In 2015, CMTO will undertake a major review of its multi-year strategic plan. Council is committed to including transparency as a key component of that process and ensuring that it receives prominent treatment in discussions and planning.

CMTO’s Commitment to Transparency
Please note that protected titles of Registrants of the College of Massage Therapists of Ontario (CMTO) are both Massage Therapist (MT) and Registered Massage Therapist (RMT). It has been the position of Council since 2006 that in order to avoid misrepresentation or confusion for the public, it is essential that Registrants use RMT as the only designation used by members of the College.
Since the last edition of *TouchPoint* in December 2014, CMTO has been very busy. The College’s focus has expanded to include inter-jurisdictional and government initiatives, as well as other key College projects.

**Ministry of Health and Long-Term Care (MOHLTC)**

The Ministry of Health and Long-Term Care (MOHLTC) was busy in the latter part of 2014 and, as a result, CMTO is working on new important initiatives. The last edition of *TouchPoint* introduced the transparency initiative. Work on this project is ongoing and is detailed in another article in this edition of *TouchPoint*.

The Minister of Health and Long-Term Care, the Hon. Dr. Eric Hoskins, has asked the Hon. Roy McMurtry, Professor Marilou McPhedran and Sheila Macdonald to serve on a Task Force for the Prevention of Sexual Abuse of Patients to review the *Regulated Health Professions Act, 1991*, which governs all regulated health professions in the province, to ensure it is effective in preventing and dealing with the sexual abuse of patients by regulated health professionals.

The scope of the Task Force’s review will include:

- Ways that the current legislation can best ensure that every interaction by patients and witnesses with health regulatory Colleges, in relation to issues involving sexual abuse and Colleges’ processes, are sensitive, accessible and timely.
- The identification of best practices from leading jurisdictions around the world.

CMTO strongly supports the Minister’s action to look more closely at the prevention of sexual abuse by regulated health professionals and to identify measures to strengthen the relevant provisions of the *Regulated Health Professions Act, 1991*.

This timely exercise will bring important focus to this issue and, as per the Minister’s announcement, will lead to strengthened practices across health professions with greater transparency and consistency.

The initial activity of the Task Force was to require each Health Regulatory College to submit the portions of its Client Relations Plan relating to sexual abuse prevention. CMTO’s submission is posted on its website at: http://www.cmto.com/cmto-wordpress/assets/CMTO-Client-Relations-Program-Summary.pdf.

**Departmental/Program Reviews**

The College has commenced systematic reviews of the regulatory and administrative/management policies and procedures, and operations in each department of the College. The goal of these reviews has been to ensure that our approaches are effective, efficient and reflective of recognized best practices, and that we are achieving a high standard of protection of the public.

A review of Registration Services was commenced in 2013. In 2014, the College initiated a review of its Client Relation’s Program, including sexual abuse prevention, and had completed an initial analysis just prior to the Minister’s announcement of the Task Force.

The College is also in the midst of a review and update of its Communications strategy and program. To this end, the College hired a Manager, Communications in April.
**Inter-Jurisdictional Projects**

**National Massage Therapy Educational Program Accreditation**

The desirability of national educational program accreditation has been much discussed by the Massage Therapy Regulators in Canada.

To this end, a project started at the beginning of 2014 was completed at the end of the year. The Canadian Massage Therapy Council for Accreditation (CMTCA) was federally incorporated and the process to identify the members of the first Board of Directors was completed.

The 2015 Board of Directors of the CMTCA is made up of the following individuals:

- **Randy Ellingson**, Accreditation Committee Chair, Canadian Council of Massage Therapy Schools (CCMTS)
- **Corinne Flitton**, Registrar, College of Massage Therapists of Ontario
- **Lori Green**, Vice Chair, Canadian Massage Therapist Alliance (CMTA)
- **Marilyn Waithman**, PhD, Public Appointee, College of Massage Therapists of British Columbia
- **Iain Robertson**, Faculty Member, MT Program, Georgian College (ON), CCMTS
- **Sara Sexton**, RMT, CMTA
- **Gordon Griffith**, P. Eng, Council of Ministers of Education, Canada, Non-sector

The first Board meeting of the CMTCA took place on February 9, 2015. A communication update on this initial meeting is posted on the CMTCA website: www.cmtca.ca.

The project team has representatives from four provinces, in which Massage Therapy is a regulated health profession or is in the process of becoming a regulated profession.

Representatives from CMTO on the team include Pam Fitch, RMT, and Kerry Anderson, RMT. The project team has met twice, and has worked on updating the practice competencies in draft form. The next step in the project is to survey RMTs in the regulated provinces through an online survey.

The Transparency and Task Force projects remind us that the RHPA is, at its foundation, consumer-oriented legislation and that CMTO, like all health regulatory Colleges, must remain responsive and sensitive to the needs of the public.

CMTO looks forward to working on all of these projects in Ontario and Canada, so that the public in Ontario, and other provinces, can be assured of high-quality, safe and ethical care by Registered Massage Therapists.

**Project to Update and Revalidate the Inter-Jurisdictional Practice Competencies**

The Federation of Massage Therapy Regulatory Authorities of Canada (FOMTRAC) has initiated an update to the Inter-Jurisdictional Practice Competencies and Performance Indicators released in 2010 and 2012.
TouchPoint Newsletter

The TouchPoint newsletter is published twice per year, in the Spring and Fall. Each issue covers a range of topics that are important to you as a Massage Therapist: insurance fraud, CEU articles, Massage Therapy research updates, and information on courses and workshops. Be sure to read each issue, as well as familiarize yourself with the College’s website, in order to stay informed about your responsibilities.

Practice Advice

The College provides registrants with access to professional practice guidance through the Practice Specialist. The Practice Specialist can assist you in finding the relevant legislative or policy-oriented information needed to support you in providing the best possible care of clients. While unable to provide legal or financial advice, the Practice Specialist can provide coaching to you as you work through the ethical decision-making process to develop your own course of action in response to particular practice dilemmas. This process, which is also presented at the College’s Professionalism Workshop, can provide you with a framework within which to explore issues, to reflect on possible solutions, and to test these solutions before taking action.

“Pause Before You Post”
Social Media Awareness for Regulated Healthcare Professionals

This learning module was produced in collaboration with six other health regulatory Colleges in Ontario. Numerous examples and case-based scenarios are included to illustrate social media use in healthcare and to help you reflect on your own use of social media in your Massage Therapy practice.

The module does not replace your professional obligation to read relevant standards and legislation; rather, it reviews the professional standards of practice, the legislation and the principles you need to know to establish risk management strategies to help maintain a professional reputation and appropriate professional relationships in your practice. It also answers everyday practice questions and offers best practice suggestions for using social media.

Get to Know Your College
For New Registrants of the Profession

The regulation of the profession is an important aspect of your journey as a Registered Massage Therapist. This section will offer you insights into:
- How the College protects the public interest;
- Services that you can take advantage of to further your knowledge base;
- Helpful resources to better understand your responsibilities as a self-regulated professional.

Other Courses and Workshops

The College currently offers several educational programs for registrants – two web-based distance education courses and a one-day in-person Professionalism Workshop. One important e-course is on the subject of Standards and Regulations. This online course provides an overview of the Standards of Practice and the Regulations. It is designed to help you gain an understanding of the legislation, regulations, policies and procedures that govern Massage Therapy practice in Ontario. It is important for public safety and ethical client care that you have sufficient knowledge of the legal aspects of the profession.

