

Thank you for Your Input!  
Proposed Amendments to Professional Misconduct Regulation Consultation  
Summary of Feedback and CMTO Response

Council approved proposed amendments to the College of Massage Therapists of Ontario's (CMTO's) Professional Misconduct Regulation to be circulated to stakeholders for comment. The survey was open from May 16, 2019 – July 16, 2019 (60 days), 502 responded, of which 414 answered at least one question identifying agreement or disagreement with the proposed amendments, making them useable. Of the 414 useable responses, CMTO heard from 407 CMTO registrants (General Class or Inactive), two (2) RMT students, two (2) staff at a Regulatory College, one (1) staff of an MT Educational Program, one (1) RMT graduate awaiting registration, and one (1) clinic administrator.

### Summary of Feedback

Respondents were asked to review the Table Outlining Proposed Changes and Rationales to the Professional Misconduct Regulation, and to indicate whether they agree with all the proposed amendments or disagree with some or all of the proposed amendments. A total of **369 (89.1%) respondents indicated that they agree with all the proposed amendments, and 45 (10.9%) indicated that they disagree with some or all of the proposed amendments**

### Agreement

Of the 369 respondents who indicated that they agree with all the proposed amendments to the Professional Misconduct Regulation, 137 provided additional comments. Key themes from comments of respondents that agree with all of the proposed amendments include that the proposed changes:

- improve clarity, are now easier to understand
- better protects client/public
- make it more relevant to current practice
- encourage compliance
- improve conciseness
- better protects the RMT
- allow for more inclusive language
- encourage professionalism and integrity
- is more consistent with other regulatory bodies, RHPA and legislative changes
- are good to do periodically (pleased/grateful CMTO is revising the Regulation)
- are all reasonable/fair
- remove/reduce redundancy and/or repetition
- make the document more organized
- do not significantly change the content, only the language
- are important in general
- should not require changes to practice/more work for RMT

### Disagreement

Of the 45 respondents who indicated that they disagree with some or all of the proposed amendments to the Professional Misconduct Regulation, 28 provided comments. Three respondents noted that overall, the regulation itself was difficult to understand.

Respondents were encouraged to identify and explain which provision they disagree with. In total, 16 provisions received specific feedback. The following Table Outlining Proposed Changes and Rationales to the Professional Misconduct Regulation notes those specific provision comments, and outlines:

- current language within the Professional Misconduct Regulation;
- proposed changes to the Regulation circulated during the consultation (in red and/or strikethrough);
- rationale provided during the consultation for each proposed change;
- feedback received during the consultation from respondents that disagree with the proposed change; and
- CMTO's response to the feedback (including suggested further revisions based on the consultation feedback).

**COLLEGE OF MESSAGE THERAPISTS OF ONTARIO**

**PROPOSED CHANGES TO THE PROFESSIONAL MISCONDUCT REGULATIONS OF CMTO'S GENERAL REGULATION**

**Table Outlining Proposed Changes, Rationales, Feedback and Response**

<b>Current Language</b>	<b>Proposed Language</b>	<b>Rationale</b>	<b>Consultation Feedback</b>	<b>College Response to Feedback</b>
<b>PART VIII PROFESSIONAL MISCONDUCT</b>	<b>PART VIII PROFESSIONAL MISCONDUCT</b>			
<b>26.</b> The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:	<b>26.</b> The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:			
<b>ADVERTISING</b> 1. Advertising or permitting advertising with respect to the member's practice in contravention of the regulations under the Act.	<b>ADVERTISING</b> 1. Advertising or permitting advertising with respect to the member's practice in contravention of the regulations under the Act.			
<b>RECORDS</b> 2. Allowing any person to examine a client health record or giving any information, copy or thing from a client health record to any person except as required or allowed by law.	<del>2. Allowing any person to examine a client health record or giving any information, copy or thing from a client health record to any person except as required or allowed by law.</del> <b>Failing to keep confidential personal health information or other personal information concerning a client, except with the consent of the client or the client's authorized representative or as permitted or required by law.</b>	Updated language to make the intent clearer and use language consistent with other health Colleges' Regulations.		
3. Failing to provide copies from a client health record for which the member has primary responsibility, as required by the regulations under the Act.	3. <b>[Repeal]</b>	Registrants must provide access to records in accordance with the Personal Health Information Protection Act, 2004. A failure to do so would be professional misconduct under paragraph 43 (contravening a law)		
4. Failing to make arrangements with a client for the transfer of the client's records in the care of the member,  i. when the member retires from practice,  ii. when the member changes office location and the client requests that the records be transferred, or  iii. when requested to do so by the client.	4. Failing to make arrangements with a client for the transfer of the client's records in the care of the member,  i. when the member retires from practice,  ii. when the member changes office location and the client requests that the records be transferred, or  iii. when requested to do so by the client.  <b>4.1. Failing to keep records as required by any applicable regulations or in accordance</b>	The paragraphs that were formerly under the heading "Record Keeping" have been moved up to the Records section as it's not necessary to have a section on "Records" and a separate section on "Record Keeping". Current paragraph 26. Added <b>"by any applicable"</b>	<b>Staff at Regulatory College</b> The provision in 4(iii) ("when requested to do so by the client") may cover the situation in provision 4(ii) ("when the member changes office location and the client requests that the records be transferred").	The Discipline Committee believes that it is unnecessary to retain provision 4(ii) given that 4(iii) would address these cases. The Committee believes that based on the feedback received during the consultation, a slight change to the proposed language may be warranted for this clause. This would entail deleting current provision 4(ii). This provision would be reworded as follows:  <b>Failing to make arrangements with a</b>

