, we were invited to participate in a provincial allied health consultation. We participated in a useful focus group and continue to be active participants in this group.

I, too, feel like our concerns are being heard. For example, the finance committee included a summary of our concerns about staffing shortages and burnout in their provincial budget consultation report. The committee members were genuinely interested in hearing from me about the MRT profession.

## How did the success come about?

**Chris:** I would definitely say some of it is persistence, and I credit the whole team for that.

**Sarah:** And data. The appetite in those who meet us for real-world data about the MRT profession is enormous. Everyone is happy to receive the data from our HHR surveys, mental health data, and leave of absence data. The data collected by CAMRT has been instrumental in advancing provincial advocacy work in BC. That goes for the government collaborations and discussions, as well as those with other partners like the HSABC union, with whom we regularly share data to help strengthen their efforts.

**Jenn:** I agree with both Chris and Sarah. Rarely did we get a meeting from sending one introductory letter. It usually comes after a follow-up letter, if not two. While awareness of the profession is a key plank of the message, our meetings go beyond telling people about who MRTs are and what we do. Governments want numbers, statistics and research. They want to know that the information we're giving them is not simply antidotal but is based in fact. The data we get from surveys and studies at CAMRT have been invaluable pieces of information for our audiences.

**“For too long, MRTs have experienced being “left out”/not considered by decision-makers. But in the last few months, there have been noticeably more opportunities to be “at the table.”**



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## What are you hearing from the stakeholders you interact with about the MRT profession?

**Jenn:** All the meetings we've had so far are really positive interactions. The people we have met are not unfamiliar with the work that MRTs do, and all are hungry for knowledge and information. As mentioned, they are eager to hear about our numbers and always ask for the full reports for their teams to study afterwards. It may be early to say for sure, but I also sense a shift where we are moving away from the idea that healthcare is only physicians and nurses.

**Chris:** I would say the same. I am also hearing an eagerness for information and ideas. Judging by the people brought to attend the meetings and the questions we are being asked, governments and other officials are genuinely looking for ways to help ease the HR crisis in healthcare. And as Jenn said, they understand how meeting with professionals other than doctors and nurses, and with MRTs in particular, is a critical piece of the puzzle.

**Sarah:** What I want to add is there is a clear interest in working together. Hunger for information from us and desire to be more informed about the work of MRTs. For example, staff at HSABC requested to meet with me earlier this year to gain more information about the CAMRT-BC, read CAMRT's annual reports, gather data from us, etc. Similarly, BC Radiological Society (BCRS), has reached out on different issues – there is interest in collaborating and gaining some information to help with their advocacy.

**Chris:** It's been clear by their actions and responses that working on the healthcare system and helping healthcare professionals is a huge priority for governments we spoke to.

## How have CAMRT members been helpful?

Member outreach and engagement are intertwined with provincial advocacy efforts. We have a strong network of MRTs in BC. Our two key volunteer groups are the advisory council and site ambassadors. At advisory council meetings, provincial advocacy is a big focus of discussions. Site ambassadors engage differently – but especially to encourage peer participation and relay info on behalf of their site back up to me.

**Jenn:** CAMRT-ATL has the same volunteer groups as BC. Thus far, Atlantic membership has been invaluable to our advocacy efforts. Much of the information we share with officials comes from point-of-care MRTs. On a personal level, I have learned about the nuances between provinces and disciplines thanks to the generosity of MRTs who share with me. I would encourage members to fill out surveys that cross their inboxes. The data we get from these is paramount when we need it to advocate on your behalf.

**Chris:** Members are the lifeblood of the association, and that is especially true for advocacy. The priorities we pursue, and the data we obtain, at present, are all thanks to members. Nationally, we have a dedicated Advocacy Advisory Council to advise the three of us. Their hard work and wise advice continues to help us move our efforts forward.

## Is there anything else you would like members to know?

**Chris:** That's a good question. I think I'd like members to understand how important their continued involvement in the association is to our success as an advocate on their behalf. Having 11,000 members nationally (or thousands provincially) helps get us these meetings we've been discussing and helps to give the association the means to conduct research that turns heads. We are entering a time of considerable change in healthcare, and now, more than ever, it is important that MRTs should be at the tables where these discussions are happening.



## NEWLY UPDATED QUICK SELF STUDY 2022 Palliative Radiation Oncology: An Overview for Healthcare Professionals

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# ADVOCACY QUICK LINKS

## HHR Work and Media

- CAMRT Submission to the Federal Standing Committee on Health (HESA): \* <https://www.ourcommons.ca/Content/Committee/441/HESA/Brief/BR11654747/br-external/>

*\* A nearly identical submission was also made in parallel to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities*

- Federal Consultation on HHR (led by CAHS at the request of Health Canada): <https://cahs-acss.ca/assessment-on-health-human-resources-hhr/>
- Jean-Claude JC D'Amours, député / MLA Edmundston Madawaska Centre advocating for MRTs in the NB legislature on June 7th for MRTs, using CAMRT stats: (Transcript page 10: <https://bit.ly/3xpONiG>)

## HHR Work and Media

- BC Provincial Budget Consultations (2023 Budget) CAMRT-BC appearance: <https://bit.ly/3RKpGiV> Recognition in summary report (p. 63): <https://bit.ly/3QCHz1K>
- BC announcement on training more Allied Health professionals: <https://news.gov.bc.ca/releases/2022HLTH0047-001138>
- CBC New Brunswick: New Brunswick medical imaging technologists suffering from pandemic burnout: <https://www.cbc.ca/news/canada/new-brunswick/new-brunswick-medical-imaging-technologists-burnout-1.6379322>
- Saltwire (PEI): P.E.I. health-care wait times keep getting longer: <https://www.saltwire.com/prince-edward-island/opinion/michele-beaton-pei-health-care-wait-times-keep-getting-longer-100759101/>

## Mental Health

- Radio Interview with CAMRT CEO, Irving Gold: Healthcare worker burnout needs to be addressed with policy not resiliency: <https://bit.ly/3UbiKN9>
- CAMRT Joint Statement on the Mental Health Crisis in Healthcare Professionals (with Sonography Canada and CSMLS): <https://www.camrt.ca/wp-content/uploads/2021/12/CAMRT-SC-CSMLS-Joint-Statement-Mental-Health-Crisis.pdf>

## Awareness of the MRT Profession

- CAMRT National Awareness Campaign (initiated 2020, ongoing): <https://www.camrt.ca/blog/2020/11/06/sharing-the-mrt-awareness-campaign-videos/>

**Jenn:** That's right. In the Atlantic, CAMRT-ATL is the only group meeting with the government and telling them these MRT stories; it is so important.

