



CMRIPS

*The College of Medical Radiation and
Imaging Professionals of Saskatchewan*

Operational Manual



PRACTICE

COMPLAINTS INVESTIGATION DISCIPLINE

OPERATIONS

Table of Contents

2. Practice.....	4
2.1 CONTINUING Education (CE).....	4
2.2 Licensing and Requirements	9
2.3 INTERNATIONALLY EDUCATED MEDICAL RADIATION AND IMAGING PROFESSIONALS.....	12
2.4 Registry	14
2.5 Appeal of Executive Director/Registrar Decisions	15
2.6 Fees	17
2.7 Approved Education Program.....	19
2.8 Approved Certification Exam	20
2.9 Professional Liability Insurance.....	21
2.10 Criminal Convictions and Character Disclosures.....	23
2.11 Re-Entry Program.....	28
2.12 POSITION STATEMENT NON-DIAGNOSTIC IMAGING.....	32
3. Complaints, Investigation and Discipline	33
3.1 Complaints Process	33
3.2 Investigation Process	36
3.3 Confidentiality of Investigation Reports	38
3.4 Discipline Hearings.....	39
3.5 Discipline Orders	42
3.6 Appeal of Discipline Decisions	43
4. Operational	45
4.1 Line of Credit Use and Access to Banking	45
4.2 Payroll	46
4.3 RECORD OWNERSHIP AND ACCESS	47
4.4 Computer Record Management	52
4.5 Leave and Days Off.....	54
4.6 Employee Special Leave Provisions.....	56
4.7 Employee Benefits	58
4.8 Individual Performance Management.....	60
4.9 Contractual Services.....	62
4.10 Miscellaneous Information	63
4.11 Canada Anti-Spam Legislation (CASL)	64
4.12 Accreditation Representative Compensation.....	66
4.13 Procedural fairness	67
4.14 Parliamentarian.....	69

4.15 Scrutineers and Voting.....	70
4.16 Insurance.....	73
4.17 Crisis Communication Plan.....	74
4.18 Social Media Policy.....	77
4.19 Council Recognition	78
4.20 Gift Acceptance for Speaking Engagements	79
Appendix	80
Appendix A – Definition of Terms and Acronyms.....	80

2. PRACTICE

2.1 CONTINUING EDUCATION (CE)

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Credit Program Guidelines

- 1.1. Continuing Education (CE) is mandatory for maintaining full practice membership/licensure and non-practice membership.
 - 1.1.1. All full practice and non-practice members must complete and declare on their renewal forms that they have successfully completed a minimum of ten (10) continuing education (CE) credits.
 - 1.1.2. Associate and student members are not required to earn CE credits. Individuals with a restricted license are not required to earn CE credits.
 - 1.1.3. Lifetime members are not required to earn CE credits, unless they also hold a full practice or a non-practice membership/license.
 - 1.1.4. During the year that a member graduates from the medical radiation technology educational program, she or he is not required to earn CE credits.
 - 1.1.5. If a member doesn't have the CE credits at the time of renewal, Section 13 (2) of the Regulatory Bylaws state that Members who have not completed the continuing education credits required by clause (1)(b) may receive a full practice license on the condition that they practice only under direct supervision until they complete the required CE credits.
 - 1.1.6. Individuals applying for a first-time membership/license are not required to have earned the required CE credits at the time of application but will need them to be eligible for a renewal of their membership/license.
 - 1.1.7. Individuals who have resigned in good standing and decide to reinstate their full practice membership/license or non-practice membership are not required to have the required CE credits at the time of application. However, the member (s) will need the CE credits to be eligible for the renewal of their membership/license.

2. Audit Process and Expectations

- 2.1. CMRIPS members are not required to send their CE records to the CMRIPS office, but they should keep the records in the event that they are among the 10% of the membership who are audited annually.
- 2.2. In January of each year, the Executive Director/Registrar or Manager of Communication and Continuing

Competence shall randomly select 10% of the members to submit verification of their CE credits as declared on the previous annual renewal.

- 2.3. Being audited one year does not exempt a member from being audited the following year.
- 2.4. Members who have graduated from a medical radiation and imaging educational program in the previous year shall be exempt from the audit.
- 2.5. Members shall be given 60 days to provide evidence of completing 10 CE credits in accordance with the CMRIPS Audit Expectations document.
- 2.6. The Executive Director/Registrar or Manager of Communication and Continuing Competence shall approve all successful audit submissions and shall refer all audits that fail to meet the audit expectations to the CMRIPS Continuing Competence Committee for review.

Audit submissions shall include the following verification:

Activity	Documentation Required
Rounds	<ul style="list-style-type: none"> • Date of attendance • Topic of round • Name and title of individual who led the round • Brief description of round (approx. 100 words) <p>*If a certificate of attendance is provided, no other information is required</p>
Journal/article reading	<ul style="list-style-type: none"> • Date of journal/article • Author of the journal/article • Brief description (approx. 100 words)
Directed reading	<ul style="list-style-type: none"> • Date of directed reading • Full title of directed reading
	<ul style="list-style-type: none"> • Author of directed reading • Brief description of directed reading (approx. 100 words) • Proof of successful completion or a photocopy of the completed quiz <p>*If a certificate of successful completion is provided, no other information is required</p>
Professional Development Courses	<ul style="list-style-type: none"> • Proof of successful completion (a proof of payment receipt will not be accepted)

Professional Conferences/Workshops	<ul style="list-style-type: none"> • Certificate of attendance from the lecture/conference <p>*If a certificate of attendance is not available, submit the documentation listed under Rounds.</p>
In-service/Educational Sessions/Telehealth	<ul style="list-style-type: none"> • Date of attendance • Title of the lecture/session/telehealth • Name of presenter • Brief description (approx. 100 words) <p>*If a certificate of attendance is provided, no other information is required</p>

3. Disciplinary Action against Dishonest Reporting

- 3.1. If any member has declared that they have sufficient credits and are unable to provide verification, that would be considered professional misconduct, and the individual(s) shall be referred to the Professional Conduct Committee (PCC) for investigation of inaccurate and/or dishonest reporting.
- 3.2. It is the decision of the Continuing Competence Committee to determine if a member shall be referred to the PCC for investigation.

4. Continuing Education Credits

4.1. Professional Conferences

- 4.1.1. All lectures, workshops or seminars offered by the CMRIPS and CAMRT and Sonography Canada are considered medical radiation and imaging specific credits.
- 4.1.2. Lectures must be more than 45 minutes to count as 1 Credit. 1 Credit is granted for 45 - 60 minutes. If a lecture is one and a half (1½) hours in length, 2 Credits are granted. ½ hour credits are available, subject to approval by the CMRIPS Office.
- 4.1.3. Conference or Seminar Committee Member will receive 5 CE credits which will be allocated by the conference chairperson(s) depending on individual involvement in the conference or seminar.
- 4.1.4. Chairperson refers to an individual in charge of planning the conference.

4.2. Individual Activities

- 4.2.1. Individual activities refer to any type of in-service or lecture, typically in-house. Examples of individual activities include, but are not limited to, patient rounds, equipment orientation, TLR and CPR training or workshop can be used if the member is being certified for the first time. Otherwise, these credits cannot be used for recertification.
- 4.2.2. In-service or lectures must be more than 45 minutes to count as 1 Credit. 1 Credit is granted for 45 - 60 minutes. If a lecture is one and a half (1½) hours in length, 2 Credits are granted. ½

hour credits are available, subject to approval by the CMRIPS Office.

4.2.3. Reading Material must be less than 3 years old. Proof of completion of the directed reading quiz must be available if audited.

4.3. Professional Development Courses

4.3.1. This must be offered through a recognized institution or program and relevant to your professional development and the approved CMRIPS credits.

4.3.2. Credits are given upon successful completion of professional development courses. Proof of successful completion must be available upon being audited.

4.4. Professional Contributions

4.4.1. Article must be published in a professional journal or newsletter (i.e., CAMRT, SNM, and CMRIPS).

4.4.2. 5 credits are allotted to prepare a lecture that will be presented at a conference. 5 credits are allotted to present a lecture at a conference. The lecture must be a minimum of 45 minutes in length.

4.5. Professional Involvement

4.5.1. Includes councillor representation on any Body related to one's profession. (i.e., CMRIPS, CAMRT, Sonography Canada)

4.5.2. Includes representation on any committee related to one's profession.

The breakdowns of Continuing Education Credits include the following.

Professional Conferences	
Attendance at Conference/Seminar	1 Credit per 45-60 minutes
Conference/Seminar Chairperson	10 Credits
Conference/Seminar Committee Member	5 Credits
Individual Activities	
In-service Education/Guest Lectures	1 Credit for every 45-60 minutes
Journal/Article Reading	1 Credit
Educational Session	1 Credit for every 45-60 minutes
Directed Reading	2 Credits
Medical Imaging Quality Assurance Telehealth	1 Credit for every 45-60 minutes
Professional Development Courses	

Courses available from the CAMRT	Credits as per the CAMRT
University Educational/Institute Class *must be related to medical radiation technology	40 Credits
Challenging and succeeding a CAMRT exam	5 Credits
Professional Contributions	
Writing a published article	10 Credits
Preparing a presentation	5 Credits
Presenting at a conference/seminar/in- service	5 Credits
Professional Involvement	
Provincial/national/International Council or Representation	10 Credits
Committee Members	5 Credits

5. Approval of Continuing Education Activities not listed on the CE Guidelines Brochure

- 5.1. For items not listed on the CMRIPS Continuing Education Guidelines, members shall contact the CMRIPS office for pre-approval of credits.
- 5.2. The Executive Director/Registrar or Manager of Communication and Continuing Competence shall approve the credits
- 5.3. In the event that the Executive Director/Registrar or Manager of Communication and Continuing Competence is unsure whether the credits should be approved, they shall refer the approval of the credits to the CMRIPS Continuing Competence Committee for decision.

Examples of activities that do not count as medical radiation technology specific credits:

- Training/mentoring/teaching
- Lean and Lean Improvement
- Re-certifications for TLR, CPR, TDG, etc.
- Ultrasound
- Hand washing courses
- Workplace Hazardous Material Information System (WHMIS)
- Emergency Preparedness Plan (EPP) sessions
- Specific Meetings (credits are awarded for committee involvement, not specific meetings)
- Surveys
- Leadership
- Personal Protective Equipment

2.2 LICENSING AND REQUIREMENTS

Date Approved: June 30, 2016

Date Revised: May 3, 2024

Date Reviewed: May 3, 2024

1. Licensing Requirements

- 1.1. The College of Medical Radiation and Imaging Professionals of Saskatchewan may register as a member and issue a license to practice to a person according to the terms set out in section 20 of the Medical Radiation and Imaging Professionals Act and pertinent sections of the Regulatory Bylaws.
- 1.2. The requirements for licensure shall be updated annually, at least one year in advance of the upcoming renewal.
- 1.3. The requirements for licensure shall be made available upon request and shall be posted on the College of Medical Radiation and Imaging Professionals of Saskatchewan website.

2. CMRIPS Language Fluency Requirements

- 2.1. New membership candidates are required to be fluent in English.
- 2.2. Candidates for whom English is not their first language must provide proof that they have taken an approved test of English language fluency and have achieved an acceptable score indicating they are fluent in English.
- 2.3. The applicant must provide sufficient evidence showing one of the following:
 - 2.3.1. Evidence from the educational institute at which the applicant completed his or her professional training that the language of instruction and assessment for the program in MRT was English; or
 - 2.3.2. Evidence that the applicant has passed one of the following:
 - The internet based (iBT) TOEFL (Test of English as Foreign Language) with a minimum total score of 73, and a minimum score of 21 in speaking;
 - The paper based TOEFL with a minimum score of 500 and TSE (Test of Spoken English) with a minimum score of 40;
 - The IELTS (International English Language Testing System) test – academic (AC) with a minimum overall score of 6 and a minimum score of 6 in speaking;
 - The IELTS (International English Language Testing System) test – general training (GT) with a minimum overall score of 6 and a minimum score of 6 in speaking;

- The MELA (Michener English Language Assessment) test with a minimum score of 8 in each of reading, listening, and speaking and a minimum score of 7 in writing.
- CELPIP (Canadian English Language Proficiency Index Program, scores of 7 for speaking and writing.
- Pearson English Test (PET) with scores of scores 68 for speaking and 69 for writing.

3. Graduate Licenses

- 3.1. As set out in section 14 of the Regulatory Bylaws, The College of Medical Radiation and Imaging Professionals of Saskatchewan may issue a restricted license to an individual who has successfully completed their educational program and is eligible to write the national certification exam.
- 3.2. Any license that has been issued by the CMRIPS will clearly bear the word “Restricted” and further description of the restriction, including its duration.
- 3.3. The Executive Director/Registrar shall make note of the restriction on the license in the CMRIPS Registry.
- 3.4. The registry, including the display on the CMRIPS internet site shall show the license to be “Graduate” under Registration Class, and “Supervision Required” under Restrictions”.
- 3.5. A graduate license can be issued for a period of up to four months and can only be renewed for a maximum of one year.
- 3.6. Graduate licenses are subject to renewal provided that they submit satisfactory references from their current employer and demonstrate that they are writing the required examination at the earliest opportunity available.
- 3.7. Individuals working under a graduate license must work under direct supervision of a full practicing member of the CMRIPS in the same discipline.
- 3.8. Direct Supervision means that:
 “Direct Supervision” means that a member with a full practice licence appropriate to the area of practice is within *calling distance, in the same facility, when activities are performed by members with a Graduate licence. The supervising member must be available in person to give the final image/treatment approval.
 *Calling distance is determined as per employer policy

4. Change of name in the CMRIPS Registry

- 4.1. Each member must use the Change of Name Form to request the CMRIPS to change their names, as it appears in the register of the CMRIPS.
- 4.2. Members must:

- Attach a copy of their marriage or divorce certificate and one of the following government issued identifications:
 - birth certificate,
 - passport; or
 - a photo identification driver's license (must state name prior to the name change)

4.3. If the Executive Director/Registrar is satisfied that the member has validly changed their name, the name will be changed in the register of the CMRIPS.