	<p>with the standards of practice of the profession or a published standard of the College.</p> <p>4.2.Falsifying a record relating to the member’s practice.</p> <p>4.3.Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within a reasonable time, to the client or their authorized representative after a client or their authorized representative has requested such a report or certificate.</p> <p>4.4Signing or issuing, in the member’s professional capacity, a document that the member knows or ought to know contains a false or misleading statement.</p>	<p>regulations or in accordance with the standards of practice of the profession or a published standard of the College.” to provide further clarity regarding expectation.</p> <p>Current paragraph 27.</p> <p>Current paragraph 28.</p> <p>Current paragraph 29 with “ought to know” added.</p>		<p>client for the transfer of the client’s records in the care of the member,</p> <p>i. when the member retires from practice, or</p> <p>ii. when requested to do so by the client.</p> <p>This does not constitute a significant change.</p>
<b>THE PRACTICE OF THE PROFESSION AND THE CARE OF, AND RELATIONSHIP WITH, CLIENTS</b>	<b>THE PRACTICE OF THE PROFESSION AND THE CARE OF, AND RELATIONSHIP WITH, CLIENTS</b>			
5. Contravening a term, condition or limitation imposed on the member’s certificate of registration.	5.Contravening a term, condition or limitation imposed on the member’s certificate of registration.	Some conditions are on all members’ certificates by virtue of the Registration Regulation. The word “imposed” may suggest that this only applies to TCLs that a committee imposed.		
6. Contravening a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession.	6.Contravening, <b>by act or omission</b> , a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession.	<p>The proposed language is clearer to the membership what they’re being held to.</p> <p>It is important for massage therapists to be held accountable to the same standard, in terms of professional misconduct, as other health professionals as this enables broader consistency in health professional accountability. This language is more consistent with other health colleges with recently approved regulations and the Ministry likes the language to be consistent amongst health colleges.</p>	<b>Registrant:</b> "omission" While diligence is required in the awareness and implementation of standards, it seems unduly harsh and punitive if an unintended omission occurs.	<p>Standards of practice establish the minimum expectations that must be met. Setting and maintaining professional standards is fundamental to public protection and public confidence in the massage therapy profession. Standards guide the professional knowledge, skills and judgment needed to practise massage therapy safely.</p> <p>As such, massage therapists are required to be knowledgeable and comply with their profession specific standards of practice. If a massage therapist fails to comply with a standard of practice due to an oversight or omission, it still has the potential to impact client safety in the same way knowingly failing to comply would.</p> <p>The Discipline Committee does not believe the consultation feedback supports a change to the proposed amendment.</p>
7. Doing anything to a client for a therapeutic, preventative, palliative, cosmetic or other health-related purpose in a	7. Doing anything to a client for a therapeutic, preventative, palliative, cosmetic or other	Updated language to make acting without consent the exception. Similar language is used in	<b>Registrant:</b> this is not a disagreement, I need clarity	Obtaining consent from clients must be in accordance with current legislation, which includes the

<p>situation in which a consent is required by law, without such a consent.</p>	<p>health-related purpose <b>except,</b></p> <p>i. with the informed consent of the client or the client's authorized representative, or</p> <p>ii. as required or authorized by law.</p> <p><del>in a situation in which a consent is required by law, without such a consent.</del></p>	<p>other health College's Regulations.</p>		<p><i>Health Care Consent Act.</i> This Act outlines the steps to obtaining client consent.</p> <p>According to the <i>Health Care Consent Act</i>, if a client is not capable of making a treatment decision, consent must be obtained from a substitute decision maker, their authorized representative.</p> <p>The only time that informed consent is not required is in an emergency where a delay in care would cause suffering or serious bodily harm to the client and the client is incapable of making a treatment decision and there is insufficient time to ask the client's authorized representative.</p> <p>The proposed language for this provision addresses that there may be circumstances when a massage therapist may be unable to obtain informed consent from their client and in those instances, they must either obtain consent from the client's authorized representative or follow what is outlined in the <i>Health Care Consent Act</i>.</p> <p>The Discipline Committee does not believe the consultation feedback supports a change to the proposed amendment.</p>
<p>8. Abusing a client, verbally or physically.</p>	<p>8. Abusing a client, verbally, <del>or</del> physically, <b>psychologically or emotionally.</b></p>	<p>The proposed language is more consistent with other health Colleges with recently approved regulations.</p>	<p><b>Registrant:</b> (no comment - indicated that they disagreed with Table Row Number 8 specifically, but chose not to comment further. )</p> <p><b>Registrant:</b> Abuse a Client psychologically or emotionally is hard to define. I think it needs to be a detailed explanation of this kind of abuse. It sounds very general.</p> <p><b>Registrant:</b> These amendments in my opinion are definitely a step in the right direction. Anything to make the regulations more transparent benefits the RMT and public. Adding terms like abusing the clients emotionally and psychologically I wouldn't necessarily agree with tho, unless these terms are specifically defined in</p>	<p>Abuse includes acts or omissions that cause physical or non-physical harm to a client. Non-physical abuse may involve verbal or non-verbal behaviour toward a client.</p> <p>The massage therapist-client relationship is based on mutual trust and respect; any act of abuse is a betrayal of that trust.</p> <p>There isn't a clear distinction between emotional and psychological abuse, and they are often used interchangeably. Emotional abuse is more wide-ranging and, some would say, encompasses psychological abuse. However, in some psychological literature there is a distinction made between the two.</p>