**Sarah:** I want to add, and I'm sure Jenn and Chris would concur, that hearing from members directly is very powerful. Ultimately, all of you have a personal connection to the association, and we encourage you to reach out to discuss any topic concerning the profession.

**Thanks Jenn, Chris, and Sarah for this insight. I am sure the members will appreciate knowing a little bit more about what advocacy is being done on**



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# MRT WEEK 2022

## JOIN MRTs ACROSS CANADA

MRT Week is a chance for all MRTs to celebrate, recognize professional accomplishment, and a wonderful opportunity to educate the public and healthcare colleagues about the essential role all MRTs play in the health of Canadians. When you tell the story of the profession, as a passionate professional on the front lines, it resonates with colleagues, patients and the general public long after MRT Week is over.

### RAISING AWARENESS OF THE PROFESSION — TOGETHER

In 2022, CAMRT is building on the success of its pasts National Awareness campaigns to spread further awareness and build greater recognition for the MRT profession. Members can participate in this weeks MRT week from November 6th-12th.

In 2020, the campaign began with four concepts showing a variety of patient-MRT interactions. In 2021, we added four more patient stories and two MRT-based concepts. This year, we are adding an MRT Week poster to the mix for MRT's to show in their facilities nationally, and running the suite of electronic social media ads across multiple platforms.

Thanks to our poster sponsors: GE and Johnson Insurance for helping to make this awareness work possible.



### IDENTIFY IDENTIFY

*One small step you can take to increase awareness is to IDENTIFY yourself as an MRT.*

At the beginning of a patient interaction, use the NOD: identify yourself with your Name, your Occupation and then explain what it is you will be Doing.

NOD works because it gives a professional the opportunity to put the patient at ease with a name and an explanation, and using the "O" (occupation) helps build the amazing MRT brand by associating the outstanding care you provide with the MRT name. Check out CAMRT's handy [NOD video](#) demonstrating this interaction

***"If the majority of MRTs introduced themselves with a NOD, we estimate that this would mean tens of millions of awareness moments every year."***

# SPREAD THE WORD

## SPREAD THE WORD

*The power of the association comes from the thousands of you who make up its membership. There are lots of small steps you can take to help add more power to our shared cause and message.*

- Share the digital content on your social channels
- Engage with and share our posts as well, as the posts of your fellow MRTs, via our social channels and the #MRTWeek2022 hashtag
- Make your connection with your profession more personal with your own stories.
- Use the #ProudMRT and #MRTWeek2022 hashtag so we can amplify your posts too!

## CELEBRATING EACH OTHER

In addition to raising awareness, MRT Week has always been an important moment to recognize what we all mean to each other as well.

Some of the most popular ideas we hear about to celebrate include games and fun challenges with colleagues, awards and recognition for MRTs within departments or facilities, and, of course, pizza lunches.

This year, CAMRT also wants to take the celebration further by once again recognizing outstanding contributions nationally within the community. Be on the lookout in the coming days and weeks for updates.

## COMING TOGETHER

Taking some time to learn something new is a great way to celebrate and grow together during MRT Week.

This MRT Week CAMRT will again be putting together free webinars for MRTs to attend in groups or on their own. We are still working on the full line up . This is what we have so far:

- **Leaders As Advocates**, November 9th, 6:30-8pm EST. Presenters Amanda Bolderston, Nicole Jenkins, Runnel Viray, and Alain Crompt.
- Other topics and timing still to be confirmed

## THANKS TO OUR SPONSORS



For more information and details on what's happening this MRT Week, please visit the MRT Week 2022 page on our website at: <https://www.camrt.ca/events/mrt-week/>





# MRT Career Spotlight: Transition to Government

Melissa Sponagle is a proud MRT from the east coast! Her background as an MRT has allowed her to gain unique opportunities to participate in the advancement of MRT practice, education, and policy to improve patient care and protection while exploring her professional interests, including peer capacity building, citizenship, public policy advancement, and lifelong learning.

Melissa's career as an MRT started at Dalhousie University's nuclear medicine program. Upon graduation, she worked as a technologist in Halifax. A few years into her career, she switched practice areas and became one of Canada's first MRTs to work as a radiochemistry laboratory technologist, producing PET radiopharmaceuticals in a cyclotron facility. This position provided opportunities to engage with inter-professional colleagues and institutions, such as Health Canada, to advance policies to improve quality and access to PET radiopharmaceuticals.

The very early morning hours required to produce PET products before patients began arriving allowed her to take evening classes to complete a Masters of Education in Lifelong Learning. Shortly after completing her Masters, Melissa accepted a position at the Dalhousie University School of Health Sciences as a nuclear medicine educator. The highlight for her in this role was engaging with RAD-AID International, a not-for-profit focused on improving access to radiology services in underserved regions globally. This partnership allowed learners to engage in global citizenship during their undergraduate program by supporting in-country RAD-AID partners through various education initiatives.

In 2021, she took on a one-year term with CAMRT as Director of Education. Although starting a new role in the middle of the pandemic had its challenges, it also brought many fulfilling opportunities to connect with members and students across the country. One of the highlights for her from this year was the opportunity to engage with stakeholders, the Board, and staff on developing the 2022-2026 strategic plan!

In addition to her formal roles, Melissa has volunteered with both her provincial and national associations throughout her career. She has led the organization of provincial and national conferences, engaged in certification exam and competency, profile development, developed a refresher program, participated in regulation initiatives, and currently sits on the CAMRT Foundation Board.



