

calendar
of
EVENTS

Council Meetings 2008

Monday, August 25

Monday, December 1

Professionalism Workshop 2008 dates

District	City	Date of Workshop
1	Thunder Bay	July 20 and 21, 2008
6	London	August 17 and 18, 2008
1	Sudbury	September 14 and 15, 2008
6	Sarnia	October 19 and 20, 2008
4	Scarborough	November 16 and 17, 2008
4	Toronto	December 7 and 8, 2008



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the
College
STANDARD

Spring/Summer 2008 • Volume 15 – Issue 1



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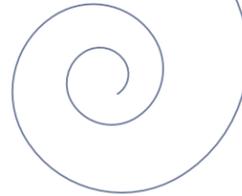
Duty of care during
a pandemic

2 CEU Articles

2007 Certification
OSCE & MCQ Stats



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.



Council

Executive Committee

Wendy Hunter, RMT, President
District 4, Voice Mail #166

James Lee, Vice President
Public Member,
Voice Mail #168

Lynn Dobson, Executive Member
Public Member,
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Council Members

Godrat Azima, Public Member
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Lauren Carnegie, RMT
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Darren Stevens, RMT
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Dylan Swan, RMT
District 5, Voice Mail #170

Contributors This Issue

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

Letters to the editor and submissions on topics of interest to the profession are welcome. To be considered for publication all letters must be signed and provide the writer's daytime telephone number. Any unsolicited material cannot be returned unless it is accompanied by a self-addressed, stamped envelope. No part of this publication may be reproduced without permission from the College of Massage Therapists of Ontario.

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from the PRESIDENT

The power of mentoring

For years I have been interested in exploring the factors that create massage therapists who practice with excellence and professionalism. With satisfaction and pride, they accept the responsibility of self-regulation and the responsibility associated with the privilege (see Registrar's article on page 5).

I have come to believe that one of the key factors in this is mentoring. Just as the diploma educational program has a major impact on initial professional practice, mentoring can have a significant impact on the development of the maturing massage therapist. It may be a formally or informally structured relationship. When well defined and established, the relationship has benefits for both the mentor and mentee. In fact, it is professional development for both.

The mentor needs to be someone with experience who is able to act in a confidential manner to assist the mentee to achieve professional goals. The focus of the relationship is professional and it is designed to assist the mentee from the perspective of the mentor's experience and understanding. The model for mentoring could be initiated during the student's educational program with senior level students mentoring beginning level students, thus establishing the mentoring process as a professional expectation.

For mentoring to work, there must be rewards for both participants in the process. What are some of these rewards?

For the Mentee:

- Induction into a new professional culture
- Enhancement of career development
- Development of an experienced-based professional outlook
- Guidance through obstacles and pitfalls of practice

- Encouragement to reflect on growth as a member of the profession

- Development of personal and professional networks

For the Mentor:

- Satisfaction from helping a new massage therapist
- Reflection on own professional positions and opinions
- Broadening of personal and professional networks
- Enhancement of own knowledge and skills
- Reflection upon and consolidation of own professional learning
- Development of communication skills in a new role

Mentoring is a continuum. To be mentored and to mentor are both elements of the professional development experience.

Establishment of a mentoring relationship is both deliberate and mutual. There needs to be respect between the two people for mentoring to take place. It is impossible to be mentored by someone you do not trust. Where do you find a mentor? They are not listed online or in the phone book. Who then to select? Former teachers, clinic colleagues, workplace owners, professional organization members, other health care professionals, wise family friends, etc. There are no rules, except that professionally, one would expect the mentor to guide ethically and within the parameters set by our College.

Mentoring is one element in the complex layering that creates the professional massage therapist who practices the profession with satisfaction and pride.

Wendy Hunter, RMT
President



from the REGISTRAR

The cost of regulation

If you have not yet read the College's 2007 Annual Report found in the centre section of this newsletter, please take a moment to review the audited Summarized Financial Statements. In particular, please refer to the Summarized Statement of Financial Position, Liabilities, Current Liabilities – Accounts payable and accrued liabilities. As well, please read the related commentary on page 7 of the annual report.

The College has accrued liabilities of \$986,729 for complaints and discipline, a significant portion of the total accounts payable and accrued liabilities of \$1,257,015. This amount has directly contributed to the College's deficit position at the end of 2007.

What does this mean?

One of the primary legislated responsibilities of a self-regulating profession is to inquire into all complaints or information from the public regarding members' conduct. The College is required to investigate these matters and provide investigative reports to the Complaints Committee and/or Executive Committee. The committees then measure this information against the requirements of the *Regulated Health Professions Act, 1991* (RHPA) and the Professional Misconduct Regulations and determine what action, if any, should be taken. Matters may be dismissed, resolved by Undertakings/Agreements or formal cautions, and in the most serious of cases, referred to the Discipline Committee for formal, public hearings.

The costs involved in these responsibilities include staff time, investigators' fees, legal advice, per diems and expenses for committee members, legal fees for the prosecuting counsel and independent counsel for panels of the Discipline Committee, court reporter fees, and transcripts. All of these costs are paid from the College's one main

source of revenue – members' fees.

In 2007 there was a significant increase in the number of complaints and information coming to the College regarding members' conduct. Audit standards require that the College be transparent regarding costs related to complaints and discipline that will not be paid out in the year being audited and these costs must be carried forward to the next year (2008) when the cases will actually be dealt with. In analyzing the workload and associated costs for this category in 2008 the conservative amount calculated is \$986,729.

The College has created a reserve fund over the past twenty years with a major portion of the reserve dedicated as a contingency fund for complaints and discipline costs. However these and other categories of costs keep increasing year after year and we are aware that it has become impossible to meet annual expenses with current annual revenues. In the short term, reserves can and will be tapped to cover shortfalls but that is not a sustainable solution to the current costs of self-regulation.

In choosing to continue to be a self-regulating profession, something that the 732 massage therapists practising during the 1980's fought very hard to ensure happened under the RHPA, a choice was made to take on the professional responsibility of protecting the public interest. This also includes the responsibility to be financially self-supporting.

Since the investigations, complaints and discipline processes are central to maintaining the trust of the public in the College and to ensuring the integrity of massage therapy as a regulated health profession, it is important that, as members, you support the College in ensuring that it has the resources to meet these mandated responsibilities.

Deborah Worrad, CAE, C. Dir.

the bulletin BOARD



Council Highlights – November 26, 2007

Modality Policies Proposal

The Registration Committee presented a proposal to Council to make alterations to the current system of dealing with modalities and the scope of practice. The Committee has recommended that Council retire the current modalities policies and associated schedules after new policies are adopted.

Council agreed to work on the following four proposals:

1. The term “manipulation” in the scope of practice statement should be re-defined to include the use of equipment and other massage therapy treatment methods. The Committee has proposed the following definition:

Manipulation means to treat clients in a skillful and professional manner to obtain a therapeutic response. Manipulation does not necessarily involve treatment with the therapist’s hands.

Manipulation may involve the use of:

- the hands,
- the application of water in any of its forms (hydrotherapy),
- exercise therapy,
- mechanical means (e.g. thumpers),
- sound waves (e.g. ultrasound),
- electrical impulses (e.g. TENS),
- light waves (e.g. low intensity laser therapy), or

- acupuncture needles (acupuncture, according to the College policy and with the education required under the policy).
2. Create a new Standard of Practice called “Professional Practice Standard” to make practising within the scope of practice mandatory for massage therapists.
 3. Develop guidelines to assist members in making their own decisions about which modalities and interventions are within their scope of practice.
 4. Revoke the current policies on Complementary Modalities and Modalities Considered Outside Scope.

Once the Professional Practice Standard has been developed and is in effect, the Complementary Modalities and Modalities Considered Outside Scope and associated Schedules will be revoked. More information will be released to the members after it is approved by Council.

Academic Member of Council

The Registration Committee conducted further research into its proposal for an academic seat on Council, but determined that there are still outstanding issues that need to be addressed and clarified. It will discuss the matter further and report back to Council in spring 2008.

By-Law No. 8 Amendment – Business Web Addresses

At the May 2007 Council meeting, Council proposed that section 5 of By-Law No. 8, The Register, be amended to include business web addresses information available in the public register.



The proposed By-Law amendment was circulated to the membership for the required 60-day period. The College received and reviewed the responses from the members.

Council approved the amendment to By-Law No. 8, section 5.

The text of By-Law No. 8, section 5, can be read on page 28 of the newsletter.

Regulation Amendment – Expiration of Certificates

At the May 2007 Council meeting, the Registration Committee requested Council’s approval of an amendment to the Registration Regulation which would allow members to resign from the profession. Due to the way the Regulation was worded, the option of “retirement” from the profession was not technically available in the past.

Council reviewed the proposed amendment to the Registration Regulation and approved it for circulation to the membership for the required 60-day period. The College received and reviewed the responses and reported the findings to Council.

Council adopted the proposed Registration Regulation amendment as presented and it has been submitted to the government.

The text of the Registration Regulation amendment is found on page 29.

Regulation Amendment – Member Designation

At the May 2007 Council meeting the Registration Committee requested Council’s approval to make RMT the required designation for the profession.

Council reviewed the proposed amendment to the Registration Regulation and approved it for circulation to the membership for the required 60-day period. Responses from stakeholders were reviewed by Council. Council adopted the proposed amendment and it has been submitted to the government for review.

The wording of the Registration Regulation amendment submitted to the government is as follows:

15. A member who uses an abbreviation indicating that the member is registered or is recognized as a massage therapist shall use the abbreviation “RMT” in English or “M. Aut.” in French.

Council Meeting Dates for 2008

Council chose the following dates for their Council meetings in 2008:

1. Monday February 4, 2008
2. Friday, May, 23, 2008 AGM (Trent University)
3. Monday, August 25, 2008
4. Monday, December 1, 2008

Honorarium for Volunteers

At the August 2007 Council meeting, Council discussed the topic of issuing an honorarium for the volunteers of the College who serve on committees. Other Colleges were canvassed to determine what their policies are in relation to volunteer members to their Councils.

Council passed a Motion to change the title of volunteers to “Non-Council Member” and to compensate them for their time and work at the same rate as the Professional Members of Council.





Appeals Policy Revision

The Appeals Committee approved an amendment to the Examination Appeals Policy.