		<p>how they would be used or interpreted. Specific parameters as to what determines emotional and psychological abuse within the framework of the massage therapy profession would have to be drawn up and voted on, to make sure RMTs and clients know what is acceptable and unacceptable practise.</p> <p><b>Registrant:</b> The proposed language is more consistent with other health Colleges with recently approved regulations. My comment: The word "psychologically" is vague concept in term of the accountability. If abusing psychologically It is hard to investigate.</p> <p><b>Staff at Regulatory College:</b> We agree the act of abusing a client psychologically or emotionally should constitute professional misconduct. We note that our own professional misconduct regulation states "abusing a client verbally, physically or emotionally" (O. Reg. 799/93, s. 7), and in our experience, psychological abuse tends to fall under emotional abuse. (Please note: this is not a disagreement, but the survey form did not allow the option to both agree and disagree with certain amendments).</p> <p><b>Registrant:</b> While I wouldn't say I disagree with this particular amendment, I do feel that it did suffice to say verbally or physically and that the addition of psychologically and emotionally muddies things somewhat. There is a movement right now in Canada to redefine what constitutes a psychological or emotional attack. The government's rush to put though bills like C16 for instance has created quite a bit of backlash as people are no longer able to debate from a scientific point of view certain subjects, ie. transgender issues, for fear for being charged with a hate crime. It is my hope that a change in government this fall will put an end to some of this foolish</p>	<p>Essentially, emotional abuse involves emotions - how we feel, what we feel, and the coping mechanisms we develop for both. Emotional abuse aims to manipulate a person by undermining their self-esteem or resorting to coercive behaviors. Psychological abuse has more effect mentally and is typically characterized by distorting someone's sense of reality.</p> <p>Although there may not be a clear distinction, the Discipline Committee believes that both emotional and psychological abuse should be included in this paragraph and recommends proceeding with the amendment as it is currently worded.</p> <p>Like all of the other heads of professional misconduct, it is ultimately a panel of the Discipline Committee, comprised of massage therapists and appointed public members that determine whether a registrant's conduct amounts to abuse, whether it's physical, verbal, emotional, or psychological.</p> <p>The College will be developing a document that discusses each clause of the Professional Misconduct Regulation to provide guidance and assist registrants in understanding the types of conduct that are defined as professional misconduct. This will hopefully provide guidance regarding what might constitute emotional and psychological abuse within the framework of the massage therapy profession.</p>
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			<p>intolerance of free speech. In the mean time I would caution the College from jumping on trends like this. I feel that is what is being done here. Massage therapy is a science and therefore must always feel free to address all issues with an open mind that respects the best available data while of course always being compassionate and tolerant.</p> <p><b>Registrant:</b> The determination of psychological harm can be very subjective and complicated. Who will make a determination? For example, could something as simple as the therapist needing to cancel an appointment be construed as psychological harm according to the client?</p> <p><b>Registrant:</b> the emotional and psychological abuse how would this be proven I feel this is open to interpretation in some circumstances it may be obvious but I would think it is something that could be misinterpreted at the expense of the therapist</p> <p><b>Registrant:</b> Bringing in "emotional" abuse is very subjective. Leaves massage therapists in a very vulnerable position. What exactly constitutes emotional abuse? What defines it? And who decides on that definition? What if the client suffers from mental health issues and decides that because a treatment has resulted in an emotional release and got scared by it, who's to say they can't turn around and blame the massage therapist for emotional abuse. Please refine this section. It's potentially very dangerous.</p>	
<p>9. Practising the profession while the member's ability to do so is impaired by any substance.</p>	<p>9. Practising the profession while the member's ability to do so is impaired <del>by any substance.</del> or adversely affected by any substance, condition or dysfunction which the member knows or ought to know impairs or adversely affects their ability to practice safely.</p>	<p>The proposed language is more consistent with other health colleges with recently approved regulations and is clearer in its intent. Focusing on use of substances only does not address the underlying issue(s) or other conditions that may impact a registrant's ability to practice.</p>	<p><b>Registrant:</b> I question what "condition or dysfunction" could be interpreted to mean. It would be helpful to clarify this. It is too broadly worded and could engender confusion.</p> <p><b>Registrant:</b> You mention in this line that the member's capacity is affected by a dysfunction that he/she she knows or</p>	<p>Massage therapists have a commitment to clients to practise safely. Clients trust that they will not be exposed to health care providers whose abilities may be impaired or adversely affected to the extent that the care that they provide is unsafe.</p> <p>Concerns about a massage therapist's ability to practice safely</p>