5. Renewal Requirements

5.1. Annual renewals shall open no later than October 15th of each year.

2.3 INTERNATIONALLY EDUCATED MEDICAL RADIATION AND IMAGING PROFESSIONALS

Date Approved: June 30, 2016

Date Revised: April 17, 2026

Date Reviewed: April 17, 2026

1. Internationally Educated Medical Radiation and Imaging Professionals (IEMRIPs)

- 1.1. Graduates from a non-Canadian educational program in medical radiation technology or diagnostic medical imaging must make application to the CMRIPS as an Internationally Educated Medical Radiation and Imaging Professionals (IEMRIPs) prior to applying for a license to practice in Saskatchewan.
 - 1.2. To work in Saskatchewan MRIPs must obtain a license, in addition to registering, an applicant who has graduated from an educational program outside of Canada must:
 - 1.2.1. Show that the medical radiation technology program or diagnostic medical imaging is the equivalent of a program from an accredited school in Canada. The program must take a minimum of two years, with both academic and clinical components;
 - 1.2.2. Be proficient in English;
 - 1.2.3. Provide evidence of good character by answering the self-disclosure questions on the IEMRIP application form; and
 - 1.2.4. Successfully complete the MRT exam administered by the Canadian Association of Medical Radiation Technologists (CAMRT) or the diagnostic medical imaging exam administered by Sonography Canada and receive the credentialed designation.
 - 1.3. IEMRIPs must take the following steps to become registered:
2. Apply to the College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS) to determine eligibility to have credentials assessed:
 - Complete and submit the IEMRIP Application Form online.
 - Pay the non-refundable application fee online (credit card only).
 - Submit a current criminal record check (done within the last 90 days) to the CMRIPS Office. Applications will not be processed until the criminal record check has been received by CMRIPS Office.
 3. If the CMRIPS Executive Director/Registrar advises members of their eligibility (Members will be considered eligible if they have an acceptable criminal record check), they will apply to the Canadian Association of

Medical Radiation Technologists (CAMRT) or to Sonography Canada (SC) to have their credentials assessed and to determine whether these members are eligible to write the national certification exam.

4. If the CAMRT or SC advises the members that they are eligible to do so, they will apply to CAMRT or SC to write the national certification exam. A CAMRT or SC Exam Application Form is available online on the CAMRT or SC website.
5. If members successfully complete the national certification exam and obtain the credential/designation they will apply to CMRIPS for membership and licensure. Pre-registered IEMRIPs can apply online for full practising or graduate practice as explained below.
 - 5.1 The length of time from initial application to CMRIPS, see 1.3 (a) above, to eligibility to write the national certification exam, see 1.3 (c) above, is a minimum of six months to one year from the date of full document submission. This time may be longer depending on the case of fulfilling the requirements.
 - 5.2 CMRIPS and CAMRT or SC have different time limits and criteria that the MRIPs (members) must comply with. These time limits and criteria mean that even though the CAMRT or SC may allow members to write the exam, they would not be eligible for a license from CMRIPS if the date of graduation is more than three years earlier than, or if they have not worked at least 1200 hours in the five years prior to the date of your application for a license to CMRIPS.

2.4 REGISTRY

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Executive Director/Registrar

- 1.1. The Executive Director/Registrar of the College of Medical Radiation and Imaging Professionals of Saskatchewan will carry out the Executive Director/Registrar duties and have the responsibility to register persons as members and issue licenses.
- 1.2. The Executive Director/Registrar will keep a register of the members of the College.

2. Register

- 2.1. The register kept by the College of Medical Radiation and Imaging Professionals of Saskatchewan will include the following information:
 - 2.1.1.Registration Number
 - 2.1.2.Name
 - 2.1.3.Primary Discipline
 - 2.1.4.Secondary Discipline(s)
 - 2.1.5.License Condition
 - 2.1.6.Membership Class/Practice Status
 - 2.1.7.Approved License Expiry Date
- 2.2. The register will be kept in accordance with sections 18 (**Membership**), 19 (**Register**), 20 (**Registration**) and 21 (**Delegation and Review**) of the Act.
- 2.3. The register will be kept at the head office of the College.

2.5 APPEAL OF EXECUTIVE DIRECTOR/REGISTRAR DECISIONS

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Appeal Process

- 1.1. Consistent with the Act, Section 21(4), (5), (6), and (7), a person aggrieved by a decision of the Executive Director/Registrar regarding registering or issuing of a license may apply to the Council to review that decision.
- 1.2. The request for appeal will be provided directly to the Council by the Executive Director/Registrar without comment or analysis on the merits of the appeal.
- 1.3. On an appeal of the Executive Director/Registrar's decision, the person aggrieved by the decision of the Executive Director/Registrar has the right to appear in person before the Council in support of the application (S 21 (6)).

2. Notification and Decision

- 2.1. A person wishing to appeal a decision of the Executive Director/Registrar shall provide notice in writing to the College of the issue for which appeal is sought, the reasons for the appeal, and the resolution she or he is seeking.
- 2.2. The Council shall assign one or more of its members or committees to gather information on the appeal from the applicant and from the Executive Director/Registrar and other sources as may be required.
- 2.3. The members will report findings back to the Council for the purposes of a decision. In conducting the review, the members should be guided by the investigation process described in the policy on discipline investigations (See Policy Number 3.3).
- 2.4. A written report of the findings should be provided to the Council with a recommendation as to the appropriate action to be taken by the Council. The Council may discuss the report and the recommendation in camera.
- 2.5. As per the Act, the Council may:
 - 2.5.1. Direct the Executive Director/Registrar to exercise the power in a manner that the Council considers appropriate, in accordance with or in pursuant to Section 21 (5) (a) of the Act;
 - 2.5.2. Confirm the Executive Director/Registrar's decision (S 21 (5) (b));

3. Feedback Process

- 3.1. The Council shall inform the applicant, in writing, of its decision regarding the review (S 21 (7)).

- 3.2. The Council shall endeavour to render decisions in as timely a manner as possible and within 30 days and within a period not exceeding three months after receiving the appeal.
- 3.3. The right to appeal and the process for appealing a decision of the Executive Director/Registrar shall be made available on the College website.

2.6 FEES

Date Approved: June 30, 2016

Date Revised: September 25, 2023

Date Reviewed: September 25, 2023

1. Fees

1.1. Fees will be reviewed annually and will be coordinated with the annual budget development process.

2. Method of Payment

2.1. Payment of fees shall be by personal or certified cheque, company cheque, money order, Visa, or MasterCard.

3. Payment of annual fees

3.1. Pursuant to the Fee Bylaw, the following conditions apply to payment of fees:

3.1.1. All annual fees are due and payable on or before November 30.

3.1.2. A member who pays an annual fee on or after December 1 shall pay a late fee as prescribed in the Fees bylaws, in addition to the annual fee.

3.1.3. A member who fails to pay an annual license fee on or before December 31 ceases to be licensed effective January 1.

3.1.4. A member who pays an annual fee on or after January 1 shall pay a reinstatement fee as prescribed in the Fees bylaws, in addition to annual fee and the late fee.

4. Application Fees

4.1. A non-refundable application fee must accompany each application for registration as a member. The amount is prescribed in the Fees bylaws.

4.2. Subsection 4.1 above does not apply to a student member who applies for full practising or restricted practising membership.

5. License fees

5.1. The annual fee for a full practising license is prescribed in the Fees bylaws.

5.2. The annual fee for a full practising license to a member who holds life membership is prescribed in the Fees bylaws.

5.3. A graduate practising license fee for a four-month period is prescribed in the Fees bylaws.

6. Membership fees

6.1. The annual fee for non-practising membership is prescribed in the Fees bylaws.

7. Other fees

7.1. The NSF cheque fee is prescribed in the Fees bylaws.

2.7 APPROVED EDUCATION PROGRAM

Date Approved: June 30, 2016

Policy No. 2.7

Date Revised: April 17, 2026

Date Reviewed: April 17, 2026

1. General Requirements

- 1.1. Pursuant to the Regulatory By-law Section 3, an approved education program at a school approved by the Council is prescribed for the purposes of clause 20(1)(c) of the Act.
- 1.2. Council considers all educational programs accredited by Accreditation Canada for magnetic resonance imaging, nuclear medicine technology, radiation therapy technology and radiological technology and diagnostic medical sonography to be approved programs for MRIPs.
- 1.3. An updated list of accredited programs for each of the membership categories and disciplines shall be consulted when determining if the education program of a new applicant is acceptable:
<https://accreditation.ca/assessment-programs/health-education-accreditation/programs/>

2. Training Institutions and Accreditation Canada Accreditation

- 2.1. Saskatchewan training institutions which apply for accreditation must meet provincial regulatory requirements in the MRIP disciplines. Accredited programs are listed at the following link:
<https://accreditation.ca/assessment-programs/health-education-accreditation/programs>

3. Applicants from non-accepted accredited programs

- 3.1. If the educational program is not in the list of the accredited programs or if the applicant is from a country other than Canada, then the applicant has the option of requesting an equivalency review and assessment from the Canadian Association of Medical Radiation Technologists (CAMRT) or the Sonography Canada Alternate Pathway. The complete process for this review is outlined in the section on Internationally Educated Medical Radiation and Imaging Professionals (IEMRIPs) (See Policy 2.3).
 - 3.1.1. Upon successful exam pass with CAMRT, individuals are granted a credential designation (RTMR, RTNM, RTT, RTR).
 - 3.1.2. Upon successful exam pass with Sonography Canada, Canadian graduates are granted a credentialed designation (CRGS, CRVS, CRCS). However, internationally educated DMS must also complete a Canadian Clinical Skills Assessment (CCSA) to receive the credential.
- 3.2. The applicant will pay a fee for their own review and assessment.

4. Applicants from Accredited Programs

- 4.1. After graduation from the approved program, the applicants must write the national Canadian Association of Medical Radiation Technologists (CAMRT) or the Sonography Canada certification exam.
- 4.2. National certification allows the applicants to:

4.2.1. Work in Canada;

4.2.2. Become eligible to apply for full practice membership/licensure with the College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS).

2.8 APPROVED CERTIFICATION EXAM

Date Approved: June 30, 2016

Date Revised: April 17, 2026

Date Reviewed: April 17, 2026

1. Examination Requirement

1.1. Pursuant to Regulatory Bylaw Section 4:

1.1.1. The examinations administered by the Canadian Association of Medical Radiation Technologists, Sonography Canada or an examination deemed equivalent by the Council, is prescribed for the purposes of clause 20(1) (d) of the Act.

1.1.2. The examination approved by the Council. The Council has approved the CAMRT and Sonography Canada national certification exams, and the Quebec examination administered by the Ordre Des Technologues En Imagerie Médicale Et En Radio-Oncologie Du Québec in the specialties of radiography, radiation therapy and nuclear medicine for applicants who have successfully completed a medical radiation technology program in Quebec in one of the three disciplines.

2. CAMRT and Sonography Canada Exams

2.1. Every year three (3) sittings of the certification exams (January, May, and September) are offered.

2.9 PROFESSIONAL LIABILITY INSURANCE

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Purpose

- 1.1. Professional liability insurance (PLI), also known as malpractice insurance, provides coverage for Medical Radiation Technologists (MRTs) with respect to claims that may arise from the practise of medical radiation technology.
- 1.2. All practicing members of the CMRIPS must be covered by professional liability insurance that meets the requirements in the bylaws of the CMRIPS.

2. Legal Requirements for Liability Insurance

- 2.1. The Regulatory Bylaws, Section (18), states that all members who practice are required to be insured against liability for professional negligence in an amount that is at least \$1,000,000 per incident and \$5,000,000 per year.

3. Provision and Obtainment

- 3.1. The Canadian Association of Medical Radiation Technologists (CAMRT) and Sonography Canada provide PLI for MRIPs as a benefit of membership.
- 3.2. MRIPs may also have coverage through their employer. MRIPs who practise in independent health facilities or “clinics” should ask their employer whether the clinic has insurance that provides PLI coverage for MRIPs and whether that insurance meets the requirements set out in the CMRIPS Regulatory Bylaws. Coverage through an employer will not extend to practice outside of that employer.
- 3.3. Practising MRIPs may also choose to arrange for PLI themselves through a private insurance provider.
- 3.4. It is neither the role of the College (CMRIPS) nor within its mandate to endorse one insurance provider over another, or to advise individuals where to obtain PLI coverage.