TouchPoint : Spring/Summer 2015
5
Message from Lisa Tucker, RMT, Council President

Meet Some of Our Council Members, Both Past and Present

Retired Council Members

In February we welcomed new members to our Council and bid farewell, with much gratitude, to Arielle Berger, RMT (District 4), and Amy Frost, RMT (District 9), both of whom have moved on to new employment opportunities, as well as, Joshua Brull and James Lee, public members appointed to Council.

Karen Redgers, RMT (District 5), also moved on after six years on Council, most spent as Chair of the Discipline Committee, and on the Executive Committee.

The new members on Council are Robyn Libby, Kim Westfall-Connor, Lesley Hargreaves and Jennifer Da Ponte.

The Council is comprised of both members of the public, who are appointed to the Council by the government, and dedicated RMTs who firmly believe in the College’s mandate to protect the public interest.

Council members ensure that the focus is maintained on consumer needs, including the right to the provision of high-quality, safe and ethical healthcare, and that Registered Massage Therapists are held accountable for the care they provide to the public of Ontario.

CMTO’s Council is made up of College registrants, elected by their peers in nine districts across the province (professional members), as well as members of the public (public members) who are appointed by the Lieutenant Governor-in-Council of Ontario.

Arielle Berger, RMT  Joshua Brull  Amy Frost, RMT  James Lee  Karen Redgers, RMT
The appointment of public members ensures that a focus is maintained on the needs of the public in all decisions made by Council.

The responsibilities of Council are spread across a number of statutory Committees required by legislation and supported by the College staff in the various departments.

The work conducted by Committees is often challenging, particularly for the RMTs who understand that self-regulation is a privilege granted by the public of Ontario.

Frequently difficult decisions must be made when Council members are reviewing investigation reports, adjudicating hearings, assigning specified continuing education and remediation programs, and creating policy.

In doing so, Council members are aided by case law and guided by the CMTO’s commitment to transparency and principles of fairness, objectivity and impartiality.

New Council Members

Jennifer Da Ponte, RMT  Lesley Hargreaves, RMT  Robyn Libby, RMT  Kim Westfall-Connor, RMT

Current Council Members

Nancy Engstrom, RMT  Murthy Ghandikota  David Janveau, RMT  Hedy Miszuk  Robert Pletsch  Karen Sosnowski, RMT  Lisa Tucker, RMT  Jane Wellwood, RMT  Lloyd White
In 2015, CMTO will undertake a major review of its multi-year strategic plan. Council is committed to including transparency (encompassing the Transparency Principles) as a key component of that process and ensuring that it receives prominent treatment in discussions and planning.

The College’s plan focuses primarily on new measures to be taken. This will take some time for CMTO to adjust some processes and procedures given the need for consultation with registrants and other stakeholders on necessary by-law changes.

As such, the College has developed a two-phased implementation plan that has been guided by the work of the Advisory Group for Regulatory Excellence (AGRE) in terms of the scope of changes required.

**CMTO’s Commitment to Transparency**

By Corinne Flitton, BPHE, RMT, Registrar & CEO

**Phase 1**

The following are general and specific measures that have already been taken or will be undertaken as part of Phase 1, including the timing of those actions. The Phase 1 measures will be implemented no later than June 30, 2015.

**Phase 1: General Measures**

**The Transparency Principles:**

CMTO Council has reviewed and formally adopted the Transparency Principles that were developed earlier this year by AGRE. We appreciate the significant work that the Advisory Group undertook in bringing these forward and agree with the need for Colleges, wherever possible, to use consistent approaches.

The Transparency Principles are as follows:

1. The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system of self-regulation works effectively.
2. Providing more information to the public has benefits, including improved client choice and increased accountability for regulators.
3. Any information provided should enhance the public’s ability to make decisions or hold the regulator accountable. This information needs to be relevant, credible and accurate.
4. In order for information to be helpful to the public, it must
   a. Be timely, easy to find and understand;
   b. Include context and explanation.
5. Certain regulatory processes intended to improve competence may lead to better outcomes for the public if they happen confidentially.
6. Transparency discussions should balance the principles of public protection and accountability, with fairness and privacy.
7. The greater the potential risk to the public, the more important transparency becomes.
8. Information available from Colleges about registrants and processes should be similar.
**Posting information within 24 hours:**

We have reviewed our procedures in this area and undertake to ensure that changes will be implemented by March 31, 2015, to ensure that publically available information is posted on the College’s website within 24 hours.

**External review of website clarity of information and ease of search:**

The College is committed to completing its review of the website for clarity and ease of search, and bringing forward recommendations by May 2015.

**Providing information on the website about what is (and is not) available and why:**

The College will further ensure that a clear description of what registrant information is available – including the reasons for why information is (or is not) available – is easily accessible on the CMTO website by May 31, 2015.

**Adopting a consistent approach to the number and names of different types of ICRC outcomes:**

The College is supportive of this initiative and is committed to participating with the Federation of Health Regulatory Colleges to develop a consistent approach.

**Phase 1: Specific Measures**

The following measures do not require changes to CMTO’s by-laws and are either already in place or will be implemented in January 2015.

**Posting names and decease dates of members, if known:**

This information is currently available through the CMTO website.

**Date of referral of a matter to Discipline Committee**

**Status of a matter before Discipline Committee**

**Full notice of hearing available:**

This information is not currently available on the CMTO website, but will be later this year.

**Notice of non-members practicing illegally:**

This information is currently publicly available through the CMTO website in cases where CMTO has taken civil action against the non-member.

**Phase 2**

The following specific measures will require changes to CMTO by-laws. The College’s intention is to complete the development of the proposed by-law changes, including legal and policy advice and reviews and the development of communications materials by, May 2015.

Consultations with registrants and other stakeholders will take place during the months of May, June and July.

The expectation is that by-law changes will receive final approval in September 2015.

**Phase 2: Specific Measures**

Specific Phase 2 measures to be incorporated into by-law consultations are:

- Posting information about licences in other jurisdictions;
- Posting relevant criminal charges;
- Posting relevant criminal convictions;
- Posting bail conditions that impact the registrant’s Massage Therapy practice and where CMTO has negotiated an undertaking with the registrant, which includes publicly releasing information about bail conditions;
- Posting undertakings;
- Posting verbal cautions and SCERPS;
- Posting explanations for interim suspensions;
- Posting Discipline Committee results of no findings;
- Posting agreements to resign pre-referral;
- Posting discipline findings from other jurisdictions.

CMTO is committed to moving as quickly as possible to enhance appropriate transparency in its processes, decision-making and information disclosure as part of ensuring that members of the public have a clear understanding of the role of the College and access to the information they need to make informed healthcare choices.
The purpose of the MTRF Research Review is to provide registrants with practitioner-friendly access to the studies funded through the Massage Therapy Research Fund (MTRF). This is consistent with section 1.2n of the Inter-Jurisdictional Practice Competencies and the College’s aim of supporting the on-going development of the research competencies of Massage Therapists.

The research project reviewed for this issue of the TouchPoint newsletter is:
“Evaluating Breast Cancer Patients’ Success Learning Lymphatic Self- Massage at the Princess Margaret Hospital Lymphedema Clinic” led by Pamela Hammond, RMT.

Study Overview

How does this study contribute to the Massage Therapy knowledge base?

Massage Therapy is increasingly used as a therapeutic intervention for individuals with cancer and often in the management of associated conditions resulting from cancer or cancer treatments. Lymphedema is one such condition. This study provides a unique perspective on the inclusion of self-massage in the management of cancer-related lymphedema. More specifically, it is focused on the learning outcomes of teaching self-massage, which is used as a self-care tool for breast cancer survivors with lymphedema. This is the first study to evaluate massage as a self-care tool for this patient population.

