



College of Massage Therapists of Ontario
Meeting of the Council

Agenda

Date/Time: September 21, 2020 – 9:00 AM – 12:30 PM
September 22, 2020 – 9:00 AM – 1:00 PM

Location: Videoconference - MS Teams

Item No.	Item	Item Lead	Approx. Time
September 21, 2020			
1.	Call to Order	Westfall-Connor	10 min
2.	Declaration of Conflicts of Interest	Westfall-Connor	
3.	Approval of the Agenda of September 21, 2020	Westfall-Connor	
4.	<u>Council Meeting Evaluations</u> 4.1 Meeting Evaluation of May 11-12, 2020 4.2 Meeting Evaluation of July 27, 2020	Westfall-Connor	15 min
5.	<u>Consent Agenda</u> 5.1 Minutes of May 11, 2020 5.2 Minutes of May 12, 2020 5.3 Minutes of July 27, 2020 5.4 Actions Arising from the Minutes of May 11,12 and July 27, 2020 5.5 2020 – Q2 Registrar’s and Administration Report 5.6 2020 – Q2 Committee Reports A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if anyone wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed. To test whether an item should be included in the consent agenda, ask: <ul style="list-style-type: none"> • Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants Council discussion? • Is this item for information only? Or is it needed for another meeting agenda issue? 	Westfall-Connor	10 min
6.	<u>Quarterly Reporting</u> 6.1 2020 – Q2 Year-to-Date Financial Report	Molnar/Wilcox	30 min

7.	<u>Items for Discussion</u> 7.1 2021 Budget Development Process	Westfall-Connor	30 min
Break – 15 min			
8.	<u>In-Camera Session</u> Council will go in-camera in accordance with the RHPA, Schedule 2, Section 7(2)(b) to discuss financial or personal or other matters that may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;	Westfall-Connor	60 min
9.	New Business		
10.	Adjournment	Westfall-Connor	2 min
September 22, 2020			
1.	Call to Order	Westfall-Connor	10 min
2.	Declaration of Conflicts of Interest	Westfall-Connor	
3.	Approval of the Agenda of September 22, 2020	Westfall-Connor	
4.	<u>Items for Decision</u> 4.1 Standards of Practice Revision Project (Guests: Dianne Parker-Taillon and Dawn Burnett, Consultants - confirmed – 9:00 AM)	White	60 min
Break - 15 min			
	4.2 2021 Draft Workplan	Westfall-Connor	20 min
	4.3 Proposed Amendments to By-Law No. 7 – Fees for Registration, Examinations and Other Activities of the College	Westfall-Connor	10 min
	4.4 2021 Examination Content Outlines	Cantalini	15 min
	4.5 First Aid and CPR Requirements	White	20 min
	4.6 Ratification of Appointments of Council Members to Committees	Westfall-Connor	5 min
	4.7 Approval of 2021 draft Council Meeting Dates	Westfall-Connor	5 min
	4.8 Returning to the Office	Westfall-Connor	10 min
	4.9 Proposed Amendments to By-Law No. 2 – Election Members to Council	Westfall-Connor	5 min
5.	<u>Quarterly Reporting</u> 5.1 2020– Q2 and Q3 Executive Committee Report 5.2 2020 – Q2 Workplan Report 5.1.2 BN – Workplan Change Request 5.3 2020 – Q2 Quality Assurance Committee Report	Westfall-Connor Flitton White	10 min 20 min 10 min
6.	<u>Items for Information</u> 6.1 Amendments to By-Law No. 7 – Schedule A Miscellaneous Fee Schedule 6.2 Spousal Exception 6.3 College Performance Measurement Framework 6.4 HPRO 2019-2020 Highlights		

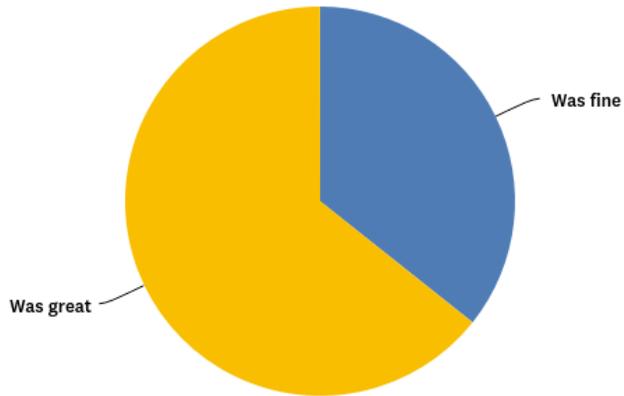
7.	New Business		
8.	Adjournment	Westfall-Connor	2 min



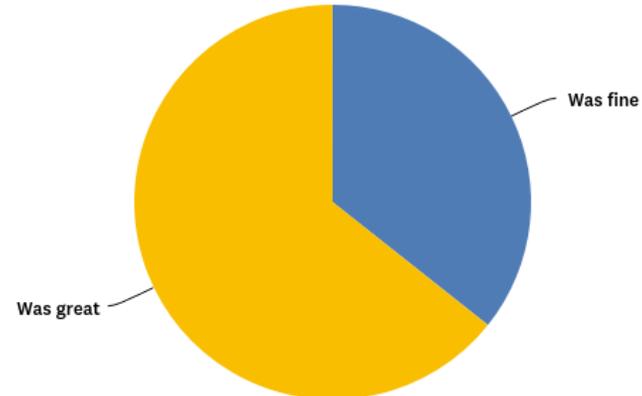
Council Meeting Evaluation

May 11 & 12, 2020

The information package was received with sufficient time to allow me to prepare for the meeting

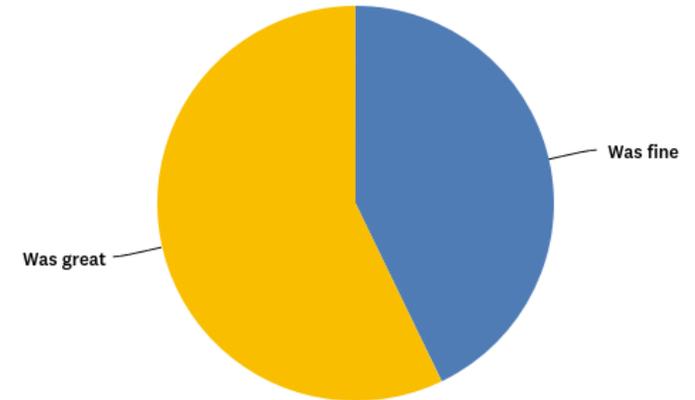


The materials were relevant to the agenda.



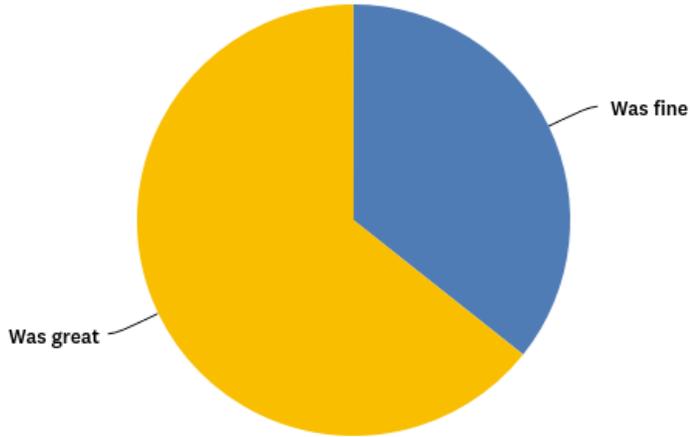
There were a few materials that were not available on the Council drive, which made it harder to follow

The materials were sufficient to assist me in forming an opinion on decisions before Council

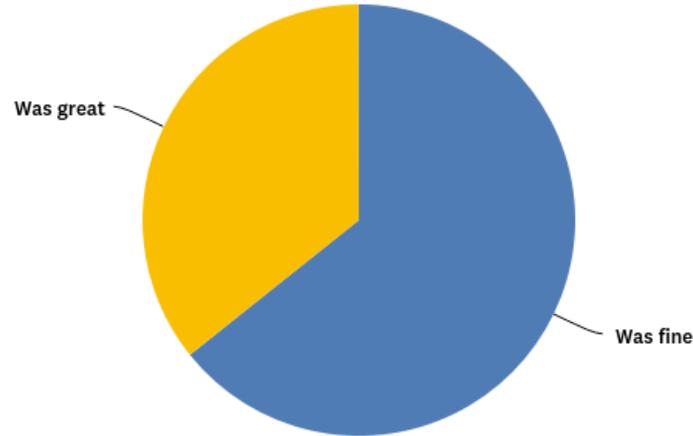


More discussion in future on Fees would be useful

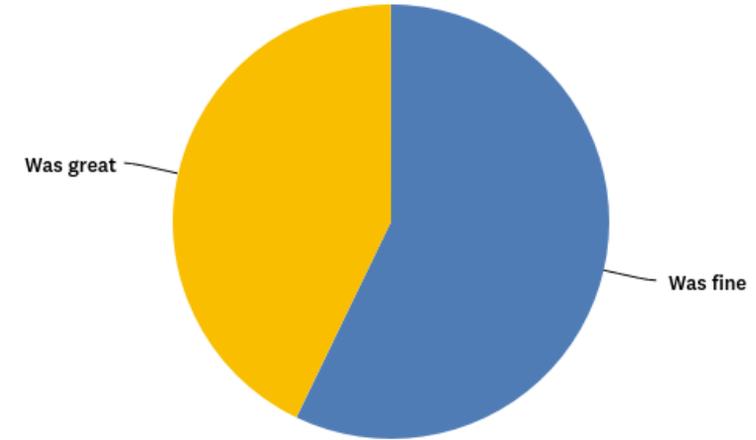
Agenda items were appropriate for Council discussion and consistent with Council roles and responsibilities.



Time was used effectively, and discussions were focused



Council avoided getting into administrative/management details



We were able to cover things more efficiently using this platform, compared to F2F meetings

The remote format is perhaps assisting us to make more effective use of time and to stay focused

Need to ensure we are striking a balance between a) asking questions of clarification/making useful suggestions, and b) asking about things that can't really be predicted or answered right now in the current climate

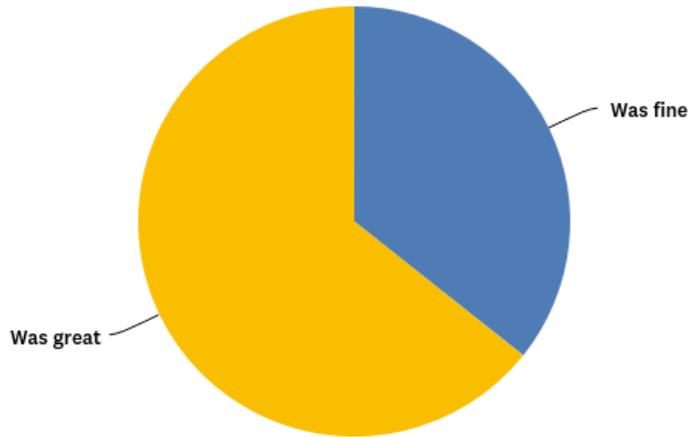
Since we have the material in advance, staff could focus more on any key points, additional insights or comments, rather than taking us in detail through what we have already read

Some of the Covid-related issues might have been more difficult for us in terms of governance vs. operations and concerns for the Profession, but everyone did a good job to stay focused on our role

When our subject matter experts are presenting, we may be crossing into operations when we question their methods and plans

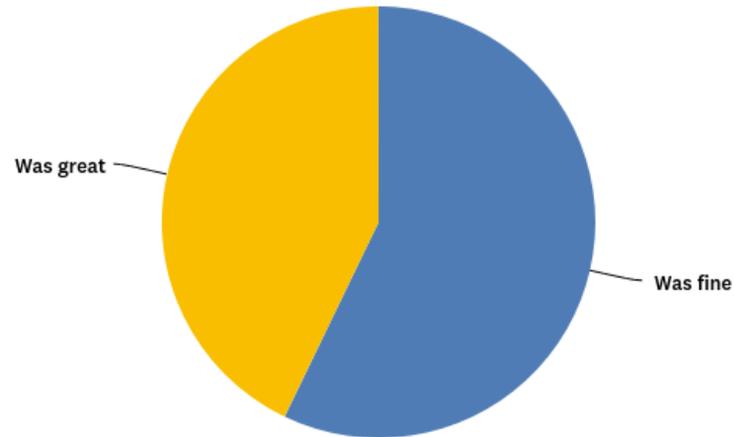
The discussion of Standards of Practice revisions was unnecessarily detailed and administrative at this point in the project, especially since this item will be coming back to Council three times

There was a positive climate of trust and respect



A wonderful group built on respect and trust – it's a pleasure to be part of it

I was encouraged to discuss and share my opinion openly

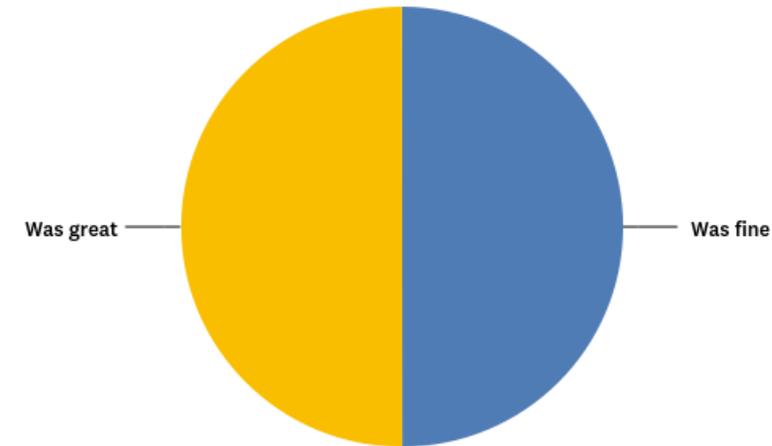


Seemed to work well, but its definitely harder via the remote platform

Its always a challenge with virtual meetings but should get easier as we become more practiced

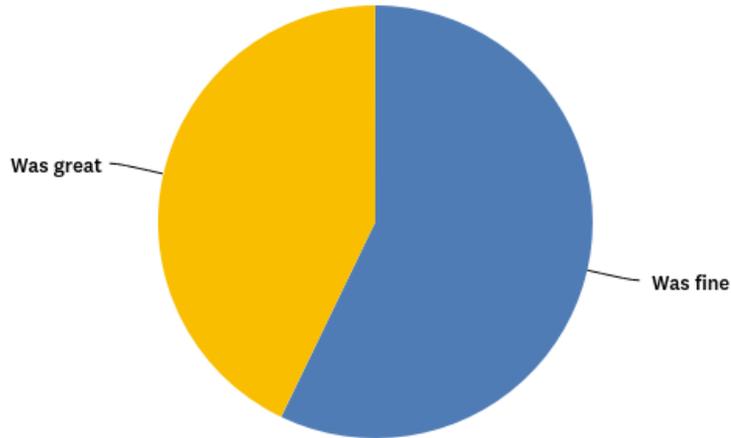
The text conversation box seems to be a good way to flag new questions when others are speaking

Disagreements were handled openly, honestly, and directly



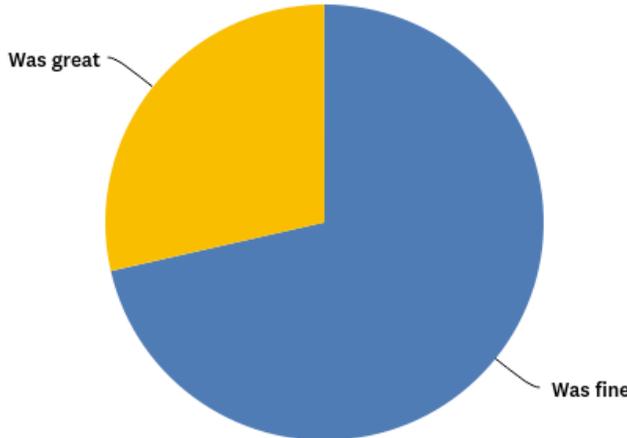
The Chair and our presenters did an excellent job keeping us on track and intervening when questions became less than productive

Where appropriate, next steps and action items were clearly identified



With the Covid-19 issue, it is a little difficult at this point to determine next steps

Members appeared prepared for the meeting

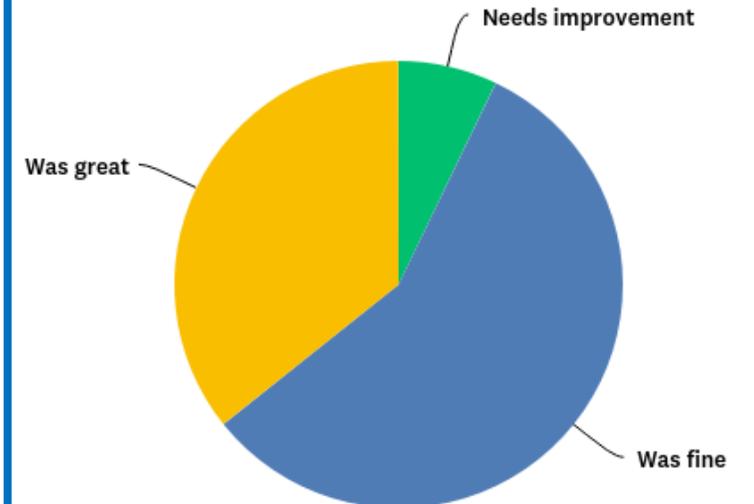


All participated well, although generally with the virtual format there is less discussion, so it can be more difficult to gauge preparedness

One or two questions were asked that had been answered in the material

Some members appear to be still having technical issues with MS Teams

I was satisfied with my opportunity to participate in discussions and debate



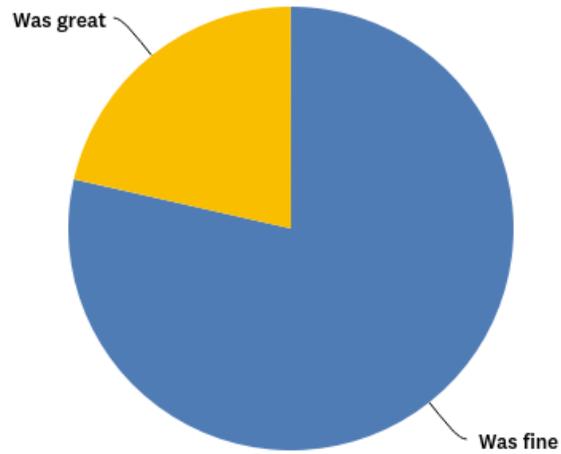
It is definitely more challenging with virtual meetings

There was some speaking over others on more than one occasion. The President was very good about establishing an etiquette but all of us need to remain self-aware

We could use a better system to avoid speaking over each other

The opportunity was there and although the format makes it more difficult, we will improve as we get more comfortable with it

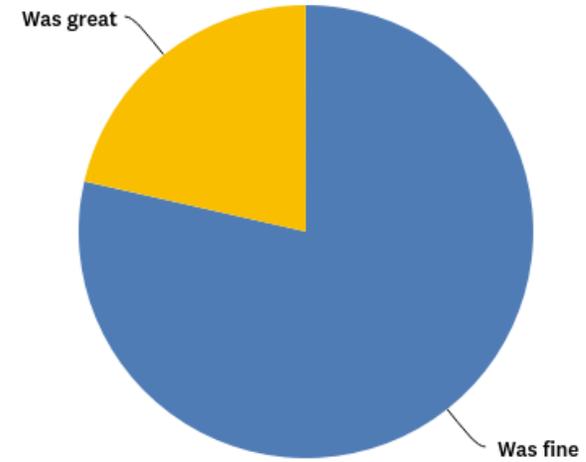
I was satisfied with the manner in which other members contributed to discussions and debate



Almost all were respectful and took their turns, allowing others to provide input, pausing appropriately and not dominating the conversation

Throughout, some voices tended to dominate, while others were silent

The President was effective in allowing all sides to be heard while bringing matters to decision



Great job for our first Council videoconference

Continuous Improvement

Council has three Continuous Improvement priorities for 2020:

- Policy Governance: strengthening our knowledge, demonstrating our understanding, and supporting each other to be effective
- Knowledge and Preparedness: developing the knowledge we need to be effective governors, and filling gaps in our knowledge outside of Council and Committee meetings
- Efficient and effective use of our time: focusing on discussion at the level of Policy Governance, not revisiting discussions and decisions that have already taken place, and proactively filling knowledge gaps in advance of meetings

Are you seeing these Priorities in action? Are you finding opportunities to think about these Priorities as you prepare for and participate in Council and Committee activities?

Yes, we are

it is great to see our discussions being linked to the above priorities

Training materials are helping with filling in the gaps

Our knowledge and awareness of Governance is deepening

We are more focused on ensuring we make effective use of time

All in all, a very productive meeting

The summaries provided in the package are very useful

Sometimes we are still revisiting issues for so that members who were not at the last meeting can be brought up to speed – that should take place outside of meetings

Anything else about meeting you would like to comment on or share?

Great start for the new virtual format, although in-person meetings are more interactive

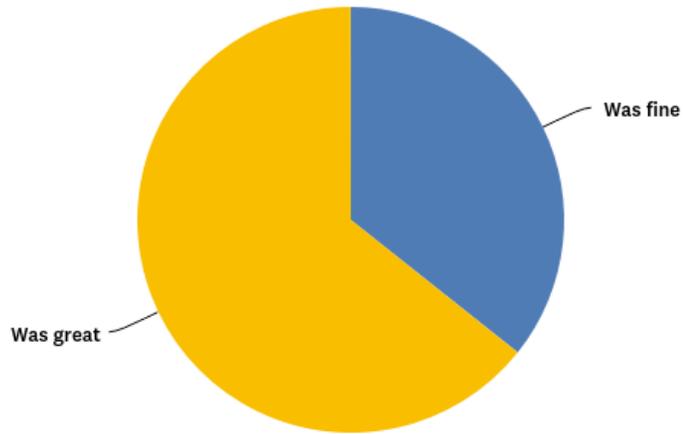
Was an enjoyable meeting



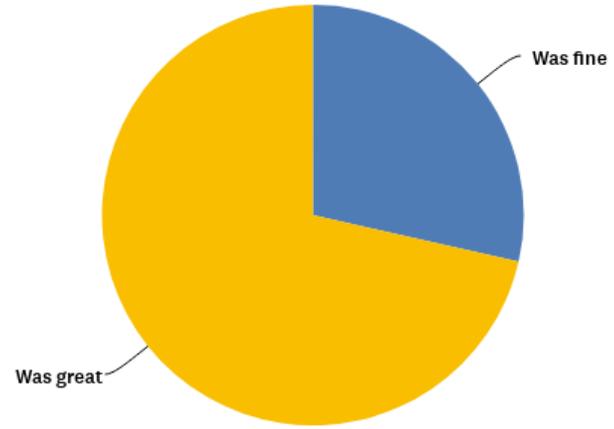
Council Meeting Evaluation

July 27, 2020

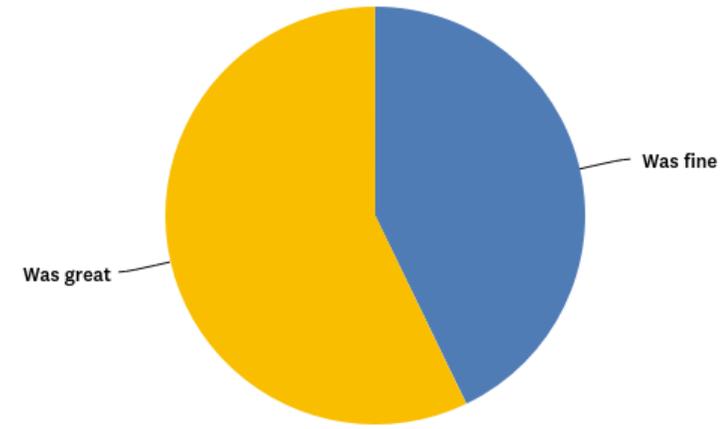
The information package was received with sufficient time to allow me to prepare for the meeting



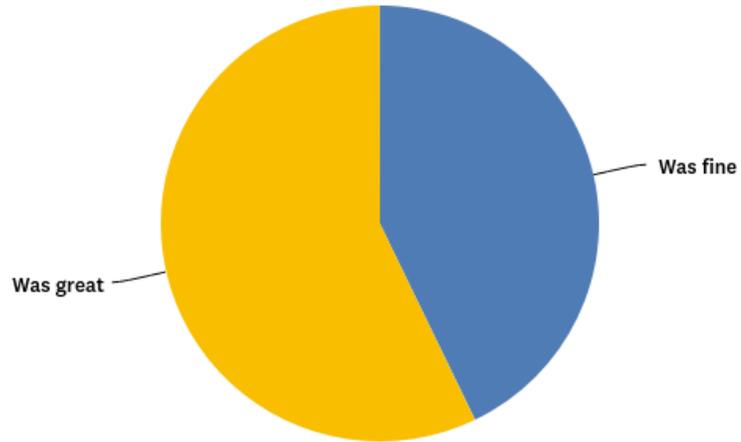
The materials were relevant to the agenda.



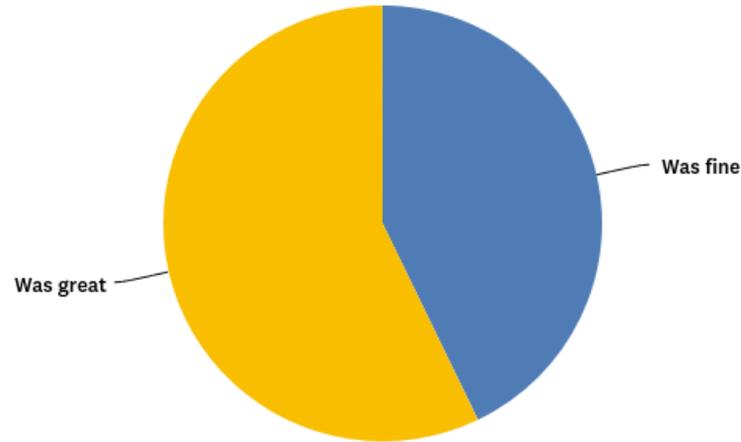
The materials were sufficient to assist me in forming an opinion on decisions before Council



Agenda items were appropriate for Council discussion and consistent with Council roles and responsibilities.