**Melissa Sponagle**

Melissa recently took on a new role as a Senior Legislative Policy Analyst with the Department of Health and Wellness for the Government of Nova Scotia. We spoke to Melissa about her new role and the importance of her background as an MRT.

## **Congratulations on your new role! What does the role of senior legislative policy analyst entail?**

In my role as a Senior Legislative Policy Analyst, I work within the Department of Health and Wellness as part of the team responsible for 21 health profession self-regulation files and associated policy strategy. One of the components of this role is working with stakeholders and health professions who are currently regulated or seeking self-regulation.

I am responsible for guiding and liaising between the organization and Department as they prepare proposals for consideration. I ensure they follow the required policies and submission requirements whether they are proposing a new profession be regulated through legislation or if they are proposing amendments to existing legislation.

Once proposals are submitted, I am responsible for completing a full analysis to determine if the proposals meet the required tests for consideration and if further information needs to be gathered by the Department or requested from stakeholders. This often includes coordinating and managing the consultation process with various stakeholders (other health professionals, unions, employers, health authorities, professional associations) and navigating divergent perspectives. After the consultation and analysis are complete, I am responsible for providing reports and recommendations to senior department officials or staff. Should it be determined that the project will move forward, I would coordinate and manage the complex legislative process with internal departments and the health profession organization.

Another responsibility of the role is that I stay current on best practices in health profession regulation and potential challenges on the horizon. "Issue spotting" can help predict what legislative changes may need to be considered in the interest of public protection. Should it be determined that a project needs to be initiated, I would support or lead the process.

In this role, I also have had many opportunities to engage in other broader health policy discussions. All health policies, even when not directly related to health profession regulation, will potentially impact the practitioners working within the area of the initiative. My responsibility at these tables is to flag where initiatives intersect with health profession regulation, determine what, if any, health profession legislation would require changes, facilitate changes if needed, and liaise between the regulator and department staff on impacts.

Overall, the role entails a lot of policy research, policy analysis, and collaboration with stakeholders and government departments to ensure health profession regulation aligns with current best practices and supports the regulators' mandate of public protection!

### **Can you share some of the major health regulation priorities affecting MRTs in 2022?**

One of the major challenges right now across all health sectors is the recruitment and retention of employees. These challenges existed pre-pandemic to an extent but certainly have been exacerbated since the pandemic began. I think we will see a lot of discussions in the coming months and years on what can be done by health profession regulators to improve efficiencies and decrease barriers to workforce entry, especially when it comes to internationally educated professionals.

Another area that again existed across sectors pre-pandemic but has been highlighted in some instances during the pandemic is utilizing professionals to their full skill-set/scope of practice and potentially expanding scopes. I think there will be a lot of discussion on this as all sectors continue to reflect on lessons learned from the pandemic.

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

To the best of my knowledge, I am the first MRT to hold this role in my region. I do know of a few other MRTs across the country who hold positions with their respective provincial governments working on health workforce planning and health infrastructure initiatives.

MRTs have a very good understanding of the health care system, how patients interact with the health professions and the system, as well as the dynamics between the care teams. In a policy setting, this knowledge and experience is beneficial as it can bring a practical perspective and real-world examples of how policies do or could potentially impact those interactions and dynamics.

Also, outside of the caring and technical aspects of the MRT profession, many individuals are engaged in other aspects of the profession, either through their position or volunteering. For instance, one of the key responsibilities of health profession regulators is establishing entry-to-practice requirements. stakeholder relationships that all help provide context to discussions on policy decisions in these areas. In my formal positions and volunteer roles as an MRT, I have experience in health care facility licensing, competency standard development, program accreditation, certification exam development, and stakeholder relationships that all help provide context to discussions on policy decisions in these areas.

Finally, as MRTs, we work in a fast-changing environment that requires constant participation and engagement in research and information analysis to ensure our practices are current and evidence-based. In this position, those skills are used daily. This role requires constant gathering and assessment of information in many formats. We have to have our thumb on the pulse of patient expectations of professional regulation, best practices in regulation, and upcoming trends to be able to analyze it and report on findings to provide recommendations on policies.

*NOTE: Content and views expressed in this article are the personal views of the interviewee. They are not affiliated with any other organization or employer.*

# CAMRT 2022 Research Grant

*This year, the CAMRT Research Grant is supporting the project **"RadSkills - a pilot project: Investigating online video OERs for teaching radiation therapy clinical skills in a blended learning environment"**. Congratulations to the winning application submitted by **Brian Chwyl** and **Jen Dewhurst**. Below is a description of the project provided by the investigators.*

Clinical skills of radiation therapy (such as patient positioning, patient assessment and critical thinking) are nuanced and often difficult to learn. Because of their clinical nature, they are not easily taught in the classroom, and are often learned on the treatment units with a hands-on, in-the-moment approach. This can lead to uneven learning opportunities and a stressful learning environment for the students.

Learning in simulated clinical environments addresses many of these issues:

1. It allows for consistent learning opportunities for every student,
2. It lets students learn at a controlled pace, and
3. It provides a safe space for students to learn and make mistakes in.

The University of Alberta has developed a Radiation Therapy Skills Lab dedicated to this purpose. Actors are used as patients. They are given temporary marks to simulate tattoos and other treatment marks. Treatment scenarios are scripted and controlled.

Simulated learning, however, is not without its challenges. Creating simulated environments is time consuming and expensive, while students' access to the Skills Lab is limited by course load and instructor availability. Currently, at the University of Alberta, a large component of the students' Skills Lab time is dedicated towards teaching with little time for actual practice or skill acquisition.

Within the current economic climate of reduced resources and increased student numbers, there are decreasing opportunities for students to access these resources and develop competency-based radiation therapy skills.



**Brian Chwyl**

Within the current economic climate of reduced resources and increased student numbers, there are decreasing opportunities for students to access these resources and develop competency-based radiation therapy skills. It is necessary to mitigate this risk to ensure students entering the clinical environment are adequately prepared to integrate into the radiation therapy team, to demonstrate best practices, and participate in safe and confident patient care and treatment delivery.