About the Study

To ensure an effective approach to supporting patients with lymphedema, a research team at the Princess Margaret Hospital (PMH) Lymphedema Clinic sought to evaluate patients’ experience of learning and doing self-massage in the management of cancer-related lymphedema. The objectives of this evaluation were to:

- Evaluate patients’ ability to learn and perform lymphatic self-massage as taught by the Massage Therapists at the PMH Lymphedema Clinic;
- Evaluate how the self-management program affects patient adherence to daily self-massage;
- Receive patient feedback on self-massage instruction and teaching resources used in the clinic.

Research Review #3

Evaluation of Learning Self-Massage by Breast Cancer Patients

Names of researchers:
- Pam Hammond, RMT
- Aleksandra Chafranskaia BSc, PT, MPH
- Joyce Nyhof-Young

At the time of the study, all researchers were affiliated with the Princess Margaret Hospital. Pam Hammond was RMT at the Princess Margaret Hospital Lymphedema Clinic.

Project funded: 2010

Project completed: 2013

MTRF grant amount: $14,627.50

Names of researchers:
- Pam Hammond, RMT
- Aleksandra Chafranskaia BSc, PT, MPH
- Joyce Nyhof-Young
The Massage Therapy Intervention

The intervention was lymphatic self-massage (LSM), based on manual lymph drainage (MLD) adapted techniques. For additional information, contact the lead researcher, Pam Hammond.

Study Participants

The study participants were female patients of the Princess Margaret Hospital Lymphedema Clinic who were registered in the LSM training program and who met the following eligibility criteria: a) diagnosed with secondary lymphedema following surgical and/or radiation treatment of breast cancer; and b) had received at least one massage teaching session at the clinic.

Eligible patients were those diagnosed with secondary lymphedema following surgical and/or radiation treatment for breast cancer. Patients receiving active treatment for malignancy or requiring a translator were excluded.

Study Results

Based on the analysis of the quantitative and qualitative data, the researcher reported the following results:

Quantitative data

Participant demographics:
All participants spoke English, were well educated and came from ethnically diverse backgrounds. Participants ranged from 31 to 70 years of age. Forty-eight percent of the participants had developed lymphedema within 12 months of their breast cancer diagnosis.

Knowledge Test:
• LSM teaching sessions were an effective way to enhance patients’ understanding of the principles behind and skill required of self-massage (p=0.0001).
• Fifty-nine percent of participants reported adhering to regular (daily or three times per week or more) lymphatic self-massage.
• Participants who were in a higher income bracket were more likely to adhere to regular self-massage (p=0.0351).

Perceived social support:
• No significant correlation was found between participants who consulted a community therapist and regular self-massage adherence (p=0.2293).
• There was also no significant correlation between social support and adherence to regular self-massage (p=1.0000).

Qualitative data

Key thematic findings:
• Lack of time and biological barriers such, as pain and physical limitations, were the most commonly reported barriers to LSM adherence.
• For many who reported barriers to lymphedema management, it began with the lack of appropriate and accessible information about lymphedema within both the medical community and the general population.
• An important factor revealed by this study was that providing patients with appropriate information often requires correct timing and a delicate balance.
• Establishing a daily routine and improved health literacy were common motivators to LSM adherence.
• Changes in symptomatology were reported as both a common motivator and barrier to self-massage.
• The majority of participants (94%) preferred individual over group learning and emphasized the benefit of being able to ask questions, correct mistakes and improve their massage skills.
• One notable recommendation was to develop an instructional DVD that would allow patients to practice LSM at home.

The largely positive reviews received from the interviewed patients suggest that self-massage instruction and the staff delivering these sessions were both well received and had a positive impact.

### Study Limitations

Bias is defined as any tendency that results in prejudiced or skewed answers to questions and therefore outcomes. The researchers identified several sources of bias that may impact the results presented:

• The Knowledge Test measures changes in recall and cannot be used to draw conclusions about long-term maintenance of self-massage knowledge amongst lymphedema patients.
• Recall of participants who completed the Knowledge Test immediately following their appointment versus patients who took the test home to complete may differ.
• Those who are more satisfied with the Lymphedema Clinic may have been more likely to consent to the study. Therefore, the study results may emphasize the positive.
• The positive results may also reflect the fact that participants may have been potentially reluctant to critique the self-massage program as the Lymphedema Clinic is often cited as their only source of lymphedema care.

### Study Implications for Massage Therapy Practice, Education and Future Research

#### Massage Therapy Practice

As this study indicates, patients benefit from learning lymphatic self-massage as a self-care tool. Massage Therapists working with cancer survivors experiencing lymphedema may want to consider incorporating a self-care element into their overall treatment that enables the client to carry out daily massage on affected limbs/areas.

It is important that the teaching protocol is thoroughly thought through and that it is modified as needed to meet the client’s needs and limitations.

The learnings from this study also indicate that a follow-up component and having the client demonstrate in subsequent sessions are important ways to check and monitor that the client is doing the protocol correctly.

The biases identified by the researchers are important to consider in practice as well. Clients may forget what they have done since their last treatment, selectively remember certain details, or tell the researcher what they think they want to hear. This brings attention to the importance of applying a critical eye in practice when assessing outcomes and progress of treatment.

#### Education

These findings underscore that Massage Therapists not only provide massage treatments but also may function, and often do, as educators. This means that developing teaching skills to effectively present information and
techniques to clients or patients about self-care is a skill that requires attention during the training process and post-graduate learning.

**Future Research**

This study makes a vital contribution to the Massage Therapy literature by bringing attention to the importance of patient experiences in understanding uptake of self-massage, particularly in the context of managing a chronic condition.

Future research may focus on evaluating different strategies for effective uptake of self-massage, such as ways of overcoming barriers to adherence. Recognizing that there are different learning styles, future research may also aim to compare different approaches to effectively teach self-massage.

**Information Dissemination**

Information about this study and its findings was made available by the researchers through the following activities:

**Presentations**

- Poster presentation at the 2012 International Lymphedema Framework Conference, Montpellier, France, 28-30 June 2012.
- E-Poster presentation at the UICC World Cancer Congress, Montreal, Canada, 27-30 August 2012.
- Oral presentation at the 7th IN-CAM Research Symposium, Toronto, Ontario, 3-4 November 2012.
- Poster presentation at the Toronto Cancer 2012 Education Conference and Medical Exposition, 22-23 November 2012.
- Oral Presentation at The Princess Margaret Cancer Centre, Toronto, Ontario; Lunch and Learn Seminar, 26 March 2013.

**CEU Questions**

1. What were the objectives of this study?
2. What factor was associated with a higher adherence to regular self-massage?
3. What types of barriers to adhering to learned self-massage were identified by the researchers?
4. What is bias?
5. How can you integrate the results of this study into a treatment plan?

**MTRF Updates**

The 2014/2015 MTRF funding competition is now open. The submission deadline for applications and research project proposals is April 15, 2015. For additional information, including eligibility and application guidelines, visit: [http://www.cmto.com/about-mtrf/#currentupcoming](http://www.cmto.com/about-mtrf/#currentupcoming).
What is mandatory reporting?

Mandatory reporting refers to the obligation under the *Regulated Health Professions Act, 1991* (RHPA) for healthcare professionals, employers and facility operators to file written reports with health regulatory Colleges or other agencies.