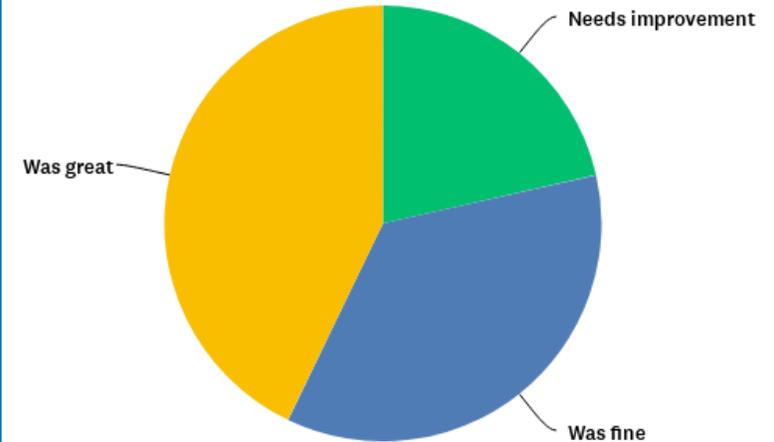
Time was used effectively, and discussions were focused



Overall, very good

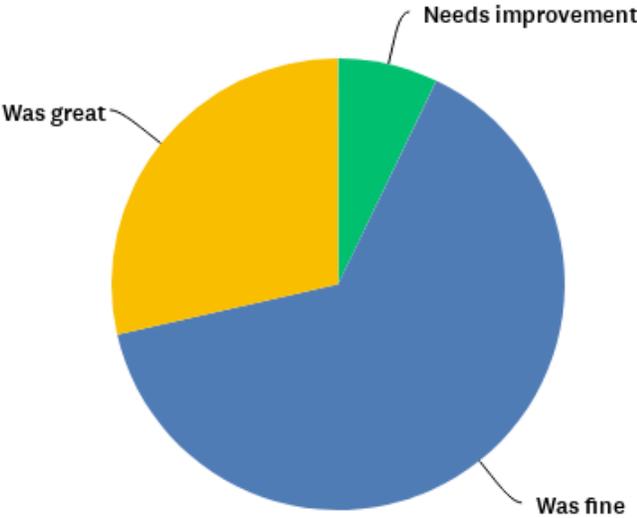
The discussion on financials got into detail that we had covered extensively at the previous meeting and some of the questions seemed to be more from a Profession, rather than Regulator perspective

Council avoided getting into administrative/management details



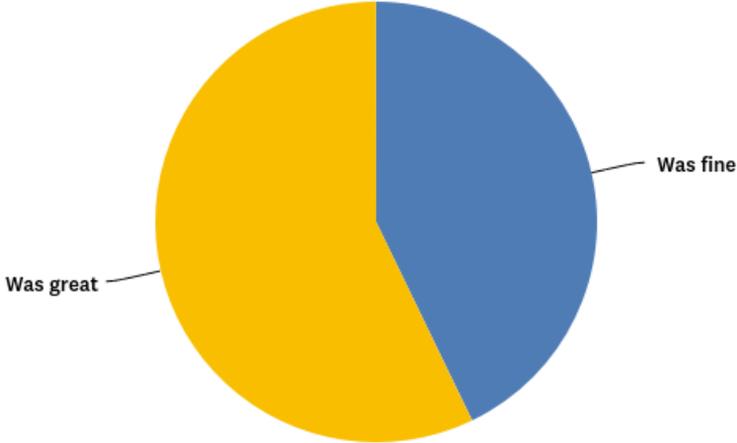
The same very administrative question was asked several times and answered several times, but the President did a good job to keep us moving

There was a positive climate of trust and respect

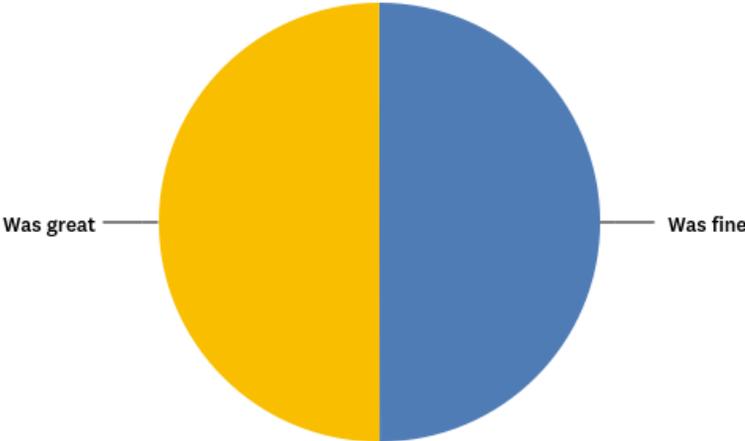


On finances, we need to keep the focus on our role as a Regulator, rather than what our perspective might be as a member of the Profession

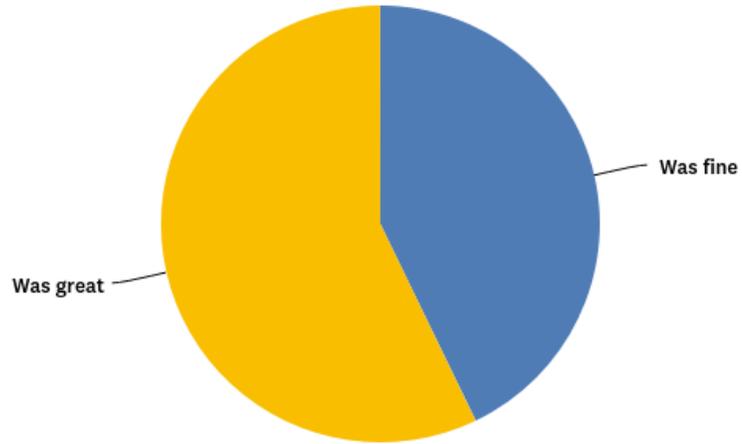
I was encouraged to discuss and share my opinion openly



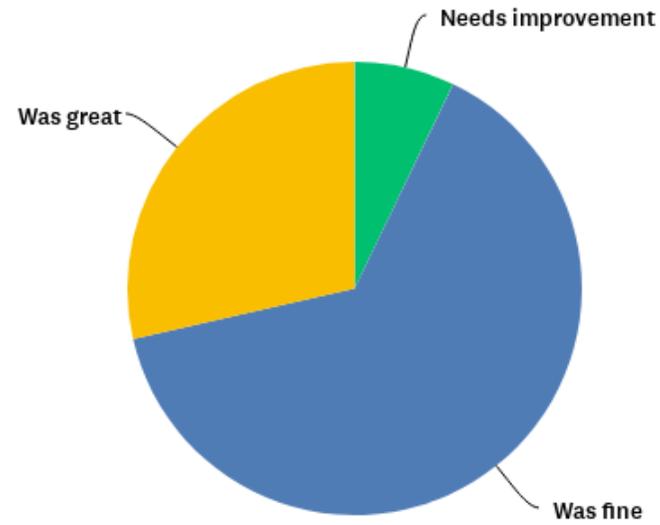
Disagreements were handled openly, honestly, and directly



Where appropriate, next steps and action items were clearly identified

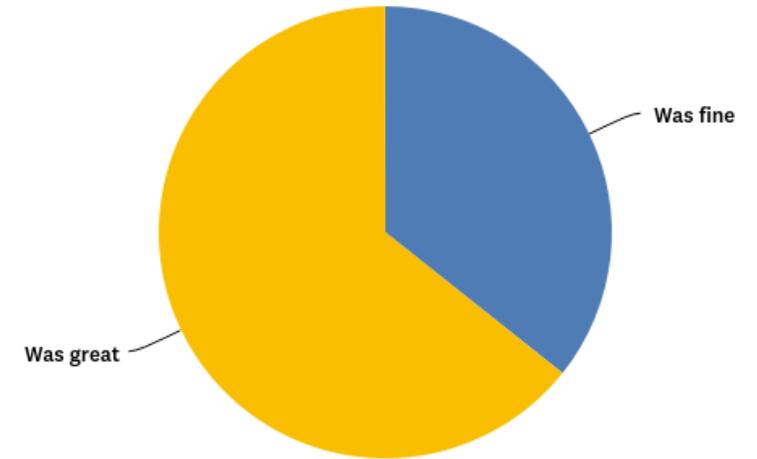


Members appeared prepared for the meeting

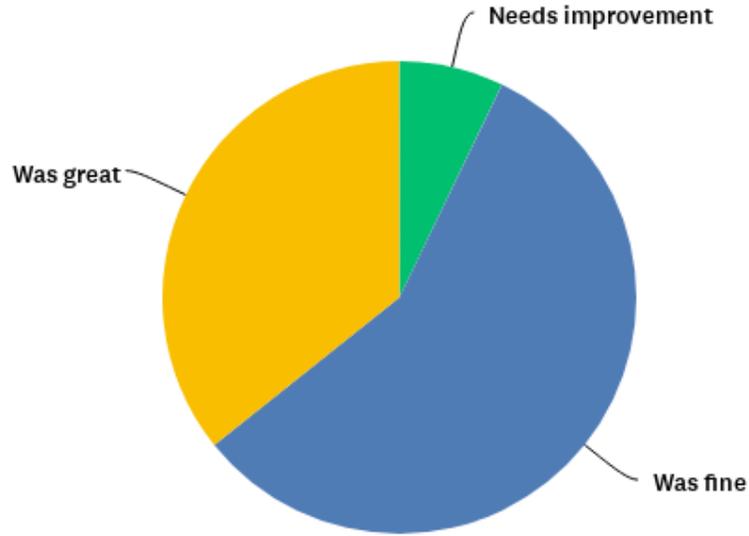


If a member misses the previous meeting, they need to take the necessary steps to get up to speed before the next meeting, rather than holding up the meeting while they get caught up

I was satisfied with my opportunity to participate in discussions and debate

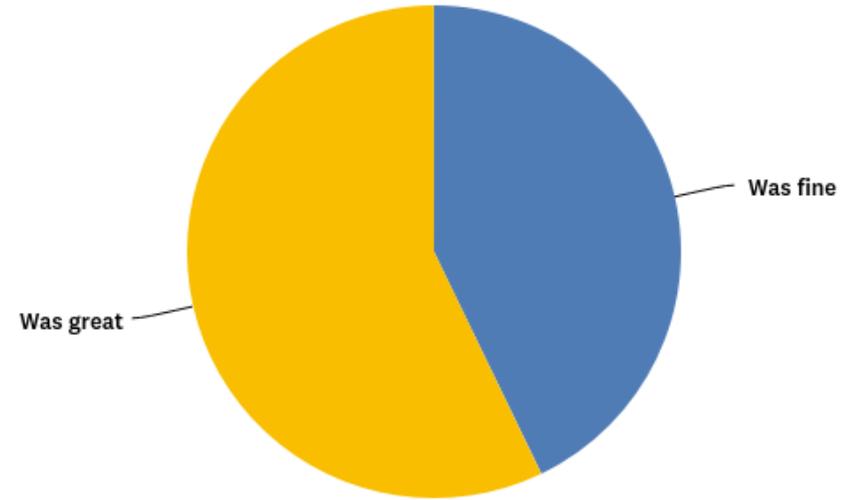


I was satisfied with the manner in which other members contributed to discussions and debate



Part of the discussion of financials involved repeating things that were discussed at the previous meeting

The President was effective in allowing all sides to be heard while bringing matters to decision



Very good job

Did a great job of keeping the meeting organized, friendly, efficient and productive

The President kept everyone on track and clearly summarized before we moved on to the next topic or new questions from the Council

Continuous Improvement

Council has three Continuous Improvement priorities for 2020:

- Policy Governance: strengthening our knowledge, demonstrating our understanding, and supporting each other to be effective
- Knowledge and Preparedness: developing the knowledge we need to be effective governors, and filling gaps in our knowledge outside of Council and Committee meetings
- Efficient and effective use of our time: focusing on discussion at the level of Policy Governance, not revisiting discussions and decisions that have already taken place, and proactively filling knowledge gaps in advance of meetings

Are you seeing these Priorities in action? Are you finding opportunities to think about these Priorities as you prepare for and participate in Council and Committee activities?

I am seeing these priorities in action

Our President is leading this Council well on these fronts

I certainly opportunities when I'm preparing

I think we're doing a great job with these.

We're doing extremely well at staying on track and on task.

Kudos to the Executive and staff for allowing us all to be so prepared

**Anything else about
the meeting you
would like to
comment on or
share?**

No additional comments



Council Meeting Minutes

Date: May 11, 2020

Location: Videoconference – Microsoft (MS) TEAMS

Present: K. Westfall-Connor, RMT, President
L. White, Public Member, Vice President
S. Adderley, RMT
A. Cantalini, RMT
C. Gross, Public Member
L. Hargreaves, RMT
N. Jetic, RMT
M. Kesler, Public Member
S. Mall, Public Member
J. Mathers, Public Member
D. Mattina, Public Member
D. Oehring, RMT
L. Tucker, RMT
I. Vining, RMT
C. Watt, Public Member

Regrets: S. Biber, RMT

Administration: C. Flitton, Registrar and CEO
E. Waters, Deputy Registrar
A. Brennand, Director, Policy and Communications
V. Browne, Director, Registration Services
N. Garnette, Director, Professional Conduct
V. McCoy, Director, Professional Practice
K. Molnar, Director, Corporate Services
N. Wilcox, Manager, Finance*
L. Webber, Senior Executive Assistant

Guest: B. MacKenzie, Hilborn, LLP*

Recorder: L. Webber, Senior Executive Assistant

*attended a portion of the meeting only

1.	<u>Call to Order</u> The meeting was called to order at 9:02 AM.	
2.	<u>Declaration of Conflicts of Interest</u> No conflicts of interest were declared.	
3.	<u>Approval of the Agenda of May 11, 2020</u> The agenda was reordered and Item 11.1 “Developing Reopening Guidance” was added under Items for Information. 2020 May 11 – MOTION 1: L. White/C. Watt THAT the Agenda of May 11, 2020 be adopted as amended. CARRIED Subsequent to the approval of the agenda, agenda Item 6.2 “Ratification of Public Appointment” and agenda Item 6.3 “Ratification of non-Council Member Appointment” from the May 12 Council agenda were addressed at Items 8.3 and 8.4.	
4.	<u>In-Camera Session</u> <u>4.1 2019 Registrar & CEO Performance Evaluation Report</u> 2020 May 11 – MOTION 2: S. Mall/N. Jetic THAT Council move to an in-camera session at 9:05 AM in accordance with the <i>RHPA, Schedule 2, Section 7(2)(d)</i> to discuss the results of the Registrar & CEO’s 2019 Performance Appraisal. CARRIED	

	<p>C. Flitton joined the in-camera session at 9:22 AM.</p> <p>2020 May 11 – MOTION 3: L. White/J. Mathers</p> <p>THAT Council move out of the in-camera session at 9:28 AM in accordance with the <i>RHPA, Schedule 2, Section 7(2)(d)</i>.</p> <p style="text-align: right;">CARRIED</p> <p>2020 May 11 – MOTION 4: C. Watt/L. Hargreaves</p> <p>THAT Council accept the Registrar & CEO’s 2019 Performance Evaluation.</p> <p style="text-align: right;">CARRIED</p>	
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5.	<p><u>Council Meeting Evaluations</u></p> <p><u>5.1 Meeting Evaluation of February 11, 2020</u></p> <p>There were no issues raised which required discussion arising from the February meeting evaluation.</p> <p><u>5.2 2019 Annual Council Performance Evaluation</u></p> <p>There were no issues raised which required discussion arising from the 2019 Annual Council Performance Evaluation.</p>	
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6.	<p><u>Items for Decision</u></p> <p>2020 May 11 - MOTION 5: L. Hargreaves/C. Gross</p> <p>THAT the consent agenda be approved as presented.</p> <p style="text-align: right;">CARRIED</p>	
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7.	<p><u>Quarterly Reporting</u></p> <p><u>7.1 2020 – Q1 Financial Report</u></p> <p>K. Westfall-Connor introduced the 2020 – Q1 Financial Report and N. Wilcox, Manager, Finance took Council through the Statement of Operations and the Statement of Financial Position.</p> <p>N. Wilcox advised Council that the 2020 – Q1 statements as presented, do not capture the impact of COVID-19 and that CMTO’s business activities continued as normal through the majority of Q1. He also advised Council that COVID-19 is expected to have a significant impact on CMTO’s financial position in subsequent quarters and will likely result in significant fluctuations to CMTO’s budgeted net surplus/(deficit) position for 2020 and beyond.</p> <p>2020 May 11 – Motion 6: S. Mall/L. Hargreaves</p> <p>THAT Council approve the 2020 – Q1 Financial Report.</p> <p style="text-align: right;">CARRIED</p>	
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8.	<p><u>Items for Decision</u></p> <p><u>8.1 Presentation of the Draft 2019 Audited Financial Statements</u></p> <p>L. White introduced B. MacKenzie of Hilborn, LLP, the College auditor, who presented the 2019 Draft Audited Financial Statements. B. MacKenzie stated that CMTO’s financial statements present fairly, in all material aspects, the position of the College as at December 31, 2019, in accordance with Canadian accounting standards for not-for-profit organizations.</p> <p>2020 May 11 – MOTION 7: S. Mall/D. Mattina</p> <p>THAT Council approve the 2019 Audited Financial Statements as presented.</p> <p>Council had no further questions and M. MacKenzie left the meeting.</p> <p style="text-align: right;">CARRIED</p>	
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	<p><u>8.2 Appointment of Auditor for 2020</u></p> <p>2020 May 11- MOTION 8: C. Watt/J. Mathers</p> <p>THAT Hilborn, LLP be appointed as the CMTO Auditor for 2020.</p> <p style="text-align: right;">CARRIED</p> <p>Action: Check to determine the last time an RFP was issued for an auditor and discuss with Executive Committee when and if the RFP should be done again.</p> <p><u>8.3 Ratification of Appointment of Council Member to the Quality Assurance Committee</u></p> <p>On March 6, 2020, the Executive Committee met to consider appointment of Jay Mathers, new Public Appointee to the Quality Assurance Committee effective March 6, 2020. K. Westfall-Connor advised Council that this was a time-sensitive issue as the Quality Assurance Committee orientation had been scheduled for March 12, 2020. She also reminded Council that in making the appointment, the Executive Committee, used its authority to act on behalf of Council in between Council meetings.</p> <p>2020 May 11 – MOTION 9: S. Mall/A. Cantalini</p> <p>THAT the decision of the Executive Committee to appoint Jay Mathers to the Quality Assurance Committee effective March 6, 2020 be ratified by Council.</p> <p style="text-align: right;">CARRIED</p> <p><u>8.4 Ratification of Appointment of non-Council Member</u></p> <p>On March 23, 2020 the Executive Committee met to consider appointment of Eric Wu to serve as a non-Council member on the Inquiries, Complaints and Report Committee (ICRC).</p> <p>K. Westfall-Connor advised Council that this was a time-sensitive issue as Panels had already been assigned and meeting dates scheduled. She also advised Council, that the Executive Committee, using its authority to act on behalf of Council in</p>	<p>Staff</p>
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	<p>between Council meetings, appointed E. Wu to serve as a non-Council member on the ICRC effective March 23, 2020.</p> <p>2020 May 11 – MOTION 10: C. Watt/L. Hargreaves</p> <p>THAT the decision of the Executive Committee to appoint Eric Wu as a non-Council member to the Inquiries, Complaints and Reports Committee effective March 23, 2020, be ratified by Council.</p> <p style="text-align: right;">CARRIED</p>	
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<p>9.</p>	<p><u>Items for Discussion</u></p> <p><u>9.1 Preliminary Analysis for the 2021 Renewal Period</u></p> <p>K. Westfall-Connor introduced the agenda item regarding the financial forecast and analysis and advised Council that for the 2021 renewal period, special consideration is required due to the impact of COVID-19 on RMTs and the broader economy.</p> <p>N. Wilcox presented the preliminary analysis for the 2021 renewal period. It was agreed, that although May is the traditional time in the year for Council to review registrant fees for the following year, the decision will be deferred until July or August. CMTO staff will continue to monitor the situation and will provide further analysis to inform fee setting for 2021 by Council, at that time.</p> <p>Action: Schedule a Council meeting in July or August.</p>	<p>Staff</p>
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<p>10.</p>	<p><u>New Business</u></p> <p>There was no new business.</p>	
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<p>11.</p>	<p><u>Items for Information</u></p> <p><u>11.1 Developing Reopening Guidance</u></p> <p>A. Brennand presented an overview of the process for and inputs to the guidance being developed for RMTs to re-open their practices. She advised Council that the principles informing the guidance will be;</p>	
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	<ul style="list-style-type: none"> • safety of the public and professionals, • evidence informed, • implementable and • categorized specifics for RMTs to reference in preparation for re-opening. <p>A. Brennand advised Council that the guidance must align with Public Health Ontario directives, and within reason, the rehab colleges, Health Profession Regulators of Ontario (HPRO) and other massage therapy regulators. The guidance will include input from the Citizen Advisory Group, Registered Massage Therapists Association of Ontario (RMTAO) and CMTO’s Quality Assurance and Executive Committees. The plan is to release the guidance soon as draft to Registrants so they can start to prepare. CMTO will formalize the guidance once specific direction on re-opening is obtained from the Chief Medical Officer of Health.</p>	
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12.	<p><u>Adjournment</u></p> <p>2020 May 11 – MOTION 14: D. Mattina/L. Hargreaves</p> <p style="text-align: center;">THAT the May 11, 2020 Council meeting be adjourned.</p> <p style="text-align: right;">CARRIED</p> <p>The meeting was adjourned at 12:42 PM.</p> <p>_____</p> <p>K. Westfall-Connor, RMT C. Flitton President Registrar & CEO</p>	
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Council Meeting Minutes

- Date: May 12, 2020
- Location: Videoconference – Microsoft (MS) TEAMS
- Present: K. Westfall-Connor, RMT, President
L. White, Public Member, Vice President
S. Adderley, RMT
A. Cantalini, RMT
C. Gross, Public Member
L. Hargreaves, RMT
M. Kesler, Public Member
S. Mall, Public Member
J. Mathers, Public Member
D. Mattina, Public Member
D. Oehring, RMT
L. Tucker, RMT
I. Vining, RMT
C. Watt, Public Member
- Regrets: S. Biber, RMT
N. Jetic, RMT
- Administration: C. Flitton, Registrar and CEO
E. Waters, Deputy Registrar
A. Brennand, Director, Policy and Communications
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K. Molnar, Director, Corporate Services
L. Webber, Senior Executive Assistant
- Guests: D. Parker-Taillon, Consultant*
D. Burnett, Consultant*
- Recorder: L. Webber, Senior Executive Assistant

*attended a portion of the meeting only

1.	<p><u>Call to Order</u></p> <p>The meeting was called to order at 9:01 AM.</p>	
2.	<p><u>Declaration of Conflicts of Interest</u></p> <p>No conflicts of interest were declared.</p>	
3.	<p><u>Approval of the Agenda of May 12, 2020</u></p> <p>Agenda Items 6.2 “Ratification of Public Appointment” and Item 6.3 “Ratification of non-Council Member Appointment” were addressed at the Council meeting on May 11 and therefore removed from the agenda.</p> <p>2020 May 12 – MOTION 1: D. Mattina/C. Gross</p> <p>THAT the Agenda of May 12, 2020 be adopted as amended.</p> <p style="text-align: right;">CARRIED</p>	
4.	<p><u>Presentation: Standards of Practice Revision Project</u></p> <p>V. McCoy, introduced D. Parker-Taillon and D. Burnett, Consultants for the Standards of Practice Revision Project.</p> <p>The consultants provided Council with an overview of the project including best practice in standards development, including key activities, timelines and next steps.</p> <p>Council expressed an interest in receiving an update on the project at Council’s June Professional Development Day and expressed an interest in reviewing the proposed standards in advance of them being brought back to Council in September.</p> <p>Action: Incorporate a project update at Council’s June’s Professional Development Day.</p>	Staff
5.	<p><u>Quarterly Reporting</u></p>	

5.1 2020 – Q1 Workplan Report

C. Flitton presented the 2020 – Q1 Workplan Report to Council. All projects are currently on-track apart from the “Amendments to the Professional Misconduct Regulations” project. The draft amendments were not submitted to the Ministry but will be in Q2. She also shared with Council that moving forward for the remainder of the year, some activities may be deferred, or the delivery format changed, due to COVID-19. For example, the Registrant Outreach project will be changed to a web-based delivery format, rather than an in-person session.

2020 May 12 – MOTION 2: C. Watt/L. White

THAT Council approve the 2020 – Q1 Workplan Report as presented.

CARRIED

5.2 2020 – Q1 Inquiries, Complaints and Reports Committee (ICRC) Report

L. Tucker presented the 2020 – Q1 ICRC Report. She advised Council that the Committee continued to be busy during the first quarter of 2020. L. Tucker also advised Council that the College has received concerns regarding failing to comply with the directive to not practice during the lockdown.

2020 May 12 – MOTION 3: S. Adderley/C. Gross

THAT Council approve the 2020 – Q1 Inquiries, Complaints and Reports Committee Report as amended.

CARRIED

Action: Amend the ICRC Report to reflect Sean Adderley is currently a member of the Committee.

6.	<p><u>Items for Decision</u></p> <p><u>6.1 Executive Committee Terms of Reference</u></p> <p>K. Westfall-Connor presented the proposed amendments to the Executive Committee’s Terms of Reference.</p> <p>Council reviewed and approved the proposed changes that align with the current processes at the College.</p> <p>2020 May 12 - MOTION 4: C. Watt/L. White</p> <p style="text-align: center;">THAT the proposed amendments to the Executive Committee’s Terms of Reference be approved by Council.</p> <p style="text-align: right;">CARRIED</p> <p>Action: Update the Governance Handbook.</p>	Staff
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7.	<p><u>Items for Information</u></p> <p><u>7.1 2020 Sexual Abuse Prevention Plan</u></p> <p>The College’s Sexual Abuse Prevention Plan is reviewed and updated annually by the Client Relations Committee, taking into consideration the previous year’s evaluation of the plan and any changes in the legislative environment.</p> <p>I. Vining, Chair of the Committee, introduced the 2020 Sexual Abuse Prevention Plan, that includes policies and measures to reinforce a zero-tolerance approach to sexual abuse of clients by registrants.</p> <p>A. Brennand, Director, Policy and Communications provided Council with an overview of the prevention plan and the 2020 initiatives that include; student and registrant education, training for the College’s administration, funding for therapy and counselling, provision of information to the Public and an evaluation of the plan.</p> <p><u>7.2 Massage Therapy Research Fund (MTRF)</u></p> <p>C. Flitton updated Council on the status of the MTRF which</p>	
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	<p>awards funding for studies in massage therapy relating to the College’s mandate of public protection.</p> <p>C. Flitton advised that B. Sumpton, Manager, Research, will oversee the fund and will be conducting a full review of the fund including a review of the administrative fees. A recommendation on the future of the MTRF will be brought forward to Council in early 2021.</p> <p>Action: Recommendation on the future of the MTRF to be brought forward to Council in 2021.</p>	Staff
8.	<p><u>New Business</u></p> <p>There was no new business.</p>	
9.	<p><u>Adjournment</u></p> <p>2020 May 12 – MOTION 5: M. Kesler/L. Hargreaves</p> <p>THAT the May 12, 2020 Council meeting be adjourned.</p> <p>The meeting was adjourned at 11:04 AM.</p> <p>_____</p> <p>K. Westfall-Connor, RMT President</p> <p>_____</p> <p>C. Flitton Registrar & CEO</p>	



Council Meeting Minutes

- Date: July 27, 2020
- Location: Videoconference – Microsoft (MS) TEAMS
- Present: K. Westfall-Connor, RMT, President
S. Adderley, RMT
S. Biber, RMT
A. Cantalini, RMT
C. Gross, Public Member
L. Hargreaves, RMT
N. Jetic, RMT
M. Kesler, Public Member
S. Mall, Public Member
J. Mathers, Public Member
D. Oehring, RMT
L. Tucker, RMT
I. Vining, RMT
C. Watt, Public Member
- Regrets: L. White, Public Member, Vice President
- Administration: C. Flitton, Registrar and CEO
E. Waters, Deputy Registrar
A. Brennand, Director, Policy and Communications
V. Browne, Director, Registration Services
N. Garnette, Director, Professional Conduct
V. McCoy, Director, Professional Practice
K. Molnar, Director, Corporate Services
N. Wilcox, Manager, Finance*
L. Webber, Senior Executive Assistant
- Recorder: L. Webber, Senior Executive Assistant

*attended a portion of the meeting only

1.	<u>Call to Order</u>	
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	The meeting was called to order at 9:02 AM.	
2.	<u>Declaration of Conflicts of Interest</u> No conflicts of interest were declared.	
3.	<u>Approval of the Agenda of July 27, 2020</u> 2020 July 27 – MOTION 1: J. Mathers/C. Gross <p style="text-align: center;">THAT the Agenda of July 27, 2020 be adopted as presented.</p> <p style="text-align: right;">CARRIED</p>	
4.	<u>Items for Decision</u> <u>4.1 2021 Renewal Fees</u> <p>K. Westfall-Connor, President reminded Council that in May they had reviewed a briefing note from management proposing to split the renewal fees for 2021 into two installments and to hold fees at the 2020 amount in recognition of the significant uncertainty caused by COVID-19 to the finances of both Registrants and CMTO. It had been agreed that although May is when Council normally makes the decision regarding fees for the coming year, the decision would be deferred until July when more information about the impact of COVID-19 becomes known.</p> <p>N. Wilcox, Manager, Finance, provided Council with an update of CMTO’s finances since the May council meeting. He indicated that there continues to be significant uncertainty and that the finance team is closely monitoring the situation and undertaking further analysis. As such, the recommendation to Council from Management remains unchanged from that presented in May, 2020.</p> <p>Council acknowledged that staff have explored all options to minimize the impact on both registrants and CMTO and agreed that the additional time to pay the renewal fee will assist registrants over the coming year.</p>	

	<p>The 2020 – Q2 Financial Report will be brought forward to Council in September as scheduled.</p> <p>2020 July 27 – MOTION 2: L. Hargreaves/S. Mall</p> <p>THAT Council approve the following measures in relation to fees for the 2021 registration renewal to balance the significant financial uncertainty facing CMTO due to COVID-19 with the financial pressures faced by RMTs:</p> <ol style="list-style-type: none"> 1. 2021 renewal period launch on October 1, 2020 instead of September 15, 2020. 2. No fee increases for 2021. The fees will remain unchanged for a General Certificate (GC) of Registration (\$785) and an Inactive (IN) Certificate of Registration (\$200). 3. GC renewal fee will be paid in two equal installments: <ol style="list-style-type: none"> a. The first payment and completed renewal form are due November 1st, 2020; and b. The final payment due by March 1st, 2021. 4. IN renewal fees must be paid in full by November 1st, 2020. 5. The Notice of Intent to Suspend for Non-payment process will be initiated after each installment deadline date. <p style="text-align: right;">CARRIED</p> <p>Action: Communicate this information to all stakeholders.</p>	<p>Staff</p>
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<p>5.</p>	<p><u>Items for Information</u></p> <p><u>5.1 CMTO Exam Update</u></p> <p>V. Browne, Director of Registration Services, advised Council that the COVID-19 pandemic has had a significant impact on CMTO’s ability to administer the Certification Examinations. Based on a CMTO survey of education programs, current students are expected to graduate in 2020 but the timing of</p>	
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their graduation may be delayed.