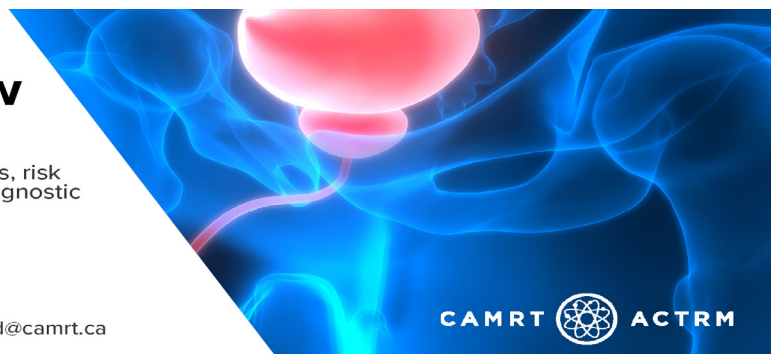
Digital learning artifacts offer an innovative approach to meet these challenges. RadSkills is a video-based, open educational resource (OER) to teach clinical skills to radiation therapy students. It will host a variety of videos dedicated to teaching radiation therapy students the fundamental clinical skills of positioning and treatment setup, as well as assimilating oncology and dosimetry, to promote clinical reasoning and evidence informed decision-making. It will do so across a variety of treatment sites and diagnoses. The videos will be used as a foundation for learning via simulation-education and for improved clinical performance. To the best knowledge of the authors, video has not been used in this manner in radiation therapy.

**UPDATED 2022**

## Prostate Cancer: An Overview Quick Self Study

This course includes information on prostate cancer including, statistics, risk factors, anatomy, presenting signs and symptoms, screening tests, diagnostic and staging procedures, and available treatment options.

**Now Available**





The purpose of this investigation is to explore radiation therapy student use and acceptance of videos to support clinical performance and skills development.

We will use the funding provided to develop videos to be hosted on a YouTube channel. Videos will be developed in collaboration with resources at the University of Alberta and integrated into several courses being delivered in the winter and spring terms of 2023.

In summer 2023 we will survey all radiation therapy students from the 2024 graduating year of the RADTH program at the University of Alberta via an anonymous, on-line survey. The survey will consist of questions on RadSkills video usage (where, when, what devices, why), engagement with the videos, and impressions of the value of the videos to student success. Likert scales will be used for the majority of the survey items. Open ended questions will also be included.

We expect that the use of high-quality videos will have an immediate and positive impact on students' ability to learn clinical skills, translating into improved clinical skills and clinical care. We predict that using the videos before skills labs will allow for better use of skills lab time by:

1. Reducing the need of instruction time,
2. Allowing for more practice time,
3. Creating more opportunity for higher-level, critical-thinking experiences, and
4. Providing a more consistent teaching and learning environment.

We also anticipate that the videos will promote a cultural change in the learning of clinical skills by empowering students to learn at their own pace and convenience. The investigators would like to extend their sincere thanks to the CAMRT for their support of this project and others like it. Such support is meaningful and greatly appreciated.



**Recording a video at the University of Alberta Radiation Therapy Skills Lab**

### **Get your Grant Application ready for 2023!**

CAMRT annually awards a research grant of up to \$5,000 for original research related to the medical radiation sciences. The deadline for applications for the 2023 grant is **April 1, 2023**. More information is available on the CAMRT Website, including a listing of past winners.



**Recording a first-person, 180-degree immersive video at the University of Alberta Radiation Therapy Skills Lab.**



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# ADVANCED PRACTICE IN INTERVENTIONAL RADIOLOGY: A SASKATCHEWAN INITIATIVE

**Submitted by: Jacquie Turley**

The expansion of technologist roles will contribute to the recovery of the healthcare system in the coming years and will serve to evolve the national practice of MRTs in addition to the many other benefits of advanced practice: better patient education, reduced hospital stays, shorter wait times for patients, job satisfaction for technologists, and leadership opportunities.<sup>1-3</sup> The UK's NHS argues that system efficiencies can only be developed using the skills of the whole workforce and have therefore been leaders in supporting and implementing advanced practitioners in many areas of radiology and oncology.<sup>1</sup>



*Jacquie Turley*

The workload of the average radiologist continues to increase each year. As more surgeries are replaced by minimally invasive techniques, demand on Interventional Radiology (IR) will continue to grow at a pace much higher than the increase in number of radiologists.<sup>4-6</sup> Expanding scope of practice and career opportunities for technologists is one way to increase productivity and efficiency of radiology departments as demand soars.<sup>5,7-10</sup> Radiology departments in the UK, New Zealand, Australia, and US have demonstrated success with advanced practice technologists

## CAMRT Research Fellowship Grants

*The CAMRT Research Fellowship Grant program is a national competition for MRTs to pursue research projects of broad significance and widespread interest within the medical radiation sciences. It is intended to provide successful applicants (Research Fellows) with research environments conducive to innovation and knowledge creation, and to strengthen partnerships between CAMRT and the MRT research community. The CAMRT News is featuring one of the three winning projects in each newsletter. In our March issue we profiled winner Sheena Chung and her project, "Advanced Practice in Medical Imaging: A Pilot Medical Radiation Technologist Role". In our last issue we featured Kari Osmar et al's project, "Investigating cultural safety for Indigenous radiation therapy patients and improving radiation therapy student's cultural competency using Elder-led workshops". In this issue we are pleased to profile our final grant winner.*

as they seek to find novel and innovative solutions to the health workforce crisis, citing "skill transfer, the delegation of tasks from one professional group to another"<sup>11</sup> as a strategy to meeting increasing demand.

With aging populations, an interventional radiologist shortage<sup>5-12</sup> and increasing healthcare costs, the UK and the USA have introduced Advanced Practice models.<sup>13-14</sup> The healthcare system in Canada is under similar constraints with workforce, budget, and aging populations. Never has that been more obvious than in the wake of the Covid-19 pandemic.