For registrants, mandatory reports are to be filed with the appropriate authority under the following circumstances:

1. Self-reporting of offences and professional negligence or malpractice – report made to CMTO;

2. Reporting of other healthcare professionals suspected of sexual abuse – report made to the Regulatory College of the healthcare professional;

3. Reporting of others suspected of child abuse or neglect – report made to a Children’s Aid Society; and

4. Reporting of others suspected of elder abuse – report made to either the Director of the nursing home or the Registrar of the Retirement Homes Regulatory Authority (http://www.rhra.ca/en/report/how-to/).

Employers and facilities are required to file mandatory reports in cases of:

1. Termination of employment for reasons of professional misconduct, incompetence or incapacity – report to the Regulatory College of the healthcare professional;

2. Revocation, suspension or imposition of restrictions on the privileges of a practitioner for reasons of professional misconduct, incompetence or incapacity – report to the Regulatory College of the healthcare professional;
3. Dissolution of a partnership, a health profession corporation or association with a practitioner for reasons of professional misconduct, incompetence or incapacity – report to the Regulatory College of the healthcare professional; and

4. If there are reasonable grounds to believe that a health professional who practices at the facility is incompetent, incapacitated or has sexually abused a patient – report to the Regulatory College of the healthcare professional.

Contact information for Health Regulatory Colleges can be found on the Federation of Health Regulatory Colleges of Ontario (FHRCO) website: http://www.regulatedhealthprofessions.on.ca/index.html.

Why is mandatory reporting important?

Mandatory reporting is considered an essential professional obligation. It is one of the best ways of ensuring that concerns of sexual abuse, professional misconduct, incompetence, professional negligence or incapacity are brought to the attention of the College, other health professional regulators and/or agencies.

At its highest, mandatory reporting demonstrates a commitment by regulated health professionals to self-regulation in the public interest, by ensuring concerns about the conduct or behavior of a regulated health professional are brought to the attention of the College.

To assist registrants with understanding their mandatory reporting obligations, there are a number of resources available. The most comprehensive information is available on the College’s website, which includes a helpful checklist for decision-making, as well as accessible reporting forms: http://www.cmto.com/registrants/ensuring-professional-conduct/mandatory-reporting.

Additionally, contacting the College’s Practice Specialist, Amy Beggs (amy.beggs@cmto.com) and/or the organization that would be the recipient of the mandatory report might also provide helpful assistance, should a registrant require further clarification of their reporting obligations.

A common question for registrants, as they evaluate their reporting obligations, is often, “What happens when I provide my report to the College?” Understanding what may occur following the filing of a report helps to reinforce the importance of complying with your reporting obligations.

What happens when the College receives a mandatory report?

There are a number of circumstances under which the College may receive a mandatory report relating to a registrant (see previous section). Various steps may be taken depending upon the nature and severity of the concerns or issues raised. Generally, the following may occur:

1. Acknowledgement of receipt of mandatory report

The author of the report will be sent an acknowledgement that the College has, in fact, received his or her mandatory report. This acknowledgement provides the author with written confirmation of his or her compliance with their reporting obligations.

2. Review of the content of a mandatory report

The College will review the mandatory report and determine if there is sufficient concern to require action to be taken. The College will consider whether the
conduct or concern in the report identifies a risk or potential risk of harm to the public, such that action by the College is warranted to address the risk or potential risk of harm.

3. Commencement of an investigation or incapacity proceedings

Mandatory reports are often the basis upon which investigations or incapacity inquiries are commenced. The Registrar has the statutory authority – where there is a reasonable belief that a registrant has engaged in behaviour or conduct that constitutes an act(s) of professional misconduct, incompetency or raises concerns of incapacity – to request a Panel of the Inquiries, Complaints and Reports Committee (ICRC) to appoint an Investigator to conduct an investigation or to request the Panel of the ICRC to commence incapacity proceedings.

4. Other types of actions

On some occasions where the College has received a mandatory report and the issues of concern are not significant, or insufficient to warrant an investigation, a range of possible outcomes may be contemplated. These may include taking no further action, or seeking a registrant’s agreement to address concerns through an educational approach. Generally, when seeking an educational approach, efforts are undertaken to encourage change within a registrant’s practice to assist with avoiding similar concerns in the future. When contemplating an outcome that may not involve an investigation or incapacity proceedings, the College will consider factors such as the nature of the concerns raised in the report, the history of similar concerns, protection of the public interest and procedural fairness to the registrant.

Importance of Complying with Mandatory Report Obligations

Mandatory reports play an integral part in self-regulation. It is important that registrants know their obligations and comply with them whenever required. A key part in understanding the importance of mandatory reporting is having an awareness of what may happen with a mandatory report, once received by the College. Timely and complete reporting assists the College in holding registrants accountable for providing safe, competent and ethical Massage Therapy care to the public.

CEU Questions

1. When do you, as a registrant, have to file a mandatory report?
2. If you fired an employee for fraud, would you be required to report this event? What if the former employee were a healthcare professional?
3. If you are unsure if you are required to file a mandatory report, what resources are available to you?
4. Identify three instances where a risk of harm, or potential risk of harm, to the public could be identified through a mandatory report.
5. What actions can CMTO take if a mandatory report is filed against a registrant?
As of December 31, 2014, CMTO had 12,660 registrants. This is roughly a 25% increase when we compare it to our registration numbers only five years earlier: 10,130.

The table below reflects the gender of registrants in the last five years. Male registrants have jumped from 2,098 to 2,474.

<table>
<thead>
<tr>
<th>Gender of Registrants</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>8,030</td>
<td>8,671</td>
<td>8,805</td>
<td>9,476</td>
<td>9,913</td>
</tr>
<tr>
<td>Male</td>
<td>2,098</td>
<td>2,286</td>
<td>2,353</td>
<td>2,576</td>
<td>2,474</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>29</td>
<td>42</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

10,130
10,986
11,200
12,054
12,660

Has the number of male registrants increased over time?

By Janelle Benjamin, Director, Registration Services

“Did You Know” is a new series featured in TouchPoint that answers frequently asked questions by registrants.
How many registrants were educated in Ontario?

More than 93% of registrants were educated in Ontario. The table below reflects the jurisdiction where registrants received their initial Massage Therapy education.

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>9,915</td>
<td>10,769</td>
<td>10,991</td>
<td>11,208</td>
<td>11,864</td>
</tr>
<tr>
<td>Regulated Canadian Provinces</td>
<td>28</td>
<td>33</td>
<td>31</td>
<td>46</td>
<td>48</td>
</tr>
<tr>
<td>Other Canadian Provinces</td>
<td>61</td>
<td>61</td>
<td>55</td>
<td>83</td>
<td>84</td>
</tr>
<tr>
<td>International</td>
<td>53</td>
<td>52</td>
<td>50</td>
<td>53</td>
<td>31</td>
</tr>
<tr>
<td>Unknown</td>
<td>73</td>
<td>71</td>
<td>73</td>
<td>664</td>
<td>633</td>
</tr>
</tbody>
</table>

What’s the average age of registrants?

More than half of registrants are 40 years of age or younger. As of December 31, 2014, 57% of registrants were forty years old or younger. The table below reflects the number of registrants at every age.

<table>
<thead>
<tr>
<th>Age of Registrants</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 31</td>
<td>1,161</td>
<td>2,483</td>
<td>2,385</td>
<td>2,466</td>
<td>2,642</td>
</tr>
<tr>
<td>31-40</td>
<td>3,975</td>
<td>4,254</td>
<td>4,267</td>
<td>4,482</td>
<td>4,555</td>
</tr>
<tr>
<td>41-50</td>
<td>3,006</td>
<td>2,729</td>
<td>2,920</td>
<td>3,225</td>
<td>3,434</td>
</tr>
<tr>
<td>51-60</td>
<td>1,483</td>
<td>1,213</td>
<td>1,310</td>
<td>1,496</td>
<td>1,610</td>
</tr>
<tr>
<td>&gt; 60</td>
<td>494</td>
<td>304</td>
<td>318</td>
<td>384</td>
<td>419</td>
</tr>
<tr>
<td>Unknown</td>
<td>11</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

How long have RMTs, on average, been in practice?