			<p>ought to know. That is not the case in many mental health scenarios. Often times the person thinks they're fine or normal before they react negatively. I think a mental health case should be treated without such a black and white definition and viewed independently.</p>	<p>as a result of a possible physical or mental condition or disorder are generally addressed through the College's incapacity and/or fitness to practice process, which is separate and distinct from the professional misconduct process.</p> <p>The intent of this provision is to protect the public from unsafe practice, rather than equating conditions or dysfunctions with the inability to practice at all. It is the professional obligation of the massage therapist to withdraw from client care to ensure that client safety is not jeopardized.</p> <p>The Discipline Committee does not believe that the consultation feedback supports a change to the proposed amendment.</p>
<p>10. Discontinuing professional services that are needed unless,</p> <ul style="list-style-type: none"> <li>i. the client requests the discontinuation,</li> <li>ii. alternative services are arranged,</li> <li>iii. the client is given a reasonable opportunity to arrange alternative services, or</li> <li>iv. the client is abusive, and the member has made all reasonable attempts to arrange alternative services.</li> </ul>	<p>10. Discontinuing professional services that are needed unless,</p> <ul style="list-style-type: none"> <li>i. the client requests the discontinuation,</li> <li>ii. alternative services are arranged, <b>or</b></li> <li>iii. the client is given a reasonable opportunity to arrange alternative services. <del>or</del></li> <li>iv. <del>the client is abusive, and the member has made all reasonable attempts to arrange alternative services.</del></li> </ul>	<p>Subparagraph iv is likely not required as all situations are likely covered by i, ii and iii. If a client was abusive, that would be considered in whether the client was given a "reasonable" opportunity to arrange alternative services.</p>	<p><b>Registrant:</b> Current suggested wording requires alternative services to be arranged prior to discontinuing needed services (or for the client to have time to arrange alternative services), regardless of levels of client abusiveness. Depending on the location of the RMT, a reasonable waiting period for a first appointment may be a month, requiring the RMT to continue treating that client for a month. It also requires the RMT to attempt referral of a client that they are aware is abusive, to another RMT. While this protects the client, in some situations it would be emotionally or psychologically damaging to the RMT. Suggest amending wording so discontinuing services are permitted if the harm to the RMT would be greater than the harm to the client for the period they would likely be without treatment.</p> <p>Registrant: Please leave RMT can discharge the client if he/she is abusive</p> <p><b>Staff at RMTAO:</b> In this section the proposed removal of 10 iv. misses an opportunity to speak to a real and present concern of the members of the profession. I would</p>	<p>This clause addresses the issue of abandoning clients. Massage therapists may not abandon or neglect clients to whom they have made a commitment to provide care.</p> <p>The proposed language is intended to define the parameters in terms of what needs to be considered by a massage therapist prior to terminating a client's care and what needs to be in place. It still permits massage therapists to discontinue a client's care if the client is abusive, while acknowledging that there may be other defensible reasons beyond what's currently identified.</p> <p>Based on the consultation feedback, the Discipline Committee reconsidered removing provision 10(iv) and suggests rewording as follows:</p> <p>Discontinuing professional services that are needed unless,</p> <ul style="list-style-type: none"> <li>i. the client requests the discontinuation,</li> <li>ii. alternative services are arranged,</li> <li>iii. the client is given a reasonable</li> </ul>

