

Membership Application Form

November 2017

Clinical Specialist Radiation Therapist (CSRT) Community of Practice (CoP)

Contents

[Introduction 3](#_Toc499540977)

[Instructions 3](#_Toc499540978)

[Requirements Overview 4](#_Toc499540979)

[Membership Commitment Expectations 4](#_Toc499540980)

[Application Details 5](#_Toc499540982)

# Introduction

The role of Clinical Specialist Radiation Therapist (CSRT) was introduced in 2004 (and formally announced by HealthForceOntario in 2006), with a pilot investigation of the feasibility of the role initiated in 2007. As the role evolves and grows, the CSRTs collectively recognise there are common needs and requirements for building advanced practice skill sets. Facilitating knowledge exchange and driving quality initiatives help ensure that patients who interact with CSRTs in Ontario receive the highest quality of care. The development of a community of practice (CoP) for CSRTs involved in the cancer patients’ pathway is a feasible and effective approach to enable the development of practice and to ensure CSRTs can continue to promote for advanced practice as important members of Ontario’s cancer care system and its delivery of high-quality radiotherapy to patients.

The Ontario Clinical Specialist Radiation Therapist (CSRT) Community of Practice (CoP) was developed to facilitate knowledge exchange, and to drive initiatives to help ensure that patients who interact with CSRTs in Ontario receive the highest quality of care while maintaining the effectiveness and efficiency of the system. The CSRT CoP consists of CSRT volunteers from across the province of Ontario.

The purpose of the CSRT CoP is to promote for and support a collective CSRT identity that will ensure role sustainability.

The goals and deliverables of the CSRT CoP are outlined below:

1. CSRT Role Definition – Promote and affirm role identity and presence in the cancer care system
   1. Develop and protect the standards of the CSRT role
   2. Demonstrate continual evidence-based impact of CSRT roles through knowledge collection of evidence/data that supports the role(s); and data management and dissemination to relevant stakeholders (i.e. via publishing of CSRT work)
2. Encourage collaboration, knowledge generation/information sharing
   1. Provide opportunities/forum for sharing best practices amongst CSRT roles in different institutions
   2. Provide opportunities for sharing and exchange of institutional experiences / processes / guidelines to enhance existing (APRT) practices
3. Promote mentorship and peer-to-peer support network for new and existing CSRT roles
   1. Create/Provide tools relating to impact metrics, education, etc.
   2. Sharing of lessons learned (i.e. developing relationships, change management, overcoming barriers, establishing framework, etc.)
   3. Establish formal mentorship working group

The enclosed application is for individuals interesting in applying for membership to the Ontario CSRT CoP. The types of CSRT CoP membership available are outlined in the application.

# Instructions

1. Please complete all questions with as much detail as possible, where requested. You may need to engage and consult additional resources to complete this assessment. Please coordinate with your colleagues to ensure that the necessary people are available to aid in the proper completion of this application.
2. Once complete, please submit the application and additional required materials, outlined on the checklist, to the CSRT CoP CCO Coordinator contact:
   1. Julie Himmelman ([Julie.Himmelman@cancercare.on.ca](mailto:Julie.Himmelman@cancercare.on.ca))

# Requirements Overview

There are multiple categories of CSRT CoP members. The following list outlines the different CSRT CoP types of membership and applicable definitions for each.

|  |  |  |
| --- | --- | --- |
|  | CSRT CoP MEMBERSHIP TYPES | DEFINITION |
| **1.** | Full Member | * CSRT is a resident in the province of Ontario and is actively participating in one (or more) CoP working group initiatives |
| **2.** | General Member | * CSRT is a resident in the province of Ontario and wishes to remain in the CoP but is not actively participating in one (or more) CoP working group initiative |
| **3.** | Affiliate | * All professionals in the field of radiation therapy and individuals interested in the field of radiation oncology who may be interested in attending a specific meeting and/or being included on the distribution list of the IMPACT Newsletter/annual reports * Individual may be referred to the CSRT CoP by a current member |
| **4.** | Organization Affiliate | * Organization/Group that shares the same vision as the CSRT CoP to promote advanced practice radiation therapists |

* NOTE: The Affiliate and Organization Affiliate relation to the CSRT CoP is not considered a CoP member and may live outside the province of Ontario.