Sixty-four percent of RMTs have been in practice 10 years or less. The majority of registrants are relatively new to the Massage Therapy profession.

<table>
<thead>
<tr>
<th>Years in Practice</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>3,905</td>
<td>4,113</td>
<td>3,995</td>
<td>4,783</td>
<td>4,987</td>
</tr>
<tr>
<td>6-10</td>
<td>2,689</td>
<td>2,883</td>
<td>3,031</td>
<td>3,007</td>
<td>3,154</td>
</tr>
<tr>
<td>11-15</td>
<td>2,245</td>
<td>2,435</td>
<td>2,717</td>
<td>2,496</td>
<td>2,430</td>
</tr>
<tr>
<td>16-20</td>
<td>767</td>
<td>967</td>
<td>915</td>
<td>1,117</td>
<td>1,350</td>
</tr>
<tr>
<td>21-25</td>
<td>300</td>
<td>347</td>
<td>321</td>
<td>374</td>
<td>426</td>
</tr>
<tr>
<td>&gt; 26</td>
<td>202</td>
<td>241</td>
<td>221</td>
<td>276</td>
<td>313</td>
</tr>
</tbody>
</table>
At its December 2014 meeting, Council approved circulation of the proposed regulation, which would exempt the treatment of spouses from the definition of sexual abuse in the Health Professions Procedural Code (Code) to all registrants and other stakeholders.

The College received over 500 responses to the proposed regulation, 23 of which indicated that they were opposed to the amendments. One hundred and forty-seven respondents submitted additional comments relating to their support of or opposition to the proposal.

Council agreed that, as some of the comments indicated that registrants were confused by the wording of the proposed amendment, it would use the simplified wording already approved by the Ministry of Health and Long-Term Care, which simply references an exception to the definition of sexual abuse in the Code as follows:

**Spousal Exception**

The spousal exception in subsection 1 (5) of the Health Professions Procedural Code applies in respect of the College.

This proposed regulation does not diminish existing public protection measures. Spouses will continue to be afforded the same protection available to all Ontarians concerning sexual abuse. It simply allows for spousal treatment where a College and the provincial government agree that it makes sense. It is anticipated that Council will approve guidelines relating to when it is appropriate to treat family members in 2015.

Until this regulation is passed, a Massage Therapist is not permitted to treat his/her spouse under any circumstances. To do so is considered sexual abuse under the Code.
### 2014 Certification Examination Statistics

<table>
<thead>
<tr>
<th>School</th>
<th>Total OSC Participants</th>
<th>Total MCQ Attempts</th>
<th>1st Attempt</th>
<th>2nd Attempt</th>
<th>% Pass of Total Participants</th>
<th>% Pass of Total Attempts</th>
<th>Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>51</td>
<td>51</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>BRY</td>
<td>20</td>
<td>24</td>
<td>13</td>
<td>2</td>
<td>75</td>
<td>63</td>
<td>10</td>
</tr>
<tr>
<td>CB</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>83</td>
<td>83</td>
<td>5</td>
</tr>
<tr>
<td>CCHST</td>
<td>26</td>
<td>27</td>
<td>23</td>
<td>0</td>
<td>88</td>
<td>85</td>
<td>20</td>
</tr>
<tr>
<td>CCNY</td>
<td>41</td>
<td>43</td>
<td>38</td>
<td>2</td>
<td>98</td>
<td>93</td>
<td>40</td>
</tr>
<tr>
<td>CE</td>
<td>25</td>
<td>28</td>
<td>22</td>
<td>2</td>
<td>96</td>
<td>86</td>
<td>23</td>
</tr>
<tr>
<td>COBK</td>
<td>54</td>
<td>55</td>
<td>51</td>
<td>1</td>
<td>96</td>
<td>96</td>
<td>50</td>
</tr>
<tr>
<td>CTCMPC</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>10</td>
</tr>
<tr>
<td>DL</td>
<td>20</td>
<td>27</td>
<td>21</td>
<td>5</td>
<td>85</td>
<td>85</td>
<td>16</td>
</tr>
<tr>
<td>EBCH</td>
<td>12</td>
<td>15</td>
<td>9</td>
<td>2</td>
<td>92</td>
<td>73</td>
<td>9</td>
</tr>
<tr>
<td>EBCM</td>
<td>9</td>
<td>10</td>
<td>9</td>
<td>1</td>
<td>100</td>
<td>100</td>
<td>8</td>
</tr>
<tr>
<td>EBCO</td>
<td>18</td>
<td>21</td>
<td>15</td>
<td>2</td>
<td>94</td>
<td>81</td>
<td>12</td>
</tr>
<tr>
<td>EBCS</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>8</td>
</tr>
<tr>
<td>EBCT</td>
<td>18</td>
<td>20</td>
<td>13</td>
<td>2</td>
<td>83</td>
<td>75</td>
<td>11</td>
</tr>
<tr>
<td>EBCST</td>
<td>12</td>
<td>12</td>
<td>11</td>
<td>0</td>
<td>92</td>
<td>92</td>
<td>11</td>
</tr>
<tr>
<td>EBCW</td>
<td>6</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>83</td>
<td>63</td>
</tr>
<tr>
<td>ECBB</td>
<td>13</td>
<td>14</td>
<td>12</td>
<td>1</td>
<td>100</td>
<td>100</td>
<td>93</td>
</tr>
<tr>
<td>ELE</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>100</td>
<td>89</td>
</tr>
<tr>
<td>FL</td>
<td>25</td>
<td>27</td>
<td>22</td>
<td>2</td>
<td>96</td>
<td>89</td>
<td>10</td>
</tr>
<tr>
<td>GEO</td>
<td>63</td>
<td>75</td>
<td>50</td>
<td>8</td>
<td>95</td>
<td>80</td>
<td>69</td>
</tr>
<tr>
<td>HU</td>
<td>30</td>
<td>22</td>
<td>20</td>
<td>0</td>
<td>1</td>
<td>94</td>
<td>27</td>
</tr>
<tr>
<td>IA</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>12</td>
</tr>
<tr>
<td>ICAT</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>88</td>
<td>88</td>
<td>7</td>
</tr>
<tr>
<td>KC</td>
<td>26</td>
<td>29</td>
<td>22</td>
<td>2</td>
<td>92</td>
<td>92</td>
<td>8</td>
</tr>
<tr>
<td>LC</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>8</td>
</tr>
<tr>
<td>MXK</td>
<td>9</td>
<td>10</td>
<td>7</td>
<td>1</td>
<td>90</td>
<td>80</td>
<td>8</td>
</tr>
<tr>
<td>MXL</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>8</td>
</tr>
<tr>
<td>MXS</td>
<td>11</td>
<td>12</td>
<td>8</td>
<td>0</td>
<td>73</td>
<td>67</td>
<td>8</td>
</tr>
<tr>
<td>MXT</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>100</td>
<td>100</td>
<td>8</td>
</tr>
<tr>
<td>NAT</td>
<td>16</td>
<td>21</td>
<td>11</td>
<td>2</td>
<td>81</td>
<td>82</td>
<td>62</td>
</tr>
<tr>
<td>OCHT</td>
<td>50</td>
<td>50</td>
<td>48</td>
<td>2</td>
<td>96</td>
<td>96</td>
<td>8</td>
</tr>
<tr>
<td>PRO</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>8</td>
</tr>
<tr>
<td>RCC</td>
<td>67</td>
<td>67</td>
<td>62</td>
<td>0</td>
<td>93</td>
<td>93</td>
<td>8</td>
</tr>
<tr>
<td>RISM</td>
<td>49</td>
<td>50</td>
<td>45</td>
<td>1</td>
<td>94</td>
<td>94</td>
<td>92</td>
</tr>
<tr>
<td>SC</td>
<td>90</td>
<td>90</td>
<td>87</td>
<td>0</td>
<td>97</td>
<td>97</td>
<td>9</td>
</tr>
<tr>
<td>TRI</td>
<td>20</td>
<td>21</td>
<td>21</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>10</td>
</tr>
<tr>
<td>TRIB</td>
<td>15</td>
<td>16</td>
<td>12</td>
<td>1</td>
<td>87</td>
<td>87</td>
<td>8</td>
</tr>
<tr>
<td>TRIK</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>0</td>
<td>83</td>
<td>83</td>
<td>8</td>
</tr>
<tr>
<td>TRIOW</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>TRIP</td>
<td>11</td>
<td>9</td>
<td>11</td>
<td>0</td>
<td>82</td>
<td>82</td>
<td>8</td>
</tr>
<tr>
<td>TRISC</td>
<td>16</td>
<td>18</td>
<td>12</td>
<td>0</td>
<td>75</td>
<td>75</td>
<td>0</td>
</tr>
<tr>
<td>TRITO</td>
<td>13</td>
<td>14</td>
<td>13</td>
<td>0</td>
<td>85</td>
<td>85</td>
<td>0</td>
</tr>
<tr>
<td>WS</td>
<td>39</td>
<td>45</td>
<td>27</td>
<td>5</td>
<td>82</td>
<td>82</td>
<td>7</td>
</tr>
<tr>
<td>WVC</td>
<td>15</td>
<td>16</td>
<td>12</td>
<td>1</td>
<td>87</td>
<td>87</td>
<td>0</td>
</tr>
</tbody>
</table>