To view a copy of the amended Appeals Policy, please go to <http://www.cmta.com/PDFs/AppealPolicy.pdf>.

Peer Assessment Protocol

Council approved a reduction in the number of annual peer assessments conducted by the Quality Assurance Committee from 20% of the general certificate holding members to 15% because the growth in the number of members is making a 20% target difficult to achieve.

Council Highlights – February 4, 2008

Council Welcomes New Members

Council welcomed its newest members to their first Council meeting – Darren Stevens, RMT, District 1; Peter Roach, RMT, District 6; Nancy Engstrom, RMT, OMTA Member; and Godrat Azima, Public Member (re-appointed).

Executive Committee Election

Council elected the Executive Committee for 2008:

Wendy Hunter, RMT, President

James Lee, Vice President

Lynn Dobson, Executive Member

Committees 2008

Panels for the various Committees of the College for 2008 were appointed. To see a list of committee appointments please go to: <http://www.cmta.com/about/commit.htm>.

Per Diem Compensation for Professional Council Members

Prior to the Implementation of the *Regulated Health Professions Act, 1991*, members of the previous Board were all appointed by the Ministry of Health and Long-Term Care and conformed to the government rates for per diems and expenses.

The original Council of the College made the decision in 1993 to maintain those rates under the new legislation. At that time the average fee for service for a one hour massage therapy treatment ranged from \$40 to \$45. Currently the hourly rate is about \$65 to \$75. While compensation is not meant to fully replace what professional members of Council would earn at their clinics while attending meetings at the College, it was becoming more difficult for professional members of Council to commit the time required due to lost income.

Council reviewed and amended By-Law No. 1, Schedule A, "Compensation and Expense Schedule for Professional Members of Council," effective February 4, 2008.

The new compensation rates for a full per diem (meetings in excess of 3 hours per day) are:

Base Rate	\$200
Vice-President	\$225
President/Chair	\$300

To view Schedule A of By-law No. 1, please go to: <http://www.cmta.com/regulations/bylaw.htm>.

Council Member on Ontario Massage Therapist Association (OMTA) Board

One of the early elements already agreed to by the College and the OMTA in relation to the continuing development of a new Strategic Plan for the profession (which is still in draft and has not yet been released) was to have a member from the OMTA's Board sit on the College's Council and a member of the College's Council sit on the OMTA Board. Lauren Carnegie, RMT was chosen by Council as the College Council representative who will sit on the OMTA Board and Nancy Engstrom, RMT was chosen by the OMTA Board as the Board member who will sit on the College's Council. Nancy was present at this Council meeting.

By-Law No. 8 Amendment – Public Register

At the Council meeting on August 27, 2007, the Registration Committee proposed that new information be added to the information required in the non-public section of the Register and in the public Register. Four items currently on the Register, but not available to the public, are to be added to the public portion of the Register: e-mail addresses, secondary business addresses, date of birth and the dates of the most recent suspension and reinstatement.

The proposed amendments were circulated for stakeholder comments for the required 60-day period. The link to the online survey was e-mailed to members and mailed to those members without an e-mail address.



The College received 1,572 responses (18.2% of the membership). Of the 1,563 members who started the survey, 1,471 (94.1%) completed it. Council reviewed the comments.

Council approved the following amendments to By-law No. 8, "The Register":

- Members will now have the option during the annual renewal of Registration to give their consent to the College to make their e-mail address available on the public register. This consent can be withdrawn at any time.
- Secondary business address information including business name, address, telephone number and business web address will now be placed on the portion of the Register that is available to the public.
- The start and finish dates of both suspensions and revocations and the reasons for the suspensions and revocations will be made available on the public register.
- Members will be required to provide their date of birth to the College, but it will not be available to the public.

The amended By-law is available on the College's website. To view a complete copy of By-law No. 8, please go to: <http://www.cmta.com/pdfs/RegisterMemberInfo.pdf>.

Holistic Health Research announces 2008 research competition in massage therapy

The Holistic Health Research Foundation of Canada (www.HolisticHealthResearch.ca) is pleased to announce its 2008 open research competition in massage therapy.

Through its Massage Therapy Research Fund (MTRF), Holistic Health Research invites applications in:

- clinical research (primary focus)
- mechanisms of action and policy issues (secondary focus)

For 2008, a total funding amount of \$50,000 is offered. Grant applications up to \$15,000 will be considered.

Studies may be qualitative, quantitative, or mixed method. Initially, funding preference will be given to smaller, pilot, or creative study designs. In this way, the MTRF aims to assist the scientific and massage communities in building a foundation for the eventual construction of more complicated research projects. The MTRF encourages applications that also seek funding from other sources.

The principal investigator must be affiliated with a Canadian charitable institution (university or hospital) that is willing to administer the finances of the grant. Funds are awarded to the charitable institution, not to an individual. The research team may include members affiliated with a non-Canadian institution. One member of the research team should be a massage therapist. Students at the masters level and above are encouraged to apply.

Deadline to receive submissions is Tuesday, September 30, 2008 at 5 p.m. EST. Applicants will be notified of the status of their applications by December 1 and awards will be granted before December 31.

Application forms and instructions can be downloaded at www.massagetherapyresearch.ca.



New Council Members

Darren Stevens, RMT

Darren Stevens, a graduate of Centennial College, has practised massage therapy since 2002 in a variety of settings including a chiropractic clinic and spa. He currently practices in Sudbury in a busy massage therapy clinic along with seven other Registered Massage Therapists. Always keeping busy, Darren is completing a degree in Health Promotion from Laurentian University where he also volunteers with the Laurentian Voyageurs Varsity Swim Team. Because volunteering is an important part of his life, he also volunteers for charitable organizations as an RMT, teaching first aid classes or examining for the Life Saving Society.

The opportunity to serve the profession of massage therapy and the public through participating in the important work of the College is an exciting prospect for Darren as he looks forward to both learning and contributing all that he can during this experience.

Editor's Note:

Darren Stevens's primary place of business will no longer be in District 1 and therefore Darren is resigning from Council. The last day of his term will be June 19, 2008. A By-election will be held in District 1.



W Peter Roach, RMT

Peter graduated from Kikawa Massage College in 1985 after receiving an Honours B.A. from University of Toronto and teaching in secondary school for six years. He also spent three years as a social worker in Toronto and 12 years in educational television with TVOntario (TVO).

Since 1987, Peter has operated a private clinic in Stratford with a focus on clinical treatment. He is also active in the community as a Rotarian (past president), initiating a Respite home for the disabled and organizing the introduction of the Stratford Dragonboat Festival. He is also an active paddler in dragon boating and was a member of the Canadian Grand Masters in Berlin in 2005, winning four gold medals. As well, he was an after-hours emergency worker for 13 years with the Children's Aid Society in Stratford. He is married with two children currently in University.

Peter, an examiner for the College in the early 1990s and more recently a Peer Assessor, looks forward to his new role on Council.

In Memoriam

The College extends its sympathies to family, friends and colleagues of Diane Adolph, RMT, who passed away on March 10, 2008.



Manual Lymph Drainage Request from Assistive Devices Unit, Ministry of Health and Long-Term Care

The College was recently contacted by the Assistive Devices Unit of the Ministry of Health and Long-Term Care. As stated on the Ministry's website, the objective of the Assistive Devices Program (ADP) is to provide consumer centered support and funding to Ontario residents who have long-term physical disabilities and to provide access to personalized assistive devices appropriate for the individual's basic needs.

Devices covered by the program are intended to enable people with physical disabilities to increase their independence through access to assistive devices responsive to their individual needs. Most devices must be authorized by a qualified health care professional registered with the program. Registered authorizers work in hospitals, home care agencies or private practice.

The Unit is looking for Registered Massage Therapists with Combined Decongestive Therapy (CDT) training to potentially function as an "Authorizer" for clients requiring compression garments due to chronic lymphedema. For more information on the program, please go to http://www.health.gov.on.ca/english/public/program/adp/adp_mn.html or the Assistive Devices program on the Ministry of Health and Long-Term Care's web pages. If you have the training and would like to become an authorizer, please contact: Corinne Flitton, Associate Registrar at corinne.flitton@cmto.com.

Errata

In the Autumn 2007 issue of the College Standard, a list of massage therapists who had been members of the College for 25 years or longer was published. Jeannie MacGregor, RMT, a member of the College since 1978, did not appear on the list. The College sincerely regrets the omission.



duty of care during A PANDEMIC

Since the beginning of time, communicable diseases have posed serious risks to society.

In modern times, ever since the outbreaks of SARS and Ebola began in late 2002, there have been warnings about the potential of a pandemic flu. In fact, the World Health Organization (WHO) has stated that, “historically and statistically, the world is now overdue for an influenza pandemic.”

So what exactly is a pandemic? In simple terms a pandemic is a global disease outbreak and occurs when an epidemic, which is an outbreak of an infectious disease like influenza, spreads across a large region such as an entire continent. If and/or when a pandemic occurs it is likely to involve a prolonged and widespread outbreak that will dramatically change our lives – at least as we presently know them.

Governments, public health officials and infectious disease experts all agree that the best response to the inevitability of a pandemic is preparedness. This essentially means that as a society we need to identify scientific research priorities and needs related to the anticipated pandemic, develop plans to manage community outbreaks and ask the hard ethical questions that arise in a healthcare crisis, such as a pandemic.

The purpose of this article is to address one of those hard ethical questions. Namely, what is the role of healthcare professionals and more specifically what is the role of massage therapists, as regulated healthcare professionals, during a pandemic?

As much as we may prize autonomy and human rights as members of a liberal and democratic society, these rights and freedoms must always be balanced with the welfare and best interests of the community at large. In times of crisis, such as a pandemic, which poses a threat to the welfare of everyone in the community, the welfare of all is more important than individual rights and freedoms.

In general terms each of us, as members of the human community, regardless of vocation, has a moral duty to assist each other in times of need. It is our human responsibility to protect our common vulnerability to disease and death. The fulfillment of this duty is quite simply a basic human

responsibility that we owe to each other. This duty is even more pressing and imperative for regulated healthcare professionals, such as massage therapists, for a number of important reasons.

