



Cross-Specialty Upgrading Program Guide

for magnetic resonance, radiological and nuclear medicine technologies



This guide is designed to provide a technologist, who has let registration in one of his/her specialties lapse, with information for the Cross-Specialty Upgrading Program. This program is intended for practitioners seeking to meet currency requirements in a lapsed medical radiation technology (MRT) specialty.

This information is applicable to any **Canadian educated/trained technologist** who is currently practicing in a primary specialty, but who has been out of the practice setting of a second specialty for five to eight years. If you have been out of your secondary specialty longer than eight years you will be required to do a complete Upgrading Program.

Under the provision of the *Health Professions Act* (HPA), an individual who has not been employed as a technologist/therapist for at least 800 hours during the previous five years, is not eligible for registration in his/her specialty until he/she has satisfactorily completed an approved program of upgrading. The Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) recognizes that “modified” or cross-specialty upgrading is required for practitioners who no longer meet currency requirements in one MRT specialty but are current in practice in another recognized specialty. In order to maintain registration in a secondary specialty 160 hours in five years must be met in the secondary area of practice.

The objective of the College in providing appropriate Cross-Specialty Upgrading is to prepare practitioners to become eligible for reinstatement as full, qualified members of the College in a secondary specialty. This is achievable through the successful completion of both the academic and clinical components of the program.

The information contained in this guide describes the various roles, responsibilities and expectations of candidates and providers of the Cross-Specialty Upgrading Program.

Access to programming options

A candidate wishing to re-enter the practice community through the Cross-Specialty Upgrading Program will be admitted to the program following the evaluation of:

- How long the candidate has been out of the active practice community
- How long the candidate was engaged in active practice prior to leaving the specialty
- Where the candidate’s initial education and registration were obtained

The College has a responsibility to ensure that any individual re-entering the workforce will provide evidence of:

- i. Completion of an academic review
- ii. Completion of a clinical review

All components of Cross-Specialty Upgrading Program must be completed within one year of the application date.

Program Steps

1. Submit the following to the Director of Education:

- Completed Application for Cross-Specialty Upgrading form
- Applicable fees as identified on the application form

Upon receiving application acceptance from the Director of Education, proceed to step 2.

2. Confirm required academic review options and timelines and submit a completed Clinical Site Agreement as contained in the program guide.

Upon receiving confirmation of having completed the academic review, proceed to step 3 which enables you to fulfill the clinical requirements of the program.

3. Submit a completed Application for Temporary Practice Permit

Upon receiving confirmation of having completed the clinical requirements a candidate will be deemed to have successfully completed Cross-Specialty Upgrading Program, within the specified specialty. Proceed to step 4.

4. Apply for a full practice permit by completing and submitting an Application for Membership Status Change form.

Clinical Site Agreement

CLINICAL SITE

Name: _____

Address: _____

CANDIDATE

Name: _____

Address: _____

Roles and responsibilities

The clinical sponsor/site will:

1. name one individual responsible to coordinate the program at the clinical site
2. ensure that the physical resources available to the candidate are equal to those normally required in the current practice of the profession
3. ensure that training/precepting staff have been identified and adequately prepared to fulfil this role
4. ensure that training/precepting staff practice in the same area of practice as that which the candidate is re-training
5. ensure that training/precepting staff are physically present and available to assist the candidate in the performance of restricted activities
6. forward a verification of the candidate's completion of the clinical component to the Director of Education
7. not be obligated to provide any salary, medical benefits or other compensation to the candidate
8. reserve the right to request a security clearance check from the candidate
9. reserve the right to request the removal of any candidate from its supervision by written notification to the Director of Education

Cross-Specialty Upgrading candidate will:

1. become familiar with, and adhere to, all clinical site policies governing the conduct of staff
2. act in accordance with the requirements of the HPA for the profession
3. exhibit initiative to inquire for clarification, to perform tasks and to seek opportunities to increase knowledge and skills
4. perform all duties in an ethical and professional manner
5. establish and maintain effective communication channels with preceptors, tutors and instructors
6. will pay the clinical site fee prior to commencement of the clinical component of the Upgrading Program (if applicable)

Clinical review projected timeline

Program Start Date: _____

Candidate's Signature: _____

Projected Completion Date: _____

Preceptor's Signature: _____

This signed agreement will be provided to the Director of Education. The candidate will receive a copy and the clinical practicum site will retain a copy on file.