		<p>suggest that 10 iv. be updated to reflect actual events in an RMTs practice to read: 10 iv. The client is abusive and there is a real or perceived threat/danger to the therapist and all reasonable attempts have been made to arrange alternative services.</p> <p><b>Registrant:</b> I feel it is still important to use the words "if a client is abusive" in there. Adds clarity to why the therapeutic relationship has broken down to a point where the client needs to go elsewhere</p> <p><b>Registrant:</b> I am male. and you do not see the problem with eliminating iv???? as a protective clause to female therapist's/college members Registrant: I feel that there should be legislation that protects us, as RMT's/ Registrants, in the case of an abusive patient/client. Taking this line out removes clarity if this specific situation were to occur, and might put a Registrant in the situation that they fear being charged with Professional Misconduct if they discontinue treating an abusive or inappropriate patient.</p> <p><b>Registrant:</b> #10 talks about discharging a client and has omitted the words " if the client is abusive". I think it is very important to keep this wording. So many therapists are frightened of ever discharging a client, even when the client is verbally abusive, sexually abusive, or financially abusive (failing to pay the fees or constantly missing appointments and failing to pay for them) I think it is extremely important to retain this wording, so that therapists know their rights, as well as their responsibilities Registrant: The wording is ambiguous. It is misconduct "to discontinue needed treatment unless... iii. the client is given a reasonable opportunity to arrange alternative services." It seems to imply that the RMT could be</p>	<p>opportunity to arrange alternative services, or</p> <p>iv. the client is abusive, there is a real or perceived threat to the member, and the member has made all reasonable attempts to arrange alternative services.</p> <p>This does not constitute a significant change.</p>
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			somehow responsible for impeding the patient finding alternative treatment. Also, I practice in two locations: Toronto, where there are hundreds of practicing RMTs and Walters Falls, where there are very few RMTs. While I have never refused to treat anyone in my thirty-six years of practice, I can imagine a case where I would not want to work with a patient, if I knew them to be dishonest, or abusive. It wouldn't be right to be charged with misconduct because the patient said there were no other suitable RMTs available in the immediate area.	
11. Practising the profession while the member is in a conflict of interest.	<del>11. Practising the profession while the member is in</del> <b>Acting in a professional capacity while in a conflict of interest.</b>	The proposed language is clearer in its intent and is more consistent with other health colleges with recently approved regulations.		
12. Breaching an agreement with a client relating to professional services for the client or fees for such services.	12. Breaching an agreement with a client relating to professional services for the client or fees for such services.			
13. Receiving any form of benefit from the practice of massage therapy while under suspension unless full disclosure is made by the member to the College of the nature of the benefit to be obtained and prior approval is obtained from the Executive Committee.	13. [Repeal]  <b>13.1 Practising the profession while the member's certificate of registration has been suspended.</b>	Shifting the focus towards the risk that needs to be mitigated (practicing while suspended). If "practising while suspended" (proposed paragraph 13.1) is added, paragraph 13 is no longer necessary and does not require specific mention.		
14. Employing or otherwise benefiting from a suspended member with respect to the practice of massage therapy unless full disclosure is made by the member to the College of the nature of the benefit to be obtained and prior approval is obtained from the Executive Committee.	14. [Repeal]	If "practising while suspended" (proposed paragraph 13.1) and "Permitting, counselling or assisting any person who is not a member to hold himself or herself out as a member of the profession" (proposed paragraph 20.3) are added, this paragraph is longer necessary.		
15. Failing to maintain the member's practice premises in a safe and sanitary manner.	15. Failing to maintain the member's practice premises in a safe and sanitary manner.			
16. Failing to reveal the exact nature of a secret remedy or treatment used by the member following a request to do so by a client, a client's representative or the College.	16. [Repeal]	Recommend repealing this paragraph. Clients should be aware of the ingredients contained in a remedy, but there may be instances in which a registrant may not want to divulge the specific composition of a	<b>Registrant:</b> Table 16 refers to failing to reveal the exact nature of a secret remedy. I think that any "secret remedy" is a red flag in treatment and that all ingredients in any "secret remedies" should be divulged. The rationale states that if the ingredients	Taking into consideration the consultation feedback, the Discipline Committee recommends retaining this provision and rewording as follows:  <b>Failing to reveal the ingredients in a remedy product used by the</b>

		remedy and this would not have a harmful impact on the client.	are harmless then they don't need to be revealed. The ingredients should be on the record so that it is evident to anyone who looks that the said ingredients are harmless.  <b>Staff at Regulatory College:</b> The rationale provided for repealing this provision is framed as protecting the registrant rather than patients. Perhaps instead of repealing it, you could reframe the provision to say "Failing to reveal the ingredients in a treatment used by the member following a request to do so by the client, a client's representative, or the College."	member following a request to do so by a client, a client's authorized representative or the College.  This does not constitute a significant change.
17. Making a claim respecting the utility of a remedy, treatment, device or procedure other than a claim which can be supported as reasonable professional opinion.	17. Making a claim respecting the utility of a remedy, treatment, device or procedure other than a claim which can be supported as reasonable professional opinion.			
18. Inappropriately using a term, title or designation in respect of the member's practice.	18. Inappropriately using a term, title or designation in respect of the member's practice.			
19. Using a name other than the member's name as set out in the register in the course of providing or offering to provide services within the scope of practice of massage therapy.	19. Using a name other than the member's name as set out in the register in the course of providing or offering to provide services within the scope of practice of massage therapy.			
20. Failing to identify himself or herself, by name or certificate number, on the request of a client, a client's representative or another health professional.	20. Failing to identify <del>himself or herself</del> oneself, by name or certificate number, on the request of a client, a client's representative or another health professional.  20.1 Performing a professional service or treatment that the member knows or ought to know he or she does not have the knowledge, skill or judgment to perform.  20.2 Failing to refer a client to a qualified medical practitioner where the member recognizes or ought to recognize a condition which requires medical examination.  20.3 Permitting, counselling or assisting any person who is not a member to hold oneself out as a member of the profession	Consider this alternative wording instead of the current: "Treating or attempting to treat a condition beyond the member's competence" at current paragraph 45. Consistent with some other health Colleges.  Moved up from "Miscellaneous" heading. Current paragraph 46.  Added paragraph. Other health Colleges have similar paragraphs and it is clearer in its intent and the expectation vs. current paragraph 14.	<b>Registrant:</b> RMT is not diagnosing the Client 20.1 would be better performing services accordingly to massage therapy scope of practice. 20.2 failing to refer a client to qualified medical practitioner is very subjective. 20.3 it is not clear  <b>Registrant:</b> In 20.2, specifically "ought to recognize a condition which requires medical examination." could be widely interpreted. Massage Therapists have the unique opportunity to see skin lesions on clients, and for example if a client has melanoma and the Massage Therapist did not recognize said lesion, could they be held accountable for failing to refer for examination?  <b>Registrant:</b> "medical practitioner where the member recognizes or ought to recognize a condition which	For each of the provisions within this Regulation, there entails a certain level of complexity and context that will need to be considered when determining if the alleged conduct amounts to Professional Misconduct. The complaints and discipline process allow for procedural fairness and an opportunity for registrants to respond to the allegations and provide their perspective.  The Discipline Committee believes that the consultation feedback does not support a change to the proposed amendments or the heading in which they should be placed under.