*Total OSCE Participants” and “Total MCQ Participants” reflect total candidates of each approved school who participated in the Certification Examinations in 2014, but are not limited to 2014 graduates.

**Key**

- AL: Algonquin College
- BRY: Bryan College
- CB: Collège Boréal
- CCHST: Canadian College of Health Science & Technology
- CCNY: Canadian College of Massage & Hydrotherapy – North York
- CE: Centennial College
- COBK: Canadian College of Massage & Hydrotherapy – Cambridge
- CTCMPC: College of Traditional Chinese Medicine Pharmacology Canada
- DL: D’Arcy Lane Institute
- EBC: Everest College of Business – Hamilton
- EBCM: Everest College of Business – Mississauga
- EBCO: Everest College of Business – Ottawa
- EBCS: Everest College of Business – Sudbury
- EBCT: Everest College of Business – Yonge
- EBCTB: Everest College of Business – Thunder Bay
- EBCW: Everest College of Business – Windsor
- EBB: Everest College of Business – Barrie
- ELE: Elegant School of Esthetics
- FL: Sir Sandford Fleming College
- GEO: Georgian College
- HU: Humber College
- IA: International Academy of Massage
- ICAT: Institute of Complementary & Alternative Therapies
- KC: Kikkawa College
- LC: Lambton College
- MXK: Medix School – Kitchener
- MXL: Medix School – London
- MXS: Medix School – Scarborough
- MXT: Medix School – Toronto
- NAT: National Institute
- OCHT: Ontario College of Health & Technology
- PRO: Protégé School
- RCC: Royal Canadian College of Massage Therapy
- RISM: Royal Institute of Science & Management
- SC: Sutherland Chan
- TRI: Trillium College – Oshawa
- TRIB: Trillium College – Burlington
- TRIK: Trillium College – Kingston
- TRIOW: Trillium College – Ottawa
- TRIP: Trillium College – Peterborough
- TRISC: Trillium College – St. Catharines
- TRITO: Trillium College – Toronto
- WS: Wellsprings College of MT and Esthetics
- WVC: Westervelt College
Council Highlights

Since the Fall issue of TouchPoint, CMTO has held two Council meetings, one in December 2014 and the other in February 2015.

Election of the 2015 Executive Committee

The following Council members were elected to the Executive Committee:

Lisa Tucker, RMT – President
Lloyd White - Vice President
Bob Pletsch – Executive Officer
Karen Sosnowski – Executive Officer

Management and Organizational Risk Policy

The result of a management/organizational risk assessment was presented to Council for approval. Council was pleased to note that most risks were assessed at an acceptable risk level by both Council and the senior management team. The audit also identified opportunities for enhancement in the areas of the speed of the process, presenting penalty precedents to hearing panels, expanding remediation options and training in the writing of reasons.

CMTO Transparency Action Plan

The Minister of Health and Long-Term Care, the Hon. Dr. Eric Hoskins, has asked that all health regulatory Colleges make transparency a priority by:

1. Strengthening existing transparency measures; and
2. Introducing new transparency measures.

Therefore, Council adopted the following transparency principles:

1. The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system of self-regulation works effectively.
2. Providing more information to the public has benefits, including improved client choice and increased accountability for regulators.
3. Any information provided should enhance the public’s ability to make decisions or hold the regulator accountable. This information needs to be relevant, credible, and accurate.
4. In order for information to be helpful to the public, it must
   • Be timely, easy to find and understand;
   • Include context and explanation.
5. Certain regulatory processes intended to improve competence may lead to better outcomes for the public if they happen confidentially.
6. Transparency discussions should balance the principles of public protection and accountability, with fairness and privacy.
7. The greater the potential risk to the public, the more important transparency becomes.
8. Information available from Colleges about registrants and processes should be similar.

Council also approved an action plan to implement and strengthen the College’s transparency measures. Information on the action plan can be found on page 8.

Proposed Amendments to the Registration Regulation

The Registration Committee conducted an extensive review of the registration regulations to ensure that they accurately reflect current practices and address some issues of concern relating to approval of Massage Therapy courses of study.

Two significant amendments being proposed are:

1. that Massage Therapy programs be approved by the Registration Committee, not the Ministry of Training, College and Universities. This provides the College with control over which Massage Therapy programs are acceptable.
2. that the requirement to practise 500 hours over the previous three years to maintain currency be expanded to include more than Massage Therapy in direct client care.

Council approved the proposed amendments to be circulated to all registrants and other stakeholders for
Council Highlights Continued

Proposed New Regulation Regarding Spousal Exemption

At its December 2014 meeting, Council approved circulation of the proposed regulation, which would exempt the treatment of spouses from the definition of sexual abuse in the Health Professions Procedural Code (Code) to all registrants and other stakeholders. The College received over 500 responses to the proposed regulation, 23 of which indicated that they were opposed to the amendments. One hundred and forty-seven respondents submitted additional comments relating to their support of or opposition to the proposal.

Council agreed that, as some of the comments indicated that registrants were confused by the wording of the proposed amendment, it would use the simplified wording already approved by the Ministry of Health and Long-Term Care, which simply references an exception to the definition of sexual abuse in the Code as follows:

Spousal Exception
The spousal exception in subsection 1 (5) of the Health Professions Procedural Code applies in respect of the College.

This proposed regulation will be submitted to the Ministry of Health and Long-Term Care for consideration.

