



College of
Massage
Therapists of
Ontario

College of Massage Therapists of Ontario

1867 Yonge Street, Suite 810, Toronto, ON M4S 1Y5 | www.cmto.com | cmto@cmto.com
Phone 416.489.2626 | Toll-free (Ontario) 800.465.1933

March 4, 2015

Hon. Roy McMurtry
Prof. Marilou McPhedran
Ms. Sheila Macdonald

Via E-mail: SATaskforce@ontario.ca

Dear Task Force Members:

Re: Sexual Abuse Task Force Request for Information

In response to your letter of February 6, 2015, the College of Massage Therapists of Ontario (CMTO) is pleased to provide you with further information to assist the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991* with its mandate to examine and provide advice and recommendations on how best to strengthen the RHPA's provisions related to sexual abuse of clients.

The attached response addresses the additional questions posed by the Task Force. We have also attached the Spreadsheet #1 - Summary of Complaints and Disciplinary Cases Related to Sexual Abuse or Boundary Violations of a Sexual Nature (2004 to Present). There are references to various attachments in our response which provide additional relevant information. As will be evident, the CMTO recognizes the seriousness and extent of injury that abuse causes and is committed to a policy of zero tolerance for sexual abuse of clients.

I can assure the Task Force members, that CMTO strongly supports the Government's action to look more closely at strengthening the provisions in the RHPA related to the sexual abuse of clients. In our view, this timely exercise will bring important focus to this issue and, as per the Minister's announcement, will lead to improved practices across Health Professions with greater transparency and consistency.

In 2014, we initiated a review of our Client Relation's Program, including sexual abuse prevention, and had completed our initial analysis just prior to the Minister's announcement. The Task Force's reporting timeline of spring 2015 is ideal and we look forward to integrating our own efforts with the Task Force's advice and recommendations.

If the Task Force members or its staff have questions, I would be very pleased to respond, including making CMTO staff available to the Task Force to provide additional information and insights.

Yours sincerely,

CORINNE FLITTON

Corinne Flitton, Registrar & CEO
College of Massage Therapists of Ontario

Response to the Request for Information from the Sexual Abuse Task Force (the “Task Force”)

Introduction

In response to the Task Force’s request for information dated February 6, 2015, the College of Massage Therapists of Ontario (CMTO) is pleased to provide the following information to aid the Task Force with its continued efforts.

The CMTO is committed to the protection of the public of Ontario, and as such, must have consideration for the confidentiality of information provided. Therefore certain information, where necessary, has been redacted to maintain confidentiality.

Throughout our response, where “patient” is referenced, we have substituted “client” to be consistent with the Regulations under the *Massage Therapy Act, 1991*.

- 1. Using the attached spreadsheet #1, summarize complaints and outcomes from 2004 to present related to sexual abuse, boundary violations of a sexual nature or other matters that pertain to the mandate of the Task Force.***

The information requested has been included in Spreadsheet 1 (Appendix A) as provided by the Task Force. The following general considerations and interpretations have been made by CMTO in drafting this response:

- The information provided on the spreadsheet relates to both clients’ complaints and information provided by clients that forms the basis for a Registrar Report investigation on matters that have been completed;
- In keeping with the Code, Section 1(3), the CMTO defines sexual abuse of a client as:
 - (a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
 - (b) touching, of a sexual nature, of the patient by the member, or
 - (c) behaviour or remarks of a sexual nature by the member towards the patient.
- CMTO has considered “boundary issues of a sexual nature” as relating to communication, maintaining professional boundaries, and / or the treatment of sensitive areas of the body. The CMTO Position Statement on Treatment of Sensitive Areas (Appendix A) identifies the communication required by registrants to be made with clients prior to treating chest wall musculature, breast tissue, inner thigh and / or gluteal region. These sensitive areas of the body are considered potential sources for both misunderstandings of intent and possible sexual abuse. In addition to this Position Statement, there are specific Standards of Practice

which set the expectations for the treatment of breast tissue and the chest wall musculature. (Appendices B,C, and D);