4. Evidence of Professional Liability Insurance

- 4.1. The CMRIPS requires practising members to declare that they hold PLI in accordance with the requirements set out in the Regulatory Bylaws of the College at the time of initial registration and at the annual renewal.

- 4.2. This declaration is in the form of a mandatory question that members are required to answer as part of the application and annual renewal process.
- 4.3. If a member chooses to get their professional liability insurance from the CAMRT or Sonography Canada, no additional information is required at the time of renewal.
- 4.4. All new applicants must provide verification of professional liability insurance.
- 4.5. If the member chooses a different option (employer or private insurance), members must submit a "Certificate of Insurance" (COI) to the CMRIPS to demonstrate compliance with the CMRIPS Regulatory Bylaws.
- 4.6. CMRIPS Licenses will not be issued until proof of COI is received in the office. In the case of annual renewals, late fees will apply if the COI is not received in the office by the renewal deadline.
- 4.7. Upon submitting the COI, members may be asked to provide additional information to ensure that the bylaw requirement is met. Additional information may include, but is not limited to:
 - 4.7.1. In the case of employer insurance, verification of employment and that the policy applies to the specific employee;
 - 4.7.2. Definition of professional liability included in the policy. This is to ensure the policy meets the bylaw requirement;
 - 4.7.3. In the case of employer insurance, verification that the coverage applies to acts, for which an employee could be found liable even if the employer, is not vicariously liable.
- 4.8. In the case of employer insurance, members will be asked to sign an agreement and undertaking that states; "Under no circumstances will you practice for an alternate employer without obtaining additional insurance that meets the CMRIPS's requirements."
- 4.9. Every year 10% of the membership is audited to provide verification of professional liability insurance as declared on the initial application or annual renewal. This audit is in conjunction with continuing education audit. See Policy 2.1(3).
- 4.10. If any member has declared that they have sufficient insurance and are unable to provide verification, that would be considered professional misconduct and the individual(s) shall be referred to the Professional Conduct Committee (PCC) for investigation of inaccurate and/or dishonest reporting.

2.10 CRIMINAL CONVICTIONS AND CHARACTER DISCLOSURES

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Legal Requirement for Applicant Disclosures

- 1.1. It is generally agreed that offences under the Criminal Code of Canada may bring an applicant's character into question. Pursuant to Regulatory Bylaw 6 (c) and (d), all applicants for full practice, non-practice or student membership shall submit a criminal record check and evidence satisfactory to the applicant's good character and where applicable, good professional record.
- 1.2. Initial review of an applicant's criminal record check will be conducted by the Executive Director/Registrar. Only those with other offenses of more than a single Driving under the Influence (DUI) offense will be referred to the Registration Advisory Committee.
- 1.3. Initial review of good character will be conducted by the Executive Director/Registrar.
- 1.4. Applicants are only required to submit one criminal record check during application.

2. Responsibility to Gather Applicant Disclosures (Additional Information)

- 2.1. The College of Medical Radiation and Imaging Professionals of Saskatchewan (College) has a number of requirements for registration that relate to the past and present conduct of the applicant. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant:
 - 2.1.1. Will practise medical radiation and imaging with decency, honesty and integrity, and in accordance with the law;
 - 2.1.2. Does not have any quality or characteristic, including any physical or mental condition or disorder, that could affect his or her ability to practise medical radiation and imaging in a safe manner; and
 - 2.1.3. Will display an appropriately professional attitude.

3. Applicants' Self Disclosures

- 3.1. During the initial application, the MRIP applicants are required to answer the following self-disclosure questions to assess the possible criminal offence, current investigation, professional malfeasance, current court proceedings, professional negligence or malpractice, impairment to practise, and other misconduct:
 - 3.1.1. Have you been found guilty of a criminal offence or of any offence related to the regulation of the practice of the profession? (Criminal Offence).

- 3.1.2. Are you the subject of a current investigation involving an allegation of professional misconduct, incompetency, or incapacity in Saskatchewan in relation to another health profession, or in another jurisdiction in relation to the profession or another health profession? (Current Investigation).
- 3.1.3. Have you been the subject of a finding of professional misconduct, incompetency, or incapacity in relation to the profession or another health profession, either in Saskatchewan or in another jurisdiction? (Professional Malfeasance).
- 3.1.4. Are you currently the subject of a proceeding involving an allegation of professional misconduct, incompetency, or incapacity in relation to the profession or another health profession, either in Saskatchewan or in another jurisdiction? (Current Proceedings).
- 3.1.5. Has a finding of professional negligence or malpractice been made against you? (Professional Negligence or Malpractice).
- 3.1.6. Do you have any quality or characteristic, including any physical or mental condition or disorder that could affect your ability to practise medical radiation technology in a safe manner? (Impairment to Practise).
- 3.1.7. Is there any event, circumstance, condition, or matter not disclosed in your answers to the preceding questions in respect of your character, conduct, competence or capacity that is relevant to the requirement set out above regarding your past and present conduct (refer to subsections 2.1.1 – 2.1.3 above)? (Other Misconduct).

4. Supporting Documents

- 4.1. If the applicants answer YES to any of the above questions in 3.1, they must provide a detailed explanation on a separate piece of paper and include copies of all other relevant documents in their possession.
- 4.2. If the applicants answer YES to subsection 3.1.6 (Impairment to Practise) above, they should:
- 4.2.1. Provide a detailed explanation,
- 4.2.2. Arrange for their treating physician(s) and/or other health professional(s) to send directly to the College a report on their condition or disorder setting out the current diagnosis, course of treatment, current health and prognosis, as explained in the applicant form section on Self Disclosures and the note accompanying.
- 4.2.3. Where appropriate, this report should indicate any accommodation(s) that the physician and/or health professional believe is necessary for the applicant to practise in a safe manner (refer to 4.2.2. requirements).

5. Declarations and Undertakings

5.1. After the filling out of the application, the applicant certifies or declares that they:

5.1.1. Are of good character;

5.1.2. Will practice the profession of medical radiation technology with decency, honesty and integrity;

5.1.3. Have no personality or character trait or disability that could affect my ability to practice the profession safely;

5.1.4. Have provided complete and accurate statements in this and any documents relating to this application;

5.1.5. Acknowledge and understand that any false or misleading statement, representation or declaration in or in connection with their application, whether by commission or omission, may be cause for revocation of their registration;

5.1.6. Undertake to adhere to The Medical Radiation and Imaging Professionals Act, and the Bylaws of the College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS);

5.1.7. Will notify the College within 30 days of any material change(s) to the information reported by in this application;

5.1.8. Grant permission to the release of any membership information as approved by the CMRIPS Council to verify the statements made and information provided by the applicant.

6. Due Process, Confidentiality and Privacy

6.1. An application cannot be denied automatically. It must be considered by the Executive Director in conjunction with the Registration Advisory Committee.

6.2. Before an individual's registration is denied due to prior criminal convictions, the College will consider the following circumstances surrounding the prior convictions of any individual (applicant):

6.2.1. The severity of the offense.

6.2.2. The relevance of the offense to the practice of the discipline.

6.2.3. The applicant's competence to practice the discipline.

6.2.4. Whether the applicant has been successfully rehabilitated.

- 6.3. Information regarding criminal convictions will be held in strict confidence by the College and not made public unless it is the result of disciplinary action taken by the College. To protect confidentiality, documentation of the convictions(s) of applicants should be kept in a sealed envelope in the member's file marked "For the Executive Director/Registrar's Eyes Only". It could be made available to the Professional Conduct Committee on request but should not be used for any other purpose once the applicant has been issued a license. Applicants should be advised of this procedure to protect their privacy.
- 6.4. All Committee considerations of Criminal Record Checks and information to support declarations will be conducted "blind" – that is, Committee members will not be provided the name of the applicant or other identifying information but will receive all relevant information. If the identity of the person becomes significant to the proceedings, a motion of the Registration Committee is required to name the individual.
- 6.5. Committee consideration will include a hearing for the applicant – this could be a written submission or face to face meeting as determined by the Committee.
- 6.6. Current possession of a license to practice will not deter the College from revoking that license in the face of a severe or relevant offense. This may be achieved by reference to the Professional Conduct and Disciplinary Committees which may revoke or suspend a license.
- 6.7. International applicants must supply a Criminal Record Check from a Canadian police service if they are living in Canada otherwise a Criminal Record Check from their home country is sufficient.

7. Granting or Denial of Licensure to Applicants with Criminal Convictions or Disclosures of Bad Character.

- 7.1. Licenses should rarely be issued to initial applicants with recent (5 years of) criminal convictions related to drugs, sexual assault, other violence, theft, fraud, weapons, criminal negligence, or other serious criminal activity as assessed by the Registration Advisory Committee.
- 7.2. Applicants whose record shows conviction for these types of offences may be asked to supply character references or other evidence of rehabilitation.
- 7.3. If it is considering refusal to issue a license, the Registration Advisory Committee should give a hearing (either written submission or in person) to the applicant to present his/her case.
- 7.4. Decisions of the Executive Director/Registrar and the Registration Committee may be appealed to the Council.
- 7.5. Licenses may be issued to those who present convincing evidence of rehabilitation.

8. Steps in Processing the Applications with Positive Criminal Record Checks or Disclosures of Bad Character

8.1. The following steps will be taken to process applications with positive criminal record checks or disclosures of bad standing character:

8.1.1. Phone the applicant to ascertain whether there was a conviction, what it was and when to provide information on what they must do in order to be eligible for license and what the process will be; and to find out how they want the College to communicate with them about this disclosure or bad standing, by mail or email.

8.1.2. Send the same information to them in writing by mail or email.

8.1.3. When their external proof is received, follow up with them again.

9. Responsibility for Proving External Proof of the Conviction

9.1. The applicant is responsible for providing external proof of the conviction. A letter from the applicant detailing the conviction is not sufficient. Examples of external proof could include, but are not limited to:

9.1.1. Confirmation by RCMP of conviction;

9.1.2. Court document;

9.1.3. Documentation from the Justice Department;

9.1.4. Written confirmation from the applicant's legal counsel, court records, etc.

2.11 RE-ENTRY PROGRAM

Date Approved: June 30, 2016

Date Revised: April 4, 2025

Date Reviewed: April 4, 2025

1. Purpose

- 1.1. Re-entry programs will ensure that CMRIPS members are eligible for full practice licensing if the members have not met the required practice hours.
- 1.2. In pursuant to the Regulatory Bylaw Section 13 (a), a full practice licence is available to a full practice member who has:
 - 1.2.1.1,200 practice hours worked in the members' primary discipline and 300 practice hours in any secondary discipline in the previous five years;
 - 1.2.2. Graduated from a prescribed educational program within the preceding three years; or
 - 1.2.3. Completed a re-entry program recognized by the Council within the preceding year.
 - 1.2.3.1. For a primary discipline, upon completion of the refresher program, the members must earn 300 practice hours in the first two years, and 1,200 practice hours within five years.

2. Approved Re-Entry Programs

- 2.1. The College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS) has approved the following re-entry or retraining programs for individuals who do not meet the practice hour requirement:

Refresher Program	Training Institution	Areas of Focus (Components)
Radiological Technology	Northern Alberta Institute of technology (NAIT)	<ul style="list-style-type: none"> • Academic Challenge Exam • Experiential learning
Radiological Technology	Nova Scotia College of Medical Imaging and Radiation Therapy Professionals (NSCMIRTP)	<ul style="list-style-type: none"> • Academic Challenge Exam • Clinical
Nuclear Medicine,	NSCMIRTP	<ul style="list-style-type: none"> • Academic Challenge Exam • Clinical
Magnetic Resonance Imaging	NSCMIRTP	<ul style="list-style-type: none"> • Academic Challenge Exam • Clinical
Diagnostic Medical Sonography	NSCMIRTP	<ul style="list-style-type: none"> • Academic Challenge Exam • Clinical

2.2. For disciplines that don't have an approved refresher program available in Canada, the CMRIPS will do it's best to explore refresher options and Council may deem approval for an alternate refresher program.

3. Responsibility

- 3.1. It is the responsibility of each applicant to make sure they meet the requirements of the refresher program in their specialty. This includes finding a clinical placement.
- 3.2. CMRIPS will collaborate with the training programs and educational institutes to facilitate members' access to resources in their refresher programs by providing a temporary graduate license status in the discipline they are seeking reentry in.

4. Application Procedure and Process

- 4.1. If a member does not meet the current practice requirements as outlined in the regulations, the Executive Director/Registrar's decision is to advise the applicant to complete a re-entry program to practice the medical radiation and imaging profession.
- 4.2. The regulations stipulate that a registrant who does not meet the practice hour requirements must successfully complete a refresher program.
- 4.3. The requirements can be fulfilled through a formalized program, such as those listed above.

5. Conditions for Enrolment in Re-entry Program

- 5.1. The Executive Director/Registrar may advise the members to enroll in the re-entry program when they have not fulfilled the required practice hours.
- 5.2. The Professional Conduct Committee may order the completion of a refresher program as a part of the sanctions if some professional incompetence has been established through a proper tribunal or disciplinary process.
- 5.3. Members enrolled in the re-entry program are not eligible for licensure registration until they have successfully completed the program. They will be granted a graduate license only for the purpose of completing the clinical portion of the reentry training.
- 5.4. The clinical component is required for members in the re- entry program to return to full membership and licensing status. The number of hours will depend-on the program that is utilized.
- 5.5. The clinical and didactic components of the re-entry program will take approximately 2-12 months, with the additional requirements of a competency checklist.
- 5.6 The educational institute is responsible for ensuring the individual has professional liability insurance.