V. Browne reported that the April administration of the Multiple-Choice Question (MCQ) was cancelled and candidates who were scheduled to take the exam in April were rescheduled to a later date. Three of the four test centres have now re-opened and the July administration is expected to go ahead. More dates in August, October and November have been added to the schedule for the rest of the year. Exams for candidates who require accommodation for the MCQ examination are expected to resume in September 2020.

Due to the COVID-19 pandemic, training for the 90-member Objectively Structured Clinical Evaluation (OSCE) team did not take place in the spring and administrations for May, June, July and August were cancelled. Candidates who were scheduled to take the exam in those months are receiving a refund of their exam fee and will be provided access to reschedule once the OSCE administrations can resume. Staff are working towards restarting OSCE administrations in January 2021.

Council had no concerns with the proposal and commended CMTO staff for the thorough analysis that went into planning the OSCE restart.

Next steps include posting information on the CMTO website and communicating with stakeholders.

5.2 Returning to the Office

C. Flitton provided Council with an update on returning to the office. To date all activities of CMTO can be performed remotely and staff performance has not been negatively affected. Council also indicated that its work has not been adversely affected by moving to a virtual platform. It was agreed by Council that to keep both Council and staff safe, given that a second wave of COVID-19 infections is expected in the Fall, the College will continue to operate remotely until the September Council meeting, at which time the situation will be revisited. Council indicated that the exceptions to this approach are the MCQ special accommodations scheduled for

	<p>September 2020 and any in-person contested hearings, both of which will be held at the CMTO office.</p> <p>Action: Inform Staff that the CMTO office will continue to operate on a remote basis until the matter can be discussed again at the September Council meeting.</p>	<p>Staff</p>
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<p>6.</p>	<p><u>New Business</u></p> <p>There was no new business.</p>	
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<p>7.</p>	<p><u>Adjournment</u></p> <p>2020 July 27 – MOTION 3: C. Watt/S. Biber</p> <p>THAT the July 27, 2020 Council meeting be adjourned.</p> <p style="text-align: right;">CARRIED</p> <p>The meeting was adjourned at 10:44 AM.</p> <p>_____</p> <p>K. Westfall-Connor, RMT President</p> <p>_____</p> <p>C. Flitton Registrar & CEO</p>	
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ACTIONS ARISING FROM THE MINUTES OF MEETING

COUNCIL MEETINGS OF May 11, 12 and July 27, 2020

Agenda Item	Description	Status
8.0	<p><u>May 11, 2020</u> <u>Items for Decision</u> <u>8.2 Appointment of Auditor for 2020</u> Action: Determine the last time an RFP was issued for an auditor and discuss with the Executive Committee when and if the RFP should be done again.</p>	In-Progress
9.0	<p><u>Items for Discussion</u> <u>9.1 Preliminary Analysis for the 2021 Renewal Period</u> Action: Schedule a Council meeting in July or August</p>	Completed
4.0	<p><u>May 12, 2020</u> <u>Presentation: Standards of Practice Revision Project</u> Action: Incorporate a project update at Council’s June Professional Development Day.</p>	Completed
5.0	<p><u>Quarterly Reporting</u> <u>5.2 2020 – Q1 Inquiries, Complaints and Reports Committee (ICRC) Report</u> Action: Amend the report to reflect that Sean Adderley is currently a member of the Committee.</p>	Completed
6.0	<p><u>Items for Decision</u> <u>6.1 Executive Committee Terms of Reference</u> Action: Update the Governance Handbook</p>	Completed
7.0	<p><u>Items for Information</u> <u>7.2 Massage Therapy Research Fund (MTRF)</u> Action: Recommendation on the future of the MTRF to be</p>	In-Progress

4.0	<p>brought forward to Council in 2021.</p> <p><u>July 27, 2020</u></p> <p><u>Items for Decision</u></p> <p><u>4.1 2021 Renewal Fees</u></p> <p>Action: Communicate 2021 Renewal information to all stakeholders.</p>	Completed
5.0	<p><u>Items for Information</u></p> <p><u>5.2 Returning to the Office</u></p> <p>Action: Inform staff that the CMTO office will continue to operate on a remote basis until the matter can be discussed again at the September Council meeting.</p>	Completed



To: Council

Date: September 2, 2020

From: C. Flitton, Registrar & CEO

Re: 2020 – Q2 Quarterly Registrar's and Administration Report

This report covers activities that the Registrar and the administration team have been engaged in that have not already been reported through the Quarterly Workplan, Financial and Committee Reports.

1. Strategic Vision and Direction Setting

- C. Flitton continued to work with the Senior Management Team to ensure alignment of activities and projects with the Strategic Plan.
- Staff participated in various committee and network meetings of the Health Professions Regulators of Ontario (HPRO).
- C. Flitton participated in 2 meetings with members of the Practice team of the Professional Practice department to provide background on Council's vision relating to regulatory modernization, evidence informed practice, massage therapy research outcomes and the Massage Therapy Research Fund.

2. Reputation Management

- C. Flitton attended 6 HPRO meetings and attended the HPRO AGM.
- C. Flitton participated in two FOMTRAC meetings.
- C. Flitton met with the Executive Director of the RMTAO to discuss matters relating to COVID-19.
- C. Flitton and members of the Senior Management Team completed discussion with the Canadian Sports Massage Therapists Association (CSMTA) regarding the titles used by its members.
- C. Flitton met with the Executive Director of the Transitional Council for the College of Massage Therapists of Alberta.

3. Development and Achievement of Goals

- The Registrar and administrative team attended various webinars focusing on human resources and managing staff effectively during COVID-19 and regulating in a time of crisis.
- The team continued to meet with external consultants, as required, to move projects on the Annual Workplan forward. Specific results are noted in the Quarterly Workplan Report. Other key operational activities undertaken in the quarter appear in the following table:

Department	Activities
Corporate Services	<ul style="list-style-type: none"> • Concluded the 2019 Annual Audit. • Continued work on updates to the Emergency Management Plan. • Commenced work on defining a Return to Office Plan. • Implemented a new CMTO Project Management process and program for IT related initiatives.
Policy & Communications	<ul style="list-style-type: none"> • Met daily with Ministry of Health (MEOC). • Attended Standards of Practice Advisory Group (SPAG) meetings and regular meetings with Standards of Practice consultants. • Continued work on apprising Government of Ontario of Massage Therapy education needs in Ontario. (ongoing) • Attended HPRO Communications meeting (April 16). • Met with other rehab colleges (Physiotherapy, Kinesiology, Occupational Therapy) to align COVID-19 guidance to regulated health professionals (several meetings in May). • Took CMTO guidance questions to the Citizen Advisory Group (May 9). • Shared draft guidance with RMTAO and sought input. • Participated with HPRO group on COVID-19 guidance (May 12). • Liaised with CSMTO on by-law messaging (May 17th week). • Met with RMTAO (May 27).
Professional Conduct	<ul style="list-style-type: none"> • Implementation of videoconference hearings including the development of relevant guides and materials for CMTO electronic hearings. • Participated as a speaker in CNAR's, "Coping with COVID-19" webinar discussion on Virtual Hearings. • Received over 120 reported concerns regarding registrants not complying with COVID-19 directives.
Professional Practice	<ul style="list-style-type: none"> • Practice Inquiry responses through 2020- Q2 are noted below. Two e-mails asking the same question from the same registrant was only counted once. Responses to the same question from different sources, i.e. an e-mail and a phone call, were only answered once via e-mail.

	<ul style="list-style-type: none"> • The numbers and high-volume topics were shared with the QA Committee as part of a COVID update. • The June stats are approximate as some June inquiries are still in the queue to be responded to. <table border="1"> <thead> <tr> <th>Month</th> <th>E-mail</th> <th>Phone</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>101</td> <td>46</td> <td>147</td> </tr> <tr> <td>Feb</td> <td>118</td> <td>44</td> <td>162</td> </tr> <tr> <td>Mar</td> <td>386</td> <td>123</td> <td>509</td> </tr> <tr> <td>Q1</td> <td>605</td> <td>213</td> <td>818</td> </tr> <tr> <td>April</td> <td>235</td> <td>36</td> <td>271</td> </tr> <tr> <td>May</td> <td>612</td> <td>115</td> <td>727</td> </tr> <tr> <td>June</td> <td>830</td> <td>209</td> <td>1039 (approx).</td> </tr> <tr> <td>Q2</td> <td>1677</td> <td>360</td> <td>2037</td> </tr> </tbody> </table> <p>Highest Volume Topics</p> <ul style="list-style-type: none"> • IPAC/PPE/Screening <ul style="list-style-type: none"> o Screening (how to, tools, positive results (border & chronic health symptoms), documentation) o Masks (type, brand, options, alternatives) o IPAC (training, courses, technical help, documentation) • Return to practice (when possible/safe, aware of order changes) • Telepractice (rules, guidance, documentation) • Essential care (definition, gradual return) • Virtual meetings held with the Standards of Practice Advisory Group (SPAG) to review Draft 2 of the proposed Standards • Continued preparations for the implementation of STRiVE 2020 	Month	E-mail	Phone	Total	Jan	101	46	147	Feb	118	44	162	Mar	386	123	509	Q1	605	213	818	April	235	36	271	May	612	115	727	June	830	209	1039 (approx).	Q2	1677	360	2037
Month	E-mail	Phone	Total																																		
Jan	101	46	147																																		
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Q2	1677	360	2037																																		
<p>Registration & Certification Services</p>	<ul style="list-style-type: none"> • CMTCA AGM and Board meetings • Cancelled April MCQ Examination • Cancelled May/June OSCE Examination • Attended MT Sub-committee meeting (with C. Flitton) • Supported the PCC Branch of MCU after CCMH closed • Guidance provided to educators re: COVID-19 and in-person instruction/clinic • Consulted with Prometric re: new OSCE facility 																																				

4. Financial Management

The 2019 audit was completed and the results reported to Council at the May 2020 Council meeting. The Finance Team prepared models for Council’s review regarding the impact of various 2021 revenue scenarios on CMTO’s finances.

5. Human Resources Management

Recruiting activities continued to ensure the appropriate level of human resources

capability and mix of skills is maintained to meet statutory obligations and strategic organizational objectives.

New Hires

- In total, CMTO hired 2 new employees in 2020-Q2 in Professional Practice.

Hiring Deferrals (as a result of COVID-19)

- CMTO deferred recruiting for the following 3 roles in 2020- Q2 in Professional Conduct until further notice:

Humber Summer Student
Compliance Specialist
Compliance Manage

Note - Hiring of the Education Specialist was previously deferred until further notice.

Employee Departures

- In 2020- Q2, there was 1 employee departure in Corporate Services. The position is being covered by a short-term contract in the interim.

6. Council Relations

- C. Flitton conducted the initial orientation of one new public appointee.
- Governance protocols such as post-committee meeting surveys and reports are continuing.
- A TEAMS platform refresh training session was conducted to improve the functionality of remote Council and committee meetings.
- Feedback was gathered from Council on the effectiveness of Council's Professional Development Day held on June 8, 2020.
- A survey was sent to Council members to assess readiness for a potential return to the office and for feedback on the current remote platform experience.
- CNAR and CLEAR 2020 Virtual Conference programs were shared with Council to canvas their interest in attending.
- Draft communications regarding COVID-19 practice guidance for the profession were reviewed by the Executive Committee and Council to ensure the language was as clear, concise and supportive as possible. A summary of key COVID-19 operational activities during the quarter as well as up to and including August 30, 2020 is included as Appendix A.

Appendix A

Summary of CMTO's Response to COVID-19, April to August 2020. Note that all other activities/operations of the College proceeded as usual using CMTO's remote platform.

2020 – Q2

April:

- Participated in the daily Ministry COVID-19 morning briefing.
- Received the daily Emergency Operations Centre Reports.
- Held the daily Pandemic Team Meeting comprising of the Senior Management Team and the HR Generalist which was later reduced to 3 days per week.
- Released communication informing Registrants that the Order under the Emergency Management and Civil Protection Act regarding closing non-essential businesses was extended until May 6, 2020.
- Responded to e-mails and calls from Registrants regarding COVID-19 guidance.
- Information about the health workforce matching portal was made available to registrants on CMTO's COVID-19 webpage. The portal matches volunteers with organizations which need assistance. Registration Services assisted the Ministry with the validation of credentials entered by potential volunteers.
- CMTO released updated communication to Registrants (available on the COVID-19 webpage) to reduce confusion around extensions to the Declaration of Emergency and the Order under the Emergency Management and Civil Protection Act regarding closing non-essential businesses.
- Even though some key CMTO functions were deferred, such as exams, the staff team continued all other activities, including strategic projects, departmental CQI activities and the annual data upload to the Health Professions Database, which provides standardized, consistent and comparable demographic, geographic, educational and employment information on all regulated allied health professionals in Ontario.
- Participated in discussions at HPRO on plans for Healthcare Professionals to return to practice with the view to assuring alignment between Colleges as much as possible. CMTO's goal was to ensure that CMTO will be ready with communication and guidance for RMTs when the Order directing closure of non-essential business is lifted.
- Participated in a discussion with RMTAO on the importance of PPE for RMTs and emphasizing appropriate training resources on PPE.

May:

- Participated in the daily Ministry COVID-19 morning briefing.
- Received the daily Emergency Operations Centre Reports.
- Held the Pandemic Team Meetings three times per week.
- Responded to e-mails and calls from Registrants regarding COVID-19 guidance.

- Met with the Community College Massage Therapy program coordinators (annual event) and shared information about the current state of their massage therapy programs and the current suspension of the Certification Examinations due to COVID-19.
- Updated CMTO's COVID-19 webpage and sent out a broadcast informing registrants of the extension of the Emergency Order regarding the closure of non-essential businesses to May 19th.
- As directed by Executive Committee, prioritized communication and guidance for Registrants to assist with preparing for a re-opening of clinics.
- Participated in discussions with HPRO around preparing guidance for re-opening clinics and struck a Working Group to focus specifically on Infection Control practices including PPE. CMTO, the College of Kinesiologists, the College of Chiropractors and the College of Physiotherapists met to discuss aligning communications to registrants and collaborating around Clinic Re-opening Guidance.
- CMTO was a sponsor of and participated in a meeting of the Citizen's Advisory Group (A focus group of members of the public created by a number of HPRO Colleges, including CMTO) to get feedback on perceptions of the public/patients/clients on re-opening of clinics.
- CMTO was one of several Colleges which assisted HPRO in creating a set of guidelines to help Colleges prepare their Clinic Re-opening Guidance.
- Broadcasted and posted the Pandemic Practice Guidance for RMTs, Operational Requirements for Health Sector Restart, Revised CMOH Directive #2 and Pandemic FAQs for RMTs.
- Broadcasted a summary version of CMTO's Pandemic Practice Guidance for RMTs after reviewing the questions which came in from RMTs and the feedback received from Council during a briefing by the Registrar, after the initial broadcast.

June:

- Participated in the daily Ministry COVID-19 morning briefing.
- Received the daily Emergency Operations Centre Reports.
- Held the Pandemic Team Meeting three times per week.
- Responded to e-mails and calls from Registrants regarding COVID-19 guidance
- The Team responded to some specific COVID-19 related questions from the RMTAO.
- Worked with the rehab Colleges we previously worked with (COTO, CKO, CCO, PTs) on the clinic re-opening guidance to provide a general webinar, presented by Public Health Ontario, for all RMTs on general Infection Prevention and Control (IPAC) principles and IPAC in the context of COVID-19. The webinar was recorded and posted to CMTO's COVID-19 webpage for any practitioner who could not participate in the webinar.
- A survey was sent to staff and a second one to the Senior Management Team to assess readiness for a potential return to the CMTO office. A similar survey was also sent to Council and Non-council members.

2020 – Q3

July:

- Participated in the daily Ministry Emergency Operations Centre (MEOC) COVID-19 morning update, twice per week on Tuesday and Fridays
- Received the daily Ministry Emergency Operations Centre (MEOC) Reports.
- Responded to e-mails and calls from Registrants relating to COVID-19 guidance.
- The CMTO Pandemic Team reduced its meetings to twice per week.
- A draft of the one page Practice Guidance Highlights for Massage Therapists (RMTs) was posted on CMTO's website: <https://www.cmtto.com/assets/RMT-Resource-Massage-Therapy-and-COVID-19.pdf>. Similarly a one page resource was prepared for clients of RMTs to help them understand the processes that will keep them safe when going for a massage therapy treatment: <https://www.cmtto.com/assets/Client-Resource-Massage-Therapy-and-COVID-19.pdf>
- The FAQs were updated on the COVID-19 webpage with new information about masks and screening: <https://www.cmtto.com/covid-19/#PPE> Please click on “FAQs for RMTs” and scroll down.
- The Team responded to specific COVID-19 related questions from the RMTAO.
- The Registrar/Deputy Registrar participated in the HPRO Bi-weekly information sharing sessions.
- Registration Services finalized its plans for restarting the Certification Examinations.
- The Team continued to work on the Re-opening the CMTO Office plan and held a discussion with Council.

August:

- The Team responded to specific COVID-19 related questions from the RMTAO.
- K. Westfall-Connor and C. Flitton met with RMTAO at the semi-annual President/Registrar/Executive Director Meeting and addressed additional agenda items brought forward by RMTAO regarding COVID-19.
- The Team continues to work on Return to Office planning and will facilitate a dialogue with Council at the September Council meeting.
- The Registrar/Deputy Registrar participated in the HPRO Bi-weekly information sharing sessions.
- Having received feedback and updates to government guidance from the profession and the public, the COVID-19 Pandemic Practice Guidance for Massage Therapists was updated to provide further clarification regarding screening, RMT mask use and a tool from Public Health Ontario for conducting individual risk assessments to determine if additional PPE is warranted. Full details are available here: <https://www.cmtto.com/assets/COVID-19-Pandemic-Practice-Guidance-for-Massage-Therapists.pdf>.
- As the COVID pandemic evolved, CMTO liaised with the Ministry of Health and responded to questions from RMTs and the public. As such, FAQs were updated on the,

COVID-19 webpage <https://www.cmta.com/covid-19/> with new information. All updated FAQs are marked with a corresponding date.

- To assist Registrants who have had financial challenges during COVID-19, Council approved that the 2021 Renewal Fees could be paid in two installments. Complete information was posted in the What's New section on the College website: <https://www.cmta.com/whats-new/2021-cmta-registration-fees-special-split-payment/>



**REGISTRATION COMMITTEE REPORT
2020 - Q2 (April - June)**

Committee Members: Anna Cantalini, RMT, Chair
Bobbie Flint, RMT (non-Council Member)
Lesley Hargreaves, RMT
Sohail Mall, Public Member
Debra Mattina, Public Member

Committee Mandate:

The Registration Committee is responsible for determining the eligibility for registration of all applicants where there is a question about capacity training, experience or education, and/or when the Registrar believes that terms, conditions or limitations should be imposed on a certificate.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Registration Committee held two business/panel meetings by teleconference in the second quarter, on April 7 and May 21, 2020.

2. ITEMS FOR INFORMATION

2.1 Requests to Modify in-Person Tutoring to Virtual Tutoring

The Committee was asked to review two requests from registrants seeking to modify the Refresher Course that would allow a portion of their in-person tutoring requirement to be completed remotely due to the physical distancing limitations imposed on the province as a result of COVID-19.

The Committee approved the applicant's request to modify in-person tutoring to virtual tutoring for the remaining four (4) hours of the tutoring component of the CMTO's Enhanced Refresher Course and also approved a registrant's request to complete a portion of their tutoring virtually at the discretion of the tutor and granted an extension of three months from the date when in-person instruction may be resumed again to complete the ten-hour practical tutoring requirement.

2.2 Refresher Course – Virtual Tutoring

The Registration Committee approved an updated interpretation to the Refresher Course policy which will now allow for a portion of the practical tutoring component to be completed remotely. This update will apply to all tutoring moving forward and is not specific to tutoring that was incomplete as a result of COVID-19.

The Committee approved the updated interpretation of the practical-hour requirement for the Refresher Course such that:

- A minimum of 2/3 of the required practical hours must be completed in person (a minimum of 7 hours for the General Refresher and a minimum of 11 hours for the Enhanced Refresher); the remaining 1/3 of the hours may be provided using remote/distance learning technology.
- The tutor may determine if a higher proportion of the 10 or 16 practical hour requirement must be completed in person.
- The tutor may incorporate the remote learning hours at any time during the tutoring plan.
- The process will be reviewed and re-assessed one year after implementation.

In addition, the following should be considered for any remote interactions:

- The chosen platform should have appropriate security features that are implemented for the tutoring session(s).
- Neither the tutor nor the participant should allow the session to be recorded.

- No one other than the tutor, participant, and volunteer client (if needed) are permitted to participate in the session (no online observers).
- Both participants should have internet service that provides sufficient bandwidth for the platform they choose.

The Committee noted that it would not be a change to the Refresher Course Policy itself, but an update to the interpretation of how the practical hour requirement may be delivered.

2.3 Vulnerable Sector (VS) Check Process for Ottawa Applicants

In February 2020, CMTO was notified by the Ottawa Police Service that they would no longer be issuing VS Checks for CMTO applicants since CMTO is not the hiring employer or a volunteer organization.

As an interim measure, Ottawa applicants would be asked to submit a Level 2: Criminal Record and Judicial Matters Check along with a signed undertaking attesting that:

- There is no other information which is not included in the Level 2 Check, including any criminal findings of guilt or convictions, warrants, charges, judicial orders, or sexual offence findings of guilt or convictions, including those for which they have received a record suspension;
- They have not been a party to any proceedings where they received a non-conviction disposition including but not limited to having the proceeding withdrawn or dismissed.
- They have not been deemed criminally responsible by reason of a mental disorder.
- When it becomes available, the applicant will submit a current Vulnerable Sector Check to the College.

3. ITEMS FOR DECISION

There were no items sent to Council for decision.



**CLIENT RELATIONS COMMITTEE REPORT
2020 – Q2 (April – June)**

Committee Members:

Ian Vining, RMT, Chair
Tammy Contois, RMT (non-Council Member)
Christine Gross, Public Member
Sohail Mall, Public Member

Committee Mandate:

The Client Relations Committee has responsibility for all programs and measures that are designed to address preventing or dealing with sexual abuse of clients by registrants. This responsibility has been extended to address any aspect of relations between registrants and their clients.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Committee met once in the second quarter on April 27, 2020.

2. ITEMS FOR INFORMATION

2.1 Approval of the 2020 Sexual Abuse Prevention Plan

One of CMTO's legislated responsibilities under the Procedural Code of the *Regulated Health Professions Act, 1991*, (RHPA) is having a Sexual Abuse Prevention Plan (SAPP) with measures for preventing and dealing with sexual abuse of clients including: (a) educational requirements for registrants; (b) guidelines for the conduct of registrants with their clients; (c) training for the CMTO's staff; and (d) the provision of information to the public.

After reviewing the 2020 Sexual Abuse Prevention Plan, the Committee approved the Plan and directed staff to post it on CMTO's website.

2.2 New Applicants for Funding for Therapy and Counselling

The Committee approved two (2) applications for funding for therapy and counselling in Q2.

2.3 Public Webpage

The Committee received an update on the public webpage initiative. The public webpage is still on track to be delivered by Q4 - 2020.

3. ITEMS FOR DECISION

There were no items sent to Council for decision.



INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT 2020 - Q2 (April-June)

Committee Members:

Lisa Tucker, RMT, Chair
Sean Adderley, RMT
Suja Biber, RMT
Deny Brulotte, RMT (non-Council Member)
Sandra Cina, RMT (non-Council Member)
Marlene Kesler, Public Member
Cheryl Lewin, RMT (non-Council Member)
Debra Mattina, Public Member
Theo Parusis, RMT (non-Council Member)
Rosanna Rebecani, RMT (non-Council Member)
Martez Schembri-Diskey, RMT (non-Council Member)
Ashley Van Zelst, RMT (non-Council Member)
Karalyn Van Aken, RMT (non-Council Member)
Carolyn Watt, Public Member
Eric Wu, RMT (non-Council Member)

Committee Mandate:

The Inquiries, Complaints and Reports Committee (ICRC) investigates complaints, inquiries, and reported concerns regarding registrants and determines a course of action in accordance with legislation, including referral to the Discipline Committee for allegations of professional misconduct or incompetence. The Committee also has the authority to conduct inquiries for incapacity issues and can refer incapacity concerns to the Fitness to Practise Committee.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Inquiries, Complaints and Reports Committee is divided into three panels to accommodate the number of ongoing matters, as well as avoid any potential conflicts of interest and accommodate the selection of Panel members (should the need arise for a discipline hearing).

Collectively, the Panels met seven (7) times for videoconference meetings on April 3, April 20, May 6, May 22, June 1, June 10 and June 26. The Panels met three (3) times for Email meetings on May 15, June 15 and June 30.

2. ITEMS FOR INFORMATION

2.1 New Cases and Nature of Concerns

Complaints	Nature of Concerns	Registrar Report Investigations	Nature of Concerns
15	2 - Breach of Standards 2 - Inappropriate Billing Practices 3 - Sexual Abuse 1 - Treatment Causing Injury 7 - Unprofessional Conduct 0 - Practising While Suspended 0 - Non-Compliance 0 - Practising Outside of Scope	26	12 - Breach of Standards 3 - Inappropriate Billing Practices 6 - Sexual Abuse 1 - Treatment Causing Injury 4 - Unprofessional Conduct 0 - Practising While Suspended 0 - Non-Compliance 0 - Practising Outside of Scope

2.2 Cases Completed by the ICRC and Outcomes

Complaints	Outcomes	Registrar Reports Investigations	Outcomes
27	6 - Referral to Discipline 2 - SCERP and Oral Caution 0 - Oral Caution 5 - SCERP 0 - Undertaking 4 - Advice/ Recommendation 10 - No Further Action	28	6 - Referral to Discipline 6 - SCERP and Oral Caution 0 - Oral Caution 5 - SCERP 2 - Undertaking 3 - Advice/ Recommendation 6 - No Further Action

2.3 Current Incapacity Cases and Outcomes

New Cases	Active Cases	Closed Cases	Outcome
0	11	3	0 - Referral to Fitness to Practise 3 - No Further Action 0 - Undertaking

2.4 Complaint Cases before Health Professions Appeal and Review Board (HPARB)

New Cases	Active Cases	Closed Cases
1	11	1

2.5 Current Active Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total Number of Cases
109	119	11	239

3. ITEMS SENT TO COUNCIL FOR DECISION

There were no items sent to Council for decision.