- To maintain confidentiality, timeframes have been expressed in week(s), month(s) and year(s) dependent on information requested;
- In Column “D” of the spreadsheet, the breakdown of age categories are:
 - Child – under 13
 - Teenager – 13-19
 - Adult – 20-64
 - Senior – 65+
- In Column “E”, the complaint summary includes the context of the issue/technique if required for clarity, otherwise it will include general information;
- In Column “P”, CMTO has defined “Competence Measure Considered” as the registrant’s demonstration of knowledge, skill or judgment;
- In Column “R”, while historically CMTO has not experienced a matter where the complainant questioned the witness at the hearing, it is understood that under section 41.1 of the Code, a non-party (such as a complainant) may participate in the hearing (e.g. have their lawyer cross-examine a witness) if they bring an application to the panel and the panel allows them to participate;
- In Column “U”, CMTO defines “referral to counselling” as the process by which a complainant is provided with information and guidance regarding the application for funding for counselling when a finding of sexual abuse is made. Therefore, the CMTO interprets the drop-down items to mean the following:
 - ‘Yes, referred to counselling and provided payment’ means the complainant was eligible for funding, applied for and approved to receive funding, and has received the funding;
 - ‘Yes, referred to counselling but did not provide payment’ means the complainant was eligible for funding and was provided with the application process, but did not apply; and
 - ‘No, did not refer to counselling’ means that the complainant was not eligible for funding and therefore was not provided with the information to apply.

How many complaints related to sexual abuse and/or boundary violations, in total, were received in each year from 2004 to present?

Year	# of Sexual Abuse Matters (complaints and registrar reports)
2004	7
2005	7
2006	2
2007	9
2008	6
2009	12

2010	6
2011	8
2012	2
2013	3
2014	2

What is the average length of time between complaint submission and complaint resolution for all complaints received?

Year	Average length of time(months)
2004	10 months
2005	8.2 months
2006	8 months
2007	7 months
2008	6 months
2009	7 months
2010	8 months
2011	5.7 months
2012	5.8 months
2013	6 months
2014	7.5 months

What is the average length of time between complaint submission and complaint resolution for complaints related to sexual abuse and/or boundary violations?

This statistic reflects formal complaints received. The median length of time between submission and resolution has been provided to limit the effect of outlier cases.

Year	Average	Median
2004	8.8 months	8.5 months
2005	11 months	12 months
2006	12 months	14.5 months
2007	8.2 months	9 months
2008	8.3 months	8 months
2009	4.2 months	5 months
2010	5.6 months	5 months
2011	11 months	8 months
2012	6.5 months	6.5 months
2013	6 months	5 months
2014	6 months	6 months

What percentage of the complaints are withdrawn?

This statistic reflects formal complaints received where the complainant has withdrawn the complaint.

Approximately 1% of complaints received by the CMTO has involved the withdrawal of a complaint in the 10 year period reviewed.

What percentage of the complaints are abandoned?

This statistic reflects formal complaints received where the complainant is no longer engaged in the process and / or is unresponsive to the CMTO.

Less than 1% of complaints were abandoned over the 10 year period reviewed.

What percentage of the complaints are closed prior to the end of the complaints process for any other reason?

This statistic reflects formal complaints received and closed for any other reason. We advise the CMTO has no experience with cases that have been closed for any other reason other than abandonment or withdrawal and those statistics are reflected in the above questions.

What is your policy and process for the cases where a member of the profession resigns or is no longer available following the submission of a complaint?

The CMTO takes the position that it maintains jurisdiction over former registrants in accordance with S. 14 of the Code and accordingly would continue the investigation of any complaint or registrar report investigation if it remained in the public interest to do so.

2. Using the attached spreadsheet #2, summarize the complaints and outcomes from 2004 to present where the subject of the complaint is the regulatory college or its processes.

The CMTO did not complete spreadsheet #2 Summary of Complaints Where the Subject of the Complaint is the Regulatory College or its Processes (2004 to Present), because it does not have a formal process for documenting complaints directly relating to the CMTO or its processes. If a complaint is made about the CMTO or its processes, the CMTO may handle it in one of three ways:

1. If a concern about CMTO process was raised following the disposition of a complaint, there may be a remedy available through a request for review of the ICRC decision to the Health Professions Appeal and Review Board (HPARB). While the authority of HPARB is limited to comment on the adequacy of the investigation and the

reasonableness of the decision, there is an opportunity for CMTO to receive feedback on its processes. Individuals may be encouraged to use this approach.

2. If a complaint is received by other means such as e-mail, letter, or verbally by CMTO staff, the individuals complaining are referred to the Office of the Registrar. In these cases, there is no formal process or tracking mechanism. If the person making the complaint is not satisfied with the Registrar's handling of the complaint, the person is referred to the Ministry of Health and Long-Term Care (MOHLTC).
3. In cases where the person making the complaint feels that the CMTO did not accommodate their disability, discriminated against them, and / or raised issues of harassment, while considering their complaint, they may be referred to the Human Rights Tribunal.