Approach

There are three possible outcomes for approving a member to complete a refresher program:

Option A: Approve the refresher program if the individual met the practice hour requirement at time of last practice but more than five years and less than eight years have elapsed.

Option B: Approve the refresher program if the individual has practiced in the previous five years, does not meet the practice hour threshold but has at least 50% of the practice hours.

Option C: Decline refresher program anytime the individual has been out of practice for more than five years and did not meet 50% of the practice hour requirement at time of last practice.

Decision Tree



2.12 POSITION STATEMENT NON-DIAGNOSTIC IMAGING

Date Approved: April 4, 2025

Date Revised:

Date Reviewed:

Diagnostic medical ultrasound is the use of high frequency sound waves (ultrasound) to capture imaging of organs, tissues, or blood flow inside the body to formulate a diagnosis. The procedure must be ordered by a physician, performed by a licensed diagnostic medical sonographer, and interpreted and reported by a physician with expertise in the field.

With respect to fetal ultrasound, the College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS) fully endorses Health Canada's position statement which recommends that diagnostic fetal ultrasound be performed by a sonographer only when the expected medical benefits outweigh any foreseeable risks. According to Health Canada, the ALARA (as low as reasonably achievable) principle should be used to reduce unnecessary, potentially hazardous exposure to individuals.¹

It will be deemed professional misconduct for a CMRIPS registrant to use ultrasound only to obtain a picture or video of a fetus or determine gender for non-medical reasons.²

The College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS) does not regulate facilities that provide non-diagnostic ultrasound and will not license persons that perform ultrasound solely for non-diagnostic purposes.

¹ Sonography Canada/Échographie Canada, *Professional Practice Guidelines and Member Policies* (2014- 2018), page 47.

²CMRITO – Regulator of medical radiation and imaging technologists in Ontario.

3. COMPLAINTS, INVESTIGATION AND DISCIPLINE

3.1 COMPLAINTS PROCESS

Date Approved: June 30, 2016

Date Revised: April 4, 2025

Date Reviewed: April 4, 2025

1. Regulatory Responsibility and Requirement

- 1.1. The College of Medical Radiation and Imaging Professionals of Saskatchewan (the College or CMRIPS) has a responsibility to ensure that all allegations of professional misconduct and/or professional incompetence are responded to and investigated as required by The Medical Radiation and Imaging Professionals Act (the Act), the bylaws made as authorized by the Act, and these policies, in accordance with the rules of natural justice and any other applicable laws, and in a timely manner.
- 1.2. CMRIPS requests members of the public to be patient because the investigation process can take several months.
- 1.3. The Executive Director/Registrar will update the complainant periodically about the process of the complaint.

2. Definition of “Professional Incompetence” and “Professional Misconduct”

- 2.1. The terms “professional incompetence” and “professional misconduct” are defined in sections 23 and 24 of the Act. Only conduct or behavior that falls within the parameters of these definitions is disciplinable conduct.

3. Lodging Complaints

- 3.1. Any person who believes that an MRIP may be guilty of professional incompetence and/or professional misconduct may lodge a complaint with the College by filling and submitting the Complaint Form to the attention of the Executive Director/Registrar.
- 3.2. The Complaint Form should contain the following:
 - a) full name, address and signature of the complainant and the date of submission;
 - b) full name of the MRIP against whom the allegation is made;
 - c) date(s) of occurrence of the complaint(s) or incident(s);
 - d) name, address and telephone number of the facility where the complaint(s) or incident(s) occurred;
 - e) name(s) of other individual(s) and/or other health professionals that were present at the time when the complaint(s) or incident(s) occurred and the general nature of the information that the individuals and/or other health professionals may have;
 - f) a clear description of the complaint about the MRIP.

- 3.3. If the Executive Director/Registrar receives an anonymous complaint she will refer it to the PCC for investigation as set out below, unless it is frivolous (superficial, minor, insignificant) or vexatious (irritating, annoying).

4. Investigating Complaints

- 4.1. Within 30 days after receiving a complaint, the Executive Director/Registrar will:

- a) send the complainant a letter acknowledging receipt;
- b) advise the MRIP who is the subject of the complaint that a complaint has been received and will be referred to the PCC for investigation;
- c) forward the complaint to the Professional Conduct Committee (PCC) to review and investigate in accordance with the Act and the bylaws.

- 4.2. The PCC determines what steps it needs to take to properly investigate each complaint.

- 4.3. If the PCC determines that an anonymous complaint lacks information about possible witnesses, documentation or other evidence provided with the complaint, it will dismiss the complaint, unless the complaint alleges conduct that could constitute professional incompetence or professional misconduct as defined in the Act and reveals a major competency or conduct concern, and, in that case, will investigate the complaint to the best of its ability.

- 4.4. A major competency concern includes:

- a) any practice outside the approved standards where deviation has unfavorably affected patient outcome or created a potential for poor patient outcome;
- b) any incident or occurrence that endangered public safety or public trust; and
- c) any recurrent or unaddressed concerns that are not defined as major.

- 4.5. A major conduct concern includes:

- a) any deviation from the Code of Professional Conduct that resulted in or had potential to result in injury or created significant risk to public safety or public trust or that resulted in significant disgrace to the profession; or
- b) any activity of a criminal nature

- 4.6. Once the PCC completes its investigation and has determined what the facts are, it must decide whether the MRIP's conduct falls within the definition of professional misconduct and/or professional incompetence, as set out in the Act.

- 4.7. If the PCC considers that the conduct does not constitute professional misconduct and/or professional incompetence, the PCC must dismiss the complaint, because the PCC only has jurisdiction to deal with conduct that fits within the descriptions contained in section 23 or 24 of the Act.

4.8. If the PCC considers that the conduct likely does constitute professional misconduct and/or professional incompetence, then the MRIP's conduct must be addressed to ensure public safety through either:

1. an agreement with the MRIP under which the MRIP acknowledges the problems with his or her conduct and agrees to complete the remedial measures by a certain date, as set out in the agreement, and to which the complainant consents; or
2. if agreement on resolution cannot be reached because either the MRIP or the complainant will not consent, a referral of the matter to a hearing before the Discipline Committee.

4.9. If the PCC dismisses a complaint or it is resolved by agreement, the complainant will receive a copy of the report that the PCC makes to the Discipline Committee.

5. Hearing Complaints

5.1. If a complaint is referred to the Discipline Committee for a hearing, the MRIP and the complainant will receive notice of the date, time and place of the hearing and a Notice of Hearing will be posted on the CMRIPS website.

5.2. At the hearing (which may be held in person or virtually):

- a) the PCC acts as the prosecutor;
- b) the MRIP is entitled to appear and defend himself or herself;
- c) both the PCC and the MRIP are entitled to call witnesses to provide evidence about the MRIP's conduct and to cross-examine witnesses called by the other;
- d) the Discipline Committee acts as the judge and decides whether or not the conduct complained of is professional misconduct and/or professional incompetence as defined in the Act and, if it is, what consequence should be imposed as a result; and
- e) the Discipline Committee's decision is sent to the MRIP and copies are provided to the Council and the complainant. The results are posted on the CMRIPS website.

3.2 INVESTIGATION PROCESS

Date Approved: June 30, 2016

Date Revised: April 4, 2025

Date Reviewed: April 4, 2025

1. Initiation of Investigation

- 1.1. The PCC can decide to appoint one or more of its members to do the actual work, or to hire an outside investigator.

2. Steps in Investigation

- 2.1. The PCC will generally take the following steps in conducting an investigation:
 - 2.1.1. Develop an investigation plan based on the complaint and the response if any, received from the respondent member. The plan should include an examination of all relevant documentation, including the Act, bylaws and policies, the Professional Code of Conduct, and any standards or guidelines for practice from the College or the employer;
 - 2.1.2. Develop interview questions and a schedule for interviews, including the complainant and the respondent;
 - 2.1.3. Take statements from the complainant, respondent, and any witnesses, beginning with the complainant. When conducting interviews, notes should be taken and should be provided to the interviewee to ensure the accuracy of the statement;
 - 2.1.4. All relevant information should be collected either through interviews or review of relevant documentation;
 - 2.1.5. Where necessary, the Committee can summon the respondent to appear before the Committee.
 - 2.1.6. A detailed written investigation report should be prepared as to whether the allegations have been supported by the evidence found through the investigation. The report may not include personal opinions of the investigators.

3. Receiving an Investigation Report

- 3.1. The PCC shall review the investigation report and determine whether refer the matter back for further investigate or, if the investigation is complete, to:
 - 3.1.1. Dismiss the matter, if the PCC is of the view that no discipline offence has been committed;
 - 3.1.2. Propose a Consensual Complaint Resolution Agreement, if the complainant and the member will agree;
 - 3.1.3. Refer the matter to the Discipline Committee for a hearing where agreement cannot be obtained; or

3.1.4. Refer the matter back for further investigation.

3.2. Where the PCC is not satisfied that the investigation has been thoroughly conducted the Committee may refer the matter to the investigator with clear direction to its concerns.

4. Reports to Discipline Committee

4.1. The chair of the PCC will prepare a written report of the Committee's decision, to be signed by a majority of the members of the PCC, and will forward the report to the Discipline Committee recommending that:

- the Discipline Committee hear and determine the formal complaint alleging professional incompetence or professional misconduct as set out in the written report; or
- no further action be taken with respect to the matter because the complaint is dismissed or is the subject of a Consensual Complaint Resolution Agreement.

5. Disclosure of Report Where No Further Action

5.1. Where the PCC's report to the Discipline Committee recommends no further action, a copy of the written report shall be provided to the complainant, the MRIP, and the Executive Director/Registrar for presentation to Council.

6. Notification to Members

6.1. The PCC shall file a report annually which provides a summary of the number of complaints received and investigated a categorization of the type of complaints, and an indication of their disposition.

6.2. The PCC shall report to members once a year or more frequently where warranted at the discretion of the Committee, on learning from the investigations and implications for members.

3.3 CONFIDENTIALITY OF INVESTIGATION REPORTS

Date Approved: June 30, 2016

Date Revised: April 4, 2025

Date Reviewed: April 4, 2025

1. Confidentiality of Investigation Records

1.1. All files of allegations and investigations shall be treated as confidential with access restricted to the Executive Director/Registrar, and members of the Professional Conduct Committee (PCC).

1.2. Security

1.2.1. All files described above shall be kept in a secure area separate from the membership files.

1.3. File Retention

1.3.1. All files described above shall be kept for 15 years.

2. Role of PCC and Discipline Committee Members

2.1. All Committee members shall ensure the confidentiality of working files, including electronic files, during an investigation and/or a hearing and shall maintain a separate, private email address for correspondence relating to the work of the PCC.

2.2. Once the investigation or hearing is complete, all working files, including electronic files, will be destroyed by the Committee member, or will be returned to the Executive Director/Registrar to be destroyed.

2.3. The Committee shall determine when an investigation/hearing is complete. Within one week each Committee member shall notify the Executive Director/Registrar that all files, including electronic files, have been destroyed.

2.4. All Committee members shall remove electronic files from their computers immediately upon receipt.

3. Maintenance of Discipline Hearing Files

3.1. All files created for the discipline hearing and exhibits at the discipline hearing shall be maintained in a secure location.

3.2. File Retention

3.2.1. All files described above shall be kept for 15 years and then destroyed.

Date Approved: June 30, 2016

Date Revised: April 4, 2025

Date Reviewed: April 4, 2025

1. Notice of Formal Complaint

- 1.1. Where the PCC has recommended that a disciplinary hearing be held, legal counsel for the PCC shall prepare the Formal Complaint setting out the charges against the MRIP.
- 1.2. The Chair of the Discipline Committee, in consultation with the PCC, and its legal counsel, the Discipline Committee and its legal counsel, the MRIP and his/her legal counsel, and the Executive Director/ Registrar is responsible for establishing the date, time and place of the hearing. The parties are expected to move the process forward as expeditiously as justice will allow, and in accordance with the notice requirements contained in the Act.
- 1.3. Service of the Notice of Hearing and Formal Complaint—The Registrar shall serve the Notice of Hearing and Formal Complaint as required by the Act, with the assistance of legal counsel for the PCC if necessary.
- 1.4. Notice to Complainant – The Registrar shall advise the Complainant of the date, time and place of the hearing.
- 1.5. Certificate of Executive Director/Registrar—The Executive Director/Registrar shall prepare a certificate pursuant to subsection 19(3) of *The Medical Radiation and Imaging Professionals Act* verifying whether the respondent was a member and held a valid licence at the times material to the complaint.

2. Role of Professional Conduct Committee

- 2.1. The PCC shall prosecute or direct the prosecution of the formal complaint and may retain legal counsel to act on its behalf.

3. Transparency and Accountability

- 3.1. The Chair of the Discipline Committee will ensure that disciplinary proceedings are organized and conducted in a manner that ensures due process and that the rules of natural justice are followed.
- 3.2. Public Hearings – Discipline hearings are open to the public unless the Discipline Committee decides that members of the public and/or the complainant should be excluded so as not to unduly violate the privacy of a person other than the member whose conduct is the subject of the hearing.
- 3.3. Report of Hearing – The Discipline Committee shall produce a written report of the hearing, as expeditiously as justice will allow, including the decision reached, the reasons for the decision and the resulting orders of the committee.