Academic Review

The expectation of completion of the academic review is the responsibility of the candidate. Note the "Required Learning Activity" expectations, for each competency, in the tables below. Records of these learning activities are required to be submitted at the completion of the Cross-Specialty Upgrading Program. See APPENDIX A for a template of the required records.

Through extensive survey and review of the entry-to-practice competencies for the professions, the following competency profile categories are sufficiently dissimilar between radiological technology and magnetic resonance technology and nuclear medicine technology to require review of academics for safe, efficient and accurate patient services.

Radiological technology

Area of Practice	Sub-section		Required Learning Activities Completed
Workplace Health & Safety	2.1	Radiation Safety/Protection	Evidence of 1 learning activity completed
Operation of Equipment	4.1	Fundamental Equipment Procedures	Evidence of 1 learning activity completed
	4.2	Equipment QC	
Clinical Procedures	5.1	Fundamental Clinical Procedures	Evidence of 2 learning activities completed
	5.2	General Radiography	
	5.3	Fluoroscopy	
	5.4	Computed Tomography	Evidence of 1 learning activity completed

Magnetic resonance technology

Area of Practice	Sub-section		Required Learning Activities
Workplace Health & Safety	2.1	Magnet/Magnetic Field Safety	Evidence of 1 learning activity completed
Operation of Equipment	4.1	Fundamental Equipment Procedures	Evidence of 1 learning activity completed
	4.2	Equipment QC	
Clinical Procedures	5.1	Fundamental Clinical Procedures	Evidence of 2 learning activities completed
	5.2	Operate MR System	
	5.3	Specialized Imaging Procedures	Evidence of 1 learning activity completed

Nuclear medicine technology

Area of Practice	Sub-section		Required Learning Activities
Workplace Health & Safety	2.1	Radiation Safety/Protection	Evidence of 1 learning activity completed
Operation of Equipment	4.1	Fundamental Equipment Procedures	Evidence of 1 learning activity completed
	4.2	Equipment QC	
Clinical Procedures	5.1	Fundamental Clinical Procedures	Evidence of 2 learning activities completed
	5.2	Radiopharmacy	
	5.3	Clinical Procedures	Evidence of 2 learning activities completed
	5.4	Therapeutic Procedures	

Clinical Review

The Clinical Site Agreement identifies the roles and responsibilities of the clinical site which will oversee/administer the candidate's clinical component. With the candidate's acceptance to a clinical site, an orientation to the department and organizational policies will be conducted.

The Clinical Site Agreement also identifies the roles and responsibilities of the candidate. At all times, the candidate will demonstrate behaviours consistent with the professional role.

The Clinical Hours Log provides confirmation of supervised practice for candidates required to do 160 hours of supervised practice.

The Clinical Manual provides the mechanism for documenting clinical competencies in the specific areas for candidates who are required to upgrade. The skills, tasks and competencies listed in the various assignments are designed to reflect common and current practice. Preceptors will verify the candidate's attainment of the listed competencies. Verification of achievement and progress through the various clinical areas is compulsory for the candidate to complete the Cross-Specialty Upgrading Program.

Note: The College acknowledges that differences exist between clinical sites due to variations in equipment and staffing levels. As such, the clinical component has been designed with some flexibility.

Timeline

Minimum clinical time

The candidate must attain the required minimum of 160 hours of learning experience within the clinical practice environment as one condition to the recertification criteria established by the College. The clinical site has discretionary control to assign the learning hours to a variety of departmental areas.

Maximum clinical time

The clinical site will carefully evaluate the manpower resources required to maintain and support the candidate's learning to determine a suitable time frame for the candidate to complete the clinical component of the program.

Additional clinical time

The individual clinical site shall determine whether the candidate's clinical performance objectives can be reasonably met within the practicum site and for the numbers of applicable patient cases within the minimal time allotted.

If the available technology, clinical preceptors or patient cases serve to constrain the candidate's learning experiences, or if it can be determined that the candidate's learning needs require additional reinforcement, the accepting practicum site should consider negotiating more clinical hours with the candidate. Alternately, a different clinical practicum site could be investigated.

A general recommendation remains, that **the clinical review should not extend beyond a six month time period.**

Review Assessments

Academic review

For each learning activity which supports the competency listing within the sub-category, the technologist must submit:

- a completed **Record of Academic Review Activity** as found in APPENDIX A
- any attendance or participation certificates which support the specific learning activity
- written enrolment confirmation plus completion verification for any course work

Clinical review

The maintenance and completion of any forms is the responsibility of the candidate in consultation with the preceptor. All assessment forms are contained in the Cross-Specialty Upgrading Program Clinical Manual (for the appropriate specialty).