DISCIPLINE COMMITTEE REPORT

2020 – Q2 (April - June)

Committee Members: Lesley Hargreaves, RMT, Chair
Sean Adderley, RMT
Suja Biber, RMT
Allie Bisset, RMT (non-Council Member)
Kyle Bonnyman, RMT (non-Council Member)
Anna Cantalini, RMT
Bobbie Flint, RMT (non-Council Member)
Christine Gross, Public Member
Michael Hayes, RMT (non-Council Member)
Richard Jaunzemis, RMT (non-Council Member)
Nevenko Jeftic, RMT
Marlene Kesler, Public Member
Sarah Kingsbury, RMT (non-Council Member)
Sohail Mall, Public Member
Jay Mathers, Public Member
Debra Mattina, Public Member
Dawn Oehring, RMT
Lisa Tucker, RMT
Ian Vining, RMT
Carolyn Watt, Public Member
Kim Westfall-Connor, RMT
Lloyd White, Public Member

Committee Mandate:

The Discipline Committee is responsible for hearing and determining allegations of professional misconduct or incompetence against registrants.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Discipline Committee held its first business meeting of the year on April 15, 2020.

2. ITEMS FOR INFORMATION

Table 2.1.1

Hearings Data	
Total hearings completed in the quarter	3
Total motions ¹ heard in the quarter	3
Prehearings completed in the quarter	2

Table 2.1.2

Type of Hearing	Number of Hearings Completed in Quarter
Contested liability ² only	1
Contested penalty ³ only	-
Partially contested liability	1
Uncontested penalty	-
Fully contested	-
Fully uncontested	1

¹ Two motions for indefinite adjournments of discipline hearings were heard. The third was a motion for production of third-party records. Motions are not counted toward the total number of hearings.

² The *liability* phase of a discipline hearing involves a panel of the Discipline Committee deciding whether the allegations of professional misconduct or incompetence against a registrant have been proven. If the panel decides that the College has proven the allegations, it makes a finding of professional misconduct or incompetence.

³ Following a panel's findings of professional misconduct or incompetence, the hearing proceeds to the *penalty* phase where the panel may make one or a combination of the following orders: suspend or revoke a registrant's certificate of registration; impose specific terms, conditions and limitations; and/or require the registrant to appear before the panel for a reprimand. In appropriate cases, the panel may order a registrant to pay all or part of the College's legal costs and expenses. While costs are not part of the penalty, costs awards are considered at the penalty phase of the hearing.

Three (3) discipline hearings were completed in this quarter, marking a decrease in hearing volume as compared to that of the previous quarter, in which nine (9) matters were heard. There was also a decrease in the number of pre-hearing conferences, as compared to that in the previous quarter. These numbers are attributed, in part, to several adjournments that occurred in early Q2 as a result of the College suspending in-person meetings in response to public health measures in place due to COVID-19.

2.2 Decision Release Data

The Committee released eleven (11) discipline decisions, three (3) of which were motion decision.

1. *Ontario (College of Massage Therapists of Ontario) v Lalonde*, 2019 ONCMTO 37
2. *Ontario (College of Massage Therapists of Ontario) v Chu*, 2019 ONCMTO 38
3. *Ontario (College of Massage Therapists of Ontario) v Wilson*, 2020 ONCTMO 8
4. *Ontario (College of Massage Therapists of Ontario) v Booth*, 2020 ONCTMO 9 (motion)
5. *Ontario (College of Massage Therapists of Ontario) v Ilievski*, 2020 ONCTMO 10 (motion)
6. *Ontario (College of Massage Therapists of Ontario) v Schneider*, 2020 ONCTMO 11
7. *Ontario (College of Massage Therapists of Ontario) v Baker*, 2020 ONCTMO 12
8. *Ontario (College of Massage Therapists of Ontario) v Rao*, 2020 ONCTMO 13
9. *Ontario (College of Massage Therapists of Ontario) v Chu*, 2020 ONCTMO 14
10. *Ontario (College of Massage Therapists of Ontario) v Litt*, 2020 ONCTMO 15 (motion)
11. Unreported liability decision⁴

Summaries of the decisions are available on the College's website and full-text versions of the decisions are reported on the Canadian Legal Information Institute (CanLII).

2.3 Quarterly Summary of Discipline Committee Activities

The table below provides information on activities related to pre-hearing conferences, discipline hearings (liability and/or penalty phase), motion proceedings, and release dates of written reasons for decisions.

⁴ In line with the College's publication practices, the reasons for this decision in which no findings of professional misconduct were made will be reported on CanLII and summarized on the College's website in the upcoming quarter.

	Registrant	Date(s) of Activity in the Quarter	Type of Activity	Status
1.	Registrant B	April 6	Pre-hearing conference	Liability hearing pending
2.	JW	April 17	Written reasons released	Completed/closed
3.	AB	April 24	Written reasons released	Indefinitely adjourned
4.	NI	April 27	Written reasons released	Indefinitely adjourned
5.	AL	April 28	Written reasons released	Completed/closed
6.	LS	April 28	Written reasons released	Penalty hearing pending
7.	VB	April 29	Written reasons released	Completed/closed
8.	KWC	May 1	Written reasons released	Completed/closed
9.	CR	May 4	Written reasons released	Penalty hearing pending
10.	MC	May 13	Written reasons released	Penalty hearing pending
11.	Registrant M	May 22	Written reasons released	Completed/closed
12.	Registrant A	May 26	Pre-hearing conference	Liability hearing pending
13.	BL	May 26 June 15	Motion for indefinite adjournment; Written reasons released	Indefinitely adjourned
14.	DM	June 9	Motion for indefinite adjournment	Written reasons pending
15.	Registrant G	June 10-11	Liability hearing	Decision pending
16.	Registrant B	June 16-19	Liability hearing	Decision pending
17.	Registrant P	June 24-25	Motion for third party records	Liability hearing pending
18.	KM	June 29	Liability and penalty hearing	Written reasons pending

3. ITEMS SENT TO COUNCIL FOR DECISION

There were no items sent to Council for decision.



FITNESS TO PRACTISE COMMITTEE REPORT

2020 – Q2 (April - June)

Committee Members: Anna Cantalini, RMT, Chair
Sean Adderley, RMT
Suja Biber, RMT
Christine Gross, Public Member
Lesley Hargreaves, RMT
Nevenko Jeftic, RMT
Marlene Kesler, Public Member
Sohail Mall, Public Member
Jay Mathers, Public Member
Debra Mattina, Public Member
Dawn Oehring, RMT
Lisa Tucker, RMT
Ian Vining, RMT
Carolyn Watt, Public Member
Kim Westfall-Connor, RMT
Lloyd White, Public Member

Committee Mandate:

The Fitness to Practise Committee is responsible for hearing and determining allegations of incapacity made against a registrant.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

There were no meetings of the Fitness to Practise Committee held in this quarter.

2. ITEMS FOR INFORMATION

Table 2.1.1

Fitness to Practise Data	
Total hearings completed in the quarter	3
Total motions heard in the quarter	0
Case conferences ¹ completed in the quarter	2

Table 2.1.2

Type of Hearing	Number of Hearings Completed in Quarter
Contested capacity phase ²	0
Contested order phase ³	-
Fully contested	-
Fully uncontested	3

2.2 Decision Release Data

Two decisions were issued by the Fitness to Practise Committee.⁴

2.3 Quarterly Summary of Fitness to Practise Activities

The table below provides information on activities of the Fitness to Practise Committee:

¹ A case conference, as referenced in the [Fitness to Practise Rules of Procedure](#), is a meeting between the College and a registrant to discuss, among other issues, whether any facts can be agreed to, whether any issues can be settled or narrowed before the hearing, the content and timing of disclosure, and the estimated length and scheduling of the hearing.

² During the capacity phase, a panel of the Fitness to Practise Committee is tasked with deciding whether the College has proven the allegation of incapacity against the registrant.

³ If the panel makes a finding of incapacity in the first phase of the hearing, it may then order to suspend or revoke the registrant's certificate of registration, or impose terms, conditions, or limitations on the registrant's certificate of registration.

⁴ Given the closed nature of incapacity hearings, identifying information about registrants has been withheld from this report. The result of each incapacity proceeding is posted on the public register of the College in accordance with the Health Professions Procedure Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*.

	Registrant	Date(s) of Activity in the Quarter	Type of Activity	Status
1.	Registrant L	May 5, 2020	Case conference	Closed
2.	Registrant V	May 5, 2020; May 29, 2020	Case conference; Fitness to Practise hearing	Written reasons pending
3.	Registrant A	May 29, 2020	Written reasons released	Completed
4.	Registrant W	May 29, 2020	Written reasons released	Completed

3. ITEMS SENT TO COUNCIL FOR DECISION

There were no items sent to Council for decision.



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BRIEFING NOTE TO COUNCIL

Date: September 21, 2020

From: Executive Committee

Re: 2020-Q2 Year-to-Date Financial Report

Background:

Each Quarter, Executive Committee and Council are provided with updates, noting trends, financial activity and challenges. The unaudited 2020-Q2 Year to Date (YTD) financial statements presented include:

Appendix A: Statement of Operations

A summary of revenues and expenses for Q2 YTD actuals vs. budget. Overall, the College is forecasting a deficit of \$405K for 2020. Variances greater than \$50,000 and 10% are explained in the attached.

Appendix B: Statement of Financial Position

The financial position as at 2020-Q2 (Unaudited) compared to 2019-Q2 (Audited) Statement of Financial Position. Variances greater than \$50,000 and 10% are explained in the attached.

Recommendation:

The Executive Committee has reviewed and assessed the unaudited 2020-Q2 YTD Statement of Operations and Statement of Financial Position. The Executive Committee recommends that Council approve these statements.

Draft Motion:

THAT Council approve the unaudited 2020-Q2 YTD Statement of Operations and Statement of Financial Position.

Appendix A: Statement of Operations (Unaudited)
2020 - Q2 Year to Date (YTD) Actuals and Full Year (FY) Forecast

	2020 FY Budget	2020 YTD Actual	2020 FY Forecast	2020 FY Variance (\$)	Variance % + Fav, - Unfav	Notes
Revenues						
Registration fees	\$ 11,771,521	\$ 6,446,109	\$ 11,364,117	\$ (407,404)	-3%	[1]
Examination fees	\$ 1,675,800	\$ -	\$ 264,500	\$ (1,411,300)	-84%	[2]
Investment income	\$ 300,000	\$ 46,314	\$ 459,276	\$ 159,276	53%	[3]
	\$ 13,747,321	\$ 6,492,423	\$ 12,087,894	\$ (1,659,428)	-12%	
Expenses						
Council and committees	\$ 471,075	\$ 168,489	\$ 323,680	\$ 147,395	31%	[4]
Complaints and discipline	\$ 2,294,565	\$ 1,813,063	\$ 2,858,414	\$ (563,849)	-25%	[5]
Examinations	\$ 1,345,953	\$ 239,130	\$ 634,971	\$ 710,982	53%	[6]
Quality assurance	\$ 754,750	\$ 153,480	\$ 539,297	\$ 215,453	29%	[7]
Communications	\$ 178,000	\$ 21,946	\$ 118,600	\$ 59,400	33%	[8]
Salaries and benefits	\$ 5,171,182	\$ 3,021,445	\$ 5,036,472	\$ 134,711	3%	[9]
Consulting fees	\$ 344,849	\$ 225,219	\$ 305,219	\$ 39,630	11%	[10]
Professional fees	\$ 240,000	\$ 139,798	\$ 200,851	\$ 39,149	16%	[11]
Rent and operating costs	\$ 589,740	\$ 407,118	\$ 615,709	\$ (25,969)	-4%	[12]
Office and general	\$ 1,273,221	\$ 329,682	\$ 1,178,325	\$ 94,896	7%	[13]
Contributions to national initiatives	\$ 352,819	\$ 168,153	\$ 352,819	\$ -	0%	
Contribution to massage therapy research	\$ -	\$ -	\$ -	\$ -	NM	
Amortization - capital assets	\$ 191,072	\$ 95,536	\$ 191,072	\$ -	0%	
Amortization - intangible assets	\$ 137,764	\$ 68,882	\$ 137,764	\$ -	0%	
	\$ 13,344,991	\$ 6,851,940	\$ 12,493,194	\$ 851,797	6%	
Surplus/(Deficit)	\$ 402,331	\$ (359,517)	\$ (405,300)	\$ (807,631)	-201%	

Appendix A: Statement of Operations
Notes: 2020 Full Year (FY) Forecast - Variances to Budget

Note	Financial Statement Line Item	Variance \$	Variance %	Explanation
[1]	Registration fees	(\$407,404)	-3%	Unfavourable variance primarily due to impact of COVID-19 on 2020 Initial Registration (IR) rates. 397 IRs through Aug 2020 vs. 890 budgeted for FY 2020. FY forecast assumes limited additional IRs for rest of year.
[2]	Examination fees	(\$1,411,300)	-84%	Unfavourable variance due to impact of COVID-19. There will be no OSCEs in 2020. MCQs are scheduled for remainder of 2020.
[3]	Investment income	\$159,276	53%	Favourable variance due to higher than expected return on investments YTD 2020. FY forecast assumes fair value of portfolio will remain consistent with most recent statement (Jul 31, 2020).
[4]	Council and committees	\$147,395	31%	Favourable variance due to savings on council and committee expense reimbursements as a result of shift to virtual meetings. FY forecast assumes virtual meetings will continue for remainder of 2020.
[5]	Complaints and Discipline (C&D)	(\$563,849)	-25%	FY Forecast assumes spend continues at current YTD rate. FY forecast includes estimate of 2020 C&D accrual, using following key assumptions: 1. Similar case composition to 2019 accrual (fitness to practise, sexual abuse, etc.) 2. Similar avg. cost per case as 2019. 3. Case volume activity continues at YTD rates (# of new cases, # closed, # referred to ICRC, etc.)
[6]	Examinations	\$710,982	53%	Favourable variance due to impact of COVID-19 on 2020 exam schedule. Variance vs. budget is less significant compared to loss in exam revenue due to (1) MCQ exams for remainder of 2020 will be more costly to conduct in response to COVID-19 guidelines and (2) content development and training expenditures for 2021 exams continued as planned. Discussions are ongoing with third party provider to recover a portion of these expenses.
[7]	Quality assurance	\$215,453	29%	Favourable variance primarily due to impact of COVID-19 on peer assessments. Professional practice has pivoted to virtual assessments vs. in-clinic.
[8]	Communications	\$59,400	33%	Expenses lower than budget primarily due to intentional cost mitigation measures.
[9]	Salaries and Benefits	\$134,711	3%	Net savings due to hiring delays and staff departures.
[10]	Consulting Fees	\$39,630	11%	Net savings attributed to impact of revised Workplan timelines.
[11]	Professional Fees	\$39,149	16%	Net savings primarily due to less legal matters than anticipated.
[12]	Rent and operating costs	(\$25,969)	-4%	Unfavourable variance due to increase in rental rates subsequent to preparation of 2020 budget.
[13]	Office and General	\$94,896	7%	Favourable variance primarily due to savings on Conferences and Training vs. budget as a result of COVID-19.

NM = Not Material

Appendix B: Statement of Financial Position (Unaudited)

As at June 30, 2020 (with December 31, 2019 comparative)

	Jun 30, 2020	Dec 31, 2019	Variance \$	Variance %	Notes
ASSETS					
Current assets					
Cash	\$ 7,180,673	\$ 11,840,773	\$ (4,660,100)	-39.36%	[1]
Accounts receivable	\$ -	\$ 1,135	\$ (1,135)	-100.00%	NM
Investments*	\$ 7,694,236	\$ 7,647,922	\$ 46,314	0.61%	NM
Prepaid expense	\$ 294,173	\$ 71,903	\$ 222,270	309.12%	[2]
Total current assets	\$ 15,169,082	\$ 19,561,733	\$ (4,392,651)	-22.46%	
Non current assets					
Capital assets	\$ 781,963	\$ 792,781	\$ (10,818)	-1.36%	NM
Intangible assets	\$ 76,972	\$ 88,997	\$ (12,025)	-13.51%	NM
Total non current assets	\$ 858,935	\$ 881,778	\$ (22,843)	-2.59%	
TOTAL ASSETS	\$ 16,028,017	\$ 20,443,511	\$ (4,415,494)	-21.60%	
LIABILITIES					
Current liabilities					
Accounts payable and accrued liabilities	\$ 3,194,067	\$ 3,223,950	\$ (29,883)	-0.93%	NM
Deferred registration and exam fees	\$ 7,025,432	\$ 10,857,175	\$ (3,831,743)	-35.29%	[3]
Total current liabilities	\$ 10,219,499	\$ 14,081,125	\$ (3,861,626)	-27.42%	
Deferred lease inducements	\$ 90,576	\$ 93,931	\$ (3,355)	-3.57%	
TOTAL LIABILITIES	\$ 10,310,075	\$ 14,175,056	\$ (3,864,981)	-27.27%	
NET ASSETS					
Invested in capital and intangible assets	\$ 858,935	\$ 881,778	\$ (22,843)	-2.59%	NM
Internally restricted for complaints and discipline	\$ 1,500,000	\$ 1,500,000	\$ -	0.00%	NM
Internally restricted for national initiatives	\$ 653,294	\$ 821,447	\$ (168,153)	-20.47%	[4]
Internally restricted for massage therapy research	\$ 250,000	\$ 250,000	\$ -	0.00%	NM
Unrestricted	\$ 2,455,713	\$ 2,815,230	\$ (359,517)	-12.77%	[5]
\$ 5,717,942	\$ 6,268,455	\$ (550,513)	-8.78%		
TOTAL LIABILITIES AND NET ASSETS	\$ 16,028,017	\$ 20,443,511	\$ (4,415,494)	-21.60%	

*Includes long-term investments with maturities > Mar 31, 2021. All investments are liquid and can be sold at any time.

Appendix B: Statement of Financial Position (Unaudited)
Variance Analysis: June 30, 2020 to December 31, 2019

Note	Financial Statement Line Item	Variance \$	Variance %	Explanation
[1]	Cash	(\$4,660,100)	-39%	Decrease vs. Dec 31, 2019 due to cash draw to cover YTD operating expenditures in excess of YTD registration/exam fees collected.
[2]	Prepaid expense	\$222,270	309%	Increase due to timing of invoices related to 2020 initiatives and annual software license renewals.
[3]	Deferred registration and exam fees	(\$3,831,743)	-35%	Decrease due to YTD recognition of 2020 registration fees collected in 2019.
[4]	Internally restricted for national initiatives	(\$168,153)	-20%	Decrease equivalent to pro-rated 2020 CMTCA fees (in line with commitment signed Jan 1, 2019).
[6]	Unrestricted	(\$359,517)	-13%	Increase due to YTD deficit.

NM = Not Material



Council Meeting

September 22, 2020

Day 2



College of Massage Therapists of Ontario
Meeting of the Council

Agenda

Date/Time: September 21, 2020 – 9:00 AM – 12:30 PM
September 22, 2020 – 9:00 AM – 1:00 PM

Location: Videoconference - MS Teams

Item No.	Item	Item Lead	Approx. Time
September 21, 2020			
1.	Call to Order	Westfall-Connor	10 min
2.	Declaration of Conflicts of Interest	Westfall-Connor	
3.	Approval of the Agenda of September 21, 2020	Westfall-Connor	
4.	<u>Council Meeting Evaluations</u> 4.1 Meeting Evaluation of May 11-12, 2020 4.2 Meeting Evaluation of July 27, 2020	Westfall-Connor	15 min
5.	<u>Consent Agenda</u> 5.1 Minutes of May 11, 2020 5.2 Minutes of May 12, 2020 5.3 Minutes of July 27, 2020 5.4 Actions Arising from the Minutes of May 11,12 and July 27, 2020 5.5 2020 – Q2 Registrar’s and Administration Report 5.6 2020 – Q2 Committee Reports <div style="border: 1px solid blue; padding: 5px; margin-top: 10px;"> <p>A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if anyone wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed. To test whether an item should be included in the consent agenda, ask:</p> <ul style="list-style-type: none"> • Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants Council discussion? • Is this item for information only? Or is it needed for another meeting agenda issue? </div>	Westfall-Connor	10 min
6.	<u>Quarterly Reporting</u> 6.1 2020 – Q2 Year-to-Date Financial Report	Molnar/Wilcox	30 min

7.	<u>Items for Discussion</u> 7.1 2021 Budget Development Process	Westfall-Connor	30 min
Break – 15 min			
8.	<u>In-Camera Session</u> Council will go in-camera in accordance with the RHPA, Schedule 2, Section 7(2)(b) to discuss financial or personal or other matters that may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;	Westfall-Connor	60 min
9.	New Business		
10.	Adjournment	Westfall-Connor	2 min
September 22, 2020			
1.	Call to Order	Westfall-Connor	10 min
2.	Declaration of Conflicts of Interest	Westfall-Connor	
3.	Approval of the Agenda of September 22, 2020	Westfall-Connor	
4.	<u>Items for Decision</u> 4.1 Standards of Practice Revision Project (Guests: Dianne Parker-Taillon and Dawn Burnett, Consultants - confirmed – 9:00 AM)	White	60 min
Break - 15 min			
	4.2 2021 Draft Workplan	Westfall-Connor	20 min
	4.3 Proposed Amendments to By-Law No. 7 – Fees for Registration, Examinations and Other Activities of the College	Westfall-Connor	10 min
	4.4 2021 Examination Content Outlines	Cantalini	15 min
	4.5 First Aid and CPR Requirements	White	20 min
	4.6 Ratification of Appointments of Council Members to Committees	Westfall-Connor	5 min
	4.7 Approval of 2021 draft Council Meeting Dates	Westfall-Connor	5 min
	4.8 Returning to the Office	Westfall-Connor	10 min
5.	<u>Quarterly Reporting</u> 5.1 2019 – Q2 and Q3 Executive Committee Report 5.2 2020 – Q2 Workplan Report 5.1.2 BN – Workplan Change Request 5.3 2020 – Q2 Quality Assurance Committee Report	Westfall-Connor Flitton White	10 min 20 min 10 min
6.	<u>Items for Information</u> 6.1 Amendments to By-Law No. 7 – Schedule A Miscellaneous Fee Schedule 6.2 Spousal Exception 6.3 College Performance Measurement Framework 6.4 HPRO 2019-2020 Highlights		
7.	New Business		
8.	Adjournment	Westfall-Connor	2 min



[Skip to Main Content](#)

BRIEFING NOTE FOR COUNCIL

Date: September 22, 2020

From: Lloyd White, Chair, Quality Assurance Committee

Re: Draft Standards of Practice – Approval for Consultation

Purpose:

To review the draft Standards of Practice and approve for circulation to conduct consultation with the registrants and other stakeholders.

Background:

In September 2019, with the assistance of Dianne Parker Taillon and Dawn Burnett, qualified Standards consultants from Parker-Taillon Consulting Inc., the College of Massage Therapists of Ontario (CMTO) embarked on an 18-month project designed to develop new Standards of Practice for the Massage Therapy profession using an outcomes-based approach.

Throughout the process, the Standards consultants and the CMTO team, remained mindful of the Regulatory Framework principles, approved by Council in 2018, which set out criteria for the development of new Standards of Practice.

As the project has unfolded, the development of thirteen (13) draft Standards of Practice have benefitted greatly from valuable input received through a number of sources which include:

Standards of Practice – Focus Groups

Two separate focus groups were conducted via teleconference in November 2019 with a total of sixteen (16) RMTs to gather feedback about the current Standards of Practice which were implemented in 2006.

Standards of Practice Advisory Group (SPAG)

In December 2019, ten (10) RMTs from across the province, were recruited to form the Standards of Practice Advisory Group (SPAG). Representing various demographics including

male and female representatives with varying years of experience, a range of practice backgrounds, and practices operating in both larger urban and smaller rural centres.

SPAG members met initially in February 2020 for orientation sessions intended to set the stage for work that would be accomplished throughout the next twelve (12) to fourteen (14) months. In May 2020, an initial draft of the Standards was provided to all SPAG members for review and comment, prior to four (4) virtual half day meetings being held for an in-depth, line by line review of each Standard.

Feedback from the group was incorporated into a subsequent draft of the Standards and reviewed by all SPAG members prior to being shared with the Quality Assurance Committee (QAC) for further consideration.

The SPAG will continue to be relied upon for additional input and further review of the draft Standards throughout the coming months.

Legal Counsel

Throughout the development phase, legal counsel has been engaged to conduct full content reviews of the draft Standards prior to the release of documentation to various groups. In addition, legal counsel has connected with the CMTO team for focused discussions on high-risk topic areas including the prevention of sexual abuse and professional boundaries.

CMTO Senior Management Team

The Senior Management Team met in July 2020 to conduct a review of the individual draft Standards and provide comment. Overall comments indicated that the proposed approach aligned with expectations for the organization. Suggested content revisions were considered by the Quality Assurance Committee prior to being incorporated into the latest draft of the Standards of Practice.

Quality Assurance Committee (QAC)

Following a review of the draft Standards of Practice at the Quality Assurance Committee meeting on July 20, 2020, the Committee reconvened on July 29, 2020 to consider proposed changes to the Standards based on feedback received in recent months from a number of sources.

During the meeting, comments gathered throughout the process were shared to address the draft Standards on an individual basis. Committee members were invited to provide feedback, consider higher risk areas, and highlight potential areas of concern which may become evident during the consultation process.

Standards Consultants and CMTO Team

Following receipt of feedback and suggestions from each group, on multiple occasions, the Standards Consultants in collaboration with the CMTO team, worked diligently to incorporate feedback and revise the draft Standards.

Recommendation:

The Committee is recommending that Council approve the draft Standards of Practice for consultation with registrants and other stakeholders.

Subsequent to the consultation, the Quality Assurance Committee will review comments and feedback provided throughout the process and finalize the new Standards of Practice for Council approval in February 2021.

Draft Motion:

THAT Council approve the draft Standards of Practice for consultation with the profession and other stakeholders.

Proposed Action:

Following approval, CMTO will release the draft Standards of Practice for consultation with the profession and stakeholders using an online survey tool.

Attachments

- Draft Standards of Practice - Council

College of Massage Therapists of Ontario

Standards of Practice Revision Project

Draft Standards of Practice (for Council review)

September 10, 2020

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About the Standards of Practice

The College of Massage Therapists of Ontario (CMTO) is the regulator established by the provincial government to regulate the practice of Massage Therapy in Ontario and to govern the conduct of Massage Therapists (RMTs/MTs). CMTO's mandate is to protect the public.

Purpose of the Standards of Practice

CMTO's Standards of Practice play a key role in health regulation and public protection, by setting the minimum requirements and expectations for all RMTs in Ontario, regardless of their role, job description or practice environment.

The Standards of Practice can be used to:

- Outline what is expected of every RMT in Ontario;
- Inform other stakeholders about the expectations and requirements, including but not limited to clients, employers, other health professionals, educators, students, examination candidates and applicants;
- Assess performance for CMTO's Quality Assurance Program (STRiVE); and
- Help guide decision-making when there is a complaint or concern about an RMT's practice.

In addition to meeting the requirements of each Standard of Practice, RMTs must follow all requirements outlined in legislation. RMTs may only practise within the Scope of Practice of Massage Therapy as outlined in the [Massage Therapy Act, 1991](#):

"The practice of massage therapy is the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain."

How to Read the Standards of Practice

Each Standard of Practice is organized by the following headings:

- *Registered Massage Therapist Outcome*: Describes the expected outcome for which RMTs are responsible.
- *Client Outcome*: Describes what the client can expect from RMTs who are meeting the Standard of Practice.
- *Requirements*: Describes the minimum requirements that all RMTs must adhere to when meeting the Standard of Practice.
- *References*: Lists the relevant legislation(s).

- *Resources and Guidance*: Offers links to other practice resources that provide more detail on how to apply or implement the Standard of Practice. This section is intended for the reader who wants to learn more about a Standard of Practice or its requirements.
- *Related Standards of Practice*: Lists Standards of Practice that have overlapping or relevant material.
- *Related Career-Span Competencies (CSCs)*: Lists the [CSCs](#) of STRiVE - the Quality Assurance Program.
- *Glossary*: Key terms are defined in an accompanying glossary. The first time a key term appears in each Standard of Practice, it is bolded.