By-law Review

At its February meeting, Council directed that the proposed amendments to the following by-laws be circulated to all registrants and other stakeholders for comment:

1. By-Law No. 2 Election of Members to Council;
2. By-Law No. 7 Fees for Registration, Examinations, and Other Activities of the College;
3. By-Law No. 10 Professional Liability Insurance; and

Clinic Regulation Project

In partnership with some of the other regulated Colleges, CMTO is reviewing the issue of whether health clinics that employ regulated health professionals should be regulated. Further information about this project will be provided in future issues of TouchPoint.

Council Members

Jennifer Da Ponte, RMT
Nancy Engstrom, RMT
Murthy Ghandikota
Lesley Hargreaves, RMT
David Janveau, RMT
James Lee
Robyn Libby, RMT
Hedy Miszuk
Robert Pletsch
Karen Sosnowski, RMT
Lisa Tucker, RMT
Jane Wellwood, RMT
Kim Westfall-Connor, RMT
Lloyd White
New Council Member Profiles

Jennifer Da Ponte, RMT, District 6

Jennifer Da Ponte graduated from Sir Sandford Fleming College in 2006, and has been a Registered Massage Therapist for over seven years. Upon completing registration in 2006, she returned to her hometown of Woodstock, Ontario to venture into business on her own. She started a home-based practice, as well as a massage clinic on the campus of the University of Western Ontario (London, Ontario).

Eight years later, Jennifer continues to manage and work at her home-based practice. She is enjoying every minute of it. She has taken additional training in pregnancy massage, myofascial release and ultrasound. She is also registered with the International Association of Infant Massage (IAIM) as an infant massage instructor. Additionally, she has earned a certificate of Adult Education with the University of Western Ontario. Continuing education is something about which Jennifer is very passionate.

Jennifer can usually be found doing one of three things in her down time: reading a book, gardening or doing some type of physical activity outside.

This is Jennifer’s first time working with the CMTO and as a Council member. She is looking forward to helping the public and the Massage Therapy profession as a whole.

Lesley Hargreaves, RMT, Professional Member, District 9

Lesley Hargreaves is a graduate of Centennial College. She has been a professional member since 2006. She is currently practicing chair massage and working as a stay-at-home mom with her young daughter. She is excited to be on the Council again for a second term.

Robyn Libby, RMT, District 4

Robyn Libby is a supporter of health and wellness. She is excited to be joining the CMTO Council to share her experiences and to ensure regulation protects the public interest.

Born and raised in Vancouver British Columbia, Robyn’s long-time interest in helping others took shape in her youth, when she began volunteering as a peer counselor at her local high school. After completing a Liberal Arts certificate at Simon Fraser University and taking some time to travel the world, Robyn relocated to Toronto to attend Ryerson University where she completed a Bachelor of Applied Arts.

Robyn’s thesis project was to create an accessible web site to help others learn about emotional abuse, and to provide resources and information for those in need of help.

After several years of freelancing in multimedia design, Robyn chose to change careers and graduated from the Canadian College of Massage and Hydrotherapy with honours in 2001.

Recently, Robyn has participated in a psychotherapy diploma program which has enhanced her listening and communication skills and increased her ethical awareness. These skills have enriched her work as an RMT and will assist her as a member of Council to stay focused on the needs of the public.

Kim Westfall-Connor, RMT, Professional Member, District 5

Kim Westfall-Connor has been a regulated health professional since becoming a Massage Therapist in 2006. Kim also holds an Honours BA in Law and Society from York University (2001), as well as a certificate in Health Law from Osgoode Hall Law School (2013). Kim has a strong interest in health law, ethics and policy development, and how these areas affect the Massage Therapy profession and healthcare as a whole, both now and in the future.

Kim has served as a non-Council member on the CMTO’s Discipline Committee from 2010 to 2014. She is also a Board Member for the North Simcoe Muskoka Community Care Access Centre (NSM CCAC).

Kim has been a block parent in her community, as well as a member of the Global Medic disaster response team. She believes in civic engagement and has always strived to maintain both local and international volunteer commitments.

Kim is committed to ensuring that Massage Therapy remains an accessible, affordable and safe choice for members of the public to rely on, and a point of pride for members of the profession.
Committees

Executive
Lisa Tucker – President
Lloyd White – Vice President
Robert Pietsch – Executive Officer
Karen Sosnowski – Executive Officer

Client Relations
Kim Westfall-Connor
James Lee
Hedy Miszuk
Anne Dockendorff (non-Council)

ICRC
Nancy Engstrom
Jennifer Da Ponte
Dave Janveau
Lloyd White – Public member
Robert Pietsch – Public Member
Anne Dockendorff (non-Council)
Don Robichaud (non-Council)
Deny Brulotte (non-Council)
Nicole Andrews (non-Council)

Discipline
Hedy Miszuk – Chair
Vanessa Young (non-Council)
Brooke Gibson (non-Council)
All Council members

Fitness to Practice
David Janveau – Chair
All Council members

Quality Assurance
Jane Wellwood
Robyn Libby
Murthy Ghandikota
Lloyd White
Brooke Gibson (non-Council)

Registration
Karen Sosnowski
Lesley Hargreaves
Murthy Ghandikota
James Lee – Public Member
Vanessa Young (non-Council)

Completed Discipline Cases for 2014
Currently, the decisions of the panels have not yet been released but will be available on the website shortly. For inquiries relating to these matters, please contact the Professional Conduct Department at professionalconduct@cmto.com.

Registrant Hearing Date
Tao Nhu Tran, RMT October 17, 2014
Gabriella Parson, RMT October 22, 2014
Zengyu Liu, RMT October 23, 2014
Loretta Jackson, RMT October 24, 2014
Domenic Falvo, RMT November 7, 2014
Tim Winfield, RMT November 19, 2014
Naman Raina, RMT November 20, 2014
Kurt Townshend, RMT November 21, 2014
Lei Cao, RMT December 11, 2014

2015 Council Meeting Schedule
Monday, February 23, 2015
Council Retreat
Tuesday, February 24, 2015
Council Meeting
Monday, May 25, 2015
Council Meeting
Monday, June 22, 2015
Professional Development Day
Monday, September 21, 2015
Council Meeting
Monday, December 7, 2015
Council Meeting
Tuesday, December 8, 2015
Tentative Half-Day Council Meeting