3. Please describe how individuals are made aware of the process for making a complaint. Is assistance provided if it is required when an individual is making a complaint? Are there other types of supports available to individuals?

The College website provides a detailed outline of the complaints process, including information with respect to:

- The CMTO's legal obligation to have a formal complaints process in place for the public of Ontario;
- How to file a complaint with the CMTO;
- What happens when a complaint is received by the CMTO;
- How the CMTO investigates a complaint;
- The potential outcomes of the complaint filed;
- How to appeal the decision (HPARB); and
- The discipline process and what happens if the complaint is forwarded to the Discipline Committee.

The above information is available in both written (English and French) and verbal (audio files recorded in Cantonese, French, Hindi, Italian and Spanish) format.

The website also provides details with additional information regarding HPARB, the role of the Investigator, investigation information for Facility Owners/Employers, and information for witnesses. To review this information directly please visit the College website at [Complaints-process](#).

Information is also provided directly by the Professional Conduct department to any person or organization which contacts the CMTO with inquiries about the complaints process.

Professional Conduct staff receives specific training to ensure sensitive communications with complainants and assists with confirming information prior to a complainant filing a complaint. Often complainants require assistance identifying a registrant, understanding the Standards of Practice applicable to the situation, as well as the possible dispositions available to a panel of the ICRC. All of this information has been found to be helpful to assist individuals when contemplating filing a complaint with the CMTO.

4. *When a complaint of any kind is investigated, what information is shared with the complainant? For example, in cases where the subject of the complaint is a member of your organization, is the submission of the member to the ICRC shared with the complainant?*

Detailed information is provided to the complainant regarding the entire complaints process and how information will be shared with both the complainant and the registrant. The complainant is provided with the registrant's response to the complaint, as well as any additional information that may be revealed during the investigation that may warrant input from the complainant.

At the discretion of the ICRC panel, if an Undertaking or Specified Continuing Education or Remediation Program (SCERP) is considered as a disposition, the complainant is allowed the opportunity to provide feedback on the contemplated disposition.

5. *What internal process is used when appointing an ICRC panel? For example, what criteria are used to determine the suitability of panel members? Do panel members receive training to investigate complaints of sexual abuse or boundary violations of a sexual nature? Who conducts the training and what materials are provided? How do panel members stay current in their approach to these complaints?*

The CMTO has a number of By-laws which set out the various internal processes of the Council of the CMTO and its Committees. Specifically By-law #5 relates to the Committees of the CMTO and their appointment. Section 3(1) of By-law #5 states: "The Executive Committee, with the assistance of the Registrar, shall meet to appoint Council members and non-Council members to sit on committees and take into consideration:

- The Council members' preferences;
- Other relevant factors including past experience, conflicts of interest, workload and the fair representation of each district on committees; and
- The Executive Committee shall present the appointments to Council to be ratified by resolution."

The ICRC and Discipline Committee receive annual training addressing the sensitivities related to sexual abuse. This training is facilitated by experts, with a section of the agenda led specifically by

those from the field of sexual abuse counselling and/or health profession regulation with experience dealing with sexual abuse allegations. The training is delivered by way of a lecture and involves case studies.

To ensure all panel members stay current in their approach to these complaints, they are provided with annual Committee orientation, training sessions, and on-going support through the staff liaison and CMTO lawyers. Components of training include sensitivity training, review of current case law, and a review of the definition of sexual abuse as defined within the RHPA. This ensures a detailed understanding of the many issues and complexities involved with sexual abuse matters.

6. *Please describe what you do to obtain feedback on complainants' level of satisfaction with respect to the complaints process. Do you assess the level of satisfaction of individuals who make enquiries but are not referred to the complaints process?*

From 2002 to 2007 the CMTO conducted satisfaction surveys with all complainants and registrants involved in the complaints and discipline process. The surveys included questions to obtain their feedback regarding process and for making improvements. This was discontinued in 2007 due to a lack of response by the complainants and registrants surveyed.

Presently, complainants are provided with a written copy of the decision made by a Panel of ICRC and are advised of their right to request a review of the decision to the Health Professions Review and Appeal Board (HPARB).

Throughout the entire complaints process, Professional Conduct Staff of the CMTO are available to respond to complainant's questions or concerns. Department Staff contact complainants on a regular basis to ensure the complainant is aware of the status of their complaint.