			<p>requires medical examination." Is this not the responsibility of the Edu College, we should know everything? But often do not, due to passing with a 50% Kikkawa was a mandatory 75%</p> <p><b>Staff at Regulatory College:</b> The proposed provision 20.3 may fit better under the "Miscellaneous Matters" heading than the "Practice of the Profession and the Care of, and Relationship with, Clients" heading.</p> <p><b>Registrant:</b> Strange wording</p>	
21. Failing to pay any money owing to the College.	21. <b>[Repeal]</b>	Recommend moving this paragraph to the "Miscellaneous" section below, which has other paragraphs regarding conduct toward the College as it does not appear to fit under the heading regarding conduct toward clients. Proposed paragraph 50.		
22. Failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.	22. <b>[Repeal]</b>	Recommend moving this paragraph to the "Miscellaneous" section below, which has other paragraphs regarding conduct toward the College as it does not appear to fit under the heading regarding conduct toward clients. Proposed paragraph 51 with updated language.		
23. Failing to reply appropriately or within a reasonable time to a written inquiry made by the College that requests a response.	23. <b>[Repeal]</b>	Recommend moving this paragraph to the "Miscellaneous" section below, which has other paragraphs regarding conduct toward the College as it does not appear to fit under the heading regarding conduct toward clients. Proposed paragraph 52.		
24. Failing to attend an oral caution of the Complaints Committee or an oral reprimand of the Discipline Committee.	24. <b>[Repeal]</b>	Recommend moving this paragraph to the "Miscellaneous" section below, which has other paragraphs regarding conduct toward the College as it does not appear to fit under the heading regarding conduct toward clients. Proposed paragraph 53 with updated language.		
25. Failing to permit entry at a reasonable time or to cooperate with an authorized representative of the College conducting an inspection or examination of the member's office, records, equipment or practice.	25. <b>[Repeal]</b>	Recommend moving this paragraph to the "Miscellaneous" section below, which has other paragraphs regarding conduct toward the College as it does not appear to fit under the heading		

		regarding conduct toward clients. Proposed paragraph 54 with updated language.		
<b>RECORD KEEPING</b>	<b>RECORD KEEPING</b>	Moved paragraphs to "Records" section as it's not necessary to have under separate section.		
26. Failing to keep records as required.	26. <b>[Repeal]</b>	Moved to "Records" section and reworded. Proposed paragraph 4.1		
27. Falsifying a record relating to the member's practice.	27. <b>[Repeal]</b>	Moved to "Records" section. Proposed paragraph 4.2.		
28. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within a reasonable time, to the client or his or her authorized representative after a client or his or her authorized representative has requested such a report or certificate.	28. <b>[Repeal]</b>	Moved to "Records" section. Proposed paragraph 4.3.		
29. Signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement.	29. <b>[Repeal]</b>	Moved to "Records" section and reworded. Proposed paragraph 4.4.		
<b>BUSINESS PRACTICES</b>	<b>BUSINESS PRACTICES</b>			
30. Submitting an account or charge for services that the member knows is false or misleading.	30. Submitting an account or charge for services that the member knows or ought to know is false or misleading.  30.1. <b>Failing to take reasonable steps to ensure that any receipts, accounts or charges issued in the member's name or with the member's registration number are fair and accurate.</b>  30.2 <b>Signing or issuing a receipt for professional services unless the member provides the professional services.</b>	This is a common concern that comes up before the Inquiries, Complaints and Reports (ICRC) and Discipline Committee. Other health Colleges have a similar paragraph in their Professional Misconduct Regulation.  This is another common concern before the ICRC and Discipline Committee. Other health Colleges have a similar paragraph in their Professional Misconduct Regulation.	<b>Registrant:</b> In 30.1 my concern stems from reading disciplinary actions on members who were held accountable to circumstances where a receptionist or clinic owner is the true perpetrator of said falsified receipts and records. Could there be opportunities to safeguard well intentioned RMT's who are potentially held accountable when the CMTO is unable to take action on clinic staff and owners? Thank you for the opportunity to provide feedback.  <b>Registrant:</b> Signing - unless the member provides the professional services. ? how does this apply to Gift Certificates and Discount programs sold a Franchise clinics? Receipts often given with Members # and no signature and often service is provided by any member of that franchise ( long time sole practitioner here)	Massage therapists are responsible for safeguarding their registration information, including their stamp and signature. Massage therapists should also monitor the billing practices at locations where they provide their services to ensure that they comply with the College's policies and legislation. If they identify discrepancies, the massage therapist should take steps to remedy the errors. This is to assist in preventing and identifying fraud.  Massage discount programs and gift certificates usually provide a purchase receipt, but not a receipt for treatment that's signed by a member.  The Discipline Committee believes that the consultation feedback does not support a change to these proposed amendments.
31. Charging or accepting a fee or amount that is excessive or unreasonable in relation to the services performed.	31.Charging or accepting a fee or amount that is excessive or unreasonable in relation to the services performed.			

