

POLICY MANUAL

- Practice
- Complaints, Investigation & Discipline
- Operational



Policy Document

Table of Contents

Practice	2
Continuing Education	2.1
Licensing and Requirements	2.2
Internationally Educated Medical Radiation Technologists	2.3
Registry	2.4
Appeal of Executive Director/Registrar Decisions	2.5
Fees	2.6
Approved Education Program	2.7
Approved Certification Exam	2.8
Professional Liability Insurance	2.9
Criminal Convictions and Character Disclosures	2.10
Re-Entry Programs	2.11
Complaints, Investigation and Discipline	3
Complaints Process	3.1
Investigation Process	3.2
Confidentiality of Investigation Reports	3.3
Discipline Hearing	3.4
Discipline Order	3.5
Appeal of Discipline Decisions	3.6
Operational	4
Credit Card Use and Access to banking	4.1
Payroll	4.2
Record Ownership and Access	4.3
Computer Record Management	4.4
Leave and Days Off	4.5
Employees Special leave Provisions	4.6
Employee Benefits	4.7
Individual Performance Management	4.8
Contractual Services	4.9
Miscellaneous Information	4.10
Canada Anti-Spam Legislation	4.11
CMA Representative Compensation	4.12
Procedural fairness	4.13
Parliamentarian	4.14
Scrutineers	4.15
Insurance	4.16
Appendix A – Definition of Terms and Acronyms	



Policy Document

Policy: **Continuing Education (CE)**

Policy Number: 2.1

Policy type: Practice

Date Approved: June 30 2016

Date Revised:

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.



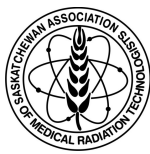
Policy Document

2. Audit Process and Expectations

- 2.1. SAMRT members are not required to send their CE records to the SAMRT 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 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 technology 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 SAMRT Audit Expectations document.
- 2.6. The Executive Director/Registrar shall approve all successful audit submissions and shall refer all audits that fail to meet the audit expectations to the SAMRT 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



Policy Document

	<ul style="list-style-type: none"> • Author of directed reading • Brief description of directed reading (approx. 100 words) • Proof of successful completion or a photo copy 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.



Policy Document

4. Continuing Education Credits.

4.1. Professional Conferences

- 4.1.1. All lectures, workshops or seminars offered by the SAMRT and CAMRT are considered medical radiation technology 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 SAMRT 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 SAMRT 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.



Policy Document

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 SAMRT 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 SAMRT).
- 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 councilor representation on any Body related to one's profession. (i.e. SAMRT, CAMRT)
- 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



Policy Document

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 SAMRT Continuing Education Guidelines, members shall contact the SAMRT office for pre-approval of credits.

5.2. The Executive Director/Registrar shall approve the credits

5.3. In the event that the Executive Director/Registrar is unsure whether or not the credits should be approved, the Executive Director/Registrar shall refer the approval of the credits to the SAMRT 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



Policy Document

- Specific Meetings (credits are awarded for committee involvement, not specific meetings)
- Surveys
- Leadership
- Personal Protective Equipment



Policy Document

Policy: **Licensing and Requirements**

Policy Number: 2.2

Policy type: Practice

Date Approved: June 30, 2016

Date Revised:

1. Licensing Requirements

- 1.1. The Saskatchewan Association of Medical Radiation Technologists 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 Technologists 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 Saskatchewan Association of Medical Radiation Technologists website.

2. SAMRT 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;



Policy Document

- 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.

3. Restricted Licenses

- 3.1. As set out in section 14 of the Regulatory Bylaws, The Saskatchewan Association of Medical Radiation Technologists 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 SAMRT 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 SAMRT Registry.
- 3.4. The registry, including the display on the SAMRT internet site shall show the license to be “Restricted” under “License Condition”.
- 3.5. A restricted 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. Restricted licenses are subject to renewal provided that he or she submits satisfactory references from his or her current employer and demonstrates that he or she is writing the required examination at the earliest opportunity available.
- 3.7. Individuals working under a restricted license must work under **direct supervision** of a full practicing member of the SAMRT in the same discipline.
- 3.8. **Direct Supervision** means that:
 - (a) A member with a restricted license has limited chances to work by himself or herself;
 - (b) A member with a full practice license appropriate to the area of practice should be available within calling distance, in the same facility, when activities are performed by members with a restricted license; and



Policy Document

- (b) The supervising member must be available in person to give the final image or treatment approval.