First, massage therapists, similar to all other regulated healthcare professionals, have entered into something called a “social contract” with society. The terms of the social contract commit massage therapists to serve and protect the well-being and best interests of society in exchange for the profession’s autonomy to govern itself and for the privileges and status afforded to them as regulated healthcare professionals. The profession’s social contract therefore requires that all healthcare professionals be available in times of emergency and crisis, such as in a pandemic.

Second, by choosing a career in a healthcare field, massage therapists have in effect chosen to assume responsibility for caring for the health and well-being of society. Implicit in this choice is the possibility that in times of crisis they may be called upon to be of service. This may mean that in a pandemic being of service may place therapists at risk or at least greater risk than the average person. These risks, however, are part of a healthcare professional’s life and part of the choice s/he made when entering the healthcare field.

Third, as regulated healthcare professionals, massage therapists also have a greater duty of care than other members of society because of their knowledge, training and experience. The medical information, clinical knowledge and skill they possess make them more capable and able to be of assistance. As such, massage therapists have a greater responsibility to provide care and, ethically speaking, a stronger duty of care to society.

Although it should now be clear that massage therapists, as regulated healthcare professionals, owe a duty of care to society in a crisis such as a pandemic, the application of the duty of care is not always straightforward. Sometimes it can be complex. For example, if the disease affects a massage therapist’s child and s/he is needed at home to care for the child, what should the therapist do? Does the duty of care to society override duty to one’s own child?

A massage therapist’s duty of care is not absolute and must be balanced with other professional and personal obligations. The duty of care must also be balanced with the level of risk of illness that providing the care will involve, the level of training the therapist has received and the level of protection that is available.

Additionally, just as health professionals have a duty to protect the health and well-being of their clients and the general public in times of crisis, so too does society have a duty of care to protect, support and recognize the contributions of healthcare professionals. During a pandemic, society can exercise its duty of care to healthcare professionals in a number of different ways.

First and foremost, society should ensure that they have created a comprehensive influenza plan, which includes identifying who will do what, and when, where and how resources will be utilized. An important part of this proactive planning should include working collaboratively with regulatory colleges, such as the College of Massage Therapists of Ontario, to establish practice guidelines and develop mechanisms for provider complaints and requests for work exemption.

Additionally, in the event that massage therapists are asked to provide care outside of their normal scope of work, proper training needs to be provided to ensure they are capable of taking on these new responsibilities. Similarly, if massage therapists are utilized as frontline workers, who are therefore at increased risk of infection, society must provide them, as they would all other healthcare professionals, with the strongest possible protection by providing protective equipment, vaccinations, antiviral medications and any other non-medical control mechanisms.

Finally, if massage therapists are asked to become frontline workers, they should be protected and provided with immunity from liability if they act in good faith in the provision of services.

Although preparing for an influenza epidemic will, no doubt, raise many challenges for massage therapists and all regulated healthcare professionals, it will also provide us with a unique opportunity to honor our professional commitment and serve the health and well-being of all those entrusted to our care.

Massage Therapists and the Use of Masks during Pandemic Influenza

Seasonal influenza is a relatively common yet serious form of respiratory illness caused by strains of the influenza virus. Avian influenza, commonly known as “bird flu,” is generally species-specific but the virus has on occasion infected humans. The highly contagious subtype of the avian influenza virus, H5N1, poses serious health implications for humans. The WHO website outlines two main risks H5N1 poses to human health. The first risk is that the virus could pass from poultry to humans causing significant disease and death. The second risk is that the virus could mutate into a highly infectious form that spreads easily between people. This ease of transmission could be the start of a global pandemic.

The WHO states that when the following three conditions are met, a pandemic can start:

1. a new influenza subtype emerges;
2. humans are infected by the subtype causing serious illness;
3. the subtype virus spreads easily among humans.

The WHO points out that currently, conditions one and two have been met by the H5N1 virus. Current information on pandemic influenza, including the current alert, can be found at www.who.int/en.

How Could Pandemic Influenza Affect RMTs?

During pandemic influenza, massage therapists may encounter clients in their practices who present with influenza-like illness (ILI) or are infected with the influenza virus. It is conceivable that during a pandemic, massage therapists may be asked to help in the provision of care to the public. *Chapter 8, Optimizing Deployment of the Health Workforce of the Ontario Health Plan for an Influenza Pandemic September 2006 (OHPIP)* states that “during an influenza pandemic, health care workers will be called upon to provide care for people who have influenza...and to ensure patient-centred care during a pandemic, Ontario will take a competency-based approach to HHR [health human resources] planning” (8-1). OHPIP further explains that one of the most important competencies required during a pandemic will be the assessment of patient status (8-4). This could be one area where the competencies of registered massage therapists could be utilized or developed in a pandemic situation.

Should massage therapists come in direct contact with ill clients due to their work or volunteer activities, it is important to understand effective methods of protecting themselves and others from influenza transmission. The focus of this paper is a discussion of the use of masks by RMTs during pandemic influenza. Information concerning infection control and personal protective equipment (PPE) can be found in the *Infection Control for Regulated Professionals* guideline at www.cmta.com/pdfs/Infection_Control_Guidelines.pdf.

How Is Pandemic Influenza Transmitted?

The *Infection Control and Occupational Health Guidelines During Pandemic Influenza in Traditional and Non-Traditional Health Care Settings, Annex F*, prepared by Health Canada as part of the Canadian Pandemic Influenza Plan for the Health Sector, explains that influenza is spread via contact, droplet and airborne transmission. Contact transmission can either be direct or indirect – direct physical contact between an infected person and a host, and indirect contact via the environment such as contaminated hands or objects can spread the virus. Droplets from the respiratory tract generated from coughing or sneezing, or by certain medical procedures, travel less than 1 metre and infect an individual via direct or indirect contact with their mucous membranes. Airborne transmission (the generation of aerosols) occurs when the virus is within particles that are less than 5 µm in size. These particles (and virus contained therein) can be inhaled by individuals and appropriate ventilation systems are required to deal with this mode of transmission. The Health Canada document states that the primary method of direct influenza transmission is droplet contact of the mucous membranes of an individual by the oropharyngeal secretions of a person infected with the influenza virus, and indirectly through hands and objects contaminated by an infected person.

Massage Therapy Practice During Pandemic Influenza

In a clarification update in November 2005, the World Health Organization recommends that when working within 1 metre of clients/patients suspected or known to have pandemic influenza, health care workers should use either procedure or surgical masks. They further suggest that health care workers consider using particulate respirators (e.g., N95 respirators) when involved with client/patient care that could generate aerosols. The WHO describes examples of aerosol-generating procedures as endotracheal intubation, suctioning, and aerosolized nebulizer treatments.

Massage therapists should consider the use of respirators if they volunteer to help in situations that may pose a risk of inhaling aerosols in a pandemic influenza setting. It is likely that RMTs will risk infection from contact or droplet transmission if they choose to practise massage therapy during a pandemic. Appropriate screening and assessment procedures should be in place in all massage therapy clinics and massage therapists should think about massage techniques which could induce coughing.

Many massage therapists work on clients with respiratory conditions such as emphysema, bronchitis, and asthma. In the text, *Clinical Massage Therapy: Understanding, Assessing and Treating Over 70 Conditions*, Rochester and Goldberg explained that “the forced expiratory volume of 11 children with mild to moderate asthma increased 10.3 per cent half an hour after tapotment” (qtd. in Rattray and Ludwig 14). In the same text, Bateman et al. found that postural drainage, cough and tapotment cleared five times as much mucus from the lungs as when these techniques were not used (14). Rattray and Ludwig also suggest that prolonged course or fine vibrations, as well as tapotment, loosen mucus in clients with respiratory conditions (27, 28). Massage therapists should contemplate treatment situations in which it is likely that pre-existing conditions affecting clients or techniques applied directly to clients may predispose them to coughing and take appropriate precautions so that the possibility of spreading influenza is decreased. Also, during a pandemic influenza outbreak, mask use by both RMTs and clients, as well as other infection control procedures, may be a wise choice if immunosuppressed clients attend a massage therapy clinic.

Chapter No. 7A: Infection Prevention and Control/Occupational Health and Safety Tools of the Ontario Health Plan for an Influenza Pandemic September 2006 states that during the interpandemic and pandemic alert periods, health care workers should wear a mask and use protective eye equipment when working within 1 metre of a client/patient with flu-like symptoms (7A-2). The College’s *Communication/Public Health Standard 15: Use of Personal Protective Equipment During a Treatment* states that if a client or therapist has a contagious condition that might be spread by contact or inhalation, appropriate PPEs must be used. It further states that if the condition is an airborne infectious disease, both the massage therapist and the client must wear a mask during and after treatment.

It is important to consider the entire interaction with the client: intake, assessment, and treatment. Maintaining a distance of one metre between therapist and client during history taking may decrease the risk of transmission while the therapist is assessing whether massage therapy is appropriate. The *Ontario Health Plan for an Influenza Pandemic* document recommends against sitting next to a coughing person when taking a health history or performing an examination/assessment (7A-3).

Note: See *Communication/Public Health Standards 5 and 15* for further information:

www.cmta.com/pdfs/CPH%205.pdf
www.cmta.com/pdfs/CPH%2015.pdf

Types of Masks

Annex 4 of the WHO document, *Avian Influenza, Including Influenza A (H5N1), in Humans: WHO Interim Infection Control Guideline for Health Care Facilities*, states that during aerosol-generating procedures, a particulate respirator (such as a NIOSH-certified N95) is the minimum level of respiratory protection required for health care workers. It further states that the respirator should fit well, and a user seal check be performed when a disposable particulate respirator is worn.

N95 Particulate Respirators

The Wellington-Dufferin-Guelph Public Health Unit explains in the document, *A Guide to Using N95 Masks*, that N95 masks filter 95% of particulate aerosols free of oil that are ≥ 0.3 microns in size (the N in N95 refers to ‘not resistant to oil’). They filter out particles that can remain suspended in the air, and that can be transmitted by the airborne route (1). The WHO recommends that health care workers performing aerosol-generating procedures in Avian Influenza-infected patients should use a particulate respirator (such as the N95), and explain that these must fit and seal properly, and that respirator wearers must be trained in using these masks (*Avian Influenza, Including Influenza A (H5N1), in Humans*, 40).