# Membership Commitment Expectations

# The following table outlines the membership commitment expectations across the membership categories, outlining the ways in which membership types differ and how individuals can get involved with the CoP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | FULL MEMBER | GENERAL MEMBER | AFFILIATE | ORGANIZATION AFFILIATE |
| Attend Annual In-Person Meeting | ✓ | ✓ |  |  |
| Attend Quarterly CoP Teleconference | ✓ | ✓ |  |  |
| Involved in at least 1 Working Group | ✓ |  |  |  |
| Contribute to CSRT CoP Newsletter | ✓ | ✓ | ✓ | ✓ |
| Contribute to CSRT CoP Annual Report | ✓ | ✓ |  |  |
| Ambassador to CSRT CoP Social Media Interactions (Twitter) | ✓ | ✓ | ✓ | ✓ |
| Potentially involved in project work | ✓ | ✓ |  | ✓ |

# Application Details

Please complete all of the following sections of the CSRT CoP membership application. If you have any questions related to the information being requested, please contact Julie Himmelman ([Julie.himmelman@cancercare.on.ca)](mailto:Julie.himmelman@cancercare.on.ca))

* NOTE: An asterisk (\*) denotes mandatory fields

Application Submission Details  
Please complete this section in its entirety.

|  |  |
| --- | --- |
| SUBMISSION DETAILS | |
| **\***Date of Application: | Click here to enter a date. |

Membership Type Information  
This section outlines the type of membership the applicant is applying for.

|  |  |
| --- | --- |
| APPLICATION DETAILS | |
| **\***CSRT CoP Application Type | Choose an item. |
| Please complete question (a) and (b) if you are applying as an Affiliate or Organization Affiliate of the CSRT CoP  **Note:** (a) and (b) are N/A for full and general members | **a.** Please describe how you heard about the CSRT CoP below:  Click here to enter text. |
| **b.** If you were referred by a member of the CSRT CoP, please list their name and email address below:  Click here to enter text. |
| APPLICATION QUESTIONS | |
| If you are looking to become a General, Affiliate, or Organization Affiliate member to the CSRT CoP, please complete questions 1 and 2 in the section below. | |
| **\*1**. What are you hoping to get from becoming a member of the CSRT CoP? | |
| Click here to enter text. | |
| **\*2.** What are you hoping to offer to the CSRT CoP? | |
| Click here to enter text. | |
| To learn about the current CSRT CoP working group initiatives and more information on joining, please email [RTP@cancercare.on.ca](mailto:RTP@cancercare.on.ca) or Julie.Himmelman@cancercare.on.ca.  \***NOTE:** Full Members of the CSRT CoP are welcome to join more than one working group. | |

# Member Information

# Please complete this section if you are applying to be a **Full or General member** of the CSRT CoP.

* NOTE: Affiliates and Organization Affiliates of the CSRT CoP do not need to complete this section.

|  |  |  |
| --- | --- | --- |
| MEMBER INFORMATION | | |
| \*First and Last Name | Click here to enter text. | |
| ***\****Local Health Integration Network (LHIN) in Ontario: | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 (ESC) | 2 (SW) | 3 (WW) | 4 (HNHB) | 5 (CW) | | 6 (MH) | 7 (TC) | 8 (Ce) | 9 (CE) | 10 (SE) | | 11 (Ch) | 12 (NSM) | 13 (NW) | 14 (NE) |  | | |
| ***\****Role | Click here to enter text. | |
| \*Regional Cancer Centre | Click here to enter text. | |
| ***\****Regional Cancer Centre Address: | Address 1: | Click here to enter text. |
| Address 2: | Click here to enter text. |
| City: | Click here to enter text. |
| Province: | Click here to enter text. |
| Postal Code: | Click here to enter text. |
| **\***Preferred Email Address | Click here to enter text. | |
| ***\****Preferred Phone Number | Click here to enter text. | |
| ***\****Which of the following categories best describes your Details | |  |  |  |  | | --- | --- | --- | --- | | Active CSRT position | Inactive CSRT | APRT | Other | | |