Individuals inquiring about the complaints process, or seeking guidance in relation to making a complaint, are provided with relevant information through College staff and from the website to assist them in deciding whether to make a complaint.

The CMTO acknowledges that every complainant has the ability to exercise their rights under the Code by accessing the complaints process. CMTO is committed to supporting individuals in exercising their right to file a complaint. Depending on the remedy sought by the complainant, Staff will assist them in identifying other avenues to pursue their concerns where applicable.

7. *Has your organization identified areas within your legislated or discretionary processes where improvements could be made for victims of sexual abuse or boundary violations of a sexual nature? Please describe.*

In 2014, a review of the Client Relations Program was initiated by CMTO Staff. The review included a detailed gap analysis to identify areas for improvement within the Client Relations Program. This analysis was based on a comprehensive review of all measures taken by CMTO relating to all aspects of client relations including recommendations contained in the 2008 *A Report to the Minister of Health and Long-Term Care on the Health Profession Regulatory Colleges' Patient Relations Program* from the Health Professions Regulatory Advisory Council (HPRAC). This report was provided by HPRAC to the Minister of Health and Long-Term Care as part of its ongoing statutory duty to monitor and advise the Minister on the effectiveness of CMTO's Client Relations Programs.

It is anticipated that the analysis will identify where improvements can be made in relation to sexual abuse prevention and boundary violations of a sexual nature. The next phase of the review is the creation of a Client Relations Program Action Plan in 2015.

In response to the Transparency Initiative from the Minister of Health and Long-Term Care, the CMTO is in the process of implementing changes to the public register in respect of what information is public. These transparency initiatives may result in dispositions that were previously private becoming public, which may in turn help victims of boundary violations of a sexual nature feel more satisfied with the outcome of their complaint. Sexual abuse cases generally go to public discipline hearings and do not get resolved at the ICRC stage.

8. *Identify the most recent occasion when a sexual abuse complaint was referred to an alternative dispute resolution process.*

The 2007 amendment to section 25.1(b) of the Code expressly prohibits the referral of a complaint to an alternative dispute resolution (ADR) process if the matter involves an allegation of sexual abuse.

Prior to 2007, the CMTO had never referred a matter involving allegations of sexual abuse to an ADR process. The CMTO has never received a request from a complainant for an ADR process to resolve their complaint.

9. *Please summarize the information included in your annual reports for 2011, 2012, 2013 and 2014 to the Minister of Health and Long-Term Care regarding sexual abuse.*

The following is a summary of the information provided in the CMTO Annual Reports for the years 2011 through 2013. The information in the 2014 Annual Report will be available after the Annual General Meeting of the CMTO on May 25, 2015. (For the full Reports see Appendices E, F, and G).

2011:

Client Relations Committee

- The Committee reviewed:
 - statistics pertaining to sexual abuse from both complaints and the Registrar Report Investigations for 2010.
 - the Sexual Abuse Prevention Plan

- all existing communications provided by the CMTO regarding the client/therapist relationship and abuse prevention.

Inquiries Complaints and Reports Committee

- 57 new complaints received of which 15 cases included sexual abuse allegations; 13 on inappropriate touch of a sexual nature, 2 remarks of a sexual nature

Discipline Committee

- 16 completed cases of which 2 involved sexual abuse allegations
- Discipline Committee Decision Executive Summary of Sanjay Sharma, RMT
- Discipline Committee Decision Executive Summary of Gordon McCallum, RMT

2012:

Client Relations Committee

- The Committee reviewed:
 - statistics pertaining to sexual abuse from both complaints and the Registrar Report Investigations in 2011.
 - the Sexual Abuse Prevention Plan
 - all existing communications provided by the CMTO regarding the client/therapist relationship and abuse prevention.

Inquiries Complaints and Reports Committee

- 53 new complaints received of which 7 cases included sexual abuse allegations; 3 on inappropriate touch of a sexual nature, 3 sexual relations with a client, 1 remarks of a sexual nature.

Discipline Committee

- 36 completed cases of which 0 involved sexual abuse allegations.