Surgical and Procedure Masks

The above noted WHO document explains that surgical and procedure masks are used for protection from droplet transmitted disease. They do not offer protection against small particle aerosols and when dealing with airborne-transmitted diseases, they should only be used if particulate respirators are not available.

It is important to note that surgical and procedure masks do not fit like particulate respirators and when the user inhales, there can be leakage around the edge of the mask (41).

See the following website for a diagram of donning and removing PPE:

www.cdc.gov/ncidod/sars/pdf/ppeposter148.pdf

Fit Testing

Fit testing is a method of ensuring that respirators, such as the N95 mask, fit an individual properly to ensure a tight seal around the face. Under the *Occupational Health and Safety Act*, employers who require the use of N95 respirators must ensure workers are fit tested and receive necessary training associated with using the masks. Employers are also required to have a written respiratory protection program in place (Chapter No.7A: Infection Prevention and Control/Occupational Health and Safety Tools 7A-7).

The Ontario Ministry of Health and Long-Term Care provides a list of companies who perform fit testing. The link to this information is:

www.health.gov.on.ca/english/providers/program/pubhealth/sars/sars_qa_hcw.html.

The following link (also from the MOHLTC website) provides access to accepted fit test protocols: www.osha.gov/SLTC/etools/respiratory/oshfiles/require.html.

3M describes two main methods of fit testing: qualitative and quantitative. Qualitative fit testing is designed for disposable respirators and half masks and is based on the wearer’s ability to detect a test agent either by smell or taste. 3M further explains that quantitative fit testing provides an objective measure of the fit of the respirator. The main difference between qualitative and quantitative fit testing is that qualitative relies on the subjective experience of the wearer, and quantitative relies on an objective measurement of the seal of the mask (see www.3m.com/ca/occsafety for information and links to 3M fit test training and respirator information including any product advisories).

It is important to note that there are health risks associated with fit testing and the use of respiratory protective equipment for some individuals. These risks can be reduced by appropriate training in both fit testing and respirator use.

informed CONSENT

The Ontario Safety Association for Community and Healthcare offers fit testing and workshops to teach individuals how to perform fit testing. The link to their programs is:
www.osach.ca/misc_pdf/FitTestingService.pdf.

The Canadian Standards Association also offers a fit testing seminar designed to give an understanding of the Fit Testing requirements in CSA Z94.4. More information can be found at the CSA Learning Centre at www.csa.ca.

Summary

H5N1 has the potential to cause a global pandemic. Massage therapists may encounter people infected with the influenza virus if they continue to practise during a pandemic. Depending on the severity of the pandemic, RMTs may be asked to volunteer their professional services to help care for the public. The care RMTs offer will be based on an assessment of their competencies. Whether in private practice or in a volunteer capacity, RMTs need to know about infection control. This paper specifically discusses the use of masks by RMTs.

Pandemic influenza is transmitted via contact, droplet, or airborne transmission. RMTs should adopt the 1-metre rule when assessing or treating clients. Certain medical procedures, potentially including certain massage therapy techniques, could promote the generation of aerosols. RMTs should use respirators such as the N95 mask when there is a risk of being exposed to aerosols.

Some clients may present with compromised immune systems. Using surgical or procedure masks before, during, and after treatment may decrease the risk of adversely affecting these clients. The College's Communication/Public Health Standard 15: Use of Personal Protective Equipment During a Treatment, speaks to this issue.

N95 masks are respirators designed to filter 95% of particulate aerosols that are ≥ 0.3 microns. These are to be used by health care workers when performing aerosol-generating procedures in Avian Influenza-infected clients. These respirators must be fit tested and under the Occupational Health and Safety Act, the employer is responsible for fit testing and providing respirators if they are required in the workplace. The National Institute for Occupational Safety and Health (NIOSH) certifies N95 masks and the Canadian Standards Association (CSA) has developed standard Z94.4-02 Selection, Use and Care of Respirators.

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CEU Article



CEU Questions:

1. What makes a client capable of providing consent for assessment or treatment?
2. What are the components of informed consent?
3. How and when should consent be recorded by the RMT?
4. What happens if a client is deemed to be incapable of providing consent to the proposed assessment or treatment?
5. As health information custodians, how are RMTs affected by the requirements of PHIPA?

The College's "Consent for Treatment" policy states that "massage therapists are expected to obtain consent from clients prior to commencing any treatment" and that the capacity to provide consent is assumed unless the client demonstrates otherwise to the massage therapist. The Health Care Consent Act, 1996 (HCCA) does not specify an age at which an individual is deemed capable of providing consent. Massage therapists must use their professional judgment to determine if a client is capable of understanding the proposed assessment and/or treatment, ensuring that the client can provide informed consent. It is also important to remember that clients can withdraw their consent at any time. The College expects that massage therapists will obtain consent for any client interaction, specifically assessment and treatment.

Consent to assessment/treatment must relate to the treatment being offered, must be informed, and must be obtained voluntarily and not through misrepresentation or fraud. In order for consent to be informed, the massage therapist must explain the nature of the treatment, the benefits and risks of treatment, any alternatives to treatment, and the likely consequences of not having the treatment. The RMT must also allow the client to ask questions and provide any necessary information to address the client's concerns.

Standard of Practice – Consent

The "Communication/Public Health Standard 7: Consent" further explains that the client must also be told that they can alter or stop the treatment at any time, and the RMT will check in periodically with the client to determine the client's level of comfort. Informed consent is to be given by the client before the treatment / assessment and is to be documented in the client's health care record within 24 hours of treatment.

collecting and making available more

information from massage THERAPISTS

Consent must be recorded in the client's file every time it is given, however, written consent is not required. If massage therapists decide to use consent forms, they must be aware that signing a consent form at initial intake does not fulfill the informed consent requirement. Informed consent must be given and recorded at every client interaction.

Substitute Decision Makers

Should the massage therapist determine that a client is incapable of providing informed consent, a substitute decision maker (SDM) can be utilized to make treatment decisions. The RMT must tell the incapable client why the SDM is needed and that the SDM will help them understand the proposed treatment. The client must also be made aware of their right to have the SDM decision reviewed by the Consent and Capacity Review Board if they disagree.

A hierarchy for substitute decision makers is determined by the HCCA and is as follows:

- An official guardian appointed by the courts;
- An attorney of personal care;
- A representative appointed by the Consent and Capacity Review Board to act for the client;
- A spouse, partner or relative in the following order:
 - spouse or partner;
 - child if 16 years or older or the custodial parent;
 - parent who has only a right of access;
 - brother or sister; or
 - any other relative.

To the extent possible, even when a SDM is involved in care, the RMT must include the incapable client in discussions concerning the massage therapy treatment. The client's rights must always be respected and upheld.

Personal Health Information Protection Act, 2004 (PHIPA)

PHIPA stipulates that consent must be obtained from a client when a health information custodian (HIC) collects, uses, and discloses personal health information (PHI), although certain exemptions exist, such as a significant risk to an individual if a disclosure is not made or if the disclosure is in the public interest (see http://www.ipc.on.ca/images/Resources/up3fact_07_e.pdf for more information).

PHIPA defines RMTs as health care practitioners and as such are considered health information custodians. In some work environments, RMTs may find themselves working for non-health information custodians – the example given by the Privacy Commissioner/Ontario is massage therapists providing care to clients in a spa. The business arrangement of such a work environment does not change the requirements of PHIPA. It does not matter whether the massage therapist is an employee, independent contractor or volunteer. When it comes to the client record and the personal health information contained within, the RMT must obtain express consent from the client to leave their file at the spa. More information on health information custodians working for non-health information custodians can be found at <http://www.ipc.on.ca/index.asp?navid=46&fid1=457>.

In her book, *Keeping the Professional Promise*, Cidalia Paiva explains that "the therapist must always proceed with the therapeutic experience with the full acknowledgement, commitment and clarity of the patient and with a clear acknowledgement that freely refusing to participate in the treatment or a specific type of treatment constitutes an equally valid choice. The therapist must respect this choice in a spirit of goodwill and professionalism" (190). Informed consent is a cornerstone of professional practice. Understanding its importance as a means to respect the individual's choice in healthcare represents a client-centred approach to massage therapy care.

CEU Article



CEU Questions:

1. What is the Allied Health Human Resources Database?
2. When will the College need to start collecting the information to be required by the Ministry of Health and Long-Term Care?
3. Why is the public being given access to more information about health care professionals?
4. What information will not be available to the public?
5. Which By-law will need to be altered in order for the College to begin collection of the required information?

Under provisions of the *Health System Improvements Act*, the *Regulated Health Professions Act, 1991* and the *Health Professions Procedural Code* will be changed effective June 4, 2009, or earlier at the discretion of the Lieutenant Governor. The amended Code will require the health regulatory Colleges to collect additional information from members and to make the information available to the public and to the government.

In order to collect this information on the 2009 registration renewals and to be able to provide the public register information as of June 2009, the register requirements in By-law No. 8 must be changed to authorize the College to collect and disclose this information.

There are two major sets of changes that must be implemented: what information is collected and what information is disclosed to the public or as aggregate data to the government.

1. **The Allied Health Human Resources Database** is being set up by the Ministry of Health and Long-Term Care to allow the government to collect consistent and reliable data on health professionals to produce better health human resources planning. The current lack of reliable data creates significant challenges for the Ministry in forecasting future needs.

The proposed standardized data elements needed for planning will change some of the data (for example, the country of original education) the College currently uses in its database but also requires a significant number of new pieces of information. Some of the items in the proposed data collection will also give the College better information on the profession, than from some of the data the College currently collects. (For example, the College will more readily be able to identify how many members are engaged in independent practice and how many are employed by others.)

2007 discipline DECISIONS

The Ministry's intent is to have the final data set determined by the end of June 2008. The College will have to collect this information on its 2009 registration renewal forms in order to report out to the Ministry at the end of 2009. This will require changes to the College's database and to the registration renewal and initial registration forms (both paper and online) by the end of September 2008.

This information collected will be reported to the government as aggregate data, so no information will be reported on individual members of the College and individual members' information will not be available to the public.