4. Change of name in the SAMRT Registry

- 4.1. Each member must use the Change of Name Form to request the SAMRT to change their names, as it appears in the register of the SAMRT.
- 4.2. Members must:
- (a) Complete all sections of the form and sign it.
 - (b) Attach a copy of their marriage certificate and one of the following government issued identifications:
 - birth certificate,
 - passport; or
 - a photo identification driver's license (must state their 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 SAMRT.

5. Renewal Requirements

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



Policy Document

Policy: **Internationally Educated Medical Radiation Technologists** Policy Number: 2.3
Policy type: Practice Date Approved: June 30, 2016 Date Revised:

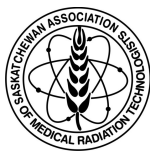
1. Internationally Educated Medical Radiation Technologists (IEMRTs)

- 1.1. Graduates from a non-Canadian educational program in medical radiation technology must make application to the SAMRT as an Internationally Educated Medical Radiation Technologists (IEMRT) prior to applying for a license to practice in Saskatchewan.
- 1.2. In order to work in Saskatchewan MRTs 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 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 IEMRT application form; and
 - 1.2.4. Successfully complete the MRT exam administered by the Canadian Association of Medical Radiation Technologists (CAMRT).
- 1.3. IEMRTs must take the following steps to become registered:
 - a) Apply to the Saskatchewan Association of Medical Radiation Technologists to determine eligibility to have credentials assessed:
 - Complete and submit the IEMRT Application Form online.
 - Pay the non-refundable application fee of \$100.00 online (credit card only).
 - Submit a current criminal record check (done within the last 90 days) to the SAMRT Office. Applications will not be processed until the criminal record check has been received by SAMRT Office.



Policy Document

- b) If the SAMRT 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) to have their credentials assessed and to determine whether these members are eligible to write the national certification exam.
 - c) If the CAMRT advises the members that they are eligible to do so, they will apply to CAMRT to write the national certification exam. A CAMRT Exam Application Form is available online on the CAMRT website.
 - d) If members successfully complete the national certification exam, they will apply to SAMRT for membership and licensure. Pre-registered IEMRTs can apply online for full practising or restricted practice as explained below.
- 1.4. The length of time from initial application to SAMRT, **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. This time may be longer depending on the case of fulfilling the requirements.
- 1.5. SAMRT and CAMRT have different time limits and criteria that the MRTs (members) must comply with. These time limits and criteria mean that even though the CAMRT may allow members to write the exam, they would not be eligible for a license from SAMRT 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 SAMRT (See 4.2 (d))



Policy Document

Policy: **Registry**

Policy Number: 2.4

Policy type: Practice

Date Approved: June 30, 2016

Date Revised:

1. Executive Director/Registrar

- 1.1. The Executive Director/Registrar of the Saskatchewan Association of Medical Radiation Technologists 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 Association.

2. Register

- 2.1. The register kept by the Saskatchewan Association of Medical Radiation Technologists 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 Association.



Policy Document

Policy: **Appeal of Executive Director/Registrar Decisions**

Policy Number: 2.5

Policy type: Practice

Date Approved: June 30, 2016

Date Revised:

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 Association 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));



Policy Document

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 Association website.



Policy Document

Policy: **Fees**

Policy Number: 2.6.

Policy Type: Practice Date Approved: June 30, 2016

Date Revised:

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 of \$100.00 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 of \$100.00 in addition to annual fee and the late fee.

4. Application Fees

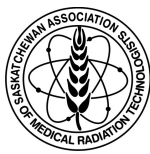
4.1. A non-refundable application fee of \$100.00 must accompany each application for registration as a member.

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 \$355.00.