This CAMRT Research Fellowship grant has allowed me to pursue an advanced practice role in Saskatchewan. Through an engaged action-oriented research approach, I aim to show that this type of role expansion would contribute local system benefits beyond patient flow and simple procedural cost savings. The first phase of the research was a provincial environmental assessment. Technologists and students across the province weighed in on their educational background, knowledge of advanced practice, desire for

autonomy and increased role in healthcare, and a few demographic questions. Referring physicians for the local St. Paul's Hospital (SPH) IR practice were consulted through a series of interviews to determine how such an advanced practice role in IR might benefit their patients' access to the service. The project has evolved alongside constant communication and feedback from the radiologists and has been an exercise in collaboration and learning. After an extensive literature review, I am ready to move into the next phase: building a job description for submission to the provincial job evaluation committee. I will present my report and description to the Saskatchewan Health Authority in the hopes that the organization will agree to begin a pilot project with a role created in 2023.

An excellent example of advancing practice to meet the local need is the Tech PACC program. In 2019, Cole Frandsen at SPH implemented a pilot project in IR to have technologists place PACC Lines under fluoroscopy guidance. With support from the radiologists, the program reduced the wait times dramatically, resulting in the majority of PACCs completed the same day or within one day of requests. Additionally, the cost of line placements was reduced by 200\$ each. On high volume procedures this amounts to significant system savings.

I was lucky to be the second trainee in our PACC program; it accelerated my interest in advancing MRT practice. Since inception in 2019, 5 of 7 technologists are now certified. This project demonstrated the interest of IR technologists in gaining skills beyond their usual scope of practice and gave the Advanced Practice project an obvious success to build from. When discussing advanced practice I think it's important to remember that through mentorship and role modeling, these positions advance the practice for all MRTs, not only the ones who work in the advanced practice roles. It is my hope that others will follow Saskatchewan down the path of advanced practice and that any organization demonstrating support for this innovation in their IR practices will also succeed in recruitment and retention of MRTs.

I am fortunate to have support in from all three of our local IRs, every level of medical imaging leadership including project supervisors Corey Miller and Dr. Paul Babyn, and my immediate coworkers in SPH IR who have been working hard to cover my absence from the suite on the days that I am researching.

My colleague/supervisor/friend/lawn bowling teammate Cole Frandsen is my research assistant on this project and our local regulatory body (SAMRT) has been essential in assisting with data collection. The SPH Foundation has also played a supportive role in helping manage the grant funding. The MRTs in Saskatchewan have demonstrated interest in this project and their survey feedback is much appreciated as I move into the next phase.

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# Conference Report:

## SNMMI 2022

CAMRT members were well represented at the Society of Nuclear Medicine and Molecular Imaging (SNMMI) Annual Meeting in Vancouver this past June. Below are presentation summaries from **Rebekah Bahr** and **Nadine Colpo**.

### The BC Cancer Practice-based Research Challenge

*Submitted by Rebekah Bahr*

Selected for “The BC Cancer Practice-based Research Challenge”, Nadine Colpo and I were funded to deliver our abstract at this year’s SNMMI held in Vancouver. The Practice-based Research Challenge is an annual program that provides training, mentorship, and funding to help clinicians develop and conduct research projects inspired by their practice and the desire to improve patient care. We were lucky to be chosen, and have learned so much in the process!



The research question we proposed was “What is the impact of supplemental email instructions compared to the standard of care in preparation compliance for adult FDG PET scan patients?” Some background: Positron Emission Tomography (PET) is a diagnostic imaging tool for the detection of many cancers, where the radioactive glucose analog, FDG is injected into the patient and accumulates in hyper-metabolic cancer cells.

To ensure optimal image quality and interpretation, important patient preparation includes:

- Fasting for 6 hrs
- No insulin within 4 hrs
- Avoid strenuous exercise

Non-compliance of preparation results in a degradation of image sensitivity. Other factors affected by non-compliance are:

- Rescheduling- very stressful for patients
- Resource allocation- long wait list for PET scans
- Additional radiation with rescanning

Our research will look at whether an email in addition to a phone call will help patients remember the scan prep and not have to be re-scanned or rebooked. Although the change is small, our preliminary results show an improvement trend for the intervention group. Statistical significance will need to be achieved before we can claim that the email helps, but we hope this will become more apparent as data collection grows. It may appear that our control group has adequate compliance rates initially, however even a small percentage affects re-bookings greatly when 200 patient scans are done per week at our Clinic. We were honored to have the opportunity to attend the conference and present this abstract and are humbled by the support we received from our colleagues attending the 2022 SNMMI!

## Presenting work from the Functional Imaging Department at BC Cancer Vancouver

Submitted by Nadine Colpo

Attending the SNMMI is always a great way to learn about all the exciting developments that are currently happening within the Nuclear Medicine community. This year focused on the newly FDA approved radiopharmaceuticals and the progress of theranostics in prostate cancer and neuroendocrine tumours.

I was given the opportunity to present additional work that was conducted in our Functional Imaging Department at BC Cancer Vancouver at this annual meeting. First, the implementation of two automated infusion systems to administer  $^{18}\text{F}$ -FDG in our PET/CT clinic. With the growth in patient throughput over the years there has been an increase in radiation exposure to our nuclear medicine technologists (NMT). Implementing the use of these auto-infusion systems, reduced our contamination events by 67% and radiation dose to the technologists decreased by 43% for whole body,

We are also exploring the NMT role to support dosimetry for radiopharmaceutical therapies (RPT). With the recent FDA approval of  $^{177}\text{Lu}$ -PSMA-617, it is predicted that theranostics will gain popularity and we want to personalize them. Historically, the medical physicist performs the majority of the dosimetry workflow with Nuclear Medicine physicians guiding segmentation. To distribute the workload in our department, our medical physicist is taking us under his wing. He has been educating us on basic dosimetry theory and involving us with equipment calibrations (activity meter, gamma counter and SPECT/CT scanner). The physicist and Nuclear Medicine physician are providing us training on how to perform the image registration and segmentation process. We can play an important role in optimizing resources for routine implementation of dose assessments in RPT. This is an exciting time for the Nuclear Medicine field and for NMT with new opportunities on the horizon.