3.4. Publication – Discipline Committee hearings and decisions shall be communicated in a timely fashion to the members of the College by posting the following, when applicable, on the College’s website:

- Notice of Formal Complaint/Hearing;
- Agreed Statement of Facts and Sentencing Submissions;
- Decisions of the Discipline Committee;
- Notice of Sentencing;
- Notice of Appeal;
- Decisions of council; and
- Decisions of the courts

4. Process for Hearing

- 4.1. Legal counsel for the PCC or other designated person shall present the case on behalf of the PCC.
- 4.2. The conduct of the public and members shall respect the seriousness of the hearing.
- 4.3. No tape recordings or cameras shall be allowed in the hearings.
- 4.4. The College shall provide a court reporter to record the proceedings of the hearing.

5. Decisions

- 5.1. The written decision of the Discipline Committee shall protect the confidentiality of patients/clients by referring to them by their initials or by numbers.
- 5.2. **Report of Decisions** – The report of a decision shall be provided to:
 - The MRIP and his/her legal counsel;
 - The complainant;
 - Legal counsel for the PCC;
 - The Executive Director/Registrar;
 - The Discipline Committee may also send the member’s employer a copy of the Report of Decision; and

- Any other persons to whom the Discipline Committee orders the decision should be provided.

5.3. Timely Decisions – The parties are entitled to a timely decision from the Discipline Committee.

5.4. Respondent's File – A copy of the decision shall be placed on the MRIP's membership and discipline file.

Date Approved: June 30, 2016 For review April 4, 2025

Date Revised:

Date Reviewed:

1. Suspension of Licence

- 1.1. Where an order is made by the Discipline Committee to suspend a MRIP's licence, with or without conditions, the Executive Director/Registrar shall take the following steps:
 - 1.1.1. Request the MRIP to immediately surrender his/her current licence to practice.
 - 1.1.2. Indicate the nature of the suspension on the MRIP's files, including computer records.
 - 1.1.3. Make a notation on the register indicating the date and the detail of the suspension.
- 1.2. Members of the public inquiring as to whether a member is currently licensed to practice shall be advised of any current suspensions.
- 1.3. Where the Executive Director/Registrar has been supplied with sufficient information to be satisfied that the conditions imposed in an order of the Discipline Committee have been met, the Executive Director/ Registrar shall return the member's licence to practise.
- 1.4. The Executive Director/Registrar shall update the records of the College indicating the conditions have been met and that the licence to practice has been returned.

3.6 APPEAL OF DISCIPLINE DECISIONS

Date Approved: June 30, 2016

Date Revised: April 4, 2025

Date Reviewed: April 4, 2025

1. Appeal from Decision of Discipline Committee

- 1.1. Pursuant to section 36 of *The Medical Radiation and Imaging Professionals Act*, a member may appeal the decision of the Discipline Committee to the Council by serving the Executive Director/Registrar with a Notice of Appeal within 30 days of the date of the decision.
- 1.2. The appellant shall include in the Notice of Appeal the grounds for the appeal.
- 1.3. Where the Executive Director/Registrar receives a Notice of Appeal, the Executive Director/Registrar shall supply Council with a true copy of the following:
 - 1.3.1. The formal complaint and notice pursuant to section 30 of *The Medical Radiation and Imaging Professionals Act* or the PCC report pursuant to section 33 of the Act;
 - 1.3.2. The transcript and exhibits from the discipline hearing;
 - 1.3.3. The decision of the Discipline Committee.
- 1.4. The Executive Director/Registrar is responsible for establishing the date, time and place of the appeal and shall notify the appellant in writing of the date, time and place for the appeal hearing.

2. Transparency and Accountability

- 2.1. The Chair of Council shall ensure that appeal proceedings are organized and conducted in a manner which ensures due process and that the rules of natural justice are followed. A member of Council who was also a member of the Discipline Committee shall not sit as a member of Council for the purposes of hearing the appeal.
- 2.2. **Public Hearings** – Appeal hearings are open to the public, unless the Council decides that members of the public and/or the complainant should be excluded so as not to unduly violate the privacy of a person other than the member whose conduct is the subject of the hearing.
- 2.3. **Appeal Decision** – The Council shall produce a written decision on the appeal, including the reasons for the decision and the resulting orders of Council.
- 2.4. **Publication** – A decision of Council shall be posted on the CMRIPS’s website.

3. Process for Appeal Hearing

- 3.1. Legal counsel for the PCC or other designated person shall present the case on behalf of the College as respondent on the appeal.

- 3.2. The conduct of the public and members at the hearing shall respect the seriousness of the hearing.
- 3.3. No tape recordings or cameras shall be allowed in the hearings.
- 3.4. To protect their confidentiality, clients shall be referred to by their initials or by numbers.
- 3.5. The College shall provide a court reporter to record the proceedings of the hearing, not including the deliberations of Council.

4. Decisions

- 4.1. The written decision of the Council shall protect the confidentiality of patients and/or clients by referring to them by their initials or by numbers.
- 4.2. The report of a decision shall be provided to:
 - The appellant respondent and **their** legal counsel
 - The complainant;
 - Legal counsel for the PCC;
 - The Executive Director/ Registrar;
 - Council may also send the member's employer a copy of the Report of Decision and any other persons to whom the Discipline Committee's decision was provided.
- 4.3. **Timely Decisions** – The parties are entitled to a timely decision from the Council.
- 4.4. **Respondent's File** – A copy of the decision shall be placed on the appellant's membership file and on the member's discipline file.

4. OPERATIONAL

4.1 LINE OF CREDIT USE AND ACCESS TO BANKING

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Credit Card

- 1.1. Use of the College's credit card shall be restricted to the Executive Director/Registrar for any use related to College business.
- 1.2. The College credit card shall be paid in a timely manner to avoid interest charges.

2. Access to Banking

- 2.1. The Executive Director/Registrar should use the credit card for authorized purchases for the College to prevent frauds, identity theft and other online concerns.
- 2.2. Some of the instances that College credit card should be used include the following:
 - 2.2.1. Payment of membership dues and registration fees.
 - 2.2.2. Travel accommodation expenses by employees of the College.

4.2 PAYROLL

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Payroll Dates

1.1. All casual and permanent employees will be paid on a bi-weekly basis.

2. Deductions

2.1. Except for Canada Pension Plan (CPP), Employment Insurance (EI), Income Tax and garnishees, written permission from the employee is required for payroll deductions.

3. Taxable Benefits

3.1. All taxable benefits will be reported in an employee's annual gross earnings.

4. Biweekly Work Record

4.1. Each non-casual employee shall submit a biweekly work record, reviewed by his/her supervisor, listing all approved overtime worked (where applicable) and paid leaves taken including sick leave and compassionate leaves, vacation, time-off in lieu of overtime, scheduled days off, staff development and statutory holidays.

4.2. The Executive Director/Registrar shall maintain a record of each employee's accumulated entitlement to overtime, sick leave, and scheduled days off.

5. Termination of Employment

5.1. Final earnings for time worked, vacation and any other amounts owing will be calculated, paid, and reported on a Record of Employment within 5 calendar days of termination of employment.

Date Approved: June 30, 2016

Date Revised: August 28, 2024

Date Reviewed: October 4, 2024

Records management is necessary to support the business functions of the College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS) with effective and responsible management of its records. It ensures compliance with legal and regulatory obligations, records are available, costs are controlled, and storage, access and disposition are administered.

The CMRIPS recognizes that if records are kept too long, they are:

- a. A risk of unauthorized access and distribution.
- b. A risk to mismanagement

The retention and disposition schedule (Schedule A) determines how long a record is stored, when it may be disposed of or transferred to the permanent records series and establishes standardized retention rules.

CMRIPS processes and stores confidential and/or personal information. Such information must be appropriately categorized for proper retention and disposition.

1. Definitions

- 1.1 Record – documented information, regardless of medium or characteristics, which the CMRIPS creates, receives, or maintains in connection with the conduct of its operations.
- 1.2 Permanent Record – materials created or received by the CMRIPS in the conduct of its business affairs intended to be preserved because of the enduring value contained in the information they contain or as evidence of the functions and responsibilities of their creator.
- 1.3 Transitory Record – a record not required to be retained. These include duplicates, working copies, convenience copies, or records of temporary transactions (scheduling meetings, delivering documents, etc.) and may be destroyed when no longer required.
- 1.4 Records management – the process by which the CMRIPS identifies and manages all records throughout their life cycle. The process includes a comprehensive plan created for the systematic control of the creation, maintenance, use, retention and disposition of records.
- 1.5 Final Disposition – the final action to be taken on records at the end of their retention period.

2. Ownership of Records

- 2.1. All information received by the College in different categories, forms and types shall be the property of the College.
- 2.2. All electronic records entered or received on the College equipment are the property of CMRIPS and subject to records classification and retention policy.

2.3. Employees shall not keep corporate files of the College on personal computers.

3. Official Records

- 3.1. The “Register”, as defined in the CMRIPS legislation, shall be securely stored and maintained as an official record. The register may be made available in any manner acceptable to the registrar, including an electronic format. The historical registration information may be contained in paper.
- 3.2. Electronic documents, and electronic or digital records storage, will be the official CMRIPS record.
- 3.3. The current electronic membership database, financial records, and council minutes are identified as official records.
- 3.4. The CMRIPS records management software program, Docu-Go will be the primary residence of official electronic-documents and the primary index for paper-folders within CMRIPS.

4. Access to Records

- 4.1. Except otherwise provided in bylaws or policy, employees of the College will have access to records as required, to perform their duties.
- 4.2. Where employees remove records from the office (for the purpose of working offsite), the employee shall be responsible for maintaining confidentiality and safekeeping of the record.

5. Record Retention

- 5.1. The retention schedule is based on the core CMRIPS processes. The retention schedule is contained in Schedule A.
- 5.2. The College shall maintain policies to guide record classification and retention based on the following guidelines:
 - 5.2.1. Clearly defined record retention periods, which will be based on classes of records, operational requirements, legal requirements, and archival responsibilities.
 - 5.2.2. Retention periods shall be 2 years, 7 years, 15 years, and Permanent.
 - 5.2.3. Record retention periods shall be reviewed periodically to ensure legislative compliance and operational fit.
 - 5.2.4. File closure criteria will be developed for each class of record. Record retention periods begin when the file is closed.
 - 5.2.5. When a record contains non-regulatory personal information, the College will endeavor to comply with the legislation requiring that personal information be held no longer than is required for the original purpose for which the information was collected.
 - 5.2.6. Designation of permanent retention for a record does not exclude the possibility of donation of the record to the Saskatchewan Archives.

5.2.7. Disposition of a record shall be approved by the Executive Director/Registrar.

5.2.8. Upon disposition of a record, the content of the record shall be destroyed. Data associated with the record, including information related to its destruction, shall be retained permanently.

Schedule A: Retention Schedule

Record Category	Record Type	Retention Period	Disposition
Registrants – Applications, Continuing Education Audits, Complaints	Membership applications with no fee received	When inactive for 2 years	2 years
	Initial membership applications with fee received	When applicant is accepted, rejected, or inactive for 5 years	Permanent
	Initial registrations	Upon registration	Permanent
	Initial registration – decision support documents	Upon case decision	Permanent
	Renewal registration – data in membership database	Annually Electronic or scanned	Permanent
	Registration Committee decisions	Case by case basis	Permanent
	Continuing competence and hours: audit samples and audit decisions	Annually	7 years
	Investigation of conduct and complaint dismissed outright	Case dismissed	Permanent
	Appeal of Registrar Decision	Case by Case basis	Permanent
	Approval of Refresher Program	Case by Case basis	Permanent
Council	Elections/Appointments	Annually	Permanent
	Terms of Reference, Agenda, Minutes, Supporting Documentation	Annually or when superseded	15 years
	Orientation and Education	Annually, 1st Quarter	7 years
Council Committees, Legislated Committees	Appointments	Annually, 1st Quarter	Permanent
	Orientation and Education	Annually, 1st Quarter	7 years
	Reports and Supporting Documentation	Committee disbanded	15 years
	Terms of Reference, Agenda, Minutes, Supporting Documentation	Annually, 1st Quarter	15 years
Ad hoc Committee Meetings - Staff	Terms of Reference, Agenda, Minutes, Supporting Documentation	Annually or when superseded or committee dissolved	15 years
	All other Employee Meetings: Agenda,	Annually, 1st Quarter	7 years