2. Public register information

The Health Professions Procedural Code (the Code) lists what member information is public and what information members are required to provide but which is not available to the public. The changes to the Code through the Health System Improvements Act, 2007, will provide substantially more information to the public about members than has previously been the case. The additional information available to the public will include:

- the terms, conditions and limitations on a certificate;
- a notation about every matter referred to the Discipline Committee for professional misconduct, incompetence or incapacity;
- the result, including a synopsis of the decision, of every disciplinary and incapacity proceeding unless there is no finding;
- a notation of every finding of professional negligence or malpractice unless the finding is reversed on appeal;
- where a discipline decision is under appeal, a notation that it is under appeal;
- a notation of the resignation and agreement where a member resigns during or as a result of a complaint proceeding.

To quote Richard Steinecke, a Toronto-based lawyer who is an expert in the *Regulated Health Professions Act*, "Practitioners often wonder why it seems that the rest of the world is receiving increased privacy of their personal information while their privacy is being reduced. The tendency is for regulators to retain information about their members for longer periods of time and to put increasing amounts of those details in the public register... There is a general expectation that members of regulated professions should have less privacy than others. Many members of the public expect that they can find out about the practitioner's history from their regulatory body. There is also an expectation that regulators maintain concerns about individual practitioners for an extended period of time in case there is a recurrence of the conduct or a pattern of behaviour emerges."

The approach taken by the government does not go as far as the system in many American states where a member of the public can obtain information about every complaint ever lodged against a health professional, including those which would in Ontario be considered frivolous and vexatious complaints. Instead it does make information about disciplinary proceedings against members available to the public where the case was not dismissed; in other words, there must be a finding against the member and not just an allegation of wrong-doing, incompetence or negligence. The intent is to protect the public without revealing unnecessary information about the practitioner.

In order to begin collecting the required information from massage therapists in the renewal cycle that commences in November 2008, amendments will be needed to By-law No. 8, "The Register." Your comments regarding amendments to By-law No. 8 will be sought over the summer.

SUMMARY OF PROCEEDINGS

KEVIN BAIN, RMT

February 14, 2007

Kevin Bain (the "Member") was charged with two counts of professional misconduct, namely:

- (a) breaching a term of the *Massage Therapy Act*, the *Regulated Health Professions Act, 1991* and/or regulations made thereunder (practicing under suspension); and
- (b) engaging in disgraceful, dishonourable or unprofessional conduct.

THE PLEA

Mr. Bain entered a plea of guilty to both charges. Mr. Bain appeared in person and was not represented by counsel.

THE EVIDENCE

The facts supporting the plea of guilty were introduced through the filing of an Agreed Statement of Fact signed by both Mr. Bain and the College. Mr. Bain became a member of the College on May 18, 1998. The Member failed to pay his annual fees despite repeated reminders to do so and, effective November 19, 2004, his Certificate of Registration was suspended. Notwithstanding the suspension, the Member continued to hold himself out and practice as a massage therapist. According to entries in the Member's appointment book for 2004 and 2005, the Member performed at least 221 massages between November 22, 2004 and March 4, 2005 while his Certificate of Registration was suspended.

The owner of the clinic where the Member was practicing massage therapy became aware of the Member's suspension after two of the Member's patients reported that their requests for reimbursement from their extended health care insurers for the Member's services had been denied. The owner of the clinic then filed a complaint with the College against the Member on March 8, 2005. The Complaints Committee then referred the matter to the Discipline Committee.

Upon notification of the complaint, the Member promptly acknowledged that he continued to practice and hold himself out as a registered massage therapist which, in turn, constituted an act of professional misconduct. He also surrendered his Certificate of Registration to the College on April 22, 2005, the day after he had been notified of the complaint.

The Member also acknowledged that his continuing and persistent misrepresentation to his clients that his Certificate of Registration was in good standing and that the receipts issued by the Member could be submitted to extended health care insurers for reimbursement constituted disgraceful, dishonourable and unprofessional conduct.

THE FINDING OF GUILT

On the basis of Mr. Bain's guilty plea and its review of the Statement of Facts, the panel of the Discipline Committee found the Member guilty of both counts of professional misconduct.

THE SENTENCING HEARING

The Member and the College presented a Joint Submission Respecting Penalty to the discipline panel. The Joint Submission included:

- (a) a six month suspension of the Member's Certificate of Registration;
- (b) an Order directing the Member to appear before a panel of the Discipline Committee to be reprimanded and that reprimand be recorded in the College's register;
- (c) the Member was directed to pay the College the sum of \$1,500.00 as a contribution towards the College's legal costs and expenses incurred by the College in the course of investigating and prosecuting the matter; and
- (d) an Order directing that the results of the hearing and the sentence be included in the public portion of the College's register.

The panel determined that the Joint Submission requested by the Member and the College was appropriate and approved the sentencing disposition set out therein. It is a very serious offence to practice massage therapy without a valid license. As a result, a six month suspension absent extraordinary circumstances is entirely appropriate and should send a message to like-minded members of the profession that a failure to renew one's license while continuing to practice will not be tolerated and would reasonably be regarded by members of the profession and disgraceful, dishonourable or unprofessional. The panel was also concerned about the effect that the member's actions had on his clients, many of whom were misled into believing that they would be reimbursed for the Member's services. The panel was also concerned about the impact of the member's conduct on the profession's relationship with insurance companies. During the course of its reasons the panel noted that the suspension of the Member's Certificate of Registration spoke to the issue of general deterrence, indicating that a six month suspension would be sufficient to dissuade other members of the profession from engaging in practice while their Certificates of Registration was suspended.

The panel was satisfied that the Member was sufficiently remorseful and apologetic as to have learned his lesson and, in addition, was mindful the fact that the Member surrendered his Certificate of Registration shortly after the complaint and has now left the practice of massage therapy completely. It viewed the financial contribution towards costs of \$1,500.00, coupled with the suspension, as a significant financial penalty to the Member in the circumstances of the case. The panel noted specifically that the Member was quick to acknowledge his mistake and cooperated with the College even before the initial discipline proceedings were initiated. For that reason it agreed to a partial reimbursement of the College's costs in investigating and prosecuting the Member on these charges.

Immediately following the Hearing, the Member waived his right of appeal and the panel administered his reprimand in an open hearing. During the reprimand the Member was admonished for his conduct. The panel pointed out that his conduct damaged the credibility of not only himself but also of the massage therapy profession and that cases such as this give insurance companies the opportunity to question the professionalism of the profession. Clients are also detrimentally affected by such conduct and may never trust a massage therapist again.

SUMMARY OF PROCEEDINGS

LARRY BARLESS, RMT

February 14, 2007

Larry Barless (the "Member") was charged with 4 counts of professional misconduct:

- (c) failing to abide by a written undertaking given to the College;
- (d) failing to keep records of his clients as required;
- (e) failing to maintain the standards of practice with the profession; and
- (f) disgraceful, dishonourable and unprofessional conduct.

THE PLEA

The Member entered a plea to counts 1, 2 and 4 of the Notice of Hearing. Count 3 was withdrawn by the College at the completion of the disciplinary proceedings. The Member appeared in person and was not represented by a legal counsel.

THE EVIDENCE

Breach of Undertaking/Agreement and Disgraceful, Dishonourable and Unprofessional Conduct

The evidence was presented by the means of an Agreed Statement of Facts. Mr. Barless has been a member of the College since 1993. During the spring of 2002, the College undertook an investigation into the Member's conduct following a complaint by another member. During the course of the College's investigation, questions were raised about the Member's compliance with many of the standards of practice and with the regulations respecting record-keeping. In effort to provide assurance to the College and the Executive Committee that these concerns were being adequately addressed, the Member entered into a written undertaking/agreement with the College dated September 16, 2002 in which the Member undertook, among other things, to complete two courses, Making Ethical Decisions and Maintaining Personal Boundaries in Professional Relationships and the online course in Standards and Regulation, by February 28, 2003. The undertaking/agreement went on to indicate that failing to abide by the term of undertaking/agreement could result in referral of the Member to the Discipline Committee.

Despite the terms of the undertaking, while the Member did complete the Record-Keeping course, as of February 14, 2007 (nearly 4 years after the Member entered into the undertaking/agreement), he had still not completed the

online Standards and Regulation course although he was reminded to do so on at least three occasions in writing and on at least one occasion by phone.

The Member acknowledged that his failure to complete the course work by February 28, 2003 constituted an act of professional misconduct. The Member went on to acknowledge that his continuing and persistent failure to comply with the undertaking, and respond to letters from the College, constituted disgraceful, dishonourable and unprofessional conduct.

Record-Keeping Violations

Following the Member's execution of the undertaking/agreement and his completion of the Record-Keeping course, the College arranged for an inspection of the Member's practice in an effort to determine whether the Member was complying with his record-keeping obligations. The inspections revealed that while the Member's records had improved somewhat from with the pre-undertaking records, overall the records were still woefully inadequate and failed to adhere to a number of basic principles, not the least of which is that a record must be kept in respect of each treatment of session. In almost every case, while there was evidence that the client had been seen and charged a fee in respect of numerous therapy sessions, very few of the records of those treatments actually existed. The only records that the Member had completed every time were those relating to financial information.

THE FINDING OF GUILT

On the basis of Mr. Barless' guilty plea and the Agreed Statement of Facts, the panel of the Discipline Committee found the Member guilty of failing to abide by written undertaking given to the College, failing to keep records of his clients as required, and disgraceful, dishonourable and unprofessional conduct.

SUBMISSIONS REGARDING PENALTY

The Member and the College submitted a Joint Submission Respecting Penalty to the Discipline Committee panel. The Joint Submission included:

- (a) a five month suspension of the Member's Certificate of Registration;
- (b) four months of the suspension to be remitted in the event that the Member:

a. enrolls in, and successfully completes, an approved Regulations course by no later than August 1, 2007 and an approved Record-Keeping course by no later than April 1, 2007, and

b. provides to the College, within 90 days following the completion of the courses, a written report describing what he has learned through the course, how his conduct reflects upon both himself and the profession, and how his conduct relates to the Charter of Professionalism, which report may be published in the *College Standard*;

(c) in addition, a condition was imposed on the Member's Certificate of Registration that his license not be reinstated unless and until the terms of the undertaking of September 16, 2002 have been complied with. In other words, if the Member does not complete the Regulations course, his licence will be perpetually suspended;

(d) an Order directing the Member, upon reinstatement of his Certificate of Registration, to submit to an inspection of his practice at his own expense within twelve months following the completion of the period of suspension;

(e) an Order directing the Member to pay to the College the sum of \$1,200.00 towards the legal and other costs and expenses incurred by the College in the course of investigating and prosecuting the matter, and in the course of conducting the disciplinary hearing; and

(f) an Order directing the Member to appear before a panel of the Discipline Committee to be reprimanded and that the reprimand be recorded in the public portion of the College Register.

