Advisory to magnetic resonance imaging programs
Re: revision to national competency profile

The Committee on Conjoint Accreditation has accepted a new competency profile from the Canadian Association of Medical Radiation Technologists (CAMRT) for use in the accreditation of magnetic resonance imaging programs.

Accreditation surveys

The CAMRT Competency Profile - Magnetic Resonance, dated January 2014 (2014 competency profile) will be used for accreditation surveys effective May 2015.

The 2014 profile will replace the previous version dated November 2006 - revised January 2011 (2011 profile).

The 2014 competency profile is available on the CAMRT website (www.camrt.ca).

Programs are encouraged to review the entire profile, including the prologue.

- Information in the notes section of the profile provides guidance on the utilization of the profile.
- Information in the structural framework section provides background on the purpose and use of the appendices.

Note that the appendices are for program guidance, they need not be referenced for the purposes of accreditation. (See Addendum.)

Critical criterion 1.3
Validation of critical criterion 1.3 – Cross-reference of curriculum to the competency profile

Programs scheduled for their regular survey visit May 2015 and later must cross reference their program to the 2014 competency profile as part of the evidence submitted with their program self-assessment report (see 2014 Requirements for accreditation handbook, critical criterion 1.3). These programs are subject to the 2015 reporting requirements described below.

Programs scheduled for their regular survey visit between February 2014 and May 2015 may choose to cross reference to the 2014 competency profile and if so, will not be subject to the 2015 reporting requirement described below.
Critical criterion 1.5
Validation of critical criterion 1.5 – Attainment of competencies – Student records

During their scheduled accreditation visit, programs are expected to provide verifiable data confirming the students’ attainment of competencies in the CAMRT competency profile. See the 2014 Requirements for accreditation handbook, criterion 1.5, for the type of evidence to be submitted.

Programs should advise CMA Conjoint Accreditation Services (CMA Accreditation) of the competency profile version used for the students records provided.

It is possible, depending on the scheduled time of the visit, that the 2014 competency profile will be used to assess critical criterion 1.3, while the 2011 competency profile will be used to assess critical criterion 1.5.

Reporting requirement

All accredited magnetic resonance imaging programs must demonstrate compliance with the 2014 competency profile by May 15, 2015 by submitting a report to CMA Accreditation.

The report must include a cross reference of the program curriculum to the 2014 competency profile, and be accompanied by the relevant course outlines that validate the cross reference.

Evidence should be submitted electronically on a USB key, through an electronic document management system or by email.

Communication with CMA Accreditation

Please feel free to contact us if you have questions about this change in the national competency profile for magnetic resonance imaging.
Use of appendices in the accreditation process

**ADDENDUM**

**For critical criterion 1.3**
The cross-reference table provided by the program must list all the competencies in the profile, i.e., all competencies in modules A to E. The various appendices do not need to be listed in the cross-reference table. The information in the appendices does not need to be cross-referenced to course objectives as was the practice in the past.

The cross-reference table should be populated by listing one reference for each competency. The reference in the table should be to competency-based objective found in the program’s course outlines. If required, more than one reference can be used, but the number of references should be kept to a minimum. In all cases, be sure the competency is easily identifiable in a course objective.

Some competencies in the profiles refer to the appendix. An example can be found in the radiological technology competency profile, competency E.1.4, “Apply knowledge of imaging procedures and protocols listed in Appendix 4…..”. For those particular competencies, the program should include references that are representative of items in the appendices. There is no need to list all the items from the appendix in the cross-reference document. Not all items in the appendix need to be cross-referenced to objectives in the course outlines; the suggested number is 4 or 5 references. For example, looking at the competency E.1.4 listed above, a program could include references to objectives related to imaging procedures of the shoulder (4.9), the cervical vertebrae (4.23), the chest (4.49) and one or 2 more. When selecting the items from the appendix, choose from different anatomical areas and perhaps different courses. If a program also has objectives related to the broader concepts of imaging procedures, these would be a good reference as well for this competency.

**For critical criterion 1.5**
Student records must continue to include all completed assessment tools that validate attainment of the competencies. For competencies that include a reference to an appendix, programs will determine which of the items in the appendices will be evaluated. The records should include validation of a representative number of items in the appendices. For example, in the radiological technology profile, there are no expectations that there would be a completed assessment tool for each of the finger (4.1), thumb (4.2), hand (4.3), wrist (4.4), etc.

Programs, along with their partners, will determine
- which items in the appendices are representative and reflect practice
- which are most common
- which will be assessed formally
- which ones could be documented in a logbook-type document.

The approach taken by the program in selecting those items in the appendices to be assessed formally or via other methods should be described to ensure the survey team understands the choices made by the program. The appendix is a guide. Program choices are important and significant; they should be made by the experts at the program, in consultation with its partners. The choices will have an impact on outcomes such as student preparedness for the clinical, clinical site
satisfaction, employer satisfaction and certification exam results. The choice is left to the experts at the program, in consultation with its partners.

Please refer to the 2014 Requirements for accreditation handbook available at www.cma.ca/accredit for information about documentation to be submitted for this criterion.