In Memoriam
Keith Drummond
Ruth Lauder
Laurie Meacham
2014 Retired Members

Ryan Abreu  
Michelle Adams  
Najat Adams  
Andrea Allingham  
Stefania Angelini  
Jennifer Appiah  
Karim Arra  
Jessica Aston  
Linda Bannister  
Suzanne Bechchicki  
Angela Bell  
June Ann Bellinger  
Arielle Berger  
Robin Bigley  
Tina Boardman  
Olga Boers  
Amanda Bradley  
Alisha Brady  
Willa Breakey  
Shirley Brenner  
Elaine Brindley  
Kaaren Brooks  
Eric Brown  
Sean Buckley  
Irene Burgs  
Heather Caswell-Aitken  
Emilie Chambers  
Kathleen Chester  
Mary Chris  
Mary Clark  
Julie Clark  
Josephine Clements  
Angela Clouse  
Kim Coholan  
Sunny Corek  
Pamela Crosson  
Karen Cudmore  
Johanna Cutler  
Louise Danieli  
Daryl David  
Karen Dawson  
Sandra De Courcy  
Angela De Luca  
Jennifer Densham  
Nasrin Diniarian  
Barbara Dricz  
Nicole Dumba  
Erika Engel  
Debbie English  
Solange Faucher  
Dustin Finucan  
Stacey Fishman  
Melanie Folkema  
Lora Foster  
Steven Fournier  
Rebecca Freedman  
Thomas Freeman  
Dodi Garner  
Paula Gerber  
Stephanie Giacomelli  
Janis Gilbert  
Laura Gill  
Valerie Gillespie  
Christina Godi  
Meagan Good  
Craig Gordon  
Catherine Gray  
Molly Green  
Virginia Greenhow  
Sherrie Grise  
Christine Guy  
Corbett Hall  
Keely Hatton  
Almira Haupt  
Deborah Hawk  
Kristyne Hawkshaw  
Tracey Haycox  
Karen Head  
Jessica Hedley  
Breanne Henning  
Jette Henriksen  
Matthew Horning  
Jaimee Hotson  
Kellie-Anne Houston  
Lizanne Hrassnig  
Andrea Hunt  
Christopher Hurst  
Joanne Lace Imson  
Darlene Ing  
Richard Ingram  
Andrew Innes  
Ashley Jackman  
Pamela James  
Sandra Jewett  
Sheryl Kennedy  
Robynne Kingswood  
Robert Kingswood  
Michael Knaus  
Anna-Maria Kopcsandi  
Amber Labonte  
Robert Laliberte  
Jean Luc Lavalie  
Mandy Lawson  
Vinhu-Phu Le  
Linki Li  
Denise Lines  
Julia Low  
Carolyn Lundy  
Lynette Mackinnon  
Meghan MacRae  
Beth Major  
Krisa Mann  
Margaret Markham  
Elena Markova  
Krista Marsig  
Erin Martini  
Ian Mason  
Elizabeth Mathewson  
Cynthia Mayeda  
Deborah McBride  
Karen McClennenah  
Celine McClinton  
Cornelia McConnell  
Travis McIarvind  
Marcia McDougal  
Carla McKee  
Tracy McMahon  
Joan McWilliams  
Farah Medina  
Michelle Menard  
William Metherel  
Colin Moe  
Gwen Moffatt  
Conrimee Money  
Jamie-Lynn Moore  
Angela Moore  
Barbara Morris  
Megan Morton  
Sharon Mould  
Dianne Mummyer  
Paula Naylor  
Hanne Nielsen  
Rachel Nieman  
Alex Nolis  
Sandra O’Driscoll  
Alexei Oleinikov  
Diane Pacheco  
Christine Page  
Denise Pelland  
Melissa Pelletier  
Julia Perkins  
Kristine Pinkney  
Leah Pister  
Tetyana Pityk  
Helen Plathan  
Michelle Price  
Sarah Rawcliffe  
Harley Reed  
Megan Reikoff  
Marie-Josee Robert  
Chantal Robitaille  
Anik Rodrigue  
Frances Russell  
Jane Samaniego  
MelanieSanche-Hirst  
Dana Sands  
Annemarie Schafer  
Stephanie Scharf  
Pauli Schell  
Adrienne Sriver  
Keith Sewell  
Maureen Sheardown  
Avina Skolnik  
Jamie Sloboda  
Amy Smyth  
Janet Stancilik  
Jing Sun  
Kenneth Sweetney  
Susan Sweetapple  
Chik To Tai  
Laurie Talbot  
Liyong Tan  
Elise Taplay Ryan  
Christine Tenn  
Cynthia Terry  
Walter Tesolat  
Matthew Thompson  
Anne Timberley  
Lori Tomlinson  
Maria Del Toscano  
Jane Tritick  
Marta Tucci  
Angela Vanderwal  
Jeanne Vasilakos  
Nellie Versluis  
Franziska Vidovich  
Francesca Vivona  
Tanya von Gotschi  
Natalie Voroshuk  
Julie Waddick  
Amy Wagner  
Colin Walton  
Li Wang  
Tim Weber  
Johnathan Werynski  

2014 Revocations

Kristina Windsor  
Ashley Winker  
Gemara Wood  
Karen Woods  
Jennifer Wyman  
Cecil Yap  
Kuo-Tsun Yeh  
Robert Youngs  
Alice Zazulak  
Hai Yi Zhang  
Dariusz Zienkiewicz  
Genevieve Zizzo

Retired Members as of February 23, 2015. Please check the College’s public register on the website for the most up-to-date information.
2014 Suspensions

Rachel Alpaugh
Michael Amouyal
Melissa Anderson
Jessica Apter
Dawn Arlette
Angela Armstrong
Michael Ascott
Michelle Banton
Stephen Barnes
Amy Beamish
Patricia Bellino
Sharon Berg
Lindsay Best
Adam Bogar
Kristen Bradley
Ryan Brazier
Josee Brisson
Scott Brown
Leanne Brown
Jennifer Brown
Meaghan Burns
Laurie Burt
Sharon Byramjee
Kim Carlson
Susan Carmichael
Venessa Carriere
Joanne Cayer
Suesana Cheung
Jana Clipsham
Krisa Coady
Lisa Crack
Jessica Crawford
Cristina Cristofaro
Jennifer Croft-Rea
Amy Cross
Matthew Currado
Sandra Currie
Jody Curry
Bryan Czop
Carole De Silva Piques
Rachel Del Duca
Rachel Doric
Sydney Evershed
Nina Farafonov
Nikki Fellegi-Biro
Andrea Fice
Derek Forwell
Andrew Fratangelo
Elisheva (Liz) Gabison
Amy Garcia
Matt Garrett
Cheryl Gillis
Tracy Green
Shannon Green
Shirley Griffin
RoXanne Heide
Willona Jackson
Ashley Jacquot
Sanja Joly
Jenna Jones
Michael Jury
Tracy King
Dalaina King
Carole Konstantinou
Stephanie Kuenzig
Gina-Marie Larsen
James Evan Charles LeBlanc
Wah Lee
Rachel Leggett
Tiezheng Li
Paul Liakakos
Zengyu Liu
Jordan Lundigan
Caroline MacSweyn
Sara Mai
Evgenia (Geneva) Manilova
Carla Martin
Veronique Mathieu
Amanda-Lee Mazzotta
Katherine McArthur
Roberta McIntee
Jonathan McIntosh
Emily Mead
Ashley Milne
Aisha Mohammad
Kathleen Monahan
Evan Moncrieff
Marie Morissette
Jennifer Mur-Smith
Linh Nguyen
Nicola Nicola
Gene Nillas
Erika North
Lisa Pallister
Stephen Pannozzo
Tanya Paulus
Natasha Pavone
Anna Peacock
Nancy Penttila
Pedro Pereira
Sampath Perera
Wendy Pickett
Ekta Polach
Sonia Rayman-Stormes
David Rehfeld
Tamara Richards
Harry Richardson
Katherine Rodger
Erin Roy
Alexandra Sestoperov
Laura Shaughnessy
Tessa Siegel
Brenna Steels
Melody Southgate
Summie Tam
Jodi Thompson
Patricia Tobin
Leanne Tomkins
Joshua Torr
Rachel Tuma-Wilson
Erin Uijye

Suspensions as of February 23, 2015. Please check the College’s public register on the website for the most up-to-date information.
The College of Massage Therapists of Ontario is dedicated to excellence in protecting the public, serving its members, and promoting the highest possible quality of the practice of Massage Therapy in a safe and ethical manner.

TouchPoint is published twice per year by the College of Massage Therapists of Ontario to inform its registrants about issues related to the profession as well as the activities and decisions of the College. TouchPoint also provides information for discussion of related issues and professional practice.

For a printed copy of TouchPoint or the Annual Report, please contact the College. Printed copies are $10 each or $20 for both TouchPoint and the Annual Report.