Additional Notes

- These Standards of Practice are outcomes-based and aim to provide the fewest prescriptive requirements as possible while protecting public safety. The content of these Standards of Practice is determined by risk analysis for public protection.
- Standards of Practice are applicable in all practice settings, even those that may be considered non-clinical in nature. For example, a teacher modelling treatment while teaching a student would be expected to meet the requirements set out in the Standards.
- RMTs may apply/implement the Standards of Practice in a way that is appropriate for their practice, as long as they first meet all the minimum requirements outlined in each Standard of Practice.
- Contravening or failing to maintain a Standard of Practice is an act of professional misconduct under CMTO's *Professional Misconduct Regulation*.
- Whenever applicable, the same requirements apply to paper or electronic documents or forms of communication, including but not limited to records, logs, receipts and communications.

Relevant Legislation and Regulation

[Regulated Health Professions Act, 1991 \(RHPA\)](#)

[Health Professions Procedural Code \(Schedule 2 of the RHPA\)](#)

[Massage Therapy Act, 1991](#)

[Health Care Consent Act, 1996 \(HCCA\)](#)

[Personal Health Information Protection Act, 2004 \(PHIPA\)](#)

To access these and all other Ontario legislation, or if any of the above links are unavailable, please visit the [Government of Ontario's e-laws website](#) to search alphabetically or by name of the statute.

Standard of Practice:

Acupuncture

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

An authorized Registered Massage Therapist (RMT)¹ performs the **controlled act** of **acupuncture** in compliance with relevant legislation and Standards of Practice.

Client Outcome

The **client** receives acupuncture treatment from a competent, authorized RMT who provides safe, effective and ethical treatment within the **Scope of Practice of Massage Therapy**.

Requirements

The RMT must:

1. Have graduated from a [Confirmed Acupuncture Education Program](#) or have been grand-parented by CMTO and have the required entry-level acupuncture practice competencies as outlined in the [Acupuncture Practice Competencies and Performance Indicators](#).
2. Have applied for and been granted authorization from CMTO to practise acupuncture.
3. Have the required professional liability insurance to practise acupuncture.
4. Comply with CMTO's annual declaration requirement (affirming the commitment to safe practice by maintaining the knowledge, skill and judgement to safely perform acupuncture) and currency requirement (declare number of acupuncture requirements over the past year).
5. Be competent to safely provide acupuncture within the Scope of Practice of Massage Therapy.
6. Practise within the Scope of Practice of Massage Therapy and follow all requirements of CMTO's Standards of Practice.
7. Obtain the **client's informed consent** (consent) in accordance with the Standard of Practice: Consent. Consent must include a discussion with the client about:
 - a. the nature of the treatment;
 - b. the expected benefits;
 - c. material risks and side effects;
 - d. alternative courses of action;

¹ An RMT authorized to perform acupuncture has this notation on CMTO's public register.

- e. likely consequences of not having treatment; and
 - f. their right to ask questions about the information provided and ability to withdraw their consent at any time.
8. Drape in accordance with the Standard of Practice: Draping.
 9. Ensure the client's ongoing comfort and safety, addressing any intended and unintended effects and outcomes as required.
 10. Comply with current **Infection Prevention and Control (IPAC) measures** and the Standard of Practice: Infection Prevention and Control, including:
 - a. ensuring needles are sterile prior to use;
 - b. storing and disposing of used needles safely;
 - c. documenting and implementing needlestick injury protocols; and
 - d. vigilance in maintaining high standards of cleanliness, skin disinfection technique, needling technique and careful anatomical considerations.
 11. When appropriate and with the client's consent, refer the client to another RMT, **healthcare professional** or person whose expertise can best address the client's needs, and document the referral in the client's **health record**.

References

- [Regulated Health Professions Act, 1991 \(RHPA\)](#)
- [Health Care Consent Act, 1996 \(HCCA\)](#)
- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Code of Ethics](#)
- [Confirmed Acupuncture Education Program](#)
- [Acupuncture Practice Competencies and Performance Indicators](#)

Related Standards of Practice

- Client-centred Care
- Communication
- Consent
- Draping
- Infection Prevention and Control
- Safety and Risk Management

Related Career-Span Competencies (CSCs)

- Act with professional integrity
- Apply the principles of sensitive practice
- Communicate effectively
- Comply with legal requirements
- Function in a client-centred manner
- Maintain a safe work environment
- Practise in a manner consistent with current developments in the profession
- Practise in a self-reflective manner
- Use an evidence-informed approach in your work
- Work within areas of personal knowledge and skills

DRAFT

Standard of Practice: Client-centred Care

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) provides treatment that is focused on the best interests and unique needs of each individual **client**.

Client Outcome

The client receives safe, effective and ethical treatment from their RMT that respects the client's unique needs and health goals.

Requirements

The RMT must:

1. Obtain the client's **informed consent** (consent) in accordance with the Standard of Practice: Consent before conducting an assessment or providing treatment. Consent must include a discussion with the client about:
 - a. the nature of the treatment;
 - b. the expected benefits;
 - c. material risks and side effects;
 - d. alternative courses of action;
 - e. likely consequences of not having treatment; and
 - f. their right to ask questions about the information provided and ability to withdraw their consent at any time.
2. Obtain the client's written informed consent prior to every assessment and/or treatment of **sensitive areas** including the upper inner thighs; chest wall muscles; and the breasts (which must not be touched except when treatment of the breast is requested by the client for a clinically indicated reason such as mastitis, or following mastectomy or breast reduction). Written informed consent must also be obtained prior to treating the buttocks (gluteal muscles) but can be obtained once per treatment plan (then verbally prior to every treatment).
3. Assess the client, including obtaining health history, to determine their condition and if Massage Therapy is indicated, use their knowledge, skills and professional judgement.
4. Develop a **treatment plan** for each client based on the assessment and client's goals for treatment, monitor the client's response and modify treatment accordingly.

5. Only treat, or attempt to treat, conditions within their competence and the **Scope of Practice of Massage Therapy**.
6. If they have **dual registration**, ensure the client understands when and in what circumstances they are receiving treatment from the RMT in their capacity as an RMT, and when they are receiving treatment which is outside the Scope of Practice of Massage Therapy and within the scope of another health profession in which they are regulated.
7. When appropriate and with the client's consent, refer the client to another RMT, **healthcare professional** or person whose expertise can best address the client's needs.
8. Provide **fair and equitable** access and consistent quality of treatment to all clients.
9. Treat all clients with respect and dignity.
10. Ensure the client's continuing comfort and safety during the treatment, addressing any intended and unintended effects and outcomes as required.
11. Drape in accordance with the Standard of Practice: Draping.
12. Promote the client's involvement in their own health goals.
13. Work with the client and others, as required, to plan and implement **discharge** from treatment.
14. Only discontinue providing Massage Therapy services to a client if the discharge process has been documented in the client's file and:
 - a. treatment is no longer beneficial or needed; or
 - b. the client requests the discontinuation; or
 - c. alternative services are arranged; or
 - d. the client is abusive; or
 - e. there is real or perceived threat to the RMT; or
 - f. the client is given reasonable opportunity to arrange alternative services.
15. Never **abuse** a client; this includes, but is not limited to, verbal, physical, psychological, emotional, sexual or financial abuse.
16. Never have a sexual relationship with a client. This is **sexual abuse**. As it pertains to sexual abuse, a client will meet the definition of "client" for one year after they ceased to be the RMT's client. That is, an RMT may not enter into a sexual relationship with a client for a period of one year after the client ceased to be a client. Additionally, it might never be ethically appropriate to have a sexual relationship with a person who was previously a client, regardless of the passage of time, due to power dynamics, the disclosing of health information or other reasons. Even if this might not constitute "sexual abuse" within the definition in the legislation, it could still be professional misconduct.
17. At the client's request, securely transfer copies of the client's **health record** to another RMT or other healthcare professional.
18. Upon resignation, or closure of a clinic, refer the client to another RMT, healthcare professional or person whose expertise can best address the client's needs; and take necessary actions to ensure client health records are properly retained, transferred and disposed of.

References

- [Health Care Consent Act, 1996 \(HCCA\)](#)

- [Massage Therapy Act, 1991](#)
- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Policy: Zero Tolerance](#)
- [Code of Ethics](#)

Related Standards of Practice

- Consent
- Communication
- Draping
- Prevention of Sexual Abuse
- Professional Boundaries

Related Career-Span Competencies (CSCs)

- Act with professional integrity
- Apply the principles of sensitive practice
- Communicate effectively
- Comply with legal requirements
- Function in a client-centred manner
- Interact effectively with other professionals
- Maintain a safe work environment
- Maintain comprehensive records
- Maintain personal wellness consistent with the needs of practice
- Manage time and resources effectively
- Practise in a manner consistent with current developments in the profession
- Practise in a self-reflective manner
- Treat others respectfully
- Use an evidence-informed approach in your work
- Work within areas of personal knowledge and skills

Standard of Practice:

Collaboration and Professional Relationships

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) practises in collaboration with **clients, other healthcare professionals** and others involved in the client's care to provide safe, effective and ethical treatment.

Client Outcome

The client understands that the RMT will work with others as required to provide the best treatment to meet the needs of the client.

Requirements

When working in collaboration with other healthcare professionals and others involved in a client's care, the RMT must:

1. Take reasonable steps to ensure every client's Massage Therapy **treatment plan** aligns with the treatment plans of other healthcare professionals.
2. Document collaboration and professional relationships in a client's **health record**, including:
 - a. reports received for examinations, tests, consultations or treatments; and
 - b. the details of every referral made.
3. Allow another healthcare professional who is providing or assisting in providing healthcare to a client access to the client's health record where such access is reasonably necessary for the provision of healthcare, unless the client has expressly instructed the RMT not to provide such access.
4. Work to resolve any problems or conflicts that may arise between those involved in the client's care that could interfere with the delivery of safe, effective and ethical care. Document these concerns and the steps taken to resolve them.
5. Refer the client to another RMT, healthcare professional or person whose expertise can best address the client's needs (when appropriate and with the client's **consent**).

References

- [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)

- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Code of Ethics](#)
- [“A National Interprofessional Competency Framework.”](#)

Related Standards of Practice

- Client-centred Care
- Communication
- Consent
- Privacy and Confidentiality

Related Career-Span Competencies (CSCs)

- Act with professional integrity
- Communicate effectively
- Function in a client-centred manner
- Interact effectively with other professionals
- Treat others respectfully
- Work within areas of personal knowledge and skills

Standard of Practice:

Communication

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) clearly provides the **client** with the information required to make informed decisions about their health and communicates in a professional manner.

Client Outcome

The client receives the information needed to make an informed decision about their Massage Therapy treatment and be given the opportunity to ask questions of their RMT.

Requirements

The RMT must:

1. Obtain the client's **informed consent** (consent) in accordance with the Standard of Practice: Consent prior to assessment and/or treatment. Consent must include a discussion with the client about:
 - a. the nature of the treatment;
 - b. the expected benefits;
 - c. material risks and side effects;
 - d. alternative courses of action;
 - e. likely consequences of not having treatment; and
 - f. their right to ask questions about the information provided and ability to withdraw their consent at any time.
2. Use effective communication including **plain language** and **active listening** to accurately transmit information about Massage Therapy treatment.
3. Adapt communication according to clients' understanding and needs.
4. Ensure that all forms of communication (spoken; written, including paper and electronic; and social media) are respectful, ethical and professional and that client **privacy** and **confidentiality** is maintained at all times.

References

- [Health Care Consent Act, 1996 \(HCCA\)](#)

- [Personal Health Information Protection Act, 2004 \(PHIPA\)](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Code of Ethics](#)

Related Standards of Practice

- Acupuncture
- Client-centred Care
- Collaboration and Professional Relationships
- Consent
- Draping
- Fees and Billing
- Infection Prevention and Control
- Prevention of Sexual Abuse
- Privacy and Confidentiality
- Professional Boundaries
- Safety and Risk Management

Related Career-Span Competencies (CSCs)

- Act with professional integrity
- Apply the principles of sensitive practice
- Communicate effectively
- Comply with legal requirements
- Function in a client-centred manner
- Interact effectively with other professionals
- Maintain comprehensive records
- Treat others respectfully

Standard of Practice:

Conflict of Interest

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) avoids any potential, real or perceived personal or financial **conflict of interest**. If the conflict of interest cannot be avoided, it must be managed and disclosed to the client.

Client Outcome

The **client** receives treatment that is solely in the best interest of the client and not compromised by any potential, real or perceived personal or financial interest.

Requirements

An RMT must not practise while in a conflict of interest, including but not limited to:

1. Providing or receiving a monetary or **other benefit** for referring a client to or from another person or business (for example, a referral fee).
2. Recommending a product or service in which the RMT has a personal or financial interest without first disclosing this interest and advising the client that they may obtain a suitable alternative product or service elsewhere. Document this discussion in the client **health record**.
3. Sharing professional revenue, fees or income with someone who is not a regulated **health professional** in Ontario, unless the fee-sharing is done in accordance with a written agreement stating that the RMT maintains responsibility for all professional aspects of their practice, including record keeping and billing.
4. Participating in a rental agreement that is based on business referred between the tenant and landlord.

References

- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Conflict of Interest Guideline](#)
- [Code of Ethics](#)

Related Standards of Practice

- Consent

Related Career-Span Competencies (CSCs)

- Act with professional integrity
- Comply with legal requirements
- Function in a client-centred manner

DRAFT

Standard of Practice:

Consent

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) obtains **informed consent** (consent) from **clients** or their **substitute decision-makers** prior to and throughout assessment and treatment.

Client Outcome

The client receives the information they need to make an informed decision about their Massage Therapy treatment and is given the opportunity to ask questions of their RMT. Assessment and/or treatment only begins after the client has given the RMT consent. The client is aware they can withdraw their consent at any time.

Requirements

1. Before conducting an assessment or providing treatment, the RMT must obtain the client's consent. Consent must include a discussion with the client about:
 - a. the nature of the treatment;
 - b. the expected benefits;
 - c. material risks and side effects;
 - d. alternative courses of action;
 - e. likely consequences of not having treatment; and
 - f. their right to ask questions about the information provided and that assessment or treatment will be stopped or modified at any time at their request.
2. If the RMT does not have sufficient information about the risks, benefits and contraindications of a modality or product, including topical products and lubricants, then consent cannot be obtained and the modality or product must not be used or applied during the treatment.
3. The RMT obtains the client's written informed consent prior to every assessment and/or treatment of sensitive areas including the upper inner thighs; chest wall muscles; and the breasts (which must not be touched except when treatment of the breast is requested by the client for a clinically indicated reason such as mastitis, or following mastectomy or breast reduction). Written informed consent must also be obtained prior to treating the buttocks (gluteal muscles) but can be obtained once per treatment plan (then verbally prior to every treatment).
4. Consent must relate to the assessment and/or treatment being proposed, be voluntary and not obtained through misrepresentation or fraud.

5. The client who is providing consent must be **capable**. If the client is **incapable**, then a substitute decision-maker can provide consent on behalf of the client. If a client is incapable and no substitute decision-maker is present, RMTs must refuse to provide treatment.
6. The RMT must verify client consent throughout assessment and treatment.
7. RMTs must document consent conversations in the client **health record** within 24 hours of the assessment or treatment. When the RMT obtains written consent for treatment of sensitive areas, it must also be kept in the client health record.

References

- [Health Care Consent Act, 1996 \(HCCA\)](#)
- [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)
- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under [the Massage Therapy Act, 1991](#)
- [Personal Health Information Protection, 2004 \(PHIPA\)](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Practice Resource: Cannabis](#)
- [Code of Ethics](#)

Related Standards of Practice

- Client-centred Care
- Communication
- Draping
- Prevention of Sexual Abuse
- Professional Boundaries

Related Career-Span Competencies (CSCs)

- Act with professional integrity
- Apply the principles of sensitive practice
- Communicate effectively
- Comply with legal requirements
- Function in a client-centred manner
- Maintain comprehensive records

Standard of Practice:

Draping

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) drapes **clients** effectively to protect client **privacy** and safety and to maintain appropriate **boundaries**.

Client Outcome

The client is draped effectively to maintain appropriate boundaries and help prevent **boundary crossings** and **boundary violations**.

Requirements

The RMT must:

1. Obtain the client's **informed consent** (consent) in accordance with the Standard of Practice: Consent regarding draping before conducting an assessment and/or treatment. Consent must include a discussion with the client about:
 - a) the nature of the treatment;
 - b) the expected benefits;
 - c) material risks and side effects;
 - d) alternative courses of action;
 - e) likely consequences of not having treatment; and
 - f) their right to ask questions about the information provided and ability to withdraw their consent at any time.
2. Explain to the client clearly what part of the body the RMT intends to assess or treat, and whether the touch will be directly on skin or through a cloth barrier (for example, a sheet or the client's clothing).
3. Discuss with the client how **sensitive areas** will be draped to establish and protect professional boundaries throughout the treatment.
4. Explain to the client how to best prepare for assessment and/or treatment, including options to remove clothing or remain clothed and how to position themselves.
5. Continuously monitor the client for change in consent and comfort with draping throughout treatment.
6. Drape securely to set clear physical boundaries that separate the areas being treated and/or assessed and areas of the body where no touch will be applied.

7. Drape to prevent visual exposure of any areas of the client’s body that are not being treated and/or assessed (except for the face and the head).
8. Adjust draping throughout assessment and/or treatment to ensure that only the area of the body that is actively receiving assessment and/or treatment is uncovered, except for the face and the head.
9. Confirm consent immediately before undraping for bilateral assessments and/or treatment.
10. Only at the client’s request, uncover areas of the client’s body that the RMT is not actively assessing and/or treating for the client’s comfort (such as for temperature regulation), except for a sensitive area which may only be exposed if the RMT is treating and/or assessing that area and the client has requested treatment of the sensitive area and provided written consent.
11. Never expose the client’s genital area or gluteal cleft. Ensure that drape boundaries properly protect the client from exposure of the genital area and the gluteal cleft without exception.
12. Never reach underneath the draping.

References

- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)

Resources and Guidance

- [Code of Ethics](#)
- [Policy: Zero Tolerance](#)

Related Standards of Practice

- Acupuncture
- Client-centred Care
- Communication
- Consent
- Prevention of Sexual Abuse
- Professional Boundaries
- Safety and Risk Management

Related Career-Span Competencies (CSCs)

- Act with personal integrity
- Apply the principles of sensitive practice
- Communicate effectively

- Comply with legal requirements
- Function in a client-centred manner
- Maintain a safe work environment
- Maintain comprehensive records
- Practise in a self-reflective manner
- Treat others respectfully
- Work within areas of personal knowledge and skills

DRAFT

Standard of Practice:

Fees and Billing

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) charges fees that are **fair and equitable**, reasonable, transparent and communicated to the **client**.

Client Outcome

The client is charged reasonable fees that are fair and explained to them before receiving Massage Therapy treatment.

Requirements

The RMT must:

1. Keep a **financial record** for each client that contains the particulars of the treatment provided, the fees charged and a copy of the receipt issued to the client.
2. Not submit an account or charge for services that the RMT knows is false or misleading.
3. Not sell or assign any debt owed for professional services to a third party (for example, a collection agency). This does not include paying for Massage Therapy services with credit cards.
4. Make any penalties for missing or cancelling appointments public and known to the client in advance of their first appointment and inform the client of any changes to the policy thereafter.

Fees for Massage Therapy must:

5. Be communicated to the client prior to providing services.
6. Be itemized on a receipt, if requested by the client or a person or agency paying for the services.
7. Be posted in a visible location in the practice setting.
8. Not differ from the posted fee without noting the rationale and difference in the client's **health record**, and without the prior acceptance of the client.
9. Not be excessive or unreasonable.
10. Not be reduced for prompt payment.

Receipts for Massage Therapy must:

11. Include at a minimum:
 - a. date of appointment,
 - b. name of client,
 - c. amount of the transaction and the name of the RMT,
 - d. signature and registration number of the RMT, and
 - e. HST number (if applicable).
12. Only indicate “Massage Therapy treatment” and include the RMT’s registrant number for products and services that are within the **Scope of Practice of Massage Therapy**. Receipts for products and services outside the Scope of Practice of Massage Therapy must indicate the product or service provided and must not refer to Massage Therapy.
13. When a gift certificate is purchased, include the description of the service as “Gift Certificate” and the dollar amount paid on the receipt. When the gift certificate is redeemed, a receipt for the dollar amount of the gift certificate is not issued. If the recipient of the massage wishes to receive a receipt, then the dollar amount listed must be “gift certificate redeemed” with no dollar amount given.

References

- [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)
- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Code of Ethics](#)
- [Guideline for Selling Gift Certificates](#)

Related Standards of Practice

- Client-centred Care
- Communication
- Conflict of Interest
- Consent

Related Career-Span Competencies (CSCs)

- Act with professional integrity
- Comply with legal requirements

Standard of Practice:

Infection Prevention and Control

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) follows safe **Infection Prevention and Control (IPAC)** procedures to protect the health and safety of **clients**, themselves and others in the practice environment.

Client Outcome

The client is not put at significant risk for transmission of communicable disease.

Requirements

The RMT must:

1. Adhere to current IPAC government orders and directives, legislation, CMTO guidelines and employer/practice setting policies.²
2. Remain informed of current infectious disease risks, symptoms, routes of transmission and prevention strategies in their community and/or practice setting.
3. Implement an IPAC plan tailored to the practice setting.
4. Maintain the practice premises in a sanitary manner.
5. Follow Public Health Ontario (PHO) recommendations for cleaning and disinfecting the practice setting, at a minimum including:
 - a. Cleaning and disinfecting massage tables, face cradles and other surfaces frequently touched by the client and/or RMT before each client.
 - b. Using cleaned and disinfected linens and covers for each client (including but not limited to sheets, pillow covers, blankets, face cradle covers).
 - c. Handling soiled linens safely.
 - d. Cleaning and disinfecting any equipment and supplies used in treatment after each client (for example, hot stones, ultrasound equipment, myofascial cups or assessment/treatment tools).
 - e. For **acupuncture**:
 - i. Ensuring needles are sterile prior to use;
 - ii. Storing and disposing of used needles safely;

² In the case of differences between varying requirements, RMTs must adhere to the most restrictive or stringent requirements.

- iii. Documenting and implementing needlestick injury protocols; and
 - iv. Vigilance in maintaining high standards of cleanliness, skin disinfection technique, needling technique and careful anatomical considerations
6. Apply additional IPAC practices when indicated by **risk assessment** or by government or CMTO, such as using **personal protective equipment (PPE)** (for example, gloves, masks, gowns, face shields).
 7. Postpone or modify treatment if appropriate IPAC measures cannot be implemented or required PPE is not available.
 8. Provide information to clients about infectious disease risk, IPAC and PPE when appropriate.
 9. Document and notify clients of any incidents where IPAC practices could not be maintained and/or a client was exposed to significant risk of infectious disease transmission.

The RMT must apply IPAC **routine practices** regularly, including:

10. Conduct **risk assessments** of the practice environment and all equipment/supplies used in treatment.
11. Conduct risk assessments for infection transmission.
12. Conduct risk assessment of intended or likely interactions between RMT and client (for example, treatment approach and modalities, areas of body being treated, length of treatment).
13. Hand hygiene:
 - a. Wash hands and arms to above the elbow with soap and water at the following key moments;
 - i. at entry to practice setting and before leaving;
 - ii. prior to and after each client or client environment contact;
 - iii. after removing soiled linens and prior to handling clean linens;
 - iv. putting on or taking off PPE;
 - v. before and after eating and/or drinking;
 - vi. after using the bathroom/washroom; and
 - vii. when hands are otherwise soiled.
 - b. Cover their own broken skin or open wounds with a protective barrier (for example, finger cot, gloves).
 - c. Maintain fingernails at an appropriate length to allow for effective hand hygiene.
 - d. Remove jewelry that may impede effective hand hygiene.

References

- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Code of Ethics](#)
- [Public Health Ontario](#).
- [Routine Practices and Additional Precautions in All Health Care Settings](#) – Provincial Infectious Diseases Advisory Committee (PIDAC) and Public Health Ontario (PHO).
- [Infection Prevention and Control for Clinical Office Practice](#) – PIDAC and PHO.
- [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#) – PIDAC and PHO.
- [Spaulding’s Classification of Medical Equipment / Devices and the Required Level of Processing and Reprocessing Reference](#) - PIDAC and PHO.
- [Best Practices for Hand Hygiene in All Health Care Settings](#) – PIDAC and PHO.

Related Standards of Practice

- Acupuncture
- Client-centred Care
- Communication
- Consent
- Safety and Risk Management

Related Career-Span Competencies (CSCs)

- Comply with legal requirements
- Maintain a safe work environment

Standard of Practice:

Prevention of Sexual Abuse

(see also Professional Boundaries)

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) does not sexually **abuse clients** or engage in any activities of a **sexual nature** with clients and takes active steps to prevent **sexual abuse**.

Client Outcome

The client is not sexually abused by an RMT.

Requirements

The RMT must:

1. Never sexually abuse clients. The [*Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991 \(RHPA\)*](#) defines “sexual abuse” of a client by a registrant as:
 - a. sexual intercourse or other forms of physical sexual relations between the RMT and the client;
 - b. touching, of a sexual nature, of the client by the RMT; or
 - c. behaviour or remarks of a sexual nature by the RMT towards the client.

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Important Information:

- “Sexual abuse” does not only include unwanted touching of a client by an RMT. Any romantic or sexual relationship with a client, including a spouse, is considered sexual abuse under the RHPA (except for in an emergency or for incidental treatment where a referral is then made). In the eyes of the law, a client is unable to consent to a sexual relationship with a practitioner from whom they are receiving treatment, such as Massage Therapy.
- The RHPA stipulates that an RMT must never have a sexual relationship with a client. This is sexual abuse. As it pertains to sexual abuse, a client will meet the

definition of “client” for one year after they ceased to be the RMT’s client. That is, an RMT may not enter into a sexual relationship with a client for a period of one year after the client ceased to be a client. Additionally, it might never be ethically appropriate to have a sexual relationship with a person who was previously a client, regardless of the passage of time, due to power dynamics, the disclosing of health information or other reasons. Even if this might not constitute “sexual abuse” within the definition in the legislation, it could still be professional misconduct.

2. Never provide services to an individual with whom they are in a sexual relationship. Providing services to an individual with whom the RMT is in a sexual relationship will constitute sexual abuse, even if the individual is the RMT’s partner or spouse except:
 - a. where the RMT provided treatment in an emergency or in circumstances where the service is minor in nature; and
 - b. the RMT has taken reasonable steps to transfer the individual to another RMT or there is no reasonable opportunity to transfer care to another RMT.
3. Drape in accordance with the Standard of Practice: Draping.
4. Obtain **informed consent** (consent) from clients for the use of audio, video or photographic equipment for assessment, treatment and educational purposes only. Disable all audio, video or photographic functions of any devices in the room while the client is present, if consent to record or photograph has not been given.
5. Ensure any mirrors present in a treatment area are placed in a location that respects client privacy.
6. Recognize that client consent is never a defence for inappropriate or sexual touching or relationships of a sexual nature.
7. Be sensitive to each client’s individual culture, experience, gender, age and history, which may influence sensitivity to touch and touching certain areas.
8. File a **mandatory report** with the appropriate college if the RMT has reasonable grounds, obtained while practising, to believe that another registrant of the same or a different college has sexually abused a client and they know the registrant’s name.
9. Never touch the client’s genitals or anus as this is always considered sexual abuse.

The RMT may only treat **sensitive areas** when:

10. Treatment is clinically indicated; and
11. The RMT obtains the client’s written informed consent prior to every assessment and/or treatment of sensitive areas including the upper inner thighs; chest wall muscles; and the breasts (which must not be touched except when treatment of the breast is requested by the client for a clinically indicated reason such as mastitis, or following mastectomy or breast reduction). Written informed consent must also be obtained prior to treating the buttocks (gluteal muscles) but can be obtained once per treatment plan (then verbally prior to every treatment); and
12. The RMT discusses draping sensitive areas with the client prior to treating sensitive areas and drapes the client effectively to maintain the client’s comfort and trust in accordance with the Standard of Practice: Draping.