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**September Issue now available!**

As a CAMRT member, you have free access to all content published in the JMIRS. You must log-in through the [CAMRT Members site](http://www.camrt.org/members) 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. This issue contains two new personal narratives, [Recognising and mitigating the potential for diabetic emergencies in MRI](#) and [Coming out at work: The rules.](#)

**Writing your first paper? Check out this two-part series!**

Editor-in-Chief Amanda Bolderston and Associate Editor Andrew Murphy have published a two-part series with practical tips for first time writers– discover them today at [www.jmirs.org](http://www.jmirs.org)! These Continuing Professional Development articles also provide the equivalent of 1.0 hour/credit each.

- [Writing your first paper: An informal guide for medical radiation sciences professionals\\*](#)
- [Writing your first paper Part 2: Submission, review, and post-publication](#)



**CALL FOR PAPERS**

**Mental Health & Wellness**

Deadline: November 1, 2022

The last two years have brought unprecedented challenges for medical radiation technologists who have worried about working while protecting themselves, their loved ones, and their patients. Adverse mental health outcomes and burnout have impacted many individuals and organizations.

We are seeking submissions related to: narratives, policy, practice, research, theory!

**Check out these recent publications from fellow CAMRT members**

- [Standardization of upper limb exercises to improve radiation therapy for breast cancer, a conceptual literature review](#)
- [Embedding and supporting inquiry beyond research: Reframing our thinking as healthcare leaders](#)
- [An observational study evaluating the impact on prostate patient outcomes and experiences when radiation therapists use a standard grading system tool to assess and document treatment-related toxicities and interventions](#)



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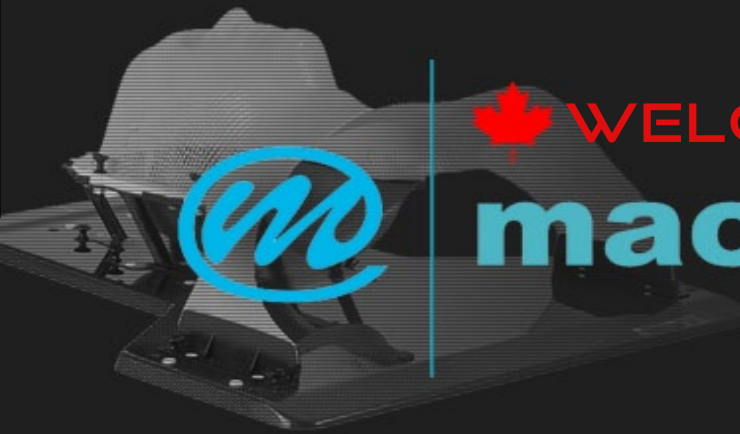
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# PROVINCIAL REPORTS

BRITISH COLUMBIA



## BCIT Commencement 2022

We held a very successful commencement event on August 14 to celebrate the graduates across the three MRT programs at the British Columbia Institute of Technology (BCIT).

Graduates gathered with their friends and family in the Telus Theatre at BCIT's Burnaby Campus for the formal portion of the event. Hayley Olson, member of the CAMRT-BC Advisory Council and Instructor of Nuclear Medicine, opened the ceremony for us as the Master of Ceremonies. This was followed by greetings from Carrie Bru (virtually), Director of Education at the CAMRT, Kristy Owen, BC Director for CAMRT and Co-Program Head for Nuclear Medicine, and Dr. Fiona Mitchell, Professional Practice and Academic Leader for Radiation Therapy at BC Cancer. CAMRT-BC Provincial Manager, Sarah Erdelyi, congratulated and welcomed our newest members to the profession, presented them with a CAMRT-BC pin, and lead them through the CAMRT Pledge.



***CAMRT-BC pinning ceremony at BCIT commencement 2022***

The ceremony ended with addresses from Khisrow Hazhir, Radiation Therapy Class of 2022, and Jaspreet Multani, Nuclear Medicine Class of 2022. After the ceremony, guests were invited to a reception in BCIT's Town Square. They mingled, took photos, and enjoyed CAMRT-BC-themed cupcakes!

CAMRT-BC would like to send a huge thank you to everyone who helped make this event a success, including the program faculty, the class representatives, the speakers, and our volunteers. We would also like to give special mention to our four student site ambassadors from the junior cohorts in the medical radiography and nuclear medicine programs who volunteered at the event.



**BRITISH COLUMBIA**



Kathryn Ham and Banveen Bhullar sat at the check-in desk, handed out programs, and helped direct guests into the theatre, while Adam Vuong and Tricia Villegas served as our photographers for the afternoon. Everyone did a fabulous job.

To view the virtual message board and to see photo highlights from the event, visit [camrt.ca/bc/commencement](https://camrt.ca/bc/commencement).



**Medical radiography graduates at the photo booth at BCIT commencement reception**

### **Update on Provincial Advocacy: BC Budget 2023 Consultation and More**

On June 6, Provincial Manager, Sarah Erdelyi, visited the BC Legislature to represent the MRT profession in front of the Select Standing Committee on Finance and Government Services for the BC Budget 2023 Consultation. This was an important opportunity to shed light on the challenges facing MRTs and ask government to consider the MRT profession as they make investments in healthcare. Following the five-minute presentation, a few of the committee members commented on their personal connections to MRTs and recognized the significance of their contributions to patient care.

[Listen to a recording of the presentation on the BC Legislature's YouTube channel](https://www.youtube.com/c/BCLegislatureChannel) (visit <https://www.youtube.com/c/BCLegislatureChannel> and view recording titled "BC Legislature Live Stream" from June 6, 2022, at about 6 hours 50 minutes).

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# PROVINCIAL REPORTS

BRITISH COLUMBIA



The report on the budget consultation is now available. The committee included in their report the concerns raised by CAMRT-BC about the technologist shortages in BC, along with the increasing levels of exhaustion MRTs are facing. Visit [bcleg.ca/3SKeDHB](https://bcleg.ca/3SKeDHB) and see page 63.