2013:

Client Relations Committee

- The Committee reviewed:
 - statistics pertaining to sexual abuse from both complaints and the Registrar Report Investigations in 2012.
 - the Sexual Abuse Prevention Plan
 - all existing communications offered by the CMTO regarding the client/therapist relationship and abuse prevention; and approved a request for funding for counselling

Inquiries Complaints and Reports Committee

- 46 new complaints received of which 8 cases included sexual abuse allegations; 7 on inappropriate touch of a sexual nature, 1 sexual relations with a client

Discipline Committee

- 28 completed cases of which 0 involved sexual abuse allegations

10. Please provide as many details as possible regarding the curriculum offered in the Ontario educational institutions that prepare your members for practice related to sexual assault, sexual abuse of patients, and boundary violations, including amount of time spent on the topic and whether the student is tested on the topic. In addition, please provide details on other ways your members demonstrate knowledge of Ontario jurisprudence related to sexual abuse of patients, practitioner-patient boundaries and other relevant ethical topics (e.g. entrance exam, jurisprudence exam, application for registration, continuing education, etc.)

Curriculum in Ontario

The educational curriculum for Massage Therapists in Ontario, including information relating to sexual assault, sexual abuse of clients, and boundary violations, are presently the responsibility of the educational facilities.

- There are currently 40 programs of instruction offered at both Community Colleges and Private Vocational Schools in the province. These institutions are licenced with the Ministry of Training, Colleges and Universities (MTCU).
- Education of Massage Therapists is based on the Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice (PC/PI) which were developed by the provinces that regulate Massage Therapy to create a national standard for minimum educational competencies (See Appendix H). The PC/PIs are currently under review by Federation of Massage Therapy Regulatory Authorities of Canada (FOMTRAC).
- It is a requirement of the MTCU that all educational facilities offering the Massage Therapy Program to ensure the program is based on the PC/PIs. How the PC/PIs are integrated into each institution's curricula is up to the individual educational institution.
- The Canadian Massage Therapy Council for Accreditation (CMTCA) was recently established to ensure high quality Massage Therapy education. CMTO will require all Massage Therapy education programs in Ontario to be accredited by the CMTCA.
- The PC/PIs form the content basis for CMTO's Certification Examinations. The Certification Examinations test the minimum requirements for entry to practice and ensure that candidates possess entry to practise competencies.
- Section 1.3 of the PC/PIs specifies the required education on Therapeutic Relationship competencies including maintaining professional boundaries. Assessment of these competencies is required both in the instructional program and by the Certification Examinations.

Application for Registration

There are three avenues that an applicant can take to become registered with the CMTO to practise Massage Therapy in Ontario:

- 1) Applicants trained in Ontario
 - Applicants that have successfully graduated from an approved Massage Therapy program in Ontario are eligible to attempt the Certification Examinations to demonstrate their competency. If successful, they are eligible to apply for registration with the CMTO;
 - 27% of the overall content of the certification examinations are dedicated to professional conduct and professional practice competencies, which includes information on sexual abuse of clients and boundary violations.

- 2) Applicants currently registered as a Registered Massage Therapist in another regulated province (Agreement on Internal Trade)
 - Applicants who are already practising the profession in another regulated province are offered the option of either completion of a jurisprudence examination or the Standards and Regulations E-Workshop. If the applicant successfully passes the jurisprudence examination, or successfully completes the E-Workshop, they are then eligible to apply for registration with the CMTO;
 - The jurisprudence examination selects questions from the examination item bank used for the Certification Examinations. The jurisprudence examination focuses on professional conduct and professional practice items, which includes information on sexual abuse of clients and boundary violations;
 - The Standards and Regulations e-Workshop was developed to provide specific regulatory information and Ontario Standards of Practice to those transferring from other provinces. Specific information is included regarding sexual abuse prevention and mandatory reporting obligations of registrants. Case study reviews are used to test participant's retention of this information.

- 3) All other Applicants (Credential and Prior Learning Assessment)
 - All other applicants are required to undergo a diagnostic assessment to determine if their prior learning is equivalent to the current PC/PIs in Ontario. The results of the assessment are then reviewed by the Registration Committee;
 - If the applicant's training is deemed equivalent to Ontario, they are then eligible to attempt the CMTO Certification Examinations;
 - If deemed not equivalent, they must receive further training from an Ontario approved program or additional training required by the Committee. Upon completion of this process, the applicant is then eligible to attempt the Certification Examinations to

demonstrate their competency. If successful, they are then eligible to apply for registration with the CMTO.

On-going Education for Registrants

CMTO also offers a number of educational workshops for registrants as part of its commitment to continuing education. The workshops are offered regularly throughout the year, and are open to all registrants who wish to participate. The workshops are also utilized as a component of the remediation process, when necessary, for registrants involved in the ICRC and/ or Discipline processes. These workshops include:

Standards and Regulations e-Workshop

This workshop was developed to assist Massage Therapists transferring from other provinces, as well as Ontario registrants who have been out of practice for a significant amount of time with understanding current legislative requirements. The workshop is offered on-line to accommodate Massage Therapists nationally.