5.2. The annual fee for a full practising license to a member who holds life membership is \$155.00.



Policy Document

5.3. A restricted practising license fee is \$150.00 for a four-month period.

6. Membership fees

6.1. The annual fee for a non-practising membership is \$200.00.

6.2. The annual fee for an associate membership is \$130.00.

7. Other fees

7.1. The duplicate license card fee is \$10.00.

7.3. The NSF cheque fee is \$25.00.



Policy Document

Policy: **Approved Education Program**

Policy Number 2.7

Policy Type: Practice

Date Approved: June 30, 2016

Date Revised:

1. General Requirements

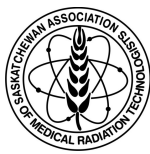
- 1.1. Pursuant to the Regulatory By-law Section 3, an approved Education Program refers to an education program at a medical radiation technology school accredited by the Canadian Medical Association (CMA), or a program deemed equivalent by the Council of the Association, and is prescribed for the purposes of clause 20(1)(c) of *The Medical Radiation Technologists Act, 2006* (the Act).
- 1.2. An updated list of CMA 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://www.cma.ca/En/Pages/official-program-list.aspx>.

2. Training Institutions and CMA Accreditation

- 2.1. Saskatchewan training institutions which apply for CMA accreditation must meet provincial regulatory requirements in each of the following MRT disciplines:
 - 2.1.1. Radiation therapy technology: <https://www.cma.ca/En/Pages/radiation-therapy-technology.aspx>
 - 2.1.2. Radiological Technology: <https://www.cma.ca/En/Pages/radiological-technology.aspx>
 - 2.1.3. Nuclear medicine technology: <https://www.cma.ca/En/Pages/nuclear-medicine-technology.aspx>
 - 2.1.4. Magnetic resonance imaging: <https://www.cma.ca/En/Pages/magnetic-resonance-imaging.aspx>

3. Applicants from Non-CMA Accredited Programs

- 3.1. If the educational program is not in the list of the CMA 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). The complete process for this review is outlined in the section on Internationally Educated Medical Radiation Technologists (IEMRTs) (See **Policy 2.3**).



Policy Document

3.2. The applicant will pay a complete fee for their own review and assessment. CAMRT does the assessment for the internationally trained MRTs.

4. Applicants from CMA Accredited Programs

4.1. After graduation from the approved CMA program, the applicants write the national Canadian Association of Medical Radiation Technologists (CAMRT) certification exam.

4.2. CAMRT 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 Saskatchewan Association of Medical Radiation Technologists (SAMRT).



Policy Document

Policy: **Approved Certification Exam**

Policy Number 2.8

Policy Type: Practice

Date Approved: June 30, 2016

Date Revised:

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, 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 both the CAMRT exam 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 Exam

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



Policy Document

Policy: **Professional Liability Insurance**

Policy Number 2.9

Policy Type: Practice

Date Approved: June 30, 2016

Date Revised: August 15, 2016

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 SAMRT must be covered by professional liability insurance that meets the requirements in the bylaws of the SAMRT.

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) provides PLI for MRTs as a benefit of membership.
- 3.2. MRTs may also have coverage through their employer. MRTs who practise in independent health facilities or “clinics” should ask their employer whether the clinic has insurance that provides PLI coverage for MRTs and whether that insurance meets the requirements set out in the SAMRT Regulatory Bylaws. Coverage through an employer will not extend to practice outside of that employer.
- 3.3. Practising MRTs may also choose to arrange for PLI themselves through a private insurance provider.
- 3.4. It is neither the role of the Association (SAMRT) 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 SAMRT requires practising members to declare that they hold PLI in accordance with the requirements set out in the Regulatory Bylaws of the Association at the time of initial registration and at the annual renewal.