The clinical assessment will be completed by the assigned preceptor/supervisor and reviewed in collaboration with the candidate. The candidate is encouraged to define meaningful learning goals based on the assessment feedback.

All evaluations will be kept in the candidate's file until completion of the program. A copy of the final evaluation will be given to the candidate.

Performance expectations

The candidate who is placed in the clinical environment will be assessed according to the following criteria:

Competence demonstrated (CD)

The supervising technologist(s) will sign those entries in the Clinical Manual where the candidate has:

- demonstrated, through independent actions, the ability to initiate and complete the procedures accurately within a reasonable standard of time regardless of patient condition

or

- successfully and actively assisted with the performance of similar patient cases and the required skill sets are considered transferable to continued practice

Competence validated (CV)

The supervising technologist(s) will sign those entries for which the candidate was unable to demonstrate, but was able to verbalize, what competent performance would require.

Note: to successfully complete the Cross-Specialty Upgrading Program, the candidate must achieve a minimum of 80% of the entries in the Clinical Manual at the competence demonstrated (CD) level.

Grievance and Appeal Processes

Grievance process

Any grievances arising from evaluation of performance in the clinical component should be addressed directly with the clinical coordinator/department manager of the candidate's practicum site. The informal processes are meant to precede and to avoid formal appeal.

Appeal process

Grievances which remain unresolved can be brought forward to an Appeal Committee for consideration and action. Candidates exercising the option to access the appeal process should address their concerns, in writing, to the Director of Education within 10 days following the notice of unsuccessful conclusion of the grievance process. Candidates should clearly state their reasons for requesting an appeal of the decision.

The Director of Education will assemble an Appeal Committee of three individuals constituted as indicated:

1. one instructor from a medical education program related to the candidate's specialty
2. one instructor from a medical education program not directly related to the candidate's specialty
3. one representative from the resource list of practitioners, who is registered in the candidate's specialty

Enabling the appeal process

Upon receipt of written request that a candidate wishes to proceed with an Appeal Committee hearing, the Director of Education will:

1. inform the didactic tutor, or the clinical coordinator, as appropriate, that a "Letter of Appeal" has been received
2. arrange for the formation of an Appeal Committee within 10 working days from the receipt of the candidate's written request for appeal

3. inform all involved parties of the names and jurisdiction of the Appeal Committee membership
4. confirm a date and location for the Appeal Committee hearing and inform all involved individuals
5. request supporting documentation (four copies) from the Appellant (candidate who made the appeal) and the Respondent (didactic tutor or clinical coordinator) to be delivered to the Director of Education 10 days in advance of the Appeal Committee hearing date
6. provide copies of all documentation received to each of the Appeal Committee members by the most expedient means upon receipt of Appellant and Respondent materials
7. provide Appellant and Respondent with full disclosure of respective documentation prior to the Appeal Committee hearing

The quorum of the Appeal Committee shall be three members. The Appeal Committee shall hear the argument of both sides of the appeal, and then by majority vote shall:

- uphold the appeal and make such order as is deemed appropriate or necessary
- or
- deny the appeal

An outline of the Appeal Committee hearing procedures may be requested.

Appendix A

Record of Academic Review Activity

Cross-Specialty Upgrading Program

Name: _____ **Activity Date(s):** _____

Title/Topic of Activity: _____

Activity Sponsor/Speaker: _____

Type of Activity: _____ **Activity Supports Specialty:** _____

Overview of Activity Content:

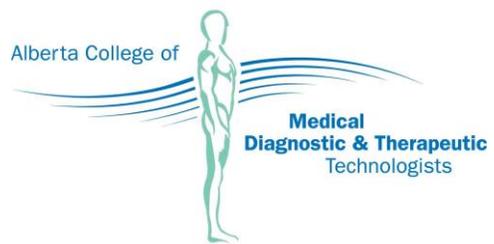
Self-Reflection (How has, or will, this learning been useful in my practice?)

This activity is applicable to section (record applicable hours):

2.1 _____ 4.1 _____ 4.2 _____

5.1 _____ 5.2 _____ 5.3 _____ 5.4 _____

Total hours for this activity: _____



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