Record Category	Record Type	Retention Period	Disposition
	Minutes/notes; Supporting Documentation		
Governance, Policy and Communication	CMRIPS Act and Bylaws	Proclamation of new Act/and or bylaws	Permanent
	Governance Policies	When superseded	Permanent
	Digital newsletter	Published	Permanent
	Annual Report	Published	Permanent
	Website Content: Individual pages and sections are edited often	When superseded	Permanent
	Published policy statements	When superseded	Permanent
	Inquiries – Professional Practice	Annually	15 years
	Inquiries - registration	Annually, 1st Quarter	7 years
	Casual inquiries excluding registration	Annually, 1st Quarter	2 years
	Candidate Examination Results	Annually, 1st Quarter	7 years
	Candidate school results	Annually, 1st Quarter	7 years
	Email Inbox	When received or item addressed	2 years
	Email Sent	When sent	2 years
	Email All other folders	When received	7 years
Email Deleted Items folder			
External Partners	Alliances and National and local Network bodies; formal interactions including counterpart meetings	Annually, 1st Quarter	15 years
	Saskatchewan Ministries/Minister	Annually, 1st Quarter	15 years
	Saskatchewan Health Authority/ Saskatchewan Cancer Agency	Annually, 1st Quarter	15 years
Operational	Equipment and supplies	Obsolescence	7 years
	Contracts	Upon fulfillment of all conditions	7 years
	Financial statements, general ledgers and posting journals	Annually after council approved	Permanent
	Financial audit working papers and reports	Annually after council approved	7 years
	Expenditures	Annually, 1st Quarter	7 years
	Receipts	Annually, 1st Quarter	7 years
	Budgets	Annually	7 years
	Procurement	Supplier info when superseded	7 years

Record Category	Record Type	Retention Period	Disposition
	Banking and investments	Annually, 1st Quarter or termination of relationship	7 years
	Insurance	Upon policy termination and/or case settlement. CMRIPS no longer liable	7 years
	Strategic planning	Upon project completion	Permanent
	Information systems (hardware and applications that manage hardware) excluding records metadata.	Obsolescence or project completion	15 years
Human Resources	Employee history including pension information, excluding performance management	End of employment due to death, resignation, retirement or termination	7 years
	Employee history – performance management	End of calendar year or following termination	7 years
	Position Descriptions	When superseded	15 years
	Attendance Management	Annually	7 years
	Payroll and benefits including workers compensation	Annually, 1st Quarter	7 years
	Unsuccessful applications for positions, whether solicited or unsolicited	When the competition closes or 3 months, whichever arrives first	3 months (base on probation)
General	Survey data – raw	Report accepted	2 years
	Surveys, CMRIPS scans, statistical and activity summary reports, not CIHI	Annually or upon completion of study	Permanent
	Canadian Institute of Health Information (CIHI) reports to which CMRIPS contributed	Publication of report	Permanent
	Non-CMRIPS regulatory information with direct impact on regulatory decisions (like examination development, education program equivalence,	When superseded	15 years
	Legal opinions	When superseded	Permanent

4.4 COMPUTER RECORD MANAGEMENT

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Network Protection

- 1.1. A current virus scanning program shall be maintained on workstation files daily.
- 1.2. A firewall shall be maintained between the College internal network and the external environment.
- 1.3. Employees shall ensure all external disks are scanned for viruses prior to opening files
- 1.4. Employees shall exercise high caution when deciding whether to open E-mail from unknown sources.
- 1.5. The CMRIPS Office shall ensure backups of network programs, databases and files daily on a two-week rotation.
- 1.6. The current backup tape shall be held offsite by the CMRIPS Office.
- 1.7. The membership database and general ledger shall be archived at year-end and stored off-site.
- 1.8. Employees storing data on personal hard drives shall make back-up copies to diskette or place a copy of the data on the network to avoid loss of data if a hard drive fails.
- 1.9. Access to the network and to various secured applications shall be controlled by passwords.
- 1.10. Employees shall keep passwords secure from unauthorized access. If confidentiality is breached, the password shall be changed immediately.
- 1.11. Employees shall adhere to password format standards and change schedules. Employees shall sign off whenever they will be unable to maintain sight control of their computer for an extended period of time.
- 1.12. Programs not purchased by the College shall not be installed on College equipment without the written approval of the Executive Director/Registrar.
- 1.13. Such programs include games, screensavers, real-time players and office products obtained via the Internet or any tangible medium.

2. Computer Access and Control

- 2.1. Laptops will be provided by the College as required to complete job responsibilities.
- 2.2. Responsibility for the security of the machine, and the files it contains, lie with the employee to whom it is assigned. Accordingly, the employee shall:
 - Not abandon the computer in an unlocked area.

- Not store sensitive data on the local hard drive.
 - Cycle the laptop back to the office when requested for updates and maintenance.
 - Report a stolen or lost computer to the office immediately so access rights can be revoked.
- 2.3. Except for decision writers of Disciplinary Hearings, or with the explicit authorization of the Executive Director/Registrar, laptops shall not be removed from the building by non-employees.
- 2.4. The employee requesting the laptop for the non-employee is responsible to ensure that the computer is returned before the non-employee leaves the building.

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Sick Leave

- 1.1. All permanent employees will accrue 11 days per month of sick leave.
- 1.2. Employees accruing sick leave may carry over unused sick days from year to year up to a maximum of 190 days.
- 1.3. Days accrued in excess of 190 days and existing as of June 30th will be removed from the College records once a year on that date.
- 1.4. The employer reserves the right to request a medical certificate in respect of absence due to illness or disability. However, the employer shall not abuse this right to request medical certificates.

2. Pressing Necessity Leave

- 2.1. All employees have the right to negotiate time away from the office to handle pressing personal necessities.
- 2.2. Adjustment of working hours, rescheduling of scheduled days off, or use of vacation time are options that may be explored with the supervisor within the context of the College's needs.
- 2.3. Permanent employees shall have the right to access their paid sick leave benefits in relation to sickness of family members.

3. Vacation Leave

- 3.1. Unless otherwise negotiated and approved by the Council, all permanent employees will be entitled to annual vacation leave as follows:
 - 1 to 3 years—3 weeks
 - 4 to 14 years—4 weeks
 - 15 to 24 years—5 weeks
 - 25 years and above—6 weeks
- 3.2. Where an employee leaves their position before one year, the employer will comply with *The Labour Standards Act* and provide holiday pay as required.
- 3.3. The maximum amount of vacation leave that may be accumulated by all eligible employees is 15 days. It is the employees' responsibility to ensure that they have scheduled their vacation leave in excess of the 15 days carry forward target.

- 3.4. If the supervisor and staff member are unable to agree on mutually satisfactory vacation dates for the days in excess of the 15 days maximum and existing as of June 30th, the supervisor can schedule the staff member's vacation by providing the staff member with a minimum 2 weeks of written notice of the date on which the staff member's annual vacation is to commence, and the staff member must take the vacation at that time.
- 3.5. In exceptional non-recurring circumstances, vacation leave beyond the maximum carry over may be allowed with the approval of the Executive Director/Registrar. Employees must submit their request in writing to the Executive Director/Registrar for approval prior to June 30th.

4. Designated Holidays

- 4.1. All permanent employees are eligible for leave with pay for:
 - New Year's Day
 - Family Day
 - Good Friday
 - Easter Monday
 - Victoria Day
 - Canada Day
 - Saskatchewan Day
 - Labor Day
 - Thanksgiving Day
 - Remembrance Day
 - Christmas Day
 - Boxing Day

4.6 EMPLOYEE SPECIAL LEAVE PROVISIONS

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Compassionate Leave of Absence

- 1.1. Compassionate leave means a leave with pay granted in the event of a death or life-threatening illness in the immediate family or of any significant other.
- 1.2. Requests for compassionate leave shall be made to the employee's supervisor. Leave with pay up to a maximum of five days on any one occasion may be granted.
- 1.3. Employees who are absent for compassionate reasons shall notify the office as soon as possible.
- 1.4. The Executive Director/Registrar reserves the right to refuse paid leave to an employee who fails to provide notice as required.

2. Court Leave

- 2.1. An employee, other than one who is on leave of absence without pay, is entitled to leave with pay where she/he is required:
 - 2.1.1. To serve on a jury.
 - 2.1.2. To attend as a witness in any proceedings held:
 - In or under the authority of a court of justice;
 - Before a court, judge or coroner;
 - Before an arbitrator or a person or body of persons authorized by law to make an inquiry and to compel the attendance of a witness before it.
 - 2.1.3. Such an employee shall be paid by the College the difference between her/his regular salary and the daily jury duty or witness fee paid for the number of hours she/he otherwise would have been scheduled to work.

3. Maternity/Adoption/Parental Leave

- 3.1. An employee who has at least one year of continuous employment with the College, and who becomes pregnant, or who becomes the primary care giver of an adopted child shall be entitled to combination of maternity/adoption leave and parental leave without pay for a period up to fifty-two weeks as determined by the employee.
- 3.2. An employee who has at least one year of continuous employment with the College and who is a birth father or the spouse of an adopted child's primary care giver may, request unpaid parental leave up to thirty-seven weeks within the first year of the child's arrival.

- 3.3. An employee who has not been continuously employed, but who has at least twenty weeks of service in the fifty-two weeks preceding the requested leave shall be eligible for maternity/adoption/parental leave according to provisions in *The Labour Standards Act*.
- 3.4. At the request of the employee, the employer may extend the combination of maternity, adoption, and parental leave to a maximum of eighteen months.
- 3.5. Prior to the commencement of maternity/adoption/parental leave, the employee and employer will determine mutually convenient dates for taking all vacation and overtime which have been earned but not taken.
- 3.6. A pregnant employee will have access to accumulated sick leave for health-related absences arising from her pregnancy.
- 3.7. Accumulated benefits will be retained during the maternity/adoption/parental leave of absence. Participation in group benefit plans shall be in accordance with plan guidelines.
- 3.8. An employee returning to work from maternity/adoption/parental leave shall be reinstated in her previous job classification, subject to altered program emphasis, lack of work, and/or technological changes.
- 3.9. Salary of employees on maternity/adoption/parental leave shall remain at the increment level in effect when the leave was granted. The increment anniversary date will be extended in relation to the period of leave.
- 3.10. A request for maternity/adoption/parental leave shall be submitted in writing to the immediate supervisor at least four weeks, and preferably four months, prior to the date requested for commencement of the leave. The request shall include a tentative date for return to employment.
- 3.11. The employee on leave shall give the employer two weeks' notice of intent to return to work, or four weeks' notice of intent to request an extension of the leave.

Date Approved: June 30, 2016

Date Revised: April 4 2025

Date Reviewed: April 4 2025

1. Employee Benefits

- 1.1. The CMRIPS employees' benefits are established as part of a plan to be a preferred employer, and to recruit and retain their workforce, while balancing the need for fiscal responsibility and public accountability. Pension and benefits are offered to full and part-time permanent employees working a minimum of at least 20 hours per week on a regular basis.

2. Membership in the Saskatchewan Association of Health Organizations

- 2.1. As a member of 3S Health, the College has joined the following benefit plans for all and part-time permanent employees:

- 2.1.1. Core Dental Plan

- 2.1.2. Disability Income Plan

- 2.1.3. Enhanced Dental Plan

- 2.1.4. Extended Health Plan

- 2.1.5. Group Life Insurance Plan

- 2.2. There is a 26-week waiting period for the Core Dental Plan, Enhanced Dental Plan and Extended Health Plan to take effect.

3. Pension Plan

- 3.1. The College has agreed to establish an employee pension plan subject to the following conditions:

- 3.1.1. Employees must establish an RRSP to receive employer and employee contributions;

- 3.1.2. The employer contribution is established at 112% of the employee contribution; and the employee contribution shall be 7% of their salary;

- 3.1.3. A monthly payment of the employer's contribution is paid directly to the RRSP;

- 3.1.4. The College may make voluntary deductions for employees at their request to provide a monthly employee contribution direct to the RRSP.

4. Workers Compensation

- 4.1. All employees must complete a work injury report within 48 hours (three days) of the discovery of an injury.

5. Transportation Injury Insurance

- 5.1. The College shall provide group coverage insurance for injuries to all employees while traveling on College business.

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Individual Performance Management

- 1.1. Individual performance management is the informal and formal process of orientation together with regular planning, monitoring, review, documentation, and dialogue that focuses on strengthening employee performance and results.

2. Objectives and Expectations

- 2.1. A focus on lifelong learning, competence and early identification of gaps contributes to maximizing individual performance that is aligned with College's policy.
- 2.2. Staff will support each other in developing and maintaining competence through their commitment to one another and the organization.
- 2.3. Individual performance management will focus on ensuring that employees have goal clarity, the required competence, and are motivated and equipped to fulfill individual and organizational goals by:
 - 2.3.1. Emphasizing ongoing communications to plan, monitor, review, document, discuss and improve performance and results.
 - 2.3.2. Emphasizing communications and employee development; and
 - 2.3.3. Assessing observable, job-related performance and results.

3. Evaluation

- 3.1. Evaluation of staff performance shall be conducted by the person to whom the staff member reports directly on at least an annual basis.
- 3.2. The employer will recognize that the ability to demonstrate competence is influenced by his/her environment and resource allocation.

4. Annual Reviews

- 4.1. Permanent staff will have his/her performance reviewed on an annual basis in a personal discussion with their immediate supervisor. The employee will:
 - 4.1.1. Be provided written feedback on their performance; and
 - 4.1.2. Have an opportunity to provide a written response to the feedback.
- 4.2. Written feedback to the employee will include one of the following performance ratings (effective on the date the policy is approved and/or revised):

- 4.2.1. **Performance Exceptional**—Performance consistently and significantly exceeds expectations for most or all areas on a sustained basis. Individual provides an extraordinary contribution to the organization and is a model of excellence and distinguished achievement.
- 4.2.2. **Performance Exceeds Expectations**—Performance noticeably exceeds expectations for the position. Individual demonstrates superior contribution on a frequent and sustained basis. There are no shortcomings in terms of expectations.
- 4.2.3. **Performance Consistency Meets Expectations**—Performance fully and consistently meets expectations for the position. Individual may have noticeably strong performance in some areas, balanced by a slight gap in results for a less critical area.
- 4.2.4. **Performance Needs Improvement**—Performance does not consistently meet expectations for the position. Some key expectations were not attained, and performance needs to improve.
- 4.2.5. **Performance Unsatisfactory**—Performance does not meet minimum expectations for the position and potential for significant improvement must be demonstrated in the short term.