Policy Document

- 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, no additional information is required at the time of renewal.
- 4.4. All new applicants must provide verification of professional liability insurance.
- 4.4. If the member chooses a different option (employer or private insurance), members must submit a "Certificate of Insurance" (COI) to the SAMRT to demonstrate compliance with the SAMRT Regulatory Bylaws.
- 4.5. SAMRT 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.
- 4.6. Upon submitting the COI, members may be asked to provide additional information to ensure that the bylaw requirement is being met. Additional information may include, but is not limited to:
 - 4.6.1. In the case of employer insurance, verification of employment and that the policy applies to the specific employee;
 - 4.6.2. Definition of the professional liability included in the policy. This is to ensure the policy meets the bylaw requirement;
 - 4.6.3. 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.
- 4.7. 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 SAMRT's requirements."
- 4.8. 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).
- 4.9. 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.



Policy Document

Policy: **Criminal Convictions and Character Disclosures** Policy Number: 2.10

Policy Type: Practice

Date Approved: June 30, 2016

Date Revised:

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 applicants 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 Saskatchewan Association of Medical Radiation Technologists (Association) 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 technology 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 technology in a safe manner; and
 - 2.1.3. Will display an appropriately professional attitude.

3. Applicants' Self Disclosures



Policy Document

- 3.1. During the initial application, the MRT 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



Policy Document

- 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 Association 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;



Policy Document

- 5.1.6. Undertake to adhere to *The Medical Radiation Technologists Act, 2006* and the Bylaws of the Saskatchewan Association of Medical Radiation Technologists (SAMRT);
- 5.1.7. Will notify the Association 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 SAMRT 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 Association 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 Association and not made public unless it is the result of disciplinary action taken by the Association. 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.



Policy Document

- 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 Association 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



Policy Document

want the Association 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.

Policy: **Re-Entry Program**

Policy Number 2.11

Policy Type: Practice

Date Approved

Date Revised:

1. Purpose

1.1. Re-entry programs will ensure that SAMRT members are eligible for full practice licensing in the event that 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:

(i) Worked 1,200 practice hours in the member's primary discipline and 300 practice hours in any secondary discipline in the previous five years;

(ii) Graduated from a prescribed educational program within the preceding three years; or

(iii) Completed a re-entry program recognized by Council within the preceding year.

2. Approved Re-Entry Programs



Policy Document

- 2.1. The Saskatchewan Association of Medical Radiation Technologists (SAMRT) 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
Nuclear Medicine Technology	Nova Scotia Association of Medical Radiation Technologists (NSAMRT)	<ul style="list-style-type: none">• Academic Component• Experiential Component

- 2.2. For disciplines that don't have an approved refresher program available in Canada, the SAMRT 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. The Saskatchewan Association of Medical Radiation Technologists will collaborate with the training programs and educational institutes to facilitate members' access to resources in their refresher programs.

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 take a re-entry program to practice the medical radiation technology 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 the Radiological program at NAIT and Nuclear Medicine Technology at NSAMRT, or through a customized program directed by the College, such as the Magnetic Resonance at ACMDTT.



Policy Document

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 a completion of a refresher program as a part of the sanctions in the event that some professional incompetence have 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.
- 5.4. The clinical component will take about is 20 to 500 hours for members in the re-entry program to return to full membership and licensing status, depending of 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.



Policy Document

Policy: **Complaints Process**

Policy Number 3.1

Policy Type: Complaints, Investigation and Discipline Date Approved: June 30, 2016

Date Revised:

1. Regulatory Responsibility and Requirement

1.1 The Saskatchewan Association of Medical Radiation Technologists (the Association or SAMRT) 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 Technologists Act, 2006* (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 SAMRT 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 a MRT may be guilty of professional incompetence and/or professional misconduct may lodge a complaint with the Association 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 MRT against whom the allegation is made;
- (c) date(s) of occurrence of the complaint(s) or incident(s);



Policy Document

(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 MRT.

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 MRT who is the subject of the complaint that a complaint has been received and will be referred to the PCC for investigation;
- (b) 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 unfavourably affected patient outcome or created a potential for poor patient outcome;
- (b) any incident or occurrence that endangered public safety or public trust;
and



Policy Document

(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 MRT'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 MRT's conduct must be addressed to ensure public safety through either:

(a) an agreement with the MRT under which the MRT 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

(b) if agreement on resolution cannot be reached because either the MRT 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 MRT 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 SAMRT.