This summer, the Ministry of Health shared that over one million MRIs and CT scans were completed this year – the most ever in BC (find more details in the 2021/22 Medical Imaging Annual Progress Report at [https://news.gov.bc.ca/files/MI\\_Annual\\_Progress\\_Report\\_June\\_2022.pdf](https://news.gov.bc.ca/files/MI_Annual_Progress_Report_June_2022.pdf)). Shortly after releasing this report, BC announced plans to invest in the training and recruitment of more allied health professionals, with the following supports pertaining specifically to the MRT profession:

- 8 seats added to BCIT's radiation therapy September 2022 intake
- 12 seats in BCIT's new MRI program, starting January 2023
- \$2.5 million in one time funding to help BCIT MRI students who are also health authority employees to complete their training
- \$3 million in professional development funding to the Health Science Professionals Bargaining Association

**Read the full announcement at:** <https://news.gov.bc.ca/releases/2022HLTH0047-001138>.



We were very pleased to learn about these investments in the MRT profession, as well as the investment in professional development funding available to MRTs who are also members of the Health Sciences Association (HSA). This fall, we are continuing to pursue advocacy with government and other decision makers to help ensure that the MRT perspective is considered as the government continues to make progress on addressing the health human services crisis and other challenges currently facing MRTs and the healthcare system. We are also looking forward to celebrating MRT Week in BC and taking the opportunity to recognize the contributions of MRTs and promoting the profession

Questions about the activities of the CAMRT-BC? Contact Provincial Manager, Sarah Erdelyi, at [serdelyi@camrt.ca](mailto:serdelyi@camrt.ca) or visit [camrt.ca/bc](https://camrt.ca/bc).



## ALBERTA



### 2021 Annual Report released

The ACMDTT is pleased to share our 2021 Annual Report, presenting information on how we faced 2021's challenges and opportunities, what we've learned and how we have continued to strengthen our capacity to meet the evolving needs of the public. The report features our activities as well as updates on a variety of areas, including the following:

- Response to regulatory change
- Governance and operational performance
- Relationships with stakeholders, including our members and diverse provincial and national organizations that are instrumental to our work

Our 2021 annual report demonstrates our continued evolution as an accountable, profession-based regulator. You can view the report online at [acmdtt.com/ar2021](https://acmdtt.com/ar2021).

### Four learning modules now available

The ACMDTT is committed to providing regulatory education opportunities for our members to enhance their understanding of how health regulation ties into their everyday practice. We recently created a series of online learning modules on a variety of topics with the content mapped to the College's foundational documents, with a focus on the Standards of Practice and Code of Ethics. All four modules from this series are now available:

- NEW! Patient Consent for ACMDTT Regulated Members
- NEW! Social Media and Professionalism for ACMDTT Regulated Members
- Professional Communication for ACMDTT Regulated Members
- Professional Boundaries for ACMDTT Regulated Members

Regulated members can claim up to 4 learning hours per Continuing Competence Program (CCP) cycle for each module. We encourage regulated members to explore these modules together in groups to enhance their learning by sharing their experiences and engaging in thoughtful discussion of the material as they go through them. Please note that your progress in the module will not be saved if you exit your browser; however, you can access the module as often as you want.

To learn more and access the modules, please visit [acmdtt.com/modules](https://acmdtt.com/modules).



# PROVINCIAL REPORTS

ATLANTIC



## The Current

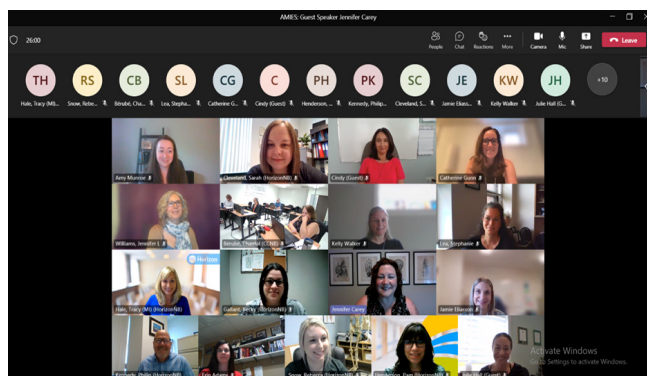
The Current is taking place in St. John's Newfoundland at the Holiday Inn St. John's Conference Center on October 22, 2022, and will also be available online for those who wish to participate virtually. On Friday evening, October 21st, there will be a meet and greet and awards ceremony at the hotel. Here you can celebrate the contributions of Atlantic MRTs and connect with friends from across the four Atlantic provinces. Enjoy a drink and snacks as we catch up after so long! Saturday will be a full day of education from 08:30-16:30 NDT, including 5 education sessions with ample time to network and interact with one another. **All of this is free to CAMRT-ATL members and included in registration!**

The optional Saturday night (ticketed) social event Rally in the Alley will take place following the day of education. We will be live streaming the event for the virtual audience and is not to be missed! **Deadline to register is October 14th!** Get up to date information and register by visiting: <https://www.camrt.ca/atlantic/events>  
www

## Advocacy and Outreach

Provincial Manager, Jennifer Carey, has been meeting with many government officials over the past months. She has met with the ministries of health in Nova Scotia, Newfoundland and PEI, with a upcoming meeting in September with the New Brunswick Minister of Health.

In addition to government officials Jennifer has been able to foster relationships with the MRT educational institutions in Atlantic Canada. She was able to meet with the AMIES (Atlantic Medical Imaging Educators Society) and discuss ways that CAMRT-ATL can become involved with students studying in Atlantic Canada. She has meetings on the books with a few MRT student classes to talk about the benefits of membership and what it means to be a MRT. Jennifer was also asked to engage in stakeholder consultations with the Canadian Academy of Health Sciences (CAHS) and represent MRTs in Atlantic Canada. The CAHS has been contracted by Health Canada to assess health human resources across the country. She was able to participate in the Atlantic Canadian consultation and offer potential solutions to the health human resource crisis that she has heard directly from point of care MRTs.





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# ANNOUNCEMENTS

## SEEKING VOLUNTEER COMMITTEE MEMBER: CT IMAGING PROGRAM

The Certificate in CT Imaging program (CTIC) relies on experienced volunteer committee member review. The certificate program is intended to allow radiological technologists, nuclear medicine technologists and radiation therapists to demonstrate knowledge and competence in this specialized area of practice, promote standards of excellence within the clinical area and identify those who have met a nationally recognized standard.