5. Personnel Files

- 5.1. Personnel files shall be established and maintained for each CMRIPS employee.
- 5.2. The files shall be confidential and shall be kept in a secure location.
- 5.3. Only the Executive Director/Registrar shall have access to all files.
- 5.4. Performance Review documents shall be retained on file for up to five years.

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Contractual Authority

- 1.1. The Executive Director/Registrar may contract expertise to complete objectives or work of the College to meet the ends as long as they stay within the expected limits and responsibilities.

2. Contractual Service Fees

- 2.1. The contractual service fees will be determined and members compensated based on the following:
 - 2.1.1. Whether the expertise required is that of medical radiation and imaging professionals;
 - 2.1.2. The qualification of the member providing the services; and
 - 2.1.3. The complexity of the task. Some complex tasks are straightforward, and others require special expertise and judgment.

4.10 MISCELLANEOUS INFORMATION

Date June 30, 2016

Date Revised:

Date Reviewed:

1. Addressed Advertising Materials

- 1.1. The College will not distribute addressed advertising materials to members.
- 1.2. All addressed advertising materials received by the College shall be discarded.

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Purpose

1.1. The intent of this policy is to ensure that College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS) activities are compliant with this new legislation.

1.1.1. On July 1, 2014, Canada's Anti-Spam Legislation came into force.

1.1.2. The CASL is intended to protect Canadian consumers from spam and online threats, such as identity theft, phishing, and spyware.

2. Scope

2.1. The scope of this policy is intended to include all CMRIPS business and communications activity.

2.2. CMRIPS employees and contracted resources are responsible for ensuring that they understand CASL requirements, including impact on their roles and/or responsibilities.

3. Implications

3.1. Non-compliance with this policy places the organization at risk of prosecution under CASL. As such, intentional non-compliance on the part of any employee or contracted employee may result in corrective action which may include formal discipline.

4. Policy

4.1. CASL is directed primarily at organizations involved in commercial activity.

4.2. Based on an internal CASL audit, CMRIPS is not currently involved in commercial activity that involves revenue generation, or the sale of a service or product; CASL will not impact CMRIPS general operational activity at this time.

4.3. In the absence of member express consent regarding commercial activity, CMRIPS may post information to the corporate web page.

4.4. If CMRIPS wishes to participate in the promotion of commercial activities (as defined by CASL), CASL compliance is mandatory.

4.5. For further clarity, informed express consent must be in place if CMRIPS contemplates direct solicitation of members for commercial purposes.

4.6. If CMRIPS determines that commercial activity is necessary to support business operations, then the following standards must be implemented:

4.6.1. CMRIPS must introduce an informed express consent model that is in compliance with CASL standards;

4.6.2. CMRIPS must introduce a CASL Compliance Program that includes:

- Risk assessment
- Policy Document
- Documented CASL compliance policy
- Record keeping policy
- CASL training materials
- Audit and monitoring procedures (as related to CASL)
- Complaint management processes
- Complaint-handling system

5. Accountability Matrix

5.1. **Responsible:** CMRIPS Executive Director/Registrar; all CMRIPS employees/consultants

5.2. **Accountable:** CMRIPS Executive Director/Registrar

5.3. **Consulted:** CMRIPS Council

5.4. **Informed:** CMRIPS membership

6. Penalties/Consequences

6.1. Breach of CASL can lead to 'Administrative Monetary Fines' as follows:

6.1.1. Individual: up to \$1M per violation.

6.1.2. Corporate: up to 10M per violation.

6.2. Directors, officers, and agents of CMRIPS can be considered liable, if they directed, authorized, assented to, acquiesced in, or participated in the commission of a CASL violation.

4.12 ACCREDITATION REPRESENTATIVE COMPENSATION

Date Approved: June 30, 2016

Date Revised: September 8, 2023

Date Reviewed: September 8, 2023

1. Accreditation Representative

- 1.1. CMRIPS will send one representative to the Accreditation meetings and conferences. A representative will also be appointed for examination and training sites and educational institutions for medical radiation and imaging programs in Saskatchewan for accreditation purposes

2. Representative Compensation

- 2.1. The College must compensate the accreditation representative based on the following:
 - 2.1.1. Expense Reimbursement Guidelines for permanent and causal employees (See the particular categories about the transportation, accommodation, meals and miscellaneous expenses).
 - 2.1.2. The representative will also receive a take-home pay (stipend) of \$200 per a day when she/he is on the College's duties.
 - 2.1.3. These compensation requirements will be processed after the member submits a completed Supplementary Reimbursement Form.

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Requirement for Procedural Fairness

- 1.1. In accordance to the Executive Limitation, Council Policy Number EL -5 (5), the Executive Director shall not apply the legislation in a manner inconsistent with due process and the duty of procedural fairness.¹

2. Definition and Scope of Procedural Fairness

- 2.1. Procedural fairness broadly refers to the manner in which a decision is made, in particular, whether or not the Executive Director has taken all the appropriate steps to arrive at a final decision.
- 2.2. According to the policies of the College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS), the applicants or members can appeal any decision when they think procedural fairness was not upheld during the application. (See **Appeal of Executive Director/Registrar Decisions**, Policy Number 2.5, and **Appeal to Discipline Decisions**, Policy Number 3.7).

3. Main Components of Procedural Fairness

- 3.1. **Communication with the applicants.** The Executive Director should:
 - 3.1.1. Provide adequate and accurate information and notice regarding the processes and procedures that will lead to a decision.
 - 3.1.2. Describe documentation that she/he may require from the members or applicants to effectively address their concerns.
 - 3.1.3. Applicants should have the opportunity to respond and provide sufficient evidence, and request that the Executive Director considers all evidence and record the decision-making process, as well as why she/he may not consider certain evidence that has been submitted.
 - 3.1.4. If the Executive Director makes a decision on outside evidence, or evidence that has not been provided by the applicant, the applicant must be made aware of this evidence and be provided the opportunity to address these concerns.

1 More information on procedural fairness can be found from Akrami and Associates Immigration Law Firm web site <https://thevisa.ca> and from Citizenship and Immigration Canada (CIC) web site under applications.

- 3.2. **Accountability and due diligence.** The Executive Director is expected to demonstrate diligence and take responsibility in making decisions. Any delay that cannot be justified is a breach of procedural fairness.
- 3.3. Decisions must be based on the Act, policies and by-laws of the College. The Executive Director should not only make a decision based on the law, but also must cite the appropriate sections that she/he has consulted to make such decision. This information should also be provided to the applicant in writing.
- 3.4. **Discretion.** The Council and some by-laws give the Executive Director a complete authority to make independent decisions. This independence may work for or against an applicant, depending on the Executive Director's discretion, however:
 - 3.4.1. The Executive Director should specify to an applicant that she/her has exercised this right.
 - 3.4.2. The Executive Director may seek advice from other colleagues or superiors, but making decision based on discretion must be their own.
 - 3.4.3. The Executive Director must assess the case and must make a decision based on her/his own analysis.
 - 3.4.4. All applicants must have the ability to address decision makers of their concerns.

4. **Appeal Process**

- 4.1. If applicants or members feel that procedural fairness was not upheld on their particular matter, they can appeal the Executive Director's decision by requesting the Council to review the Executive Director's decision or be granted access to their files that outline the Executive Director's decision-making process.
- 4.2. The applicants are responsible for providing all the information requested by the Council and any additional information which they would like to be considered during the appeal.

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Rules and Procedures

- 1.1. Rules and Procedures for the College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS or College) require a Parliamentarian be appointed to assist the Chair and other members of the College on parliamentary procedure.

2. Appointment

- 2.1. The parliamentarian is usually appointed for large meetings like the Annual General Meeting.
- 2.2. The Parliamentarian is appointed for a designated period to assist the Council in developing understanding of parliamentary procedures and the understanding of the rules and procedures of the College.
- 2.3. The Parliamentarian will be chosen by the President of the College, on recommendation from the Executive Director/Registrar.
- 2.4. The Executive Director/Registrar will consider the following factors in making the recommendation:
 - 2.4.1. The individual's knowledge of parliamentary procedure or the individual's ability to develop the knowledge in a short time frame;
 - 2.4.2. The individual's ability to fulfill the role described below (**See Subsection 3**), particularly the ability to provide objective advice to the chair and the ability to fulfill a passive role at a meeting;
 - 2.4.3. The individual's desire and willingness to perform the role of parliamentarian and his/her understanding of the requirements of this role.

3. Roles and Responsibilities

- 3.1. The role of the Parliamentarian is a passive role and does not participate in the active debate during the meeting.
- 3.2. The Parliamentarian will provide active assistance to the Chair to make sure the proper process is followed and to help resolve procedural problems that may arise at a meeting.
- 3.3. The Parliamentarian shall make sure that quorum is maintained throughout the meeting and should advise the chair immediately if quorum is lost.
- 3.4. The Parliamentarian can be asked to chair or participate in a constitutional Committee that is responsible for drafting the constitution of the organization or the bylaws dealing with the constitution.

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Role of Scrutineers

1.1. Scrutineers are responsible for:

- 1.1.1. Counting votes where a vote has been taken by a ballot, or where a vote taken by a voting card or through an online voting;
- 1.1.2. Distributing ballots to members in good standing;
- 1.1.3. Collecting ballots;
- 1.1.4. Ascertaining if any ballots are invalid; and
- 1.1.5. Reporting to the Chair the total counts from voters, including the members for, those against, blank votes, and any spoiled ballots.

2. Instructions

2.1. Instructions for scrutineers are as follows:

- 2.1.1. The meeting room will be divided into sections with one scrutineer assigned to each of the voting sections.
- 2.1.2. Scrutineers shall take their place near their assigned section.
- 2.1.3. Each scrutineer shall count the voters in his/her assigned section, counting only voters who are wearing appropriate voter identification.
- 2.1.4. Scrutineers shall record in writing the number of votes cast in favour and in opposition in their designated sections.
- 2.1.5. Scrutineers shall give their written records to the head scrutineer for counting.
- 2.1.6. The head scrutineer shall give the Chair a written report of voting for each question, including identification of the specific question, the number of votes in favour, the number of votes opposed and total number of votes.

3. Selection of Scrutineers

- 3.1. The Executive Director/Registrar is responsible for the selection of scrutineers. Scrutineers must be objective individuals who are able to ensure an accountable and transparent process for counting votes.

- 3.2. The Executive Director/Registrar shall obtain up to four members to act as scrutineers. One shall be chosen by the Executive Director to act as the head scrutineer. Scrutineers will be provided an orientation as to the rules for voting and reporting on votes taken.

4. Voting Procedures

- 4.1. Before any vote takes place, the responsibility of the Chair is to explain to the members the following:
 - 4.1.1. The votes required to pass the motion or the election (ie. A simple majority, two thirds majority etc).
 - 4.1.2. The type of vote (e.g. Show of hands, voice votes, roll call vote, written vote, or online voting for new Council members).
 - 4.1.3. The doors to the meeting room will be closed during the counting of the votes and no member shall be allowed to re-enter the meeting room while a vote is taken.
- 4.2. The Executive Director/Registrar shall maintain an up-to-date list of all members that are entitled to vote and shall ensure that list is available at any meeting where it is required.
- 4.3. Unless otherwise specified in the Act, Bylaws or in policies, all matters shall be determined by a majority of votes cast.
- 4.4. In the cases where the decision involves three or more options, like elections, the plurality of votes shall govern.
- 4.5. Each member shall be entitled to one vote and in the case of the Annual General Meeting must be present at the meeting to vote.
- 4.6. An abstention does not count as a vote cast.
- 4.7. After a voice vote or a vote by a show of hands, the chair announces the decision to the membership (ie. whether it has been approved or rejected) and the decision is recorded in the minutes. Generally, the number of votes for and against is not recorded in the minutes and the number of abstentions is not recorded. The head scrutineer's written report will be included in the meeting's minutes.
- 4.8. After a written vote, the chair reports whether the motion has been approved or rejected. In the case of an election, the Chair reports the name of the successful candidate.
- 4.9. The ballots from a written vote are kept by the Executive Director for at least one year following the vote.

5. Form of the Ballot

- 5.1. The form of the ballot will be approved by the Council. Ballots shall list the names of the candidates in an alphabetical order.
- 5.2. The ballot should be marked in a special way so that they are not easily reproduced.
- 5.3. The number of ballots distributed is recorded and checked against the returns. The instructions for marking the ballot are given by the chair of the meeting.
- 5.4. The form of ballot for new Council members is conducted through online voting.

Date Approved: June 30, 2016

Date Revised:

Date Reviewed:

1. Insurance

1.1. The Executive Director shall ensure that adequate insurance coverage is provided as follows:

1.1.1. General insurance to protect the contents of the office of the College and to protect against any injury suffered by a third party in the office space of the College;

1.1.2. Errors and omissions insurance to cover the activities of the staff of the College during the normal course of their business activities;

1.1.3. Directors/officers liability insurance to cover the activities of the Council and Committee members during the normal course of their business activities.