5.2 At the hearing:



Policy Document

- (a) the PCC acts as the prosecutor;
- (b) the MRT is entitled to appear and defend himself or herself;
- (c) both the PCC and the MRT are entitled to call witnesses to provide evidence about the MRT'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 MRT and copies are provided to the Council and the complainant.



Policy Document

Policy: **Investigation Process**

Policy Number: 3.2

Policy Type: Complaints, Investigation and Discipline

Date Approved: June 30, 2016

Date Revised:

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 Association 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.



Policy Document

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.

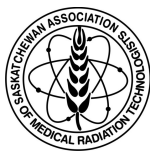
4. Reports to Discipline Committee

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 MRT, and the Executive Director/Registrar for presentation to Council.



Policy Document

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.



Policy Document

Policy: **Confidentiality of Investigation Reports**

Policy Number: 3.3

Policy Type: Complaints, Investigation and Discipline Date Approved: June 30, 2016

Date Revised:

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.



Policy Document

Policy: **Discipline Hearings**

Policy Number: 3.4

Policy Type: Complaints, Investigation and Discipline

Date Approved: June 30, 2016

Date Revised:

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 MRT.
- 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 MRT 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 Technologists 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.



Policy Document

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 Association 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

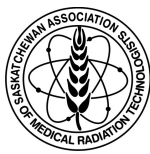
4. Process for Hearing

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 Association shall provide a court reporter to record the proceedings of the hearing.



Policy Document

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 MRT 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 MRT's membership and discipline file.



Policy Document

Policy: **Discipline Orders**

Policy Number: 3.5

Policy Type: Complaints, Investigation and Discipline Date Approved: June 30, 2016

Date Revised:

1. Suspension of Licence

- 1.1. Where an order is made by the Discipline Committee to suspend a MRT's licence, with or without conditions, the Executive Director/Registrar shall take the following steps:
 - 1.1.1 Request the MRT to immediately surrender his/her current licence to practice.
 - 1.1.2 Indicate the nature of the suspension on the MRT'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 Association indicating the conditions have been met and that the licence to practice has been returned.



Policy Document

Policy: **Appeal of Discipline Decisions**

Policy Number: 3.6

Policy Type: Complaints, Investigation and Discipline Date Approved: June 30, 2016

Date Revised:

1. Appeal from Decision of Discipline Committee

- 1.1. Pursuant to section 36 of *The Medical Radiation Technologists 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 Technologists 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.



Policy Document

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 SAMRT’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 Association 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 Association 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 his/her 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.



Policy Document

Policy: **Line of Credit Use and Access to Banking**

Policy Number: 4.1

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

1. Credit Card

- 1.1. Use of the Association's credit card shall be restricted to the Executive Director/Registrar for any use related to Association business.
- 1.2. The Association 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 Association to prevent frauds, identity theft and other online concerns.
- 2.2. Some of the instances that Association 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 Association.



Policy Document

Policy: **Payroll**

Policy Type: Operational

Date Approved: June 30, 2016

Policy Number: 4.2

Date Revised:

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.



Policy Document

Policy: **Record Ownership and Access**

Policy Number: 4.3

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

1. Ownership of Records

- 1.1. All information received by the Association in different categories, forms and types shall be the property of the Association.
- 1.2. All electronic records entered or received on the Association equipment are the property of SAMRT and subject to records classification and retention policy.
- 1.3. Employees shall not keep corporate files of the Association on personal computers.

2. Access to Records

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

3. Principles for Record Retention

- 3.1. The Association shall maintain policies to guide record classification and retention based on the following guidelines:
 - 3.1.1. Clearly defined record retention periods. Record retention periods will be based on classes of records, operational requirements, legal requirements, and archival responsibilities.
 - 3.1.2. Retention periods shall be 2 years, 7 years, 15 years, and Permanent.
 - 3.1.3. Record retention periods shall be reviewed periodically to ensure legislative compliance and operational fit.
 - 3.1.4. File closure criteria will be developed for each class of record. Record retention periods begin when the file is closed.
 - 3.1.5. When a record contains non-regulatory personal information, the Association will endeavour to comply with the legislation requiring



Policy Document

that personal information be held no longer than is required for the original purpose for which the information was collected.