There are two (2) current vacancies on the CAMRT's CT Imaging **Certificate Committee**.

- Radiation Therapist (1)
- Nuclear Medicine Technologist (1)

### Interested candidates must:

- Work in CT SIM or PET/CT
- Have a minimum of 3 years' experience working in CT SIM or PET/CT
- Be a CAMRT full practice member
- Have an awareness of current and emerging practices and technological developments in CT
- Preferred criterion: CTCT or PETCT designation; completion of a CTIC Certificate; completion of CAMRT's CT Imaging courses.

### Committee members receive:

- Valuable leadership experience on a national committee
- Collegial support and professional development
- A chance to give back to the community while steering the future direction of the program.

### Committee member duties include:

- Assessing final clinical competency documents from candidates
- Annual attendance at a 2-3 day meeting (virtual or in Ottawa, with hybrid options and travel funding support available)
- Expert review when assessing certificate program requirements and practices.
- Advise on future directions of the program, as required.

Each Committee membership term is 3 years and is renewable for another 3-year term. Please forward a **current resume**, a brief cover letter and two references by **September 30, 2022**. We seek balance across specialty areas, equity and national representation when selecting committee members.

## SEEKING VOLUNTEER COMMITTEE MEMBER: DOSIMETRY

The Certificate in Dosimetry program relies on experienced volunteer committee member review. The certificate program is intended to allow radiation therapists to demonstrate knowledge and competence in this specialized area of practice, promote standards of excellence within the clinical area and identify those who have met a nationally recognized standard.

There is currently one (1) vacancy on the **Certificate in Dosimetry Committee**.

### Interested candidates must:

- Work in Dosimetry
- Have a minimum of 3 years' experience working in Dosimetry
- Be a CAMRT full practice member
- Preferred criterion: Completion of CAMRT's Dosimetry Certificate or related didactic courses.

### Committee members receive:

- Valuable leadership experience on a national committee
- Collegial support and professional development
- A chance to give back to the community while steering the future direction of the program.

### Committee member duties include:

- Assessing final clinical competence documents from candidates
- Annual attendance at a 2-3 day-3-day meeting (virtual or in Ottawa, with hybrid options and travel funding support available)
- Expert review when assessing certificate program requirements and practice.
- Advise on future directions of the program, as required.

Each Committee membership term is 3 years and is renewable for another 3-year term. Please forward a **current resume**, a **brief cover letter and two references** by **September 30, 2022**. We seek balance across specialty areas, equity and national representation when selecting committee members. We welcome all eligible applications!

For questions and the submission of applications, please contact Justine Gill (Manager of Continuing Professional Development) at **specialtycertificates@camrt.ca**.



## ANNUAL SPEAKER COMPETITION- ASRT RADIATION THERAPY CONFERENCE

October 1-3, 2023, San Diego, California

The CAMRT is once again working with the American Society of Radiologic Technologists (ASRT) to provide a speaker for the ASRT Radiation Therapy Conference. We are looking for an innovative or forward-thinking presentation that addresses a topic in Radiation Therapy or Dosimetry.

The conference will take place in San Diego, California, in October 2023 in conjunction with the Annual Meeting of the American Society for Radiation Oncology (ASTRO). The speaker will be selected through a competitive process from among the CAMRT membership, and interested members are invited to submit applications to make this presentation. Applications should be sent by **Monday, October 31, 2022**.

You can find details regarding submission online at: [CAMRT Speaker Competitions](#).

## ANNUAL SPEAKER COMPETITION—ASRT@RSNA

November 26-30, 2023, McCormick Place, Chicago Illinois

The CAMRT is once again working with the American Society of Radiologic Technologists (ASRT) to provide a speaker for its annual technologist-focused conference, which is called ASRT@RSNA (Nov 26-30) in Chicago. We are looking for an innovative or forward thinking presentation that addresses a topic in the field of Radiological Technology, Nuclear Medicine or Magnetic Resonance.

The speaker will be selected through a competitive process from among the CAMRT membership, and interested members are invited to submit applications to make this presentation. Applications should be sent by **Monday, October 31, 2022**.

You can find details regarding submission online at: [CAMRT Speaker Competitions](#).

## WINTER 2023 FULL-LENGTH COURSE OFFERINGS ARE OPEN!

Login to the member portal to ensure that you are seeing member-pricing and [browse through our catalogue](#) of updated expert learning material. Comprehensive courses are a fantastic way to show employers that you are up to date on the most needed skills and increase your confidence. We also encourage you to consider a [certificate program](#), we have courses that will help you complete a post-graduate certificate in in-demand and vital areas of practice.

## CALL FOR NOMINATIONS FOR THE CAMRT HONORARY AWARDS

The CAMRT Awards Program was established to highlight the expertise and professionalism of CAMRT members and students. The CAMRT is proud to recognize individuals who have contributed to their profession and association. We all know colleagues who have been significantly dedicated and involved in professional activities advocating and promoting the profession to students, peers, patients, other healthcare professionals and the public.

Now is the time for you to honor those colleagues and submit their names for nominations to the following awards:

- 2024 Welch Memorial Lecturer
- Life or Honorary Life Member Award
- Dr. Marshall Mallett "Lamp of Knowledge" Award
- Early Professional Achievement Award
- Steward of the Profession Award
- Grassroots Advocacy Award
- Outstanding Service Award

Deadline for receipt of CAMRT Honorary Award nominations is **January 15th, 2023**.

Descriptions of these awards, together with online nomination forms, can be found on the CAMRT website (MRT Profession – Professional Recognition).

<https://www.camrt.ca/mrt-profession/professional-recognition/honorary-awards/>

## CAMRT AWARDS PROGRAM — COMPETITIVE

The CAMRT invites submissions for the 2023 CAMRT Competitive Awards Program. The competition is open to CAMRT members in good standing and students enrolled in accredited medical radiation technology education programs.

The deadline for submission is **February 15, 2023**.

For more information on the Awards Program, please go to <https://www.camrt.ca/mrt-profession/professional-recognition/competitive-awards/>. Entry forms can be submitted online. Should you have any queries, please contact [awards@camrt.ca](mailto:awards@camrt.ca).





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