References

- [Regulated Health Professions Act, 1991 \(RHPA\)](#)
- [Ontario Regulation 260/18](#) under the [Regulated Health Professions Act, 1991 \(RHPA\)](#)
- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)
- Professional misconduct in the [Regulated Health Professions Act, 1991 \(RHPA\)](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Code of Ethics](#)
- [Mandatory Reporting](#)
- [Policy: Zero Tolerance](#)

Related Standards of Practice

- Client-centred Care
- Communication
- Consent
- Draping
- Professional Boundaries
- Safety and Risk Management

Related Career-Span Competencies (CSCs)

- Act with personal integrity
- Apply the principles of sensitive practice
- Communicate effectively
- Comply with legal requirements
- Function in a client-centred manner
- Maintain a safe work environment
- Maintain comprehensive records
- Practise in a self-reflective manner
- Treat others respectfully
- Work within areas of personal knowledge and skills

Standard of Practice: Privacy and Confidentiality

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) always maintains the **privacy** and **confidentiality** of **clients** and their **personal health information**.

Client Outcome

The client's personal health information, privacy and confidentiality are securely protected.

Requirements

The RMT must:

1. Comply with the [Personal Health Information Protection Act, 2004 \(PHIPA\)](#).
2. Understand that the rules governing consent to decisions involving personal health information are found in PHIPA and are different from those governing **consent** to treatment found in the [Health Care Consent Act, 1996 \(HCCA\)](#) (please see Standard of Practice: Consent).
3. Understand that under [PHIPA](#), in order for consent to collect, access, use or disclose personal information to be valid, RMTs must ensure that it:
 - a. is reasonable to believe that the client knows the purpose of the collection, use or disclosure, and that they may give or withhold consent;
 - b. the consent relates to the personal health information; and
 - c. the consent is not obtained through deception or coercion.
4. Understand that under [PHIPA](#), the RMT must obtain consent to collect, access, use or disclose personal health information, and the RMT must:
 - a. obtain the client's express consent before disclosing personal health information to a person outside the client's **circle of care**; and
 - b. understand that if they have received personal health information from the client or another **healthcare professional** for a healthcare purpose, they can rely on the client's implied consent to disclose the personal health information within the client's circle of care, unless they have reason to believe that the client has expressly withheld or withdrawn consent to do so.
5. Obtain consent from clients who are **capable**. If the client is **incapable**, then RMTs must obtain consent from the client's **substitute decision-maker** for the collection, use or disclosure of personal health information.

6. Only collect, use or disclose personal health information that is necessary to meet the individual's health needs or to eliminate or reduce a significant risk of bodily harm.
7. Only provide access to personal health information to authorized persons, except as required or allowed by law.
8. Allow clients to access their own personal health information.
9. Ensure that client privacy is maintained throughout Massage Therapy treatment (for example, adequate draping and avoiding treatment-related conversations in non-private places).
10. Use any electronic communication, social media and other forms of digital technology ethically and professionally, in a way that protects client privacy and confidentiality.
11. Store, share, transfer and dispose of client data on personal devices in a way that maintains the privacy and confidentiality of clients.
12. Comply with requirements for **mandatory reporting** of privacy breaches.

References

- [Personal Health Information Protection Act, 2004 \(PHIPA\)](#)
- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Personal Health Information Protection Act, 2004 \(PHIPA\): Guide for Regulated Health Professionals](#)
- [Code of Ethics](#)
- [The Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#)
- [Mandatory Reporting](#)
- [Privacy Law and Registrants](#)

Related Standards of Practice

- Client-centred Care
- Collaboration and Professional Relationships
- Consent

Related Career-Span Competencies (CSCs)

- Act with professional integrity
- Comply with legal requirements

- Interact effectively with other professionals
- Maintain comprehensive records

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Standard of Practice:

Professional Boundaries

(see also Prevention of Sexual Abuse)

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) always maintains **professional boundaries** with **clients** to preserve the trust and respect of the **therapeutic relationship** and to prevent **boundary crossing, boundary violation** and **abuse**.

Client Outcome

The client is treated with respect and dignity, knowing that RMTs maintain professional **boundaries** and not subject them to abuse of any kind.

Requirements

The RMT must:

1. Never abuse a client; this includes, but is not limited to, verbal, physical, psychological, emotional, sexual or financial abuse.
2. Obtain the client's **informed consent** (consent) in accordance with the Standard of Practice: Consent before conducting an assessment or providing treatment. Consent must include a discussion with the client about:
 - a. the nature of the treatment;
 - b. the expected benefits;
 - c. material risks and side effects;
 - d. alternative courses of action;
 - e. likely consequences of not having treatment; and
 - f. their right to ask questions about the information provided and ability to withdraw their consent at any time.
3. Obtain the client's written informed consent prior to every assessment and/or treatment of sensitive areas including the upper inner thighs; chest wall muscles; and the breasts (which must not be touched except when treatment of the breast is requested by the client for a clinically indicated reason such as mastitis, or following mastectomy or breast reduction). Written informed consent must also be obtained prior to treating the buttocks (gluteal muscles) but can be obtained once per treatment plan (then verbally prior to every treatment).

4. Obtain consent from clients for the use of audio, video or photographic equipment for assessment, treatment and educational purposes only. Disable all audio, video or photographic functions of any devices in the room while the client is present, if consent has not been given.
5. Neither give nor receive gifts of significant value with clients.
6. Avoid treating family or friends (**dual relationship**) and do not enter into personal relationships with clients where professional boundaries could be at risk of being violated.
7. Recognize that client participation is never justification for boundary crossings or violations.
8. Take necessary actions to manage the **power** imbalance inherent to the therapeutic relationship.
9. Ensure that all spoken remarks, body language and gestures towards clients are polite, professional and respectful at all times, and refrain from any behaviour that could increase the risk of boundary violation.
10. Address unintentional or accidental boundary crossings or violations immediately and document them.
11. Allow clients to have another individual accompany them during treatment if desired.
12. Drape in accordance with the Standard of Practice: Draping.

References

- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)
- Professional misconduct in the [Regulated Health Professions Act, 1991 \(RHPA\)](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Policy: Zero Tolerance](#)
- [Code of Ethics](#)
- [Professional Boundaries in Massage Therapy video](#)

Related Standards of Practice

- Client-centred Care
- Communication
- Conflict of Interest
- Consent
- Draping
- Prevention of Sexual Abuse
- Privacy and Confidentiality
- Safety and Risk Management

Related Career-Span Competencies (CSCs)

- Act with personal integrity
- Apply the principles of sensitive practice
- Communicate effectively
- Comply with legal requirements
- Function in a client-centred manner
- Maintain a safe work environment
- Maintain comprehensive records
- Practise in a self-reflective manner
- Treat others respectfully
- Work within areas of personal knowledge and skills

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Standard of Practice: Safety and Risk Management

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) takes preventative and risk management measures to provide safe treatment.

Client Outcome

The **client** receives treatment that is delivered as safely as possible.

Requirements

The practice setting must be:

1. Maintained in a safe and sanitary manner.
2. Cleaned and disinfected regularly, including all equipment.
3. Appropriately lit and arranged to allow sufficient **privacy** and safety for each **client**.

The RMT must:

4. Document cleaning and maintenance of the practice setting in an equipment service record or log.
5. Comply with current health and safety government orders and directives, legislation, CMTO requirements and employer policies.³
6. Handle any hazardous materials safely and in compliance with established protocols and practices.
7. Participate in training and/or certification and support activities related to safety and risk management as required and/or appropriate for the practice setting.
8. Recognize and manage situations that place clients, themselves, other RMTs, clinic staff and other **healthcare professionals** at risk.
9. Respond effectively to **safety incidents** to minimize harm to clients, document them and disclose to relevant authorities to prevent future adverse events.
10. Comply with the Standard of Practice: Draping in order to drape clients effectively for the client's physical privacy and safety.

³ In the case of differences between varying requirements, RMTs must adhere to the most restrictive or stringent requirements.

References

- [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)
- Professional misconduct in Section 26 of [Ontario Regulation 544/94](#) under the [Massage Therapy Act, 1991](#)

Resources and Guidance

To meet or exceed the Standard, please see the following:

- [Code of Ethics](#)

Related Standards of Practice

- Acupuncture
- Client-centred Care
- Communication
- Consent
- Draping
- Infection Prevention and Control

Related Career-Span Competencies (CSCs)

- Comply with legal requirements
- Maintain a safe work environment

Glossary

Abuse: a violation of the power inherent the therapeutic relationship. Abuse occurs when an RMT utilizes the therapeutic relationship to meet their own personal interests or needs. An RMT who abuses a client acts outside of professional boundaries.

Abuse may be financial, physical, sexual and verbal, emotional or psychological:

- **Financial abuse:** Financial abuse exploits the power differential between the RMT and client and often results in a monetary or equivalent gain for the RMT. Examples of financial abuse can include accepting gifts, borrowing money, becoming a trustee of a client’s account, accessing a client bank account, seeking financial benefits or other services.
- **Physical abuse:** an act which may cause pain or harm to another. Slapping, hitting, pushing and use of force during a treatment are examples of behaviours that can be viewed as physical abuse.
- **Sexual abuse:** The [*Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991 \(RHPA\)*](#) defines sexual abuse as follows: “sexual abuse” of a client by a registrant means (a) sexual intercourse or other forms of physical sexual relations between the registrant and the client, (b) touching, of a sexual nature, of the client by the registrant, or (c) behaviour or remarks of a sexual nature by the registrant towards the client. “Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.
- **Verbal, emotional or psychological abuse:** language (including that used in online communication) that can reasonably be seen to demean, humiliate or insult the client. Verbal abuse may harm the client emotionally, culturally or spiritually. Given that RMTs work with clients of many cultures and beliefs, it is important to recognize that personal remarks about a client’s appearance, behaviour, language, beliefs, religious practices, etc. may be distressing. Behaviours such as sarcasm, teasing, swearing or threatening are examples of behaviours that may be considered verbal or emotional abuse. Psychological abuse includes the destruction of a client’s self-esteem and/or sense of safety, often associated with differences in power and control within the RMT/client relationship. It includes threats of harm or abandonment, humiliation, deprivation of contact, isolation and other psychologically abusive tactics and behaviours. A variety of terms are used interchangeably with psychological abuse, including emotional abuse, verbal abuse, mental cruelty and psychological aggression.

Active listening: focusing and concentrating on a speaker and their message, making every effort to comprehend, and responding thoughtfully.

Acupuncture: pricking the skin or tissues with needles (solid, filiform needles) for the purpose of treating and preventing physical dysfunction and pain of the soft tissues and joints within the **Scope of Practice of Massage Therapy**, which does not include the use of hollow needles. Only RMTs who are authorized by CMTO are granted an exception to this **controlled act** under the

[Regulated Health Professions Act, 1991 \(RHPA\)](#) (performing a procedure on tissue below the dermis).

Boundary/boundaries: an individual’s personal physical and psychological space. Each person makes determinations of whether touch, questions and remarks feel appropriate, unobtrusive and comforting based on their own needs, preferences and experiences.

Professional boundaries: the professional role and the limits of the professional role. In a particular circumstance, professional boundaries can be defined by asking: “Is this part of the role of an RMT?” Professional boundaries ensure the RMT works in the client’s best interest. See Standard of Practice: Professional Boundaries.

Boundary crossing: a disrespect of a client’s physical, psychological, emotional or financial boundaries.

Boundary violation: a serious boundary crossing and abuse of power which places the client at risk of psychological, financial, physical and/or sexual harm.

Capable: The [Health Care Consent Act, 1996 \(HCCA\)](#) provides that a person is capable (or has capacity) with respect to a treatment, if the person is able to understand the information that is relevant to making a decision about the treatment and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision. See also **Substitute decision-maker**.

Circle of care: is a term commonly used to describe the ability of certain **health information custodians (HIC)** to assume an individual’s implied consent to collect, use or disclose personal health information for the purpose of providing healthcare or assisting in providing healthcare.

HICs may only assume an individual’s implied consent to collect, use or disclose personal health information if all of the following six requirements are satisfied:

1. The HIC must fall within a category of HIC that are entitled to rely on assumed implied consent, such as being a healthcare professional.
2. The personal health information to be collected, used or disclosed by the HIC must have been received from the client, their **substitute decision-maker**, or another HIC.
3. The HIC must have received the information for the purpose of the provision of healthcare to the individual.
4. The purpose of the collection, use or disclosure by the HIC must be for the purpose of the provision of healthcare to the individual.
5. The disclosure of personal health information by the HIC must be to another HIC.
6. The HIC that receives the information must not be aware that the individual has expressly withheld or withdrawn their consent to the collection, use or disclosure.

Client(s): the recipient of Massage Therapy treatment. In legislation, this person is referred to as a patient. See also **Patient**.

According to the [Regulated Health Professions Act, 1991 \(RHPA\)](#), a client, without restricting the ordinary meaning of the term, includes a person who was the RMT's client for one year after the end of the therapeutic relationship.

A person is also a client if there is a direct interaction between the RMT and the person and any of the following criteria are met:

- The RMT charged them or received payment from them (or a third party on their behalf) for healthcare service;
- The RMT has contributed to a health record or file for them; or
- The patient/client consented to healthcare service by the RMT.

Confidentiality: the moral, ethical, legal, professional and employment obligation to protect information entrusted to RMTs; the duty to ensure that information is kept secret to the extent possible.

Conflict of interest: when an RMT's personal or financial interest conflicts or appears to conflict with the exercise of their professional judgment or duty to act in the best interest of the client. A conflict of interest can be potential, real or perceived. If circumstances exist where a reasonable person would conclude that the RMT's professional judgment may be compromised, then a conflict of interest exists.

Consent, see **Informed Consent**

Controlled act: a list of activities defined under the [Regulated Health Professions Act, 1991 \(RHPA\)](#), that only registrants/members of specific colleges are authorized to perform, due to potential risk of harm to the client.

Discharge: is formally discontinuing treatment on a client. When discharging a client, RMTs make a reasonable attempt to arrange alternative services for the client (such as guiding the client to CMTO's public register), transfer client records at the client's request and document the process.

Dual registration: when an RMT is also a registrant of another regulated profession.

Dual relationship: occurs when an RMT has some other type of relationship with a client in addition to the professional therapeutic relationship. The multiple relationships can become blurred or merged, making it difficult for the RMT to maintain clear boundaries and clinical objectivity, despite best intentions. An RMT may only have a dual relationship in exceptional circumstances (see list below). A dual relationship is never permissible with a person with whom the RMT is in a sexual or romantic relationship, including their spouse.

Exceptional circumstances may include:

- there is no other similar or viable healthcare professional available;
- there is a demonstrated financial hardship on the part of the client;

- the client’s level of distrust and/or discomfort is such that it would be impossible for him/her/they to seek treatment from a practitioner whom they do not know; or
- there exists a real barrier to the client accessing other healthcare services (for example, a severe communication disability).

Fair and equitable: the principle that all people must be treated in an unbiased manner and have the same opportunity to receive Massage Therapy treatment. This includes applying policies and practices in a way that respects individuals’ unique needs.

Financial record: the particulars of the treatment or procedure rendered, the fee charged for the services provided, and a copy or record of the receipt issued for payment of the services provided.

Healthcare professionals: other healthcare professionals or providers, regulated and unregulated, that the RMT may interact with in the provision of treatment to clients.

Health record: includes the following:

1. The client’s name and address.
2. The date, time and duration of each of the client’s visits to the member.
3. The name and address of the primary care physician and any referring health professional.
4. Any relevant medical history and a history of massage therapy.
5. Particulars of every examination performed by the member and particulars of every clinical finding and assessment made by the member.
6. Every written report received by the member with respect to examinations, tests, consultations or treatments performed by any other person.
7. Particulars of all advice given by the member.
8. Particulars of every referral of the client by the member to another health professional.
9. Particulars of every fee or other amount charged by the member.
10. A copy of every written consent.
11. A copy of every needs assessment.
12. A copy of any treatment plan.
13. Particulars of the treatment applied at each of the client’s visits to the member and the name of the member who applied the treatment.

Health Information Custodian (HIC): a person or organization described in section 3 of the [Personal Health Information Protection Act, 2004 \(PHIPA\)](#), who has custody or control of personal health information as a result of their work, duties or powers. This can include, but is not limited to, RMTs, other healthcare practitioners, independent health facilities, hospitals, psychiatric facilities, pharmacies, laboratories, nursing homes and long-term care facilities, or ambulance services.

Incapable, see **Capable.**

Infection Prevention and Control (IPAC): evidence-informed practices and procedures that prevent or reduce the risk of transmission of infectious disease or illness.

Informed consent (consent): RMTs must obtain clients' voluntary and fully informed consent prior to all aspects of assessment and/or treatment and the client must be capable of providing such consent (*see Capable and Substitute decision-maker*). Consent must include a discussion with the client about:

- a. the nature of the treatment;
- b. the expected benefits;
- c. material risks and side effects;
- d. alternative courses of action;
- e. likely consequences of not having treatment; and
- f. their right to ask questions about the information provided and ability to withdraw their consent at any time.

Mandatory Report(ing): the obligation under the [Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991 \(RHPA\)](#) for RMTs, employers and facility operators to file written reports to CMTO and other regulatory organizations in certain circumstances. For more information, see the [Mandatory Reporting](#) web page.

Massage Therapist (MT), see **Registered Massage Therapist.**

Other benefit: an advantage or profit, whether direct or indirect, and may include rebates, credits, discounts, loans (where the repayment terms do not reflect fair market value) or the receipt of goods or services at no charge or less than fair market value or any gift.

Patient: the term used in legislation to describe what CMTO refers to as client. See **Client.**

Personal health information: refers to **identifying information** about an individual in oral or recorded form, if the information:

1. relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family,
2. relates to the providing of healthcare to the individual, including the identification of a person as a provider of healthcare to the individual,
3. is a plan of service within the meaning of the [Home Care and Community Services Act, 1994](#) for the individual,
4. relates to payments or eligibility for healthcare, or eligibility for coverage for healthcare, in respect of the individual,
5. relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,
6. is the individual's health number, or
7. identifies an individual's substitute decision-maker.

Identifying information: refers to information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.⁴

Personal protective equipment (PPE): one **infection prevention and control (IPAC)** measure consisting of physical barriers and garments placed on the body to protect individuals from exposure to infection or other hazards. PPE may include (but is not limited) to gowns, gloves, masks, face shields and goggles/eye protection.

Plain language: using clear and straightforward expression so that content can be immediately understood by any audience easily.

Power: the unequal dynamic that is inherent in the therapeutic relationship of an RMT and a client.

Privacy: the right of an individual to have some control over how their personal health information is collected, used and/or disclosed. It is the right of an individual to determine when, how and to what extent they share information about themselves with others. In Ontario, individuals' privacy in relation to personal health information is maintained through the [Personal Health Information Protection Act, 2004 \(PHIPA\)](#). This law establishes individuals' right to privacy by setting out how health information custodians are to collect, use and/or disclose personal health information.

Professional boundaries, see Boundary/boundaries

Risk assessments: the identification of risk factors or hazards that could potentially cause harm to clients, RMTs or others and the analysis of the degree of risk they represent given the situation or circumstances. Often associated with the determination of appropriate ways to reduce, control or eliminate the risks identified. For more information on risk assessment as part of routine practices, please see Public Health Ontario's [Best Practices for Routine Practices and Additional Precautions \(Appendix B\)](#).

Registered Massage Therapist (RMT/MT): someone registered with CMTO. In Ontario, only those registered with CMTO can use the protected titles Registered Massage Therapist, Massage Therapist, RMT, MT, the French equivalent and any other variation or abbreviation.

Routine practices: minimum practices that should be used with all clients in all settings for infection prevention and control (IPAC). For more information on routine practices, please see Public Health Ontario's [Best Practices for Routine Practices and Additional Precautions](#).

Safety incident: a safety event or circumstance which could have resulted in harm or did result in harm to a client.

⁴ *Personal Health Information Protection Act, 2004 (PHIPA)*. Retrieved from: <https://www.ontario.ca/laws/statute/04p03>

Scope of Practice of Massage Therapy: RMTs may only practise within the Scope of Practice of Massage Therapy in Ontario, defined in the [Massage Therapy Act, 1991](#) as: the practice of massage therapy is the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain.

Sensitive areas: the anatomical areas of the body identified by CMTO and for which clients may feel particularly sensitive or vulnerable when treated or touched. Treatment of sensitive areas must be clinically indicated and performed in accordance with the Standard of Practice: Prevention of Sexual Abuse. CMTO defines sensitive areas as including the upper inner thighs; chest wall muscles; buttocks (gluteal muscles) and the breasts (which must not be touched except when treatment of the breast is requested by the client for a clinically indicated reason such as mastitis, or following mastectomy or breast reduction).

Sexual abuse, see **Abuse.**

Sexual nature: Whether touching or conduct will be found to be of a sexual nature will depend on all of the circumstances of each case. Viewed objectively in light of all the circumstances, would the sexual nature of the conduct be apparent to a reasonable person? Sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Substitute decision-maker (SDM): individuals who are authorized to give or refuse consent to treatment on behalf of persons who are not capable of making them independently. In most cases, the individual will be a family member. The SDM is expected to act in the client's best interests and to make decisions that are consistent with the client's last known wishes.

The [Health Care Consent Act, 1996 \(HCCA\)](#) sets out a hierarchy of substitute decision-makers:

- the incapable person's guardian of the person;
- the incapable person's attorney for personal care;
- the incapable person's representative appointed by the Consent and Capacity Review Board to give or refuse consent to the treatment;
- the incapable person's spouse, partner or relative in the following order:
 - spouse or partner;
 - a child (if 16 years or older) or the custodial parent of the incapable person;
 - a parent of the incapable person who has only a right of access;
 - brother or sister of the incapable person; or
 - any other relative of the incapable person.

In most cases, RMTs will speak with the client and/or family members to determine the highest-ranking SDM to make treatment decisions for the client.

Therapeutic relationship: the professional relationship an RMT has with their clients, designed to promote, support and advance the health and best interest of the client, grounded in trust, respect and the appropriate use of knowledge and power.

Treatment plan: a document for each client that contains, at minimum, treatment goal(s), type and focus of treatment(s), area(s) of the body to be treated, anticipated frequency and duration of treatment(s), anticipated client responses to treatment, and/or schedule for reassessment of the client's condition, and/or recommended remedial exercises and/or hydrotherapy.

DRAFT

Overarching Strategic/ Operational Objective	Project/Initiative Description	Operational/Strategic	Workplan Continuity	Lead Executive	Outcomes	Deliverables	Completion Date
CORE BUSINESS							
Quality	Development and Updating of Standards of Practice	Operational	Cont'd from Previous Year	Director, Professional Practice	To create core Standards of Practice that are clear and concise and are in accordance with CMTO's regulatory modernization principles.	Full implementation of the new Standards of Practice is expected to occur in phases over a period of three(3) to five(5) years. Phase 1, focuses on the development of Standards, with the support of a qualified consultant (approximately 18-24 months) Phase 2 of the project will address implementation requirements over a period of approximately ten months, including the update of relevant program materials and documentation and education of the profession in preparation. The new Standards of Practice will officially come into force on January 1, 2022.	2021 - Q2 (Phase 1 - Development Phase) 2021 - Q4 (Phase 2 - Implementation)
Quality	Evidence Informed Practice	Strategic	New	Director, Professional Practice	Through integrating an evidence informed approach into the practice of Massage Therapy, the public of Ontario, receives safe, ethical and quality care.	An Evidence Informed Practice Program consisting of 5 modules. The deliverables for 2021 are implementation of one module, and development of content for at least two additional modules.	2021-Q4
Regulatory Modernization	Data Management Strategy	Strategic - Arising from Strategic Plan	Cont'd from Previous Year	Director, Corporate Services	CMTO will identify organizational data and information required to help inform risk-and outcome-based regulatory decision-making.	Phase 3 of project:- Identify the limitations of the data sources that are currently available. Scope out what a new comprehensive data management system (and supporting process looks like). Phase 4: Update organizational KPIs, metrics, reports and dashboards to monitor and report on progress toward operational objectives	2021 - Q4 - Phase 3 2021-Q4 - Phase 4
Regulatory Modernization	Regulatory Risk Assessment	Strategic	Brought forward from Developmental	Director, Professional Practice	Identify, assess and prioritize risks to MT clients and the public interest; Reflect an understanding the nature of those risks and their underlying causes.	CMTO will undertake a regulatory risk assessment that identifies the range of health outcome and professional risks to clients and the public interest, including an assessment of likelihood and impact, to inform CMTO's programs and services. During the risk assessment, CMTO will engage broadly and transparently with RMT clients, MT educational programs, the RMT community, other regulated health professions and the Government of Ontario. Phase 1 - Develop the project plan.	2021 - Q4
Continuous Quality Improvement	Jurisprudence Course with Evaluative Component	Operational	Cont'd from Previous Year	Director, Professional Practice	1. To ensure that new registrants are aware of their legislative obligations and why they are important. 2. To ensure registrants have a resource to enhance their knowledge of legislation.	An online Jurisprudence Program with Evaluative Component. Phase 1 cont'd from 2020 - Implementation (Legislation and Professionalism) 2021 - Q2 Phase 2: Content development and Implementation (Standards of Practice) 2021 - Q4	2021-Q2 - Phase 1 2021-Q4 - Phase 2

2021 Draft Workplan

<i>Overarching Strategic/ Operational Objective</i>	<i>Project/Initiative Description</i>	<i>Operational/Strategic</i>	<i>Workplan Continuity</i>	<i>Lead Executive</i>	<i>Outcomes</i>	<i>Deliverables</i>	<i>Completion Date</i>
Continuous Quality Improvement/Regulatory Modernization	Continued enhancement of IT infrastructure and systems.	Operational	Cont'd from Previous Year	Director, Corporate Services	CMTO will identify immediate and long term technology-related needs to meet its regulatory mandate.	A multi-phased project focused to the IT related systems utilized to collecting, storing and reporting of data to meet the College's regulatory mandate. Phase 1 - An IT Strategy inclusive of holistic gathering and assessment of requirements to identify gaps, opportunities and recommendations. Phase 2 - Dependent on Phase 1 and may include migration to and/or addition of new software tools, enhancements etc. i.e. registration, QA, case management, integration with SAGE financials etc. Additional project planning will define the Phases and Deliverables.	2021-Q3 Launch of 2020 Renewal Cycle on New Platform 2021-Q4 Launch of new CMTO website
Continuous Quality Improvement/Regulatory Modernization	Review and Update CMTO's General Regulation	Operational	New	Deputy Registrar	An up-to-date set of regulations, which will assist RMTs in understanding their obligations.	Proposed amendments to the regulations will be presented to Council for approval to submit to the Ministry of Health for consideration.	2021-Q4
Continuous Quality Improvement	Review/update Code of Ethics	Operational	Cont'd from 2019 Workplan with revised completion date for Phase 3.	Director, Professional Practice	The public is protected by a code of behavior and conduct that RMTs commit to and are guided by throughout their career.	Phase 3: a companion education program for the Code of Ethics. This will be incorporated into the online Jurisprudence module.	2021-Q3 Phase 3
Continuous Quality Improvement	A Review and reassessment of the organizational risk management plan.	Operational	Moved from 2019/2020 Workplan Approved revision from 2019-Q4 to 2021 Q4.	Director, Corporate Services	CMTO's organizational risk, as identified and agreed upon by both management and council, is reduced or managed.	Refreshed and updated organizational risk register.	2021 - Q4



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020

From: Kim Westfall-Connor, Chair, Executive Committee

Re: Removing Examination Fees from By-Law No. 7

Background:

The College of Massage Therapists of Ontario (CMTO) By-Law No. 7 identifies various fees charged by the College, including fees for the certification examinations.

CMTO has entered into an agreement with Prometric to assume all development and administration activities for the certification examinations as of January 1, 2021. As of that date, they will be responsible for all examination-related expenses, and for collecting examination fees.

Issue:

The fees charged by CMTO for the certification examinations are found in By-Law No. 7. Since CMTO will no longer be collecting examination fees, reference to these fees in By-Law No. 7 should be removed. As we are removing the fees associated with the examinations as opposed to charging a fee, this amendment does not have to be circulated to registrants prior to approval by Council.

Draft Motion:

THAT the proposed changes to By-Law No. 7, effective December 31, 2020, removing reference to examination fees, be approved by Council.