- 3.1.6. Designation of permanent retention for a record does not exclude the possibility of donation of the record to the Saskatchewan Archives.
- 3.1.7. Disposition of a record shall be approved by the Executive Director/Registrar.
- 3.1.8. 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.



Policy Document

Policy: **Computer Record Management**

Policy Number: 4.4

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

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 Association 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 SAMRT 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 SAMRT 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 Association shall not be installed on Association equipment without the written approval of the Executive Director/Registrar.



Policy Document

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 Association 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.



Policy Document

Policy: **Leave and Days Off**

Policy Number: 4.5

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

1. Sick Leave

- 1.1. All permanent employees will accrue 1 ¹/₂ 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 Association 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 Association'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.



Policy Document

- 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 full-time 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



Policy Document

Policy: **Employee Special Leave Provisions**

Policy Number: 4.6

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

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 Association 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.



Policy Document

3. Maternity/Adoption/Parental Leave

- 3.1. An employee who has at least one year of continuous employment with the Association, 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 Association 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



Policy Document

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.



Policy Document

Policy: **Employee Benefits**

Policy Number: 4.7

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

1. Employee Benefits

- 1.1. The SAMRT employees' benefits are established as part of a plan to be a preferred employer, and to recruit and retain its workforce, while balancing the need for fiscal responsibility and public accountability. Pension & benefits are offered to fulltime permanent employees.

2. Membership in the Saskatchewan Association of Health Organizations

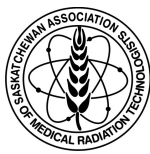
- 2.1. As a member of 3S Health, the Association has joined the following benefit plans for all fulltime staff:

- 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 Association 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 her/his salary;
 - 3.1.3. A monthly payment of the employer's contribution is paid directly to the RRSP;



Policy Document

3.1.4. The Association 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.

3. Transportation Injury Insurance

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



Policy Document

Policy: **Individual Performance Management**

Policy Number: 4.8

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

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 Association'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

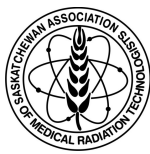
3.1. Evaluation of staff performance shall be conducted by the person to whom the staff member reports directly on at least an annual basis.

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



Policy Document

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 SAMRT 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.



Policy Document

Policy: **Contractual Services**

Policy Number: 4.9

Policy Type: Operational

Date Approved: June 30, 2016

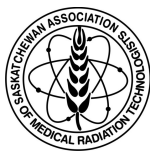
Date Revised:

1. Contractual Authority

- 1.1. The Executive Director/Registrar may contract expertise to complete objectives or work of the Association to meet the ends as long as he/she stays 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 technology;
 - 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.



Policy Document

Policy: **Miscellaneous Information**

Policy Number: 4.10

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

1. Addressed Advertising Materials

1.1. The Association will not distribute addressed advertising materials to members.

1.2. All addressed advertising materials received by the Association shall be discarded.



Policy Document

Policy: **Canada Anti-Spam Legislation (CASL)**

Policy Number: 4.11

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

1. Purpose

1.1. The intent of this policy is to ensure that Saskatchewan Association of Medical Radiation Technologists (SAMRT) 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 SAMRT business and communications activity.

2.2. SAMRT employees and contracted resources are responsible for ensuring that they understand CASL requirements, including, in particular, 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, SAMRT is not currently involved in commercial activity that involves revenue generation, or the sale of a service or product; CASL will not impact SAMRT general operational activity at this time.

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

4.4. In the event that SAMRT wishes to participate in the promotion of commercial activities (as defined by CASL), CASL compliance is mandatory.