Date Approved: February 9, 2018

Date Revised:

Date Reviewed:

1. Background

- 1.1. A crisis is any situation that threatens the integrity or reputation of the college, usually brought on by adverse or negative media attention¹. The College of Medical Radiation and Imaging Professionals of Saskatchewan (CMRIPS), like any organization, may, at times, be confronted by a crisis which demands immediate attention. In such matters, the media, on behalf of the public, will request information or an opinion from CMRIPS.
- 1.2. The Crisis Communication Plan serves to provide consistent and accurate information to the media and the public in a professional manner. A well-managed crisis may improve the public's opinion of the CMRIPS, as well as showcase the CMRIPS as a professional organization.
- 1.3. Remember that it is crucial in a crisis to tell it all, tell it fast, and tell the truth.

2. Preparations

- 2.1. The Crisis Communication Team should be identified^{1,2}. It should be comprised of:
 - a) The CMRIPS Chair;
 - b) The CMRIPS Executive Director;
 - c) The CMRIPS Vice Chair;
 - d) Committee chair(s) of relevant committees; and
 - e) Legal representation.
- 2.2. The Executive Director will determine if government stakeholders should be informed. The nature of the crisis will drive who is contacted, and what form of communication should be employed. (Refer to Appendix A for potential government stakeholder contacts.)
- 2.3. The Executive Director will act as the spokesperson. This is best suited for timely response and consistent messaging. However, the Crisis Communication Team will discuss the matter and determine the key communication points. Members of the Crisis Communication Team may attend media interviews in person, standing in the background to show a united front and for support. One person on the Crisis Communication Team will be appointed to take notes. Team member attendance at the media interview also allows for an immediate meeting of the committee after the interview for follow-up actions or for review.

3. Location of Media Interviews

- 3.1 A neutral, consistent site is the best plan. The CMRIPS office is the preferred location. If necessary, the news studio would also be a reasonable location. Interviews should not be conducted at the homes of any of the team members of the Crisis Communication Team, or at the workplace of any college volunteers.

4. Immediate Responses

- 4.1 Media calls should be directed to the CMRIPS office.

- 4.2 The Executive Director should quickly respond with statements similar to, “Facts are being gathered. We will make a statement within 24 hours OR by the end of the day.”
- 4.2.1 The person receiving media contact or who is first aware of the situation will contact the Executive Director.
 - 4.2.2 The Executive Director notifies the Crisis Communication Team.
 - 4.2.3 The Executive Director and others at her discretion collect the relevant facts or information regarding the situation.
 - 4.2.4 The Crisis Communication Team meets directly or by teleconference as soon as possible to:
 - a) Discuss facts;
 - b) Determine key communication message; and
 - c) Determine the timeframe for the next follow-up meeting post media interview.

5. Key Message Considerations

- a) Appendix A and B are unpublished.
- b) As the regulator of medical radiation technologists in Saskatchewan, the focus of the message is to consider the protection of the public.
- c) The first message should include the *who, what, when and where* of the situation, recognizing that there may be privacy implications to consider when determining what information can be released.
- d) It is always best when a mistake is made to admit it up front^{1,2,3}. However, the initial statements should come from a perspective of empathy. An apology, where appropriate, can be issued after the facts have been gathered.
- e) Never say, “No comment³.” Offer, instead, that facts are being investigated and will be communicated as soon as possible.
- f) Rehearse prepared statements and anticipate tough questions.
- g) Don’t volunteer information unless it’s a point the college wants to make and the question hasn’t been asked yet. Generally, the last question media will ask is, “Do you have anything further to say?” The response should be, “No.”
- h) Don’t talk off the record³. There is no such thing.
- i) Stick to the facts and stick to the message. Do not speculate or offer an opinion.
- j) Do not blame others or be judgmental.
- k) Follow-up messages should focus on actions being undertaken to avoid similar situations in the future.

6. Apologies

- 6.1 An apology is not an admission of guilt³ and, when appropriate, you shouldn’t hesitate to make one. Be aware, however, that the college should not apologize for performing its role as a regulator.
- 6.2 If you apologize, make it a good one. Don’t make excuses. Be earnest.
- 6.3 An apology can go a long way in earning the trust of the public.
- 6.4 *The Evidence Act* (Apology provision)
Amendments to *The Evidence Act* allow people and organizations to make a sincere apology without fearing legal liability in an existing or potential civil action. An apology no longer constitutes an admission of fault and is not admissible as evidence in a court proceeding⁴.

7. Crisis Review

Once the crisis is handled satisfactorily, the Crisis Communication Team will meet to consider:

- a) Action items to be completed.
- b) Any policies that may require revisions.
- c) Strategies to avoid a similar crisis in the future.
- d) Any recommendations and a full report to Council.

¹Clawson Freeo, S.K. (n.d.). *Crisis communication plan: A PR blue print.*. www.niu.edu.

²Roos, D. How Crisis Communication Plans Work. <https://money.howstuffworks.com/business-communications>.

³Crisis Communication Planning presentation, National Provincial Network Meeting, November 2017.

⁴Government of Saskatchewan, Public Representative Orientation

Date Approved: September 25, 2020

Date Revised:

Date Reviewed:

1. Social Media Platforms and Accounts

- 1.1. Instagram: smart_sk password:xxx
- 1.2. Facebook: CMRIPS password: xxx
- 1.3. CEC@CMRIPS.org password: xxx

2. Mission Statement:

- 2.1. The CMRIPS will use social media such as Facebook and Instagram to communicate information with the public and its members. The social media platforms will be volunteer run by members of the CEC committee. Committee members will be responsible for posting, monitoring, and responding to the public. The CMRIPS welcomes comments and opinions which relate to the profession. This is an alternative way for members to access information that is already posted on our Associations website, such as promoting or cancelling of events, etc.

3. Monitoring

- 3.1. The college will monitor commentary that may contain inappropriate language, or content. All members of the CEC will have authorization to monitor and edit the social media platforms. It is each member's responsibility to do so within 24hrs of the post, during business hours Monday-Friday. We the CMRIPS reserve the right to delete any comments or posts that are determined unsuitable without cause or warning. This may include blocking or restricting a member's access.

4. Disclaimers

- 4.1. Public comments do not necessarily reflect the opinions of the CMRIPS but solely reflect the opinions of the commentator. The user is solely responsible for the content posted from their account. We will not be responsible for correct punctuation or grammar. If the association decides to "friend", "follow" or "like" an account it, does not mean we endorse all the beliefs of that users account. We do not assume liability by any of the comments posed by users. Social media is not the appropriate forum to discuss complaints or professional matters regarding the CMRIPS. Please contact the CMRIPS directly for any of these matters.

5. Succession

- 5.1. The executive director will safeguard the social media passwords and associated email accounts. The ED will login any new CEC members or a new password will be set to allow access. When a CEC member(s) term is over, access to social media accounts will be requested to be removed.

4.19 COUNCIL RECOGNITION

Date Approved: October 4, 2024

Date Revised:

Date Reviewed:

1. Council Recognition

- 1.1. Council members are nominated and serve on council for a fixed term. The term varies by the position held and members may have their term extended for an additional term. Member at large, three-year term; chair, vice chair single-year terms, which may be renewed for a further year.
- 1.2. Once a council member chooses not to seek nomination, has indicated that they wish to resign from Council or is unsuccessful for re-election, a recognition gift is initiated.

2. Recognition Gift

- 2.1. A recognition gift will be presented to all outgoing members on behalf of Council during attendance at their last meeting, if possible, or mailed to their home address as soon as possible after their term ends.
 - 2.1.1 Council members who hold a position of Chair, Vice-Chair, or Past Chair will receive a recognition gift not exceeding \$175.00.
 - 2.1.2 Council members who serve as a member at large will receive a recognitions gift not exceeding \$125.00.

3. Tracking

- 3.1 The CMRIPS staff will be responsible for purchasing the recognition gifts.
- 3.2 The CMRIPS office will keep a record detailing the name of the council member, the level of recognition and date that the recognition gift was presented/mailed.

4. Disclaimers

- 4.1. Council members must serve at least one term on Council to qualify.

4.20 GIFT ACCEPTANCE FOR SPEAKING ENGAGEMENTS

Date Approved: November 28, 2025

Date Revised:

Date Reviewed:

1. General

This policy provides guidance for the CMRIPS with respect to acceptance of gifts for presentations, speeches or participation in panel discussions.

2. Consideration of Acceptance

The primary consideration of gift acceptance will be the impact on the organization.

Gifts should meet the following criteria:

- Must not have been solicited
- Must not compromise the values of the organization
- Participation in the event must not harm the organization's reputation
- Aside from the service rendered (example participation as a speaker at another organization's meeting/conference), there should be no additional expectation from the gifting organization for other services or benefits

3. Value and format of gift

The value of the gift may follow the gifting organization's policy and must not be negotiated by CMRIPS staff or council.

- The gift may be in the form of a gift, gift card or cash
- Gifts may be accepted without council approval up to a maximum of \$150.00
- Any gifts above the threshold must be reported to council for approval or determination of how to reallocate the gift.

APPENDIX

APPENDIX A – DEFINITION OF TERMS AND ACRONYMS

Acronym	Definition
ACMDTT	Alberta College of Medical Diagnostic and Therapeutic Technologists
AMRTRC	Alliance of Medical Radiation Technologists Regulators of Canada
BCAMRT	British Columbia Association of Medical Radiation Technologists
CAMRT	Canadian Association of Medical Radiation Technologists
CASL	Canada Anti-Spam Legislation
CE	Continuing Education
CIHI	Canadian Institute for Health Information
CLB	Canadian Language Benchmarks Test
CMA	Canadian Medical Association (for program accreditation purposes)
CMRTO	College of Medical Radiation Technologists of Ontario
COI	Certificate of Insurance
CPP	Canada Pension Plan
CPR	Cardio-Pulmonary Resuscitation
DC	Discipline Committee
DUI	Driving Under Influence
EI	Employment Insurance
EPP	Emergency Preparedness Plan
IELTS	International English Language Testing System
IEMRT	Internationally Educated Medical Radiation Technologists
MAMRT	Manitoba Association of Medical Radiation Technologists
MELA	Michener English Language Assessment
MRT	Medical radiation technologist (a member who is registered and works within the realms of the four disciplines: radiological technology, nuclear medicine, radiation therapy or magnetic resonance imaging)
NAIT	Northern Alberta Institute of Technology
NBAMRT	New Brunswick Association of Medical Radiation Technologists
NIRO	Network of Inter-professional Regulatory Organizations
NLAMRT	Newfoundland and Labrador Association of Medical Radiation Technologists
NOCP	National Occupational Competency Profile
NCMRIPS	Nova Scotia Association of Medical Radiation Technologists
OAMRS	Ontario Association of Medical Radiation Sciences
OTIMRO	Ordre des technologues en imagerie médicale et en radio-oncologie du Québec (Quebec College)
PCC	Professional Conduct Committee
PEIAMRT	Prince Edward Island Association of Medical Radiation Technologist
PLI	Professional liability insurance
RCMP	Royal Canadian Mounted Police
RHA	Regional Health Authority
RTMR	Magnetic Resonance Technologist
RTNM	Nuclear Medicine Technologist

RTR	Medical Radiological Technologist
RTT	Medical Radiation Therapist
SAHO	Saskatchewan Association of Health Organizations
CMRIPS	College of Medical Radiation and Imaging Professionals of Saskatchewan
TDG	Transportation of Dangerous Goods
TILMA	Trade, Investment and Labor Mobility Agreement (between Alberta and BC Governments)
TLR	Transferring Lifting Repositioning
TOEFL	Test of English as a Foreign Language
WHMIS	Workplace Hazardous Material Information System

Definitions of Terms

Act	Refers to The Medical Radiation Technologists Act, 2006
Administrative Bylaw	Means a bylaw created for a purpose set out in subsection 15(1) of the Act
College	Refers to The College of Medical Radiation and Imaging Professionals of Saskatchewan continued pursuant to section 3
Bylaws	Means the valid and subsisting bylaws of the College
Council	Means the Council of the College
Court	Refers to the Court of Queen’s Bench
Discipline	Means any one of the disciplines of medical radiation technology: Radiological Technology, Nuclear Medicine, Magnetic Resonance Imaging or Radiation Therapy
Educational Program	Means an educational program described in section 3 of the Regulatory Bylaws
Examination	Means the examination described in section 4 of the Regulatory Bylaws.
Executive Director	Refers to the Executive Director appointed pursuant to section 12
Member	A member of the College who is in good standing
Minister	The member of the Executive Council to whom for the time being the administration of this Act is assigned
Practicing Member	A member to whom a current license to practice has been issued pursuant to section 20
Prescribed Fee	Means the applicable fee prescribed in The MRT <i>Fee Bylaws</i> ;
Record	Refers to any information that is recorded or stored in any medium or by means of any device including a computer or electronic media
Register	Means the register kept pursuant to section 19;
Registrar	Means the registrar appointed pursuant to subsection 12 (2) of the Act
Regulatory Bylaw	Refers to a bylaw made for a purpose set out in subsection 15(2) of the Act or in pursuant to section 17 of the Act.