During the sentencing hearing, the College emphasized the need for members to understand their professional obligations and the supervisory role that the College plays in the protection of the public interest. A member's failure to abide by a written undertaking with the College must be met with a firm response by the College in order to ensure compliance by the membership. This was a particularly egregious example of a member who, despite repeated reminders over the course of 4 years of his obligations under the Undertaking/Agreement, nevertheless failed to comply with them.

The Member expressed remorse for the conduct and advised the Discipline Committee that he intended to complete the online Regulations course at the first opportunity. During the submissions, the Member informed the panel that a lengthy period of suspension would result in a loss of his livelihood and his home and would cause extreme hardship on both himself and members of his family.

He indicated that he was initially mistaken as to his obligations under the undertaking/agreement and believed that he was required to take only one course, rather than two.

The panel was satisfied that the Member was sufficiently remorseful and apologetic, and that the financial contribution of \$1,200.00 towards the College's costs, coupled with a five month suspension, was an especially significant financial penalty to the Member in his particular circumstances. In light of the extenuating circumstances, the panel agreed to have four months of the suspension remitted as indicated.

RECORDED REPRIMAND

Following the hearing, the Member waived his right of appeal and the reprimand was administered immediately.

EDITORIAL NOTE

The Barless case highlights the significance of members entering into undertakings/agreements with the College. The documents are relied upon by the College in the course of its work. Any member who enters into such undertakings and/or agreements and breaches them can expect that the College will be adopting a policy of zero tolerance and will, absent exceptional circumstances, be seeking significant periods of suspension as well as significant contributions towards the costs of any discipline proceedings arising as a result.

Members are also reminded of their obligation to adequately maintain records. Should the College become aware of a member's failure to adequately do so, it will continue to follow up to ensure that the standards of the profession are adequately being met.

EXECUTIVE SUMMARY DARCY KEENAN, RMT March 6, 2007

THE CHARGES

Darcy Keenan (the "Member") was charged with three counts of professional misconduct:

- (g) sexual abuse of a client, Ms. J.D.;
- (h) contravening the standards of practice of the profession; and
- (i) engaging in disgraceful, dishonourable or unprofessional conduct.

THE PLEA

The Member entered a plea of guilty to counts 1 (sexual abuse) and 2 (breaching the standards of practice) of the Notice of Hearing. Count 3 was withdrawn at the completion of the proceedings. The Member was represented by legal counsel.

THE FACTS

Evidence was presented by way of an Agreed Statement of Facts. The evidence disclosed that the Member practiced in the city of Ottawa at the Keenan Clinic for Therapeutic Massage where he provided therapeutic massages for persons who attended the clinic. Between June 30, 2004 and August 16, 2005, Ms. J.D. attended the clinic on nine occasions to receive therapeutic massages. Her initial reason for attending the clinic was for treatment of back pain.

On August 16, 2005, J.D. attended for treatment which was expressly to "focus on the glutes and quads." During the course of the massage, the Member massaged J.D.'s sternum following which he stated: "I hope that wasn't too sensual for you," to which J.D. replied "no." The Member then undraped both of J.D.'s breasts and performed a breast massage following which he left both of J.D.'s breasts undraped while he performed an abdominal massage. There were no clinical indications or therapeutic purpose for the performance of a breast massage or for leaving J.D.'s breasts exposed during the course of the subsequent abdominal massage.

At no time prior to, or during, the Member's treatment of J.D. did he obtain J.D.'s consent to the treatment and uncovering of her breasts. The Member did not inform J.D. of the change in treatment plan encompassing as it did the massaging and uncovering of her breasts or give J.D. an opportunity to provide the member with her consent thereto. This conduct was contrary to standards 11, 12 and 18 of the published standards of practice. Further, the absence of clinical indications required for the conduct of a breast massage and the failure obtain consent to that massage was contrary to Standard 35 of the published Standards of Practice. The absence of justification for continuing to exposed J.D.'s breasts during the remaining portion of the Member's massage of J.D.'s abdomen constituted a contravention of standards 18 and 35 of the published Standards of Practice.

Following the events of August 16th, J.D. never returned to the clinic to receive further treatment. The day following her last attendance, J.D. contacted and met with the Member to discuss her concerns over the treatment she had received.

During that conversation, the Member acknowledged to J.D. that there were no clinical indications or therapeutic purpose for the performance of a breast massage. He apologized for his behaviour in that regard. On August 22, 2005, the Member met with J.D.'s parents to discuss their concerns over the incident. At this meeting, the Member issued both a written and verbal apology for his behaviour and returned J.D.'s payment for the August 16th therapy session.

On November 16, 2005 in a letter to the College, the member provided detailed particulars of the conduct complained of. He also articulated the standards of practice that had been breached by him during the August 16, 2005 incident. In the same letter the Member also confirmed that he had made several changes to his practice including (1) obtaining written consent prior to the start of treatment and in response to any change in treatment, (2) registering for and undertaking the online Standards and Regulation course and (3) contacting the College in order to enroll in the College's Ethics and Boundaries seminar. The letter went on to apologize once again for the distress that the Member had caused J.D. The Member acknowledged that his conduct constituted both sexual abuse and a failure to maintain the published standards of practice of the profession as alleged in the Notice of Hearing.

FINDING OF GUILT

On the basis of the Member's guilty plea and its review of the Agreed Statement of Facts, the panel of the Discipline Committee found the Member guilty of counts 1 (sexual abuse) and 2 (contravening the published standards of practice) of the Notice of Hearing.

THE PENALTY

The Member and the College presented a Joint Submission Respecting Penalty to the Discipline panel. Following submissions of counsel, the panel accepted the recommendation and imposed the following penalty:

1. a six-month suspension of the Member's Certificate of Registration;
2. three months of the suspension are to be remitted in the event that the Member attends for counseling for a period of not less than 12 months and at a frequency of not less than monthly (unless otherwise directed by his counselor);
3. the counselor is to provide by semi-annual reports on the progress of the counseling at the Member's expense until completion thereof;

4. the Member is to provide the College with a report, following completion of counseling, indicating what he has learned, how his conduct reflects upon himself and the profession and how his conduct relates to the Charter of Professionalism which report may be published in the College Standard;
5. the Member must enroll in and successfully complete courses on (a) Boundaries and Ethics and (b) record-keeping, as are approved by the Registrar, by no later than April 30, 2007;
6. as a term, condition or limitation on his Certificate of Registration, the Member is to submit to an inspection of his practice at his own expense within 18 months following the reinstatement of his Certificate;
7. the Member was directed to pay costs in the sum of \$1,500.00 within six months; and
8. the results of the hearing and the sentence may be published in the College Standard in the ordinary course.

Panel's Reasons for Sentence

In its reasons for accepting the joint submission, with respect to the issue of specific deterrence, the panel was of the view that the member appeared to have learned his lesson and would not likely transgress again. The panel further noted that the conduct of the Member in acknowledging his conduct and agreeing to counseling and to undertake coursework demonstrated substantial rehabilitation. With respect to the issue of general deterrence, the panel was of the view that a six-month suspension coupled with a published reprimand and the requirement that the Member write a letter to the College which might be published would send a serious message to like-minded members that conduct such as this will not be tolerated. The protection of the public can also be admittedly served by suspending the member's license for a period of time and by the subsequent inspection of his practice.

As to its decision to remit three months of the suspension, the panel noted the member's extraordinary conduct, including the steps taken immediately subsequent to the offence to rectify the situation, as justifying the remission of three months of the suspension. The Member immediately acknowledged his culpability to J.D. within 24 hours. He entered a guilty plea. He met with both J.D.'s parents and J.D. and expressed his apology to them both personally and in writing. He wrote a letter to the College in which he not only apologized for his conduct and acknowledged his wrongdoing but included a positive plan of action. The panel noted that while the conduct of the Member was reprehensible, he took full responsibility for his conduct and already undertaken to take courses to rectify the situation.

Immediately following the hearing, the Member waived his right of appeal and the panel administered a public reprimand at that time. During the reprimand, the panel emphasized that the member's conduct was despicable and would not be tolerated. While it was noted that the member had taken steps to remedy the situation, that conduct did not serve to lessen the unacceptability of the conduct forming the subject matter of the allegations. It was, the panel noted, completely unacceptable.

EDITORIAL NOTE

The Keenan decision is intended to send a message to the profession at large that the College maintains a zero tolerance towards sexual abuse of any kind. Any member who is found to have engaged in sexual abuse of the kind involved in this case can expect to receive a significant period of suspension. The members are reminded of their ethical obligations to maintain strict and appropriate boundaries with all clients.

SUMMARY OF PROCEEDINGS RODNEY SMITH, RMT APRIL 10, 2007

THE CHARGES

Rodney Smith was charged with two counts of professional misconduct, namely:

- a) breaching a term of the *Massage Therapy Act*, the *Regulated Health Professions Act, 1991* and/or regulations made thereunder (practicing under suspension); and
- b) engaging in disgraceful, dishonourable or unprofessional conduct.

THE PLEA

Mr. Smith entered a plea of guilty to both charges. Mr. Smith appeared in person and was not represented by legal counsel.

THE EVIDENCE

The evidence supporting the plea was introduced through the filing of an Agreed Statement of Facts. Mr. Smith became a member of the College on December 24, 1996. This was the first time that the member had appeared before the Discipline Committee. Between April 7, 2004 and June 28, 2005, the member's certificate of registration was suspended as a result of the non-payment of his annual fees. The College's letter advising the member of the suspension stated in bold lettering "you may not practice

massage therapy while your registration is suspended." Notwithstanding the suspension, the member continued to hold himself out, and to practice, as a massage therapist. According to the entries in the member's appointment book, the member performed at least 89 massages on numerous clients and possibly more during the period of his suspension while working at Deep Tissue Massage located in Waterloo, Ontario.