Policy Document

- 4.5. For further clarity, informed express consent must be in place if SAMRT contemplates direct solicitation of members for commercial purposes.
- 4.6. If SAMRT determines that commercial activity is necessary to support business operations, then the following standards must be implemented:
- 4.6.1. SAMRT must introduce an informed express consent model that is in compliance with CASL standards;
- 4.6.2. SAMRT 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:** SAMRT Executive Director/Registrar; all SAMRT employees/consultants
- 5.2. **Accountable:** SAMRT Executive Director/Registrar
- 5.3. **Consulted:** SAMRT Council
- 5.4. **Informed:** SAMRT 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 SAMRT can be considered liable, if they directed, authorized, assented to, acquiesced in, or participated in the commission of a CASL violation.



Policy Document

Policy Name: **CMA Representative Compensation**

Policy Number 4.12

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

1. CMA Representative

- 1.1. SAMRT will send one representative to the Canadian Medical Association meetings and conferences and visit examination and training sites and educational institutions for accreditation purposes

2. CMA Representative Compensation

- 2.1. The Association must compensate the CMA 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 CMA representative will also receive a take-home pay (stipend) of \$200 per a day when she/he is on the Association's duties.
- 2.1.3. These compensation requirements will be processed after the member submits a completed Supplementary Reimbursement Form.



Policy Document

Policy name: **Procedural fairness**

Policy Number 4.13

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

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 Saskatchewan Association of Medical Radiation Technologists (SAMRT), 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

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.



Policy Document

must be made aware of this evidence and be provided the opportunity to address these concerns.

- 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 Association. 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.



Policy Document

Policy: **Parliamentarian**

Policy Number: 4.14

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

1. Rules and Procedures

- 1.1. Rules and Procedures for the Saskatchewan Association of Medical Radiation Technologists (SAMRT or Association) require a Parliamentarian be appointed to assist the Chair and other members of the Association 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 of time to assist the Council in developing understanding of parliamentary procedures and the understanding of the rules and procedures of the Association.
- 2.3. The Parliamentarian will be chosen by the President of the Association, on recommendation from the Executive Director/Registrar.
- 2.4. The Executive Director/Registrar will take into account 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.



Policy Document

- 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 in the event that 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.



Policy Document

Policy: **Scrutineers and Voting**

Policy Number: 4.15

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

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.



Policy Document

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:
 - 3.2.1. The votes required to pass the motion or the election (ie. A simple majority, two thirds majority etc).
 - 3.2.2. The type of vote (e.g. Show of hands, voice votes, roll call vote, written vote, or online voting for new Council members).
 - 3.2.3. 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.
- 3.3. 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.
- 3.4. Unless otherwise specified in the Act, Bylaws or in policies, all matters shall be determined by a majority of votes cast.
- 3.5. In the cases where the decision involves three or more options, like elections, the plurality of votes shall govern.
- 3.6. 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.
- 3.7. An abstention does not count as a vote cast.



Policy Document

- 3.8. 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.
- 3.9. 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.
- 3.10. 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.



Policy Document

Policy: **Insurance**

Policy Number: 4.16

Policy Type: Operational

Date Approved: June 30, 2016

Date Revised:

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 Association and to protect against any injury suffered by a third party in the office space of the Association;
- 1.1.2. Errors and omissions insurance to cover the activities of the staff of the Association 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.



Policy Document

Policy: **Definition of Terms and Acronyms**

Policy Number: Appendix A

Policy Type:

Date Approved:

Date Revised:

Definition of 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
NSAMRT	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

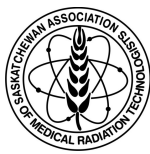


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PEIAMRT	Prince Edward Island Association of Medical Radiation Technologist
PLI	Professional liability insurance
RCMP	Royal Canadian Mounted Police
RHA	Regional Health Authority
RTMR	Magnetic Resonance Technologist
RTNM	Nuclear Medicine Technologist
RTR	Medical Radiological Technologist
RTT	Medical Radiation Therapist
SAHO	Saskatchewan Association of Health Organizations
SAMRT	Saskatchewan Association of Medical Radiation Technologists
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
Association	Refers to The Saskatchewan Association of Medical Radiation Technologists continued pursuant to section 3
Bylaws	Means the valid and subsisting bylaws of the Association
Council	Means the Council of the Association
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 Association 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



Policy Document

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.