Attachment:

Appendix A: Draft By-law No. 7 with tracked changes



**College of Massage Therapists of Ontario
By-Law No. 7**

Fees for Registration, Examinations and Other Activities of the College

Interpretation

1. Singular and Plural / Masculine and Feminine

In these and all by-laws of the College, the singular shall include the plural, the plural shall include the singular, the masculine shall include the feminine and the feminine shall include the masculine.

2. Consistency with the *Regulated Health Professions Act, 1991 (RHPA, 1991)* and the *Massage Therapy Act, 1991*

All provisions of these and all by-laws of the College shall be interpreted in a manner consistent with the *RHPA, 1991 and the Massage Therapy Act, 1991* and where any inconsistency is found to exist, the inconsistent provision shall, where practical, be severed from the by-law.

3. Calculating Time

A reference to the number of days between two events means calendar days and excludes the day on which the first event happens and includes the day on which the second event happens.

4. Statutory Holidays

A time limit that would otherwise expire on a statutory holiday or a weekend is extended to include the next day that is not a statutory holiday or a weekend.

Definitions

5. In this by-law, unless otherwise defined or required by the context,

- (A) "**Act**" means the *Massage Therapy Act, 1991*, and includes the regulations made under it;
- (B) "**By-laws**" means all by-laws of the College;
- (C) "**Code**" means the *Health Professions Procedural Code*, which is Schedule 2 of the *RHPA*;
- (D) "**College**" means the College of Massage Therapists of Ontario (CMTO);
- (E) "**Council**" means the governing body of the College that shall manage and administer its affairs, the members of which are either elected or appointed in accordance with the *Massage Therapy Act, 1991* and the by-laws;
- (F) "**General**" certificate means a certificate of registration of the general class issued by the Registrar;
- (G) "**Inactive**" certificate means a certificate of registration of the inactive class issued by the Registrar;
- (H) "**Registrant**" means a person or health profession corporation registered with the College;
- (I) "**Registrar**" means the Registrar and Chief Executive Officer of the College, or in the case of the absence or inability of the Registrar, the Deputy Registrar of the College and/or includes a person appointed as Interim Registrar by the Council;
- (J) "**RHPA**" means the *Regulated Health Professions Act, 1991*, including its associated regulations and the *Code*.

Any term not defined in this by-law shall have the meaning provided to it in the *RHPA, 1991* or the *Massage Therapy Act, 1991*.

Council Prescribes Fees

6. Council may prescribe, waive or revoke any fee to be paid to the College by a registrant or any other person.

Registration Fees

7. The fee for an application for the issuance of a certificate of registration of any class is \$100.
8. The initial fee to issue a general certificate of registration and the annual fee for a general certificate of registration shall be:
 - (A) \$785 for 2019 and in subsequent years, Council shall annually review the fees and where Council deems it appropriate, in any one or more years, this amount may be subject to an increase of not more than the annual inflation rate rounded to the nearest dollar; or
 - (B) For new registrants in their first year of eligibility for registration, a percentage of the fee payable for the class of certificate for which the applicant is applying that corresponds to the number of months remaining in the calendar year, calculated from the date the applicant submitted their completed application form; or
 - (C) When the applicant is moving from the inactive class to the general class, the fee shall be the difference between the two fees.
9. The initial fee to issue an inactive certificate to a registrant and the annual fee for an inactive certificate of registration shall be \$200 for 2019 and in subsequent years, Council shall annually review the fees and where Council deems it appropriate, in any one or more years, this amount may be subject to an increase of not more than the annual inflation rate rounded to the nearest dollar.
10. In addition to the amounts set out in section 8 and 9, any outstanding balance owing to the College in respect of any decision made by a committee and any fees payable under this by-law, will be added to and included in the annual fees.
11. Every registrant shall pay an annual fee to the College by December 31, 2018 for the fees owing for 2019, and by November 1 in each subsequent year for the fees owing for the following year.

Certificate of Authorization – Professional Corporations

12. (A) The initial fee to issue a Certificate of Authorization - Professional Corporations is \$200.

(B) The annual renewal fee for a Certificate of Authorization – Professional Corporations is \$200.

Late Fees

13. Every registrant who fails to pay the annual fee or submit a fully completed renewal form on or before November 1 shall pay a penalty of \$100 for late renewal of registration.

Reinstatement Fees

14. The fee for reinstatement of a certificate of any class that had been suspended for failure to pay a fee either prescribed by the Regulations or required by the by-laws is the amount of the fees and penalties outstanding plus the reinstatement fee of \$300.

15. An applicant requesting a hearing pursuant to the *Code of the RHPA, 1991*, to consider reinstatement of his or her certificate of registration shall pay a fee of \$600.

Examination Fees

Effective December 31, 2020, sections 16, 17, 18 and 19 are deleted.

~~16. The fee to take the written certification examination of the College initially and every subsequent time shall be \$500 until December 31, 2018.~~

~~17. The fee to take the written certification examination of the College initially and every subsequent time:~~

~~(A) Shall be \$575 as of January 1, 2019~~

~~(B) Shall be a fee set by the Registrar that is between \$575 and \$632 as of January 1, 2020~~

~~(C) Shall be a fee set by the Registrar that is between \$575 and \$675 as of January 1, 2021~~

~~18. The fee to take the clinical certification examination of the College initially and every subsequent time shall be \$700 until December 31, 2018.~~

~~19. The fee to take the clinical certification examination of the College initially and every subsequent time:~~

~~(A) Shall be \$805 as of January 1, 2019~~

~~(B) Shall be a fee set by the Registrar that is between \$805 and \$885 as of January 1, 2020~~

Shall be a fee set by the Registrar that is between \$805 and \$945 as of January 1, 2021

(C) Elections

20. Where a candidate in an election to the Council wishes for a recount of the election ballots:

- (A) The candidate shall pay a fee of \$100; and,
- (B) The fee paid shall be refunded to the candidate if the outcome of the election is changed in his or her favour as a result of the recount.

Administrative Fees

21. After the first notice, a registrant shall pay an administrative fee, set out in the Miscellaneous Fee Schedule, for each subsequent notice sent by the Registrar to a registrant for failure of the registrant to provide information or a form to the College or a committee of the College within 30 days of being requested or required to do so. The fee is due within 30 days of the subsequent notice being sent.

Miscellaneous Fees

- 22. (A) The Registrar may set a fee, and require a person to pay the fee, for anything that the Registrar or a committee is required or authorized to do by law or the by-laws, for which no fee has been set by Council.
- (B) The Registrar shall maintain a schedule of the fees charged for services provided by the Registrar and by committees, and shall advise Council of the fee schedule and of any changes made to it.

Power to Waive a Fee

- 23. The Registrar may waive all or a portion of any fee or penalty where they consider it appropriate to do so.
- 24. A registrant's obligation to pay a fee or penalty continues regardless of whether:
 - (A) The College fails to send a notice with respect to the fee or penalty; or
 - (B) The registrant fails to receive notice of a fee or penalty.

25. Any fee or penalty charged or imposed by the College not paid by a registrant shall be included as part of a registrant's next renewal fee. If a registrant fails to pay a penalty or a fee, or a part thereof, set out in the by-laws:

(A) The Registrar shall give the registrant notice if the College intends to suspend the registrant; and

(B) The Registrar may suspend the registrant's certificate of registration or certificate of authorization for failure to pay the fee or penalty within 30 days after notice is given.

26. The Miscellaneous Fee Schedule forms part of this by-law.

Administration

27. This by-law shall be administered by the Registrar.

Effective Date

28. This by-Law comes into force on the day enacted.

Enacted July 7, 2000

Amended September 2004, February 2005, September 2006, May 2007, November 2008, May 2010, May 2015, May 2018, September 2018 and May 2019.



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020

From: A. Cantalini, RMT, Chair, Registration Committee

Re: MCQ and OSCE Content Outline Approval for 2021

Background:

The College is committed to excellence regarding the creation and execution of both the Multiple-Choice Question (MCQ) and the Objectively Structured and Clinical Evaluation (OSCE) examinations. Each year, both exams are reviewed to ensure the content is standardized, fair, valid, reliable and defensible. Passing both the MCQ and OSCE is a requirement of registration and, as per the *Massage Therapy Act, 1991*, Ontario Regulation 864/93, section 5(2), these examinations are “set or approved by the College”.

Content Development

The content development team for the certification exams is composed of the College’s Content Specialist, various Subject Matter Experts (SMEs) and psychometric staff from Prometric Canada Testing Inc. (Prometric), a professional testing firm contracted by CMTO. The Content Specialist and the SMEs are all Registered Massage Therapists in good standing with the College.

Steps for Developing a Defensible Exam

Content outline development is the first of the six main steps involved in certification examination development:

- 1) Content Outline Development
- 2) Item Writing
- 3) Item Review and Translation

- 4) Test Development
- 5) Standard Setting/Score Scaling/Scoring and Reporting
- 6) Examination and Test Question Statistical Analysis, Review and Candidate Feedback

Content Outline Review

The certification examination content outlines are reviewed on an annual basis. The current *Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice* (PC/PIs) document provides the foundation for the examination content. The outlines may need to be updated if, for example there is a change to the PCs/PIs for the profession. It may be the case that there are no updates or changes required to the outlines and the previous year's outlines can be used for the following year's administration.

Changes to the Content Outlines in 2021

The distribution of content areas for the MCQ is unchanged from the 2020 Content Outline. However, the distribution of content areas for the OSCE has been updated:

Content Area	2020	2021
Professional Practice	18%	24%
Assessment	34%	38%
Treatment	48%	38%

The percentage change in each content area is due to examination updates that removed reference to CMTO's Technique Standards, as well as to moving away from the prescriptive lists in the current Standards of Practice (though the current Standards of Practice are still referenced). These changes in no way disadvantage a candidate who has been studying using these resources, and there is now a more balanced distribution across the content areas, having a positive impact on examination validity.

Recommendation:

It is recommended that the 2021 Content Outlines (English and French) for the MCQ and for the OSCE certification examinations (attached) be approved.

Draft Motion:

THAT Council approve the 2021 Certification Examination content outlines effective January 1, 2021.

Attachments:

Appendix A: Multiple Choice Examination (MCQ) Content Outline 2021 (English)

Appendix B: Multiple Choice Examination (MCQ) Content Outline 2021 (French)

Appendix C: Objectively Structured Clinical Evaluation (OSCE) Content Outline 2021 (English)

Appendix D: Objectively Structured Clinical Evaluation (OSCE) Content Outline 2021 (French)



CMTO's Multiple Choice Examination (MCQ) Content Outline 2021

The [2016 Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice \(PC/PIs\)](#) document provides the foundation for the College of Massage Therapists of Ontario (CMTO) Certification Examinations and, accordingly, the examination content outlines.

While based on the PC/PIs, the context of CMTO's Certification Examinations is such that the layout and numbering for the examination content outlines differ somewhat from that of the PC/PIs document.

The breakdown of the MCQ exam is as follows:

- **Professional Practice:** 18% of tasks/criteria points
- **Assessment:** 25% of tasks/criteria points
- **Treatment:** 42% of tasks/criteria points
- **Clinical Science** 15% of tasks/criteria points

1. Professional Practice (18% of tasks) (1)

1.1 Communication

- 1.1.1 Utilize communication effectively.
 - 1.1.1.1 Employ effective questioning techniques.
- 1.1.2 Utilize medical terminology.
 - 1.1.2.1 Knowledge of medical terminology.

1.2 Professionalism

- 1.2.1 Comply with federal and provincial requirements.
 - 1.2.1.1 Knowledge of relevant provincial and federal requirements.
- 1.2.2 Comply with regulatory requirements.
 - 1.2.2.1 Knowledge of the mandate and roles of a regulatory body.
 - 1.2.2.2 Knowledge of CMTO requirements (e.g., Policies, Standards of Practice, Position Statements, etc.,).

- 1.2.2.3 Differentiate between the role of a regulatory body and that of a professional association.
 - 1.2.2.4 Knowledge of quality assurance requirements.
- 1.2.3 Maintain comprehensive practice records.
 - 1.2.3.1 Knowledge of professional practice documentation requirements.
 - 1.2.3.2 Knowledge of security, confidentiality and access requirements for records.
- 1.2.4 Apply standard hygiene and infection control precautions.
 - 1.2.4.1 Knowledge of standard hygiene practices.
 - 1.2.4.2 Knowledge of standard precautions of infection control.
- 1.2.5 Utilize research and professional literature.
 - 1.2.5.1 Understand research processes.
- 1.2.6 Ensure sound practice management.
 - 1.2.6.1 Knowledge of billing procedures

1.3 Therapeutic Relationship

- 1.3.1 Maintain informed client consent throughout assessment and treatment.
 - 1.3.1.1 Knowledge of the purpose of informed consent.
 - 1.3.1.2 Knowledge of the components of informed consent.
- 1.3.2 Obtain explicit consent prior to assessment and treatment of sensitive body areas.
 - 1.3.2.1 Knowledge of potential sensitive areas.
- 1.3.3 Recognize and address the power differential in the client-therapist relationship.
 - 1.3.3.1 Knowledge of what constitutes abuse in the client-therapist relationship.
 - 1.3.3.2 Explain the therapist's responsibility for managing the client-therapist relationship (e.g., prevention of sexual, emotional, and financial abuse).
- 1.3.4 Recognize and address transference and countertransference.
 - 1.3.4.1 Knowledge of the characteristics and implications of transference and countertransference.

2. Assessment (25% of tasks)

For all the following Assessment Practice Competencies and Performance Indicators, candidates must demonstrate knowledge of the etiology, pathophysiology and clinical manifestations of commonly-occurring conditions listed in the Appendix, and apply this knowledge in order to safely and effectively assess clients who present with these conditions.

- 2.1 Obtain comprehensive case history.
 - 2.1.1 Knowledge of the components of a comprehensive case history.
- 2.2 Integrate findings of other healthcare practitioners.
 - 2.2.1 Incorporate assessment findings of other healthcare practitioners into assessment planning.

- 2.3 Apply knowledge of commonly-occurring conditions to assessment.
 - 2.3.1 Identify indications for assessing client, based on presenting symptoms and conditions.
 - 2.3.2 Knowledge of safety considerations and adaptation of assessments for client, based on presenting symptoms and conditions.
- 2.4 Modify assessments based upon emerging findings.
 - 2.4.1 Adapt assessments based on findings.
- 2.5 Perform vital signs assessment.
 - 2.5.1 Identify indications, safety considerations for and the components of performing vital signs assessment.
 - 2.5.2 Differentiate between normal and abnormal findings.
- 2.6 Perform postural assessment.
 - 2.6.1 Identify indications, safety considerations for and the components of performing postural assessment.
 - 2.6.2 Differentiate between normal and abnormal findings.
- 2.7 Perform palpatory assessment.
 - 2.7.1 Identify indications, safety considerations for and the components of performing palpatory assessment.
 - 2.7.2 Differentiate between normal and abnormal findings.
- 2.8 Perform gait assessment.
 - 2.8.1 Identify indications, safety considerations for and the components of performing gait assessment.
 - 2.8.2 Differentiate between normal and abnormal findings.
- 2.9 Perform range of motion assessment.
 - 2.9.1 Identify indications, safety considerations for and the components of performing range of motion assessment.
 - 2.9.2 Differentiate between normal and abnormal findings.
- 2.10 Perform muscle length assessment.
 - 2.10.1 Identify indications, safety considerations for and the components of performing muscle length assessment.
 - 2.10.2 Differentiate between normal and abnormal findings.
- 2.11 Perform muscle strength assessment.
 - 2.11.1 Identify indications, safety considerations for and the components of performing muscle strength assessment.
 - 2.11.2 Differentiate between normal and abnormal findings.
- 2.12 Perform joint play assessment.
 - 2.12.1 Identify indications, safety considerations for and the components of performing joint play assessment.
 - 2.12.2 Differentiate between normal and abnormal findings.

- 2.13 Perform neurological assessment.
 - 2.13.1 Identify indications, safety considerations for and the components of performing neurological assessment.
 - 2.13.2 Differentiate between normal and abnormal findings.
- 2.14 Perform appropriate special tests.
 - 2.14.1 Identify indications, safety considerations for and the components of performing special tests.
 - 2.14.2 Identify the purpose of the selected test.
 - 2.14.3 Knowledge of how the selected test affects the involved tissues.
- 2.15 Interpret findings and formulate clinical impression / differential diagnosis.
 - 2.15.1 Formulate a clinical impression / differential diagnosis.
- 2.16 Recognize conditions requiring urgent medical attention and respond accordingly.
 - 2.16.1 Recognize presentations of common urgent medical conditions.
 - 2.16.2 Knowledge of appropriate responses to urgent medical events.
- 2.17 Recognize conditions requiring non-urgent medical attention and respond accordingly.
 - 2.17.1 Knowledge of presentations that require non-urgent medical care.
 - 2.17.2 Knowledge of appropriate responses to non- urgent medical events.

3. Treatment (42% of tasks)

For all the following treatment Practice Competencies and Performance Indicators, candidates must demonstrate knowledge of the etiology, pathophysiology and clinical manifestations of commonly-occurring conditions listed in the Appendix, and apply this knowledge in order to safely and effectively treat clients who present with these conditions.

3.1 Treatment Principles

- 3.1.1 Incorporate relevant assessment data, research evidence, and clinical experience into development of a client centered treatment plan.
 - 3.1.1.1 Knowledge of considerations that guide treatment planning, including principles of massage.
 - 3.1.1.2 Formulate an individualized treatment plan.
- 3.1.2 Select treatment components based on indications and safety considerations.
 - 3.1.2.1 Relate treatment components to indications and safety considerations.
- 3.1.3 Treat consistent with treatment plan.
 - 3.1.3.1 Knowledge of health sciences related to client symptoms and conditions.
 - 3.1.3.2 Knowledge of common clinical presentations.
 - 3.1.3.3 Apply treatment modalities and techniques based on commonly-occurring symptoms and conditions.
- 3.1.4 Employ draping. ****Only applicable to the "Stages of Life" section of the Appendix***
 - 3.1.4.1 Knowledge of appropriate draping for treatment.

- 3.1.5 Guide client in self care.
 - 3.1.5.1 Select self care based upon desired outcomes.
 - 3.1.5.2 Knowledge of how to instruct client in self care.

3.2 Massage Techniques

- 3.2.1 Perform effleurage, including knowledge of:
 - 3.2.1.1 Components, indications, safety considerations, effects, and outcomes of effleurage.
- 3.2.2 Perform stroking, including knowledge of:
 - 3.2.2.1 Components, indications, safety considerations, effects, and outcomes of stroking.
- 3.2.3 Perform petrissage, including knowledge of:
 - 3.2.3.1 Components, indications, safety considerations, effects, and outcomes of petrissage.
- 3.2.4 Perform skin rolling, including knowledge of:
 - 3.2.4.1 Components, indications, safety considerations, effects, and outcomes of skin rolling.
- 3.2.5 Perform vibration, including knowledge of:
 - 3.2.5.1 Components, indications, safety considerations, effects, and outcomes of vibration.
- 3.2.6 Perform percussive techniques, including knowledge of:
 - 3.2.6.1 Components, indications, safety considerations, effects, and outcomes of percussive techniques.
- 3.2.7 Perform rocking and shaking, including knowledge of:
 - 3.2.7.1 Components, indications, safety considerations, effects, and outcomes of rocking and shaking.
- 3.2.8 Perform frictioning, including knowledge of:
 - 3.2.8.1 Components, indications, safety considerations, effects, and outcomes of frictioning.
- 3.2.9 Perform muscle stripping, including knowledge of:
 - 3.2.9.1 Components, indications, safety considerations, effects, and outcomes of muscle stripping.
- 3.2.10 Perform muscle approximation, including knowledge of:
 - 3.2.10.1 Components, indications, safety considerations, effects, and outcomes of muscle approximation.
- 3.2.11 Perform Golgi tendon organ techniques, including knowledge of:
 - 3.2.11.1 Components, indications, safety considerations, effects, and outcomes of Golgi tendon organ techniques.
- 3.2.12 Perform lymphatic drainage techniques, including knowledge of:
 - 3.2.12.1 Components, indications, safety considerations, effects, and outcomes of lymphatic drainage techniques.

- 3.2.13 Perform trigger point techniques, including knowledge of:
 - 3.2.13.1 Components, indications, safety considerations, effects and outcomes of trigger point techniques.
- 3.2.14 Perform fascial / myofascial techniques, including knowledge of:
 - 3.2.14.1 Components, indications, safety considerations, effects, and outcomes of fascial / myofascial techniques.
- 3.2.15 Perform joint mobilization techniques, including knowledge of:
 - 3.2.15.1 Components, indications, safety considerations, effects, and outcomes of joint mobilization techniques.

3.3 Therapeutic Exercise

- 3.3.1 Perform and direct client in stretching.
 - 3.3.1.1 Knowledge of components, indications, safety considerations, procedures, effects, and outcomes of stretching techniques.
 - 3.3.1.2 Knowledge of how to instruct client in different types of stretching.
- 3.3.2 Perform and direct client in range of motion exercises.
 - 3.3.2.1 Knowledge of indications, safety considerations, procedures, effects, and outcomes of range of motion exercises.
 - 3.3.2.2 knowledge of how to instruct client in range of motion exercises.
- 3.3.3 Direct client in strengthening exercises.
 - 3.3.3.1 Knowledge of indications, safety considerations, procedures, effects, and outcomes of strengthening exercises.
 - 3.3.3.2 Knowledge of how to instruct client in different types of strengthening exercises.
- 3.3.4 Direct client in cardiovascular exercises.
 - 3.3.4.1 Knowledge of indications, safety considerations, procedures, effects, and outcomes of cardiovascular exercises.
 - 3.3.4.2 Knowledge of how to instruct client in different types of cardiovascular exercises.
- 3.3.5 Direct client in proprioception exercises.
 - 3.3.5.1 Knowledge of indications, safety considerations, procedures, effects, and outcomes of proprioception exercises.
 - 3.3.5.2 Knowledge of how to instruct client in different types of proprioception exercises.

3.4 Thermal Applications

- 3.4.1 Perform and direct client in heat applications.
 - 3.4.1.1 Knowledge of indications, safety considerations, effects, and outcomes of heat applications.
 - 3.4.1.2 Knowledge of how to instruct client in heat applications.

- 3.4.2 Perform and direct client in cold applications.
 - 3.4.2.1 Knowledge of indications, safety considerations, effects, and outcomes of cold applications.
 - 3.4.2.2 Knowledge of how to instruct client in cold applications.
- 3.4.3 Perform and direct client in contrast applications.
 - 3.4.3.1 Knowledge of indications, safety considerations, effects, and outcomes of contrast applications.
 - 3.4.3.2 Knowledge of how to instruct client in contrast applications.

4. Clinical Sciences (15% of tasks)

- 4.1 Incorporate and apply an understanding of anatomy.
 - 4.1.1 Knowledge of anatomy.
- 4.2 Incorporate and apply an understanding of physiology.
 - 4.2.1 Knowledge of physiology.
- 4.3 Incorporate and apply an understanding of pathophysiology.
 - 4.3.1 Knowledge of pathophysiology.
- 4.4 Incorporate and apply an understanding of pharmacology affecting massage treatment.
 - 4.4.1 Knowledge of pharmacology as it relates to massage.

Appendix

Appendix: Demonstrate knowledge of the etiology, pathophysiology and clinical manifestations of commonly-occurring conditions, and apply this knowledge in order to safely and effectively assess and treat clients who present with these conditions.

A1 Common clinical conditions that present as variables of:

- a Stress
- b Pain
- c Mood
- d Anxiety
- e Sleep
- f Cognition

A2 Conditions with multi-factorial considerations:

- a Inflammation
- b Infection
- c Scarring
- d Swelling
- e Congestion
- f Movement restriction
- g Malignancy
- h Trauma and abuse

A3 Stages of life:

- a Pregnancy
- b Infancy and childhood
- c Adolescence
- d Adulthood
- e Senior years
- f End of life

A4 Neurological conditions:

- a Conditions of the central nervous system
- b Conditions of the peripheral nervous system
- c General neurological conditions

A5 Orthopedic conditions:

- a Conditions of the bone and periosteum
- b Conditions of the muscles and tendons
- c Conditions of the fascia
- d Conditions of the skin and connective tissue
- e Conditions of the synovial joints, cartilage, ligaments, and bursa
- f Systemic myofascial and orthopedic conditions

A6 Post-surgical conditions:

- a Conditions involving orthopedic interventions
- b Conditions involving artificial openings
- c Conditions involving implants

A7 Systemic conditions:

- a Conditions of the cardiovascular system
- b Conditions of the digestive system
- c Conditions of the endocrine system
- d Conditions of the gastrointestinal system
- e Conditions of the immune system

- f Conditions of the integumentary system
- g Conditions of the lymphatic system
- h Conditions of the reproductive system
- i Conditions of the respiratory system
- j Conditions of the urinary system



L'aperçu du contenu 2021 de l'ECM de l'Ordre fondé sur les compétences interprovinciales

Le document des [compétences professionnelles interprovinciales et indicateurs de performance des massothérapeutes au niveau de l'entrée dans la profession 2016](#) (CPIs/IPs) constitue la base pour les examens de certifications de l'Ordre des massothérapeutes de l'Ontario et, par conséquent, l'aperçu du contenu pour les examens de certification.

Tout en étant basé sur les CPIs/IPs, le contexte des examens de Certification est tel que la configuration/mise en page et système de numérotation des aperçus des contenus de l'Ordre diffère du document des CPIs/IPs.

La répartition de l'examen de l'ECM est la suivante :

- **Exercice de la profession: 18% de l'examen**
- **Évaluation: 25% de l'examen**
- **Traitement: 42% de l'examen**
- **Sciences Cliniques: 15% de l'examen**

1. Exercice de la profession (18% de l'examen)

1.1 Communications

- 1.1.1 Utiliser les communications écrites efficacement.
 - 1.1.1.1 Employer des techniques efficaces d'interrogation.
- 1.1.2 Utiliser la terminologie médicale.
 - 1.1.2.1 Démontrer la connaissance des termes médicaux.

1.2 Professionnalisme

- 1.2.1 Observer les exigences fédérales et provinciales.)
 - 1.2.1.1 Démontrer une connaissance des exigences provinciales et fédérales pertinentes.

- 1.2.2 Observer les exigences réglementaires.
 - 1.2.2.1 Démontrer une connaissance du mandat et des rôles d'un organisme de réglementation.
 - 1.2.2.2 Démontrer une connaissance des exigences réglementaires (politiques, normes d'exercice, énoncés de position, etc.)
 - 1.2.2.3 Faire la distinction entre le rôle d'un organisme de réglementation et celui d'une association professionnelle.
 - 1.2.2.4 Démontrer une connaissance des exigences du programme d'assurance de la qualité de l'Ordre.
- 1.2.3 Tenir des dossiers professionnels complets.
 - 1.2.3.1 Démontrer une connaissance des aspects de l'exercice professionnel qui exigent de la documentation.
 - 1.2.3.2 Démontrer une connaissance des exigences en matière de sécurité, de confidentialité et d'accès concernant les dossiers.
- 1.2.4 Appliquer les précautions standard d'hygiène et de contrôle de l'infection.
 - 1.2.4.1 Démontrer une connaissance des pratiques standard d'hygiène.
 - 1.2.4.2 Démontrer une connaissance des précautions pour contrôler l'infection.
- 1.2.5 Utiliser la littérature scientifique et professionnelle.
 - 1.2.5.1 Démontrer une connaissance du processus de recherche.
- 1.2.6 Assurer une bonne gestion des pratiques.
 - 1.2.6.1 Démontrer une connaissance des procédés de facturation.

1.3 Relation thérapeutique

- 1.3.1 Maintenir le consentement éclairé du client tout au long de l'évaluation et du traitement.
 - 1.3.1.1 Démontrer une connaissance du but du consentement éclairé.
 - 1.3.1.2 Démontrer une connaissance des composantes du consentement éclairé.
- 1.3.2 Obtenir le consentement explicite avant l'évaluation et le traitement de régions sensibles du corps.
 - 1.3.2.1 Démontrer une connaissance des régions sensibles potentielles.
- 1.3.3 Reconnaître et gérer la différence des pouvoirs dans la relation client et thérapeute.
 - 1.3.3.1 Démontrer une connaissance de ce qui constitue un abus dans la relation client-thérapeute.
 - 1.3.3.2 Expliquer la responsabilité du thérapeute dans la gestion de la relation client-thérapeute (exemple : la prévention de l'abus sexuel, émotionnel et financier).
- 1.3.4 Reconnaître et gérer le transfert et le contre-transfert.
 - 1.3.4.1 Démontrer une connaissance des caractéristiques et des problèmes découlant du transfert et du contre-transfert.