32. Failing to post, in a location within the practice premises that is readily visible to members of the public, the fees for professional services provided by the member.	32. Failing to post, in a location within the practice premises that is readily visible to members of the public, the fees for professional services provided by the member.			
33. Charging a fee in excess of the posted fees, without the prior informed consent of the client.	33. Charging a fee <del>in excess</del> outside of the posted fees, without the prior informed consent of the client.			
34. Charging a fee less than the posted fees without noting the reduction and the reasons for it in the client's financial record.	34. [Repeal]	Likely unnecessary. The record keeping paragraphs already require registrants to keep financial records of the amount charged. In addition, the rewording of paragraph 33 addresses this.		
35. Charging or accepting a fee or amount under any agreement, if the fee or amount is excessive or unreasonable having regard to the services to be performed or that may be performed under the agreement.	35. [Repeal]	Appears repetitive of paragraph 31 above.		
36. Failing to advise, in advance of services being rendered, of the fees proposed to be charged for the services to be rendered.	36. Failing to advise, in advance of services being rendered, of the fees proposed to be charged for the services to be rendered.			
37. Failing to abide by a written undertaking given by the member to the College or to carry out an agreement entered into with the College.	37. [Repeal]	Recommend moving this paragraph below to "Miscellaneous" where the other paragraphs related to the College are listed (proposed paragraph 55).		
38. Offering or giving a reduction for prompt payment of an account.	39. [Repeal]	This paragraph may no longer be required. Although some other health Colleges have this paragraph, it is not regularly prosecuted. Businesses that provide discounts to clients for purchasing multiple massages in advance could be perceived as breaching this paragraph. In addition, the Patients First Act articulated that regulators should focus on care provided by registrants vs. general business practices.		
39. Failing to itemize an account for professional services, if requested to do so by the client or the person or agency who is to pay, in whole or in part, for the services.	39. Failing to itemize an account for professional services, if requested to do so by the client or the person or agency who is to pay, in whole or in part, for the services.			
40. Selling or assigning any debt owed to the member for professional services. This does not include the use of credit cards to pay for professional services.	40. Selling or assigning any debt owed to the member for professional services. This does not include the use of credit cards to pay for professional services.			

MISCELLANEOUS MATTERS	MISCELLANEOUS MATTERS			
41. Contravening the Act, the <i>Regulated Health Professions Act, 1991</i> or the regulations under either of those Acts.	42. Contravening the Act, the <i>Regulated Health Professions Act, 1991</i> or the regulations under either of those Acts.			
42. Failing to comply with section 27 respecting the use of a practice name.	42. [Repeal]	Proposing to repeal s. 27. Therefore, this paragraph becomes unnecessary. See comments on s.27 below.		
43. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital, within the meaning of the <i>Public Hospitals Act</i> if,  i. the purpose of the law, by-law or rule is to protect the public health, or  ii. the contravention is relevant to the member's suitability to practise.	43. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital, within the meaning of the <i>Public Hospitals Act</i> if,  i. the purpose of the law, by-law or rule is to protect the public health, or  ii. the contravention is relevant to the member's suitability to practise.			
44. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.	44. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.			
45. Treating or attempting to treat a condition beyond the member's competence.	45. [Repeal]	Recommend moving this paragraph above to the "The Practice of the Profession and the Care of, and Relationship with, Clients" section and reworded (proposed paragraph 20.1).		
46. Failing to refer a client to a qualified medical practitioner where the member recognizes or ought to have recognized a condition which requires medical examination.	46. [Repeal]	Recommend moving this paragraph above to the "The Practice of the Profession and the Care of, and Relationship with, Clients" section (proposed paragraph 20.2).		
47. With respect to the information return required under Ontario Regulation 864/93 (Registration) made under the Act on the renewal of a certificate of registration, making a false or misleading statement or declaration or failing to fully provide the information required.	47. [Repeal]	This language is complicated and potentially difficult to understand. There is already a paragraph for failing to take steps to ensure information provided to the College is accurate (current paragraph 22, proposed paragraph 51).  This is also captured by "contravening a term, condition or limitation" (paragraph 5) since the Registration Regulation makes it		