Clients receiving massage therapy from the member during the suspension period, in some instances, received receipts from the member for the services provided. A number of those clients submitted those receipts to their respective extended health care insurance providers for reimbursement. In a number of cases, upon learning of the suspended status of the member's certificate, the insurers denied payment for those submissions for reimbursement by the member's clients.

After having been made aware of a complaint by an insurance provider, the member made arrangements with the College to reinstate his license by the payment of retroactive outstanding fees. In June of 2005, while completing his Registration Renewal Form for 2004, the member misrepresented to the College that he had not practiced massage therapy during the 2004 calendar year and signed the "Declaration of Inactive Certificate Standing" in that regard. At the time that the member made the representation to the College, he had performed at least 89 massages during the 2004 calendar year. The difference in fees between a General Certificate of Registration and an Inactive Certificate of Registration is \$325.00.

As a result of a complaint lodged with the College by Greenshield Canada on June 11, 2005, the Complaints Committee ultimately referred the matter to the Discipline Committee on the two charges of professional misconduct outlined above.

The member acknowledged that his conduct in using the title massage therapist and in holding himself out as a person qualified to practice in Ontario as a massage therapist during the period of his suspension constituted professional misconduct as defined in paragraph 41 of section 26 of the *Massage Therapy Regulation* by contravening the provisions of section 7 of the *Massage Therapy Act*. The member further acknowledged that by holding himself out as a massage therapist holding a valid certificate of registration to his many clients, and in submitting the false Declaration of Inactive Certificate Standing in his 2004 registration renewal, his actions also constituted disgraceful, dishonourable, and unprofessional conduct contrary to paragraph 44 of section 26 of the *Massage Therapy Regulation*.

THE FINDING OF GUILT

On the basis of Mr. Smith's guilty plea and its review of the Statement of Facts, the panel of the Discipline Committee found the member guilty of both counts of professional misconduct.

THE SENTENCING HEARING

The member and the College jointly presented a submission respecting penalty to the discipline panel. Upon consideration of the joint submission and upon hearing submissions of both the member and counsel for the College, the panel accepted the joint submission and imposed the following penalty:

1. A six-month suspension of the member's Certificate of Registration, to be served consecutively, without interruption, and to commence on a date fit to be fixed by the Registrar;
 - a. Notwithstanding the previous paragraph, the suspension shall continue indefinitely until such time as the member:
 - i. successfully completes courses in Record Keeping, Regulations, and Ethics and Boundaries as approved by the Registrar; and
 - ii. pays the sum of \$1,825.00 as a contribution towards the legal and other costs incurred by the College in the course of investigating and prosecuting the matter.
 - b. Within 90 days following the completion of the course work, the member is to provide a written report describing what he has learned through the courses, how his conduct reflects upon himself in the profession, and how his conduct relates to the Charter of Professionalism. The report, in whole or in part, or summary thereof, may be published in the College Standard or such other College publication as deemed appropriate.
 - c. Two inspections of the member's practice at his own expense within 24 months following the completion of the period of suspension.
3. A public and recorded reprimand for an order that the results of the hearing be included in the public portion of the register.

In its reasons for imposing the sentence that it did, the discipline panel indicated that the sentence achieved both specific deterrence and rehabilitation of the member by the imposition of a six-month penalty coupled with course work and the requirement that a report be drafted. The penalty was also sufficient to achieve general deterrence in that like-minded members will likely be deterred from engaging in such conduct in light of the length of the suspension, the public reprimand and the imposition of a significant award of costs. The public interest was also recognized by keeping the member out of the profession for a period of six months, requiring the member to take courses to ensure that he is a better practitioner and having his practice inspected on up to two occasions within 24 months. The panel of the Discipline Committee noted that the disposition in this case, particularly the six-month suspension, was consistent in principle with other cases of a similar nature recently imposed.

In support of the joint submission, an undertaking was entered into by the member wherein he agreed that, amongst other things, he would not engage in any massage-like activity for a fee, whether or not the provision of such activity constituted massage therapy, during the entire period of his suspension.

THE REPRIMAND

Immediately following the hearing, Mr. Smith waived his right of appeal and a public reprimand was administered by the chairperson of the panel.

EDITORIAL NOTE

The *Smith* case repeats and reinforces the message of the *Bain* decision released in February of 2007. The College will not tolerate its members breaching the terms and conditions of their licenses. Any member who is found to have engaged in active practice in contravention of the terms and conditions of their license, or practicing while their licenses are under suspension, will be brought before the discipline panel of the College. Significant periods of suspension and other financial penalties will be sought upon conviction. As indicated, the College is always mindful that the success of the profession is inextricably tied to the public's trust and with its relationship with extended healthcare insurers. Conduct of this nature could jeopardize both. The *Smith* case also emphasizes the fact that the College maintains a zero-tolerance policy with respect to members who misrepresent information on the Registration Renewal Forms, or other forms submitted by members to the College. Members must be vigilant to ensure that any information contained in Renewal Forms or in the Declarations filed in conjunction with those forms is accurate.

Regulations, Policies, and STANDARDS

By-Law No. 8 Amendment – Business Web Addresses

At its May 2007 meeting, Council approved an amendment to By-Law No. 8, section 5, to include business web addresses as public register information. The amended text of By-Law No. 8, section 5, reads as follows:

Contents of the Register Required by this By-law

5. The Register shall contain the following information that shall be available to the public:
 - a) any information provided by a member on languages in which the member can communicate with clients, including languages used to communicate with speech or hearing impaired clients;
 - b) information about any other health professions in Ontario of which the member is a member;
 - c) information about any other jurisdictions in which the member is registered as a massage therapist;
 - d) the gender of the member;
 - e) if the member has died, a notation to this effect and the date of death;
 - f) the date of first registration as a massage therapist in Ontario;
 - g) the certificate number assigned to the member at the time of first registration.

The name, business address business telephone number and business web address of each place of practice of the member;

The date of most recent suspension of a certificate, the reason for the suspension, and the date the certificate was reinstated;

The date of the most recent revocation of a certificate, the reason for the revocation, and the date the certificate was restored.

Enacted this 19th day of November 1999

Amended this 22nd day of September 2003

Amended this 20th day of September 2004

Amended this 26th day of November 2007

Amended this 4th day of February 2008

At its meeting of February 4th, 2008, Council again amended By-law No. 8. For the complete current text of the By-law, please go to <http://www.cmto.com/pdfs/RegisterMemberInfo.pdf>.



Regulation Amendment – Expiration of Certificates

At the May 2007 Council meeting, the Registration Committee requested Council's approval of an amendment to the Registration Regulation which would allow members to resign from the profession. In the past, the wording of the Regulation did not provide the option to resign from the profession. Those members who asked to resign were technically not able to resign.

Council approved the amendment to the Registration Regulation as previously circulated to the members and it has now been submitted to the government.

The wording of the Registration Regulation amendment is as follows: (amendment in bold):

REGISTRATION REGULATION AMENDMENT

Expiration of Certificates of Registration and Resignation

1. (1) A member who holds a general or inactive certificate of registration, is a member in good standing, is not in default of any obligation to the College, including payment of the annual membership fee, may resign by giving notice in writing to the College.
 - (2) A notice under subsection (1) is effective and the certificate of registration expires on the date the notice is received by the College or the date specified in the notice, whichever is later.
 - (3) Subject to section 9, if a certificate of registration expires under subsection (2), the Registrar shall restore the certificate of registration of the member to an active certificate of registration if the member,

(a) applies in writing to the Registrar for a general certificate within two years of the date of the date of the expiration of the member's certificate of registration; and

(b) pays the annual membership fee for members holding general certificates of registration within two years of the date of the date of the expiration of the member's certificate of registration.

(4) Subject to subsection (3) and to an exemption granted by the Registration Committee under subsection 18(3) of the Health Profession Procedural Code, if a certificate of registration expires under subsection (2), and the person who held the certificate applies for another certificate of registration, the applicant is required to meet the standards and qualifications for the certificate in effect at the time of application.

Amended by Council: November 26, 2007.



2007 certification OSCE and MCQ STATS

Schools	Candidates OSCE	OSCE # Pass first attempt	OSCE # Pass second attempt	OSCE # Pass third attempt	OSCE % Pass	Candidates MCQ	MCQ # Pass first attempt	MCQ # Pass second attempt	MCQ # Pass third attempt	MCQ % Pass	Eligible for Registration
AL	38	33	3	0	95	40	27	9	3	98	35
CB	18	10	3	0	72	18	3	6	3	67	11
CCHST	32	15	5	3	72	23	10	4	1	65	13
CCNY	77	57	6	3	86	71	51	13	3	94	65
CDIB	16	13	2	0	94	14	10	2	2	100	13
CDIE	20	18	0	0	90	17	9	2	0	65	10
CDIH	15	8	5	0	87	16	10	3	0	81	11
CDIM	14	7	1	0	57	12	5	1	0	50	5
CDIN	9	9	0	0	100	8	6	0	1	88	8
CDIO	24	19	1	1	88	23	17	2	2	91	21
CDIT	24	15	6	0	88	23	12	1	1	61	13
CDITB	3	1	1	0	67	6	3	0	1	67	2
CE	39	34	1	2	95	37	24	6	0	81	31
COBK	71	50	7	3	85	65	45	9	1	85	54
CT	111	78	17	6	91	99	67	11	3	82	84
DL	49	33	5	1	80	45	28	8	3	87	38
EL	31	27	2	0	94	28	16	5	0	75	21
ELE	7	5	0	0	71	6	3	1	0	67	4
FL	48	45	0	0	94	48	32	6	2	83	38
GE	28	18	6	0	86	24	9	10	1	83	20
IA	7	7	0	0	100	7	7	0	0	100	6
KC	46	30	10	3	93	40	26	5	4	88	40
KI	30	29	1	0	100	32	26	4	1	97	30
LC	21	14	6	0	95	22	19	1	1	95	20
MEDK	9	5	1	0	67	7	6	0	0	86	4
MEDL	22	17	1	0	82	17	12	2	0	82	15
NS	27	19	1	0	74	23	14	4	1	83	17
OC	3	3	0	0	100	3	3	0	0	100	3
SC	92	72	13	0	92	91	76	9	4	98	84
TR	16	5	4	0	56	6	3	1	0	67	5
WVS	45	22	11	2	78	34	20	7	2	85	28
TOTAL	992	719	121	27	—	905	600	134	43	—	749