- This workshop provides specific information on health regulation in the province of Ontario, including *Regulated Health Professions Act, 1991*, *Personal Health Information Protection Act, 2004*, *Massage Therapy Act, 1991*, and *Health Care Consent Act, 2006*.
- The workshop reviews the Standards of Practice, Code of Ethics and other information relevant to the practice of Massage Therapy in Ontario.
- One module of the workshop is dedicated to maintaining professional boundaries including the Sexual Abuse Prevention Plan and the mandatory reporting obligations for registrants.
- Case study reviews, quizzes and discussions are used to evaluate a participant's retention of this information.

Professionalism Workshop

The Professionalism Workshop was developed to provide registrants with guidance in relation to expected professional behaviour. The workshop is offered in person to encourage discussion between registrants and gain a collective understanding of professionalism.

- CMTO offers the Professionalism Workshop free of charge to its registrants.
- The workshop is offered fifteen times a year in various locations across the province allowing greater access for registrants.
- The workshop modules include Massage Therapists as Regulated Health Care Professionals, Competence and Accountability, Professional Practice, and Ethical Decision Making.
- The module on Professional Practice includes discussions on client vulnerability, professional boundaries, dual relationships, informed consent, therapeutic relationships, the definition of sexual abuse and mandatory reporting obligations.

11. Provide current membership numbers for 2013/14 including gender breakdown.

The following is the total number of registrants for the 2013/2014 calendar years. Please note that this number includes both General and Inactive registrants. General registrants refer to registrants in active practice in the province. Inactive certificate registrants are restricted from practising in the province, but are still considered registrants and are accountable to the CMTO.

- 2013 = 12,052 registrants; 9,476 female and 2,576 male; and
- 2014 = 12,660 registrants; 9,913 female and 2,747 male.

12. Describe any research or program development planned, in progress, published or implemented since 2004 on the prevalence or incidence of sexual abuse by health professionals.

Currently there is no research or program development on the prevalence or incidence of sexual abuse by Massage Therapists. However, the CMTO sponsors the Massage Therapy Research Fund (MTRF). The awards made annually by the MTRF include, but are not limited to, the professionalization of Massage Therapy. In addition, CMTO may request special calls for specific topics. This opens the possibility to research into prevalence or incidence of sexual abuse by Massage Therapists and identification of possible reduction strategies.

13. Provide contact information for a staff member who can be reached if questions arise.

Amy Beggs, Practice Specialist and staff liaison to the Client Relations Committee will be happy to provide any further assistance to the Task Force that may be required. Her contact information is:

- Email: amy.beggs@cmtto.com
- Telephone: 416 489-2626 ext. 124

14. If there is other data or information that is relevant to the work of the Task Force, as outlined in the Minister's letter to you of December 17, 2014, please share it.

As you are aware, each College submitted a summary of current Sexual Abuse Prevention Plans to the Ministry of Health and Long-Term Care. A key piece of the Sexual Abuse Prevention Plan is the provision of information to the public. Information on these measures was included in our submission to the Minister. This information may assist the Task Force in its understanding of the work of the CMTO as it relates to the Sexual Abuse Prevention Plan (See Appendices I, J, and K).

Appendix to the CMTO Response to the Sexual Abuse Task Force

Question 1

Appendix A – Spreadsheet 1 which includes a Summary of Complaints and Disciplinary Cases Related to Sexual Abuse or Boundary Violations of a Sexual Nature (2004 to Present)

Appendix B – CMTO Position Statement on the Treatment of Sensitive Areas

Appendix C – CMTO Technique Standard #15: Perform Breast Massage

Appendix D – CMTO Technique Standard #16: Perform Massage to the Chest Wall

Question 9

Appendix E – CMTO 2011 Annual Report

Appendix F – CMTO 2012 Annual Report

Appendix G – CMTO 2013 Annual Report

Question 10

Appendix H – Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice (PC/PI)

Question 14

Appendix I – CMTO Letter to the Minister of Health and Long-Term Care re: submission on Client Relations Program Summary January 23 2015.

Appendix J - CMTO Submission to the Minister of Health and Long-Term Care Regarding Client Relations Committee's Measures for Preventing and Dealing with the Sexual Abuse of Clients January 23 2015.

Appendix K - CMTO Submission to the Minister of Health and Long-Term Care Regarding Client Relations Program Summary attached Appendices January 23 2015.