		a condition to comply with the by-laws.		
48. Verbally or physically abusing an employee, agent, officer or other representative of the College.	48. Verbally or physically abusing an employee, agent, officer or other representative of the College.		<b>Registrant:</b> Verbally - an employee, agent, officer or other representative of the College. This does not say members of the college? It is to common, online and personally, for members to slander other members. To me this is very unprofessional	Members slandering other members is concerning and potentially unprofessional, but does not fall within the intent of this provision.  This concern is likely better addressed by proposed provision 44 (current provision 19), "Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional."  The Discipline Committee believes that the consultation feedback does not support a change to these proposed amendments.
49. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a massage therapist. O. Reg. 748/94, s. 2; O. Reg. 208/07, s. 1.	49. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a massage therapist. O. Reg. 748/94, s. 2; O. Reg. 208/07, s. 1.		<b>Registrant:</b> How does Unbecoming conduct fall under Miscellaneous?	This provision addresses those acts of professional misconduct that are not defined in the earlier provisions, including conduct in a massage therapist's personal life that brings discredit to the profession. For example, a massage therapist who engages in fraud outside of work or who possesses child pornography at home. As a result, it is commonly referred to as a "basket" clause or provision. As such, it is most appropriate to place this provision under the "Miscellaneous" heading.  The Discipline Committee believes that the consultation feedback does not support a change to these proposed amendments.
	50. Failing to pay any money owing to the College.	Currently paragraph 21	<b>Registrant:</b> "Failing to pay any money owing to the College" I once tried to pay you online, it did not process. i paid the bill plus the \$35.00 fine for late payment . Due to faulty software? can we have a time allotment here 30-60 days?	For each of the provisions within this Regulation, there entails a certain level of complexity and context that will need to be considered when determining if the alleged conduct amounts to Professional Misconduct. The complaints and discipline process allow for procedural fairness and an opportunity for registrants to respond to the allegations and provide their perspective.

				The Discipline Committee believes that the consultation feedback does not support a change to these proposed amendments.
	51. Providing false or misleading information to the College or failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.	Currently paragraph 22. Added "Providing false or misleading information to the College".		
	52. Failing to reply appropriately or within a reasonable time to a written inquiry made by the College that requests a response.	Currently paragraph 23		
	53. Failing to comply with an order or direction of a Committee or a panel of a Committee of the College.	Revision of paragraph 24 with updated and broader language. The current version refers to failing to attend an oral caution of the Complaints Committee or an oral reprimand of the Discipline Committee.		
	54. Failing to permit entry at a reasonable time or to co-operate with an authorized representative of the College conducting an investigation, assessment, inspection or examination of the member's office, records, equipment or practice.	Revision of current paragraph 25. Added "investigation" and "assessment".		
	55. Failing to carry out or abide by an undertaking given to the College or breaching an agreement with the College.	Revision of current paragraph 37 with updated and clearer language. More consistent with other health Colleges.		
	56. Failing to take reasonable steps to prevent sexual abuse of clients by any person working under the member's direction or supervision.	This paragraph is based on a recommendation from the Federation of Health Regulatory Colleges of Ontario (FHRCO) based on the Sexual Abuse Task Force Report recommendations. This paragraph proposes that registrants would be held responsible for preventing and addressing sexual abuse by their unregistered employees and agents.	<b>Staff at Regulatory College:</b> We agree this may assist in preventing sexual abuse of patients; however, it may fit better under the "Practice of the Profession and the Care of, and Relationship with, Clients" heading than the "Miscellaneous Matters" heading.	The Discipline Committee believes that this provision should be moved to the "Practice of the Profession and the Care of, and Relationship with, Clients" heading as provision 20.4 as it applies to registrants' practice and/or the care of clients.  This does not constitute a significant change.
<p>27. (1) If a member practises under a practice name, the member shall notify the College in writing of the number and names of the persons working in the practice who are providing care to clients and, if they are members of the College, of their certificate number.</p> <p>(2) The member shall notify the College of any change in the information referred to in subsection (1) within 30 days of the change.</p> <p>(3) If a member practises under a practice name, the member shall use a</p>	<p>27. (1) [Repeal]</p> <p>27. (2) [Repeal]</p> <p>27. (3) [Repeal]</p>	<p>These provisions have not been regularly enforced by the College.</p> <p>Paragraph 27(1) and (2) are more appropriately addressed within CMTO's by-laws (information to be provided by registrants and the timing of providing this information). Currently, CMTO's by-law 8 paragraph</p>		

<p>practice name that is reasonably referable to and describes the location of the practice or that has been approved by the Executive Committee. O. Reg. 748/94, s. 2.</p>		<p>5(A) requires registrants to provide the following:          “The practice name, business address, telephone number, website address and email address, if any, of each location where the registrant practices”</p> <p>Locating related information in one place allows for greater consistency and clarity.</p>		
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**General Disagreement - Comments**

- **Registrant:** Most RMTs are not lawyers. I think one would need to be a lawyer (and or someone of much higher learning and experience in legal documentation and interpretation) to adequately read, comprehend, and comment on the Regulations. There seems to be a general absence of common sense in the system.
- **Registrant:** The new proposed amendments read with a lot of subjectivity. The new wording when read, creates subjective, not objective, reasonable doubt. The new proposals don't read smoothly and use more words to state the same things as previous.
- **Registrant:** Neither agree or disagree with all. I think this is a waste of time and pay for council to slightly change wording. If amendments need to be made for outdated information then just go ahead and update it.
- **Registrant:** I had to reread the row and I do agree with it
- **Registrant:** I find the language confusing and complicated. I find to make our profession different from what the public perceives us. When it comes to advertising, it's too easy to make spas and places to make it a less professional option... things do need to change yes but it seems with advertising on social media and discounts and all that's allowed to be allowed makes it difficult to make it professional as a health care provider.

**The College will ensure that the document which discusses each provision of the Professional Misconduct Regulation addresses the points noted for clarification during the consultation process.**