Abbreviations

AL	Algonquin College	DL	D'Arcy Lane
CB	Collège Boréal	EL	Elmcrest in Toronto
CCHST	Canadian College of Health Sciences and Technology	ELE	Elegance School of Esthetics
CCNY	Canadian College of Massage and Hydrotherapy - North York	FL	Sir Sanford Fleming
CDIB	CDI Barrie	GE	Georgian College
CDIE	CDI Eglinton	IA	International Academy Of Massage
CDIH	CDI Hamilton	KC	Kikkawa College
CDIM	CDI Mississauga	KI	Kine Concept
CDIN	CDI Nepean	LC	Lambton College
CDIO	CDI Ottawa East	MEDK	Medix School - Kitchener
CDIT	CDI College Park	MEDL	Medix School - London
CDITB	CDI Thunder Bay	NS	Non-Standard
CE	Centennial College	OC	Ontario College of Health & Technology
COBK	CCMH OBC Kitchener	SC	Sutherland-Chan
CT	Canadian Therapeutic College	TR	Trillium College
		WVS	Wellsprings College of Massage Therapy and Esthetics

suspensions and REVOCATIONS

SUSPENSIONS Effective June 6, 2008

Bryna Abtan	Russell Day	Julia Anne Goth	Steven MacKenzie	Calvin J. Penn	Rebecca Stewart
Vanda Leila Allan	Melissa H. De Carvalho	Jennifer Gould	Elizabeth MacMillan	Sonya Pittiglio	Birgit Stoll
Jarred Alter	Janice Elaine Deschenes	Mike Greene	Helen Denise MacNeil	Robert Ploughman	Pieter Stulp
Joanne Ancheta	Tara DiMeo	Melanie M. Gregorash	Barry S. Maloney	Ann M. Plowman	Paul Szymanowski
Danyka Anthony-Prevost	Julia Glenn Daucette	Stacey R. Grieve	Kortney Marte	Virginia R. Pratten	Hilary Tedford
Mandy Armbruster	Sharon Dyer	Artur Gradecki	Nashirwan Marzbani	Daniel Rabinovici	Danielle Theriault
Julie Baerg	Afton Ellis	Diana Li-Chu Guillet	Connie Matchim	Russ Reilly	Carmel Toffoli
Sandra Louise Bailie	Jill Embree	Becky Haak	Taryn Matson	Derek Richardson	David H. Tomlinson
Leanne Baird	Kate Enkin	Aaron Grant Hamilton	Jennifer Mattar	Joy L. Richardson	Anthony Thomas Trentadue
Tillane Beaulieu	Erin Enright	Jodi Handrahan	Amanda Jane Matthews	Tamarah Roberts	Jolyanne Vaillancourt
Matthew P. Belanger	Eileen Esco	Louise T. Hasenpflug	Jamie McCarville	Gabriela Rosa Rominger	Marcia Vanderheyden
Brandon William Benson	Judith Essue	Stacey L.Hay	Ashley McConkey	Jane Ross	Marianne Vegh
Stephan Bergevin	Michelle S.Fabris	Leah Hewitson	Colleen McCrank	Naomi Rowe	Kirsten Vickers
Deborah Jody Berkle	Aisha Fahmy	Amanda Rosalind Melvina	Trevor McDonald	Tammy Lynn Rudd	Brittany Vignaux
Nancy J.Blake	Christopher Faught	Hodder	Mike McLaren	Trisha Rumig	Michael Vit
Shawna Boisannault	Maureen Favreau	Karen L. Howard	Tammy Lee McMahon	Matthew Russell	Mary Betsy Webb
Melissa Borden	Bohdan T. Fedorchuk	Amanda S. Hudson	Julie McQuaid	Cristian Salazar	Trevor Weeks
Eliana Bordon	Stuart L. Feldman	Tina A. Hull	Antonia Mirizzi	Michele Salehi	Julie Anne White
Jennifer Brigger	Jodi Dawn Forsythe	Jennifer Melissa Jackson	Daniela Mitrovic	Abby-Lynn Sarlo	Cynthia Lee Wigmore
Tracy Ann Brumell	Tim Foster	Jamie Jodain	Tyson J. Monk	Alexander Wolfgang Scheibner	Leslie R. Wilber-Campbell
Ho-Sam Byun	Richard David Fournier	Luanne Karn	Anthony Schroeder	Chris Anne Williamson	Margaret S. Winn
Becky Sharon Campbell	Pamela Suzzett Frampton	Allan James Kary	Ines Muia	Heather-Ann Scott	Lynn Wintercorn
Cindy Carscadden	Brad Fraser	Alison R. King	Adam Muklewicz	Philomene J.M. Serrao	Collette Nicole Wood
Kate Chapman	Gordon Gus Fraser	Renee Kingsley	Christina Murphy	Laura Shaw	Mary-Kate Woodcraft
Kimberly Cochrane	Patricia Fraser	Michelle Knight	Jim S. Murphy	Rob Shoufany	Martin Wigglesworth
Andrew Copeman	Suzanne C. French	Stacey Korevaar	Devin Murray	Kristine Sigridur Sigurdson	Audra Marie Zamora
Anne Corbett	Scott O. Fritzsich	Wendy Mary Lane	Angela R. Myers	Carrie A. Smith	Nir Zaltsbeak
Jennifer Deanne Cumby	Michael C. Fry	Mark Lemessurier	Jennifer Myers	Rodney Smith	Krista Zupka
Elizabeth Da Costa	Guy A. Gagnon	Robert R. Lerch	Elizabeth Nicholas	John Anthony Smyth	
Jan-Et Daniel	Daniel J. Gallagher	Laura Lewis	Paula B. Nolan	Armine Nicole Spoelstra	
Scott Dartnall	Scott Dartnall	David A. Lindsay	Lisa O'Leary	Kevin G. St. Amant	
Edmond Bruce Davidson	Edmond Bruce Davidson	Colin D. Gilchrist	Renato Oliva	Patricia Judith Stafferton	
Monica Davis-Haynes	Monica Davis-Haynes	Donna Leigh Godfrey	Lindsey R.A. Loy	Lori Ann Steele	
Craig Dawson	Craig Dawson	Margot Janice Gordon	Robert G. MacDonald	Christine Payant	

REVOCATIONS Effective June 6, 2008

Sushma Devi Agam	Susan Cullum	Patricia J. Higgs	Karman P. Luttrell	Cindy O'Reilly	Marc-André R. St. Jules
Colleen J. Anderson	Jane Davidson Anstey Daw	Salem Hijazi	Barbara MacDonald	Stan Octavian	Peter Clive Stryde
Terry Ayer	Sandi Deglan	Rebecca Maria De Vere Hill	Jennifer L. MacKenzie	Teresa M. Pelegrin	Jacek Szadziuk
Samaan Bahsous	Jennifer Dix	Barbara Hinton	Shelagh Janet MacLean	Ivan Phillion	Michael Telford
Lorelei Bearss	Rebecca Jane Donald	Jacoba Rinkje Hoekstra	Mary Jane M. Mallett	Shelley Elizabeth Phillips	Miko G. Tomasevich
Gabriela Beregszaszi	Donna Marlene Drummond	Kendra Holme	Antonio Martin	Zorana Pieronne-Knight	Mariusz Trzcinski
Nicole V. Bergey	T. Anne Dunham	Susan L. Hounsell	Tania Mash-Gagnon	Anna Pogontsis	Lisa Tucker
Jennifer M. Berry	Robyn Edwards	Martha Janet Howatt	Jaclyn S. Mason	Jillian Lea Pratt	Janet Ueberschlag
Piotr Boczar	B. Marshall Ellingson	Sally Anne Howe	Leigh-Anne Mauppin	Angela Christine Pritchard	James Frank Vanderbeld
Stephanie A. Bolger	Davin Ewart	Teresa Anne Hrischenko	Joanna McDonald	Sajidah Rafiq	Amy Van Volkinburg
Karen P. Bover	Michelle M. Finn	Sandra Hutchinson	Christine Anne McIsaac	April Maureen Rice	Alina Vdovkina
Shawn Boyer	Bradley Finney	Naomi Irons	Gail E. McLarnon	Kristy-lee Marie Rieugnette	Christa Lynne Veinotte
Laura Brameld	Karen Fisher	Todd C. Jeanneault	Stobhan McMahon	Troy Maxwell Oxford Robinson	Teresene Walsh
Nicole Breton	Ken D. Flannery-Fleck	Kimberley Julian	Bryan Mesquita	Adryan Roth	Devon Warren
Tim J. Britnell	Melanie Forletta	Alisa S. King	Vanessa M. Miffen	Vadim Rumberg	Angela J. Webb
Anthea M. Brooks Medford	Margot Elaine Freitag	Paula Debra Kniznik	Juliana E. Mitchell	Norma Rye	Norma E. Woodward
Peter Broser	Claire Furlong	Anna Kolakowska	Justine Moore	Sharlane B. Salatandre	Barbara Wrona
Alexis M. T. Campbell	Nora Ann Furlong	Slawomir Kolakowski	Curtis J. Morley	Catherine L. Santuccioni	Samantha Zachariasz
Donna Carr-Strohm	Brenda Gallelli	John Labenski	Frances M. J. Morrish	Linda K. Scott	Tina Zanutta
Matthew Ceranka	Amy Lee J. Gauthier	Josée M. Lafleur	Caroly Ann Morrison	Kelly Sexsmith	Howie Adam Ziegler
Donald Charlong	Jacqueline M. Gillies	Heather Lebrun	Jennifer C. Moss	Charles N. Skinner	Joseph Zonys
Shannon Hope Charrette	Shelly T. Gillingham	Laura Lee	Heather Anne Munro	Lily Skorupko	Brenda L. Zorn
Joanne Chimenti	Alison Greig	Gillian Lennox	Dijana Mutic	Adam Sleeth	
Neil J. Clements	Betty Ann Harris	LeeAnne Lennox	Andrea Nalborczyk	Cheerish Smith	
David Cornfield	Geoffrey Harrison	Trisha Landry	Melanie Dawn Nason	Karen Lisa Smith	
Deborah L. Covert	Kimberley A. Henderson	Stephanie Elizabeth Lue-Kim	Derek D. Noble	Gordana Spiridonovic	