2. Évaluation (25% de l'examen)

Pour les compétences professionnelles et les indicateurs de performance associés aux compétences d'évaluation suivantes, les candidats doivent démontrer une connaissance de l'étiologie, la pathophysiologie et les manifestations cliniques de troubles et de handicaps communs présentés dans l'annexe, et appliquer ces connaissances afin d'évaluer en toute sécurité et efficacement les clients qui présentent ces troubles ou handicaps.

- 2.1 Obtenir l'histoire complète du cas.
 - 2.1.1 Démontrer une connaissance des composantes d'une histoire complète de cas.
- 2.2 Intégrer les conclusions d'autres praticiens de la santé.
 - 2.2.1 Incorporer les résultats des évaluations effectuées par d'autres praticiens de la santé dans la planification de l'évaluation.
- 2.3 Appliquer dans l'évaluation les connaissances de troubles communs.
 - 2.3.1 Identifier les indications pour évaluer les clients en se basant sur les symptômes et les troubles qu'ils présentent.
 - 2.3.2 Démontrer une connaissance des considérations relatives à la sécurité et de l'adaptation des évaluations des clients en se basant sur les symptômes et les troubles qu'ils présentent.
- 2.4 Modifier les évaluations en fonctions des résultats qui émergent.
 - 2.4.1 Adapter les évaluations en fonction des résultats.
- 2.5 Exécuter l'évaluation des signes vitaux.
 - 2.5.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation des signes vitaux.
 - 2.5.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.6 Effectuer l'évaluation de la posture.
 - 2.6.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de la posture.
 - 2.6.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.7 Effectuer l'évaluation de palpation.
 - 2.7.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de palpation.
 - 2.7.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.8 Effectuer l'évaluation de la démarche.
 - 2.8.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de la démarche.
 - 2.8.2 Faire la distinction entre les résultats normaux et anormaux.

- 2.9 Effectuer une évaluation de l'amplitude articulaire.
 - 2.9.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation des amplitudes articulaire.
 - 2.9.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.10 Effectuer une évaluation de la longueur musculaire.
 - 2.10.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de la longueur musculaire.
 - 2.10.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.11 Effectuer une évaluation de la force musculaire.
 - 2.11.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de la force musculaire.
 - 2.11.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.12 Effectuer une évaluation de jeu articulaire.
 - 2.12.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de jeu articulaire.
 - 2.12.2 Faire la distinction entre les résultats normaux et anormaux
- 2.13 Effectuer une évaluation neurologique.
 - 2.13.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation neurologique.
 - 2.13.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.14 Effectuer les tests spéciaux appropriés.
 - 2.14.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour effectuer un test spécial.
 - 2.14.2 Décrire le but du test sélectionné.
 - 2.14.3 Décrire l'effet du test sélectionné sur les tissus en cause.
- 2.15 Interpréter les résultats et formuler une impression clinique ou un diagnostic différentiel.
 - 2.15.1 Formuler une impression clinique ou un diagnostic différentiel.
- 2.16 Reconnaître les troubles exigeant une attention médicale urgente et agir en conséquence.
 - 2.16.1 Reconnaître les signes de troubles médicaux exigeant une attention urgente.
 - 2.16.2 Démontrer une connaissance des réponses aux événements médicaux urgents.
- 2.17 Reconnaître les troubles exigeant une attention médicale non urgente et agir en conséquence.
 - 2.17.1 Démontrer une connaissance des troubles exigeant des soins médicaux non urgents.
 - 2.17.2 Démontrer une connaissance des réponses appropriées aux troubles médicaux non urgents.

3. Traitement (42% de l'examen)

Pour les compétences professionnelles et les indicateurs de performance associés aux compétences de traitement suivantes, les candidats doivent démontrer une connaissance de l'étiologie, la pathophysiologie et les manifestations cliniques de troubles et de handicaps communs présentés dans l'annexe, et appliquer ces connaissances afin d'évaluer en toute sécurité et efficacement les clients qui présentent ces troubles ou handicaps.

3.1 Principes de traitement

- 3.1.1 Intégrer les données pertinentes d'évaluation, les preuves scientifiques et l'expérience clinique dans l'établissement d'un plan de traitement centré sur le client ou la cliente.
 - 3.1.1.1 Démontrer une connaissance des considérations qui guident la planification du traitement incluant les principes de massothérapie.
 - 3.1.1.2 Formuler un plan de traitement individualisé.
- 3.1.2 Sélectionner les composantes du traitement en fonction des indications et des considérations relatives à la sécurité.
 - 3.1.2.1 Faire le lien entre les composantes du traitement et les indications et les considérations relatives à la sécurité.
- 3.1.3 Traiter en suivant le plan de traitement.
 - 3.1.3.1 Démontrer une connaissance des sciences de la santé liées aux symptômes et troubles du client.
 - 3.1.3.2 Démontrer une connaissance des troubles communs.
 - 3.1.3.3 Appliquer les modalités et techniques de traitement en intégrant les connaissances des troubles communs.
- 3.1.4 Aider le client ou client à s'habiller ou à se déshabiller. ****Ne sont applicables que pour la section « Stades de la vie » dans l'Annexe***
 - 3.1.4.1 Démontrer une connaissance de drapage approprié pour le traitement.
- 3.1.5 Montrer au client comment prendre soin de lui.
 - 3.1.5.1 Sélectionner les soins auto-administrés en fonction des résultats souhaités.
 - 3.1.5.2 Démontrer une connaissance d'enseigner les soins que le client doit accomplir.

3.2 Techniques de massage

- 3.2.1 Exécuter l'effleurage, incluant la connaissance des :
 - 3.2.1.1 Composantes, indications, considérations en matière de sécurité, effets et résultats de l'effleurage.
- 3.2.2. Exécuter le glissement « stroking », incluant la connaissance des :
 - 3.2.2.1 Composantes, indications, considérations en matière de sécurité, effets et résultats du glissement « stroking ».

- 3.2.3 Exécuter le pétrissage, incluant la connaissance des :
 - 3.2.3.1 Composantes, indications, considérations en matière de sécurité, effets et résultats du pétrissage.
- 3.2.4 Exécuter la technique pincer-rouler, incluant la connaissance des :
 - 3.2.4.1 Composantes, indications, considérations en matière de sécurité, effets et résultats de la technique pincer-rouler.
- 3.2.5 Exécuter les vibrations, incluant la connaissance des :
 - 3.2.5.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des vibrations.
- 3.2.6 Exécuter les techniques de percussion, incluant la connaissance des :
 - 3.2.6.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques de percussion.
- 3.2.7 Exécuter les bercements et les ébranlements, incluant la connaissance des :
 - 3.2.7.1 Composantes, indications, considérations en matière de sécurité, effets et résultats du bercement et de l'ébranlements.
- 3.2.8 Exécuter les frictions, incluant la connaissance des :
 - 3.2.8.1 Composantes, indications, considérations en matière de sécurité, effets et résultats de la friction.
- 3.2.9 Exécuter le « stripping » musculaire, incluant la connaissance des :
 - 3.2.9.1 Composantes, indications, considérations en matière de sécurité, effets et résultats du « stripping » musculaire.
- 3.2.10 Exécuter l'approximation musculaire, incluant la connaissance des :
 - 3.2.10.1 Composantes, indications, considérations en matière de sécurité, effets et résultats de l'approximation musculaire.
- 3.2.11 Exécuter les techniques de relâchement de l'organe tendineux de Golgi, incluant la connaissance des :
 - 3.2.11.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques de relâchement de l'organe tendineux de Golgi.
- 3.2.12 Exécuter les techniques de drainage lymphatique, incluant la connaissance des :
 - 3.2.12.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques de drainage lymphatique.
- 3.2.13 Exécuter les techniques de traitement de point myalgique, incluant la connaissance des :
 - 3.2.13.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques de déclenchement de point myalgique.
- 3.2.14 Exécuter les techniques fasciales ou myofasciales, incluant la connaissance des :
 - 3.2.14.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques fasciales ou myofasciales.
- 3.2.15 Exécuter les techniques de mobilisation articulaire, incluant la connaissance des :
 - 3.2.15.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques de mobilisation articulaire.

3.3 Exercices thérapeutiques

- 3.3.1. Exécuter des étirements et guider client pour les faire.
 - 3.3.1.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats de l'étirement.
 - 3.3.1.2 Démontrer la connaissance nécessaire pour guider le client à effectuer différents types d'étirements.
- 3.3.2. Exécuter des exercices d'amplitude articulaire et guider le client pour les faire.
 - 3.3.2.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, procédures des effets et des résultats des exercices d'amplitude articulaire.
 - 3.3.2.2 Démontrer la connaissance nécessaire pour guider le client à effectuer différents types d'exercices d'amplitude articulaire.
- 3.3.3 Guider le client ou client pour effectuer des exercices de renforcement.
 - 3.3.3.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats des exercices de renforcement.
 - 3.3.3.2 Démontrer la connaissance nécessaire pour guider le client à effectuer différents types d'exercice de renforcement.
- 3.3.4 Guider le client ou client pour effectuer des exercices cardiovasculaires.
 - 3.3.4.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats des exercices cardiovasculaire.
 - 3.3.4.1 Démontrer la connaissance nécessaire pour guider le client à effectuer différents types d'exercices cardiovasculaires.
- 3.3.5 Guider le client ou client pour effectuer des exercices de proprioception.
 - 3.3.5.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats des exercices de proprioception.
 - 3.3.5.2 Démontrer la connaissance nécessaire pour guider le client à effectuer différents types d'exercice de proprioception.

3.4 Applications de chaleur/froid

- 3.4.1 Exécuter des applications de chaleur et guider le client pour le faire.
 - 3.4.1.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des effets et des résultats des applications de chaleur.
 - 3.4.1.2 Démontrer une connaissance nécessaire pour guider le client à effectuer des applications de chaleur.
- 3.4.2 Exécuter des applications de froid et guider le client à le faire.
 - 3.4.2.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des effets et des résultats des applications de froid.

- 3.4.2.2 Démontrer une connaissance nécessaire pour guider le client à effectuer des applications de froid.
- 3.4.3 Exécuter des applications de contraste et guider le client à le faire.
 - 3.4.3.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des effets et des résultats des applications de contraste.
 - 3.4.3.2 Démontrer une connaissance nécessaire pour guider le client à effectuer des applications de contraste.

4. Sciences Cliniques (15 % de l'examen)

- 4.1 Incorporer et appliquer la compréhension de l'anatomie.
 - 4.1.1 Connaissance de l'anatomie.
- 4.2 Incorporer et appliquer la compréhension de la physiologie.
 - 4.2.1 Connaissance de la physiologie.
- 4.3 Incorporer et appliquer la compréhension de la pathophysiologie.
 - 4.3.1 Connaissance de la pathophysiologie.
- 4.4 Incorporer et appliquer la compréhension de la pharmacologie qui affecte la massothérapie.
 - 4.4.1 Connaissance de la pharmacologie en ce qui concerne à la massothérapie

Annexe

Appendix: Les massothérapeutes au niveau de l'entrée dans la profession devraient connaître l'étiologie, la pathophysiologie et les manifestations cliniques de troubles et de handicaps communs, et appliquer ces connaissances afin d'évaluer et de traiter en toute sécurité et efficacement les clients qui présentent ces troubles ou handicaps.

A1 Troubles cliniques communs qui peuvent se présenter comme des variables de:

- a Stress
- b Douleur
- c Humeur
- d Anxiété
- e Sommeil
- f Cognition

A2 Troubles assortis de considérations multifactorielles :

- a Inflammation
- b Infection
- c Tissue cicatriciel

- d Enflure
- e Congestion
- f Restrictions des mouvements
- g Malignité
- h Traumatisme et abus

A3 Stades de la vie:

- a Grossesse
- b Enfance
- c Adolescence
- d Adulte
- e Vieillesse
- f Fin de vie

A4 Troubles neurologiques:

- a Troubles du système nerveux central
- b Troubles du système nerveux périphérique
- c Troubles neurologiques généraux

A5 Troubles orthopédiques:

- a Troubles de l'os et du périoste
- b Troubles des muscles et des tendons
- c Troubles du fascia
- d Troubles de la peau et du tissu conjonctif
- e Troubles des articulations synoviales, du cartilage, des ligaments et des bourses
- f Troubles systémiques myofasciaux et orthopédiques

A6 Troubles post-chirurgicaux:

- a Troubles liés à des interventions orthopédiques
- b Troubles liés à des ouvertures artificielles
- c Troubles liés à des implants

A7 Troubles systémiques:

- a Troubles du système cardiovasculaire
- b Troubles du système digestif
- c Troubles du système endocrinien
- d Troubles du système gastro-intestinal
- e Troubles du système immunitaire
- f Troubles du système tégumentaire
- g Troubles du système lymphatique
- h Troubles du système reproductif

- i Troubles du système respiratoire
- j Troubles du système urinaire



CMTO's Objectively Structured Clinical Evaluation (OSCE) Content Outline 2021

The [2016 Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice \(PC/PIs\)](#) document provides the foundation for the College of Massage Therapists of Ontario (CMTO) Certification Examinations and, accordingly, the examination content outlines.

While based on the PC/PIs, the context of CMTO's Certification Examinations is such that the layout and numbering for the examination content outlines differ from that of the PC/PIs document.

The breakdown of the OSCE exam is as follows:

- **Professional Practice:** **24% of tasks/criteria points**
- **Assessment:** **38% of tasks/criteria points**
- **Treatment:** **38% of tasks/criteria points**

1. Professional Practice (24% of tasks)

1.1 Communication

- 1.1.1 Utilize communication effectively.
 - 1.1.1.1 Employ effective questioning techniques.

1.2 Professionalism

- 1.2.1 Comply with federal and provincial requirements.
 - 1.2.1.1 Knowledge of relevant provincial and federal requirements.)
- 1.2.2 Comply with regulatory requirements.
 - 1.2.2.1 Knowledge of CMTO requirements (e.g., Policies, Standards of Practice, Position statements, etc.,)

1.3 Therapeutic Relationship

- 1.3.1 Maintain informed client consent throughout assessment and treatment.
 - 1.3.1.1 Obtain informed consent prior to performing assessment, treatment, and reassessment.

2. Assessment (38% of tasks)

For all the following Assessment Practice Competencies and Performance Indicators, candidates must demonstrate knowledge of the etiology, pathophysiology and clinical manifestations of commonly-occurring conditions listed in the Appendix, and apply this knowledge in order to safely and effectively assess clients who present with these conditions.

2.1 Client History

- 2.1.1 Obtain comprehensive case history.
 - 2.1.1.1 Interview client to obtain case history and their desired treatment goals.
- 2.1.2 Integrate findings of other healthcare practitioners.
 - 2.1.2.1 Incorporate assessment findings of other healthcare practitioners into assessment planning.

2.2 Testing

- 2.2.1 Select assessments incorporating knowledge of client history, safety considerations, emerging findings, and evidence.
 - 2.2.1.1 Select appropriate assessment procedures.
 - 2.2.1.2 Perform assessment.
- 2.2.2 Modify assessments based upon emerging findings.
 - 2.2.2.1 Adapt assessments based on findings.
- 2.2.3 Perform palpatory assessment.
 - 2.2.3.1 Identify indications, safety considerations for and the components of performing palpatory assessment.
 - 2.2.3.2 Demonstrate palpatory assessment.
- 2.2.4 Perform range of motion assessment.
 - 2.2.4.1 Identify indications, safety considerations for and the components of performing range of motion assessment.
 - 2.2.4.2 Demonstrate range of motion assessment.
- 2.2.5 Perform muscle length assessment.
 - 2.2.5.1 Identify indications, safety considerations for and the components of performing muscle length assessment.
 - 2.2.5.2 Demonstrate muscle length assessment.
- 2.2.6 Perform muscle strength assessment.
 - 2.2.6.1 Identify indications, safety considerations for and the components of performing muscle strength assessment.
 - 2.2.6.2 Demonstrate muscle strength assessment.
- 2.2.7 Perform neurological assessment.
 - 2.2.7.1 Identify indications, safety considerations for and the components of performing neurological assessment.
 - 2.2.7.2 Demonstrate neurological assessment.

- 2.2.8 Perform appropriate special tests.
 - 2.2.8.1 Identify indications, safety considerations for and the components of performing special tests.
 - 2.2.8.2 Identify the purpose of the selected test.
 - 2.2.8.3 Demonstrate special tests.
- 2.2.9 Interpret findings and formulate clinical impression / differential diagnosis.
 - 2.2.9.1 Formulate a clinical impression / differential diagnosis.

3. Treatment (38% of tasks)

3.1 Treatment Principles

- 3.1.1 Incorporate relevant assessment data, research evidence, and clinical experience into development of a client centered treatment plan
 - 3.1.1.1 Formulate an individualized treatment plan by relating treatment components to indications, safety considerations and presenting conditions listed in the appendix.
- 3.1.2 Treat consistent with treatment plan.
 - 3.1.2.1 Demonstrate knowledge of health sciences related to client symptoms and conditions.
 - 3.1.2.2 Describe clinical presentations of commonly occurring conditions.
 - 3.1.2.3 Apply treatment modalities and techniques incorporating knowledge of commonly-occurring conditions.
- 3.1.3 Employ draping.
 - 3.1.3.1 Drape and undrape client for treatment.
- 3.1.4 Guide client in self care.
 - 3.1.4.1 Select self care based upon desired outcomes.
 - 3.1.4.2 Instruct client in self care.

3.2 Massage Techniques

- 3.2.1 Perform effleurage
 - 3.2.1.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of effleurage.
 - 3.2.1.2 Incorporate effleurage into treatment.
- 3.2.2 Perform stroking
 - 3.2.2.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of stroking.
 - 3.2.2.2 Incorporate stroking into treatment.

- 3.2.3 Perform petrissage
 - 3.2.3.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of petrissage.
 - 3.2.3.2 Incorporate petrissage into treatment.
- 3.2.4 Perform skin rolling
 - 3.2.4.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of skin rolling.
 - 3.2.4.2 Incorporate skin rolling into treatment.
- 3.2.5 Perform vibration
 - 3.2.5.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of vibration.
 - 3.2.5.2 Incorporate vibration into treatment.
- 3.2.6 Perform percussive techniques.
 - 3.2.6.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of percussive techniques.
 - 3.2.6.2 Incorporate percussive techniques into treatment.
- 3.2.7 Perform rocking and shaking.
 - 3.2.7.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of rocking and shaking.
 - 3.2.7.2 Incorporate rocking and shaking into treatment.
- 3.2.8 Perform friction
 - 3.2.8.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of friction.
 - 3.2.8.2 Incorporate friction into treatment.
- 3.2.9 Perform muscle stripping
 - 3.2.9.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of muscle stripping.
 - 3.2.9.2 Incorporate muscle stripping into treatment.
- 3.2.10 Perform muscle approximation.
 - 3.2.10.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of muscle approximation.
 - 3.2.10.2 Incorporate muscle approximation into treatment.
- 3.2.11 Perform Golgi tendon organ techniques.
 - 3.2.11.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of Golgi tendon organ techniques.
 - 3.2.11.2 Incorporate Golgi tendon organ techniques into treatment.
- 3.2.12 Perform lymphatic drainage techniques.
 - 3.2.12.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of lymphatic drainage techniques.
 - 3.2.12.2 Incorporate lymphatic drainage techniques into treatment.

- 3.2.13 Perform trigger point techniques.
 - 3.2.13.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of trigger point techniques.
 - 3.2.13.2 Incorporate trigger point techniques into treatment.
- 3.2.14 Perform fascial / myofascial techniques.
 - 3.2.14.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of fascial / myofascial techniques.
 - 3.2.14.2 Incorporate fascial / myofascial techniques into treatment.
- 3.2.15 Perform joint mobilization techniques.
 - 3.2.15.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of joint mobilization techniques.
 - 3.2.15.2 Incorporate joint mobilization techniques into treatment.

3.3 Therapeutic Exercise

- 3.3.1 Perform and direct client in stretching
 - 3.3.1.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of stretching.
 - 3.3.1.2 Direct client in stretching.
 - 3.3.1.3 Incorporate different types of stretching into treatment.
- 3.3.2 Perform and direct client in range of motion exercises.
 - 3.3.2.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of range of motion exercises.
 - 3.3.2.2 Direct client in range of motion exercises.
 - 3.3.2.3 Incorporate range of motion exercises into treatment.
- 3.3.3 Direct client in strengthening exercises
 - 3.3.3.1 Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of strengthening exercises.
 - 3.3.3.2 Direct client in strengthening exercises.

Appendix

Appendix: Demonstrate knowledge of the etiology, pathophysiology and clinical manifestations of commonly-occurring conditions, and apply this knowledge in order to safely and effectively assess and treat clients who present with these conditions.

A1 Common clinical conditions that present as variables of:

- a Stress
- b Pain
- c Mood
- d Anxiety
- e Sleep
- f Cognition

A2 Conditions with multi-factorial considerations:

- a Inflammation
- b Infection
- c Scarring
- d Swelling
- e Congestion
- f Movement restriction
- g Malignancy
- h Trauma and abuse

A3 Stages of life:

- a Pregnancy
- b Infancy and childhood
- c Adolescence
- d Adulthood
- e Senior years
- f End of life

A4 Neurological conditions:

- a Conditions of the central nervous system
- b Conditions of the peripheral nervous system
- c General neurological conditions

A5 Orthopedic conditions:

- a Conditions of the bone and periosteum

- b Conditions of the muscles and tendons
- c Conditions of the fascia
- d Conditions of the skin and connective tissue
- e Conditions of the synovial joints, cartilage, ligaments, and bursa
- f Systemic myofascial and orthopedic conditions

A6 Post-surgical conditions:

- a Conditions involving orthopedic interventions
- b Conditions involving artificial openings
- c Conditions involving implants

A7 Systemic conditions:

- a Conditions of the cardiovascular system
- b Conditions of the digestive system
- c Conditions of the endocrine system
- d Conditions of the gastrointestinal system
- e Conditions of the immune system
- f Conditions of the integumentary system
- g Conditions of the lymphatic system
- h Conditions of the reproductive system
- i Conditions of the respiratory system
- j Conditions of the urinary system



L'aperçu du contenu 2021 de l'ECOS de l'Ordre fondé sur les compétences interprovinciales

Le document des [compétences professionnelles interprovinciales et indicateurs de performance des massothérapeutes au niveau de l'entrée dans la profession 2016](#) (CPIs/IPs) constitue la base pour les examens de certifications de l'Ordre des massothérapeutes de l'Ontario et, par conséquent, l'aperçu du contenu pour les examens de certification.

Tout en étant basé sur les CPIs/IPs, le contexte des examens de Certification est tel que la configuration/mise en page et système de numérotation des aperçus des contenus de l'Ordre diffère du document des CPIs/IPs.

La répartition de l'examen de l'ECM est la suivante :

- **Exercice de la profession: 24% de l'examen**
- **Évaluation: 38% de l'examen**
- **Traitement: 38% de l'examen**

1. Exercice de la profession (24% de l'examen)

1.1 Communications

- 1.1.1 Utiliser les communications efficacement. (1.1.1)
 - 1.1.1.1 Employer des techniques efficaces d'interrogation. (1.1.1.1)

1.2 Professionnalisme

- 1.2.1 Observer les exigences fédérales et provinciales. (1.2.1)
 - 1.2.1.1 Démontrer une connaissance des exigences provinciales et fédérales pertinentes.
- 1.2.2 Observer les exigences réglementaires.

- 1.2.2.1 Démontrer une connaissance des exigences réglementaires de l'Ordre (politiques, normes d'exercice, énoncés de position etc.)

1.3 Relation thérapeutique

- 1.3.1 Maintenir le consentement éclairé du client tout au long de l'évaluation et du traitement.
 - 1.3.1 Obtenir le consentement éclairé avant l'évaluation, le traitement et la réévaluation.

2. Évaluation (38% de l'examen)

Pour les compétences professionnelles et les indicateurs de performance associés aux compétences d'évaluation suivantes, les candidats doivent démontrer une connaissance de l'étiologie, la pathophysiologie et les manifestations cliniques de troubles et de handicaps communs présentés dans l'annexe, et appliquer ces connaissances afin d'évaluer en toute sécurité et efficacement les clients qui présentent ces troubles ou handicaps.

2.1 Antécédents médicaux du client

- 2.1.1 Obtenir l'histoire complète du cas.
 - 2.1.1.1 Interroger le client ou client pour obtenir l'histoire du cas et les buts souhaités du traitement.
- 2.1.2 Intégrer les conclusions d'autres praticiens de la santé.
 - 2.1.2.1 Incorporer les résultats des évaluations effectuées par d'autres praticiens de la santé dans la planification de l'évaluation.

2.2 Évaluation

- 2.2.1 Sélectionner et exécuter les évaluations en intégrant les connaissances de l'histoire du client ou client, les considérations relatives à la sécurité et les preuves.
 - 2.2.1.1 Sélectionner les processus d'évaluation appropriés.
 - 2.2.1.2 Exécuter une évaluation.
- 2.2.2 Modifier les évaluations en fonctions des résultats qui émergent.
 - 2.2.2.1 Adapter les évaluations en fonction des résultats.
- 2.2.3 Effectuer l'évaluation de la palpation.
 - 2.2.3.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour évaluer la palpation.
 - 2.2.3.2 Faire une démonstration de l'évaluation de la palpation.
- 2.2.4 Effectuer une évaluation de l'amplitude articulaire.
 - 2.2.4.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour évaluer l'amplitude articulaire.
 - 2.2.4.2 Faire une démonstration de l'évaluation de l'amplitude articulaire.

- 2.2.5 Effectuer une évaluation de la longueur musculaire.
 - 2.2.5.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour évaluer la longueur musculaire.
 - 2.2.5.2 Faire une démonstration de l'évaluation de la longueur musculaire.
- 2.2.6 Effectuer une évaluation de la force musculaire.
 - 2.2.6.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour évaluer la force musculaire.
 - 2.2.6.2 Faire une démonstration de l'évaluation de la force musculaire.
- 2.2.7 Effectuer une évaluation neurologique.
 - 2.2.7.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour effectuer une évaluation neurologique.
 - 2.2.7.2 Faire une démonstration de l'évaluation neurologique.
- 2.2.8 Effectuer les tests spéciaux appropriés.
 - 2.2.8.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour effectuer les tests spéciaux.
 - 2.2.8.2 Identifier le but du test sélectionné.
 - 2.2.8.3 Faire la démonstration du test sélectionné.
- 2.2.9 Interpréter les résultats et formuler une impression clinique ou un diagnostic différentiel.
 - 2.2.9.1 Formuler une impression clinique ou un diagnostic différentiel.

3. Traitement (38% de l'examen)

3.1 Principes de traitement

- 3.1.1 Intégrer les données pertinentes d'évaluation, les preuves scientifiques et l'expérience clinique dans l'établissement d'un plan de traitement centré sur le client.
 - 3.1.1.1 Formuler un plan de traitement individualisé pour le client, en faisant le lien entre les composantes du traitement, les indications, les considérations relatives à la sécurité et les symptômes et les troubles *présentés dans l'annexe*.
- 3.1.2 Traiter en suivant le plan de traitement.
 - 3.1.2.1 Démontrer une connaissance des sciences de la santé liées aux symptômes et troubles du client.
 - 3.1.2.2 Décrire les présentations cliniques des troubles communs indiqués dans l'annexe.
 - 3.1.2.3 Appliquer les modalités et techniques de traitement en intégrant les connaissances des troubles communs.
- 3.1.3 Employer le drapage.
 - 3.1.3.1 Draper et découvrir le client comme il se doit pour le traitement.
- 3.1.4 Montrer au client ou client comment prendre soin de lui.
 - 3.1.4.1 Sélectionner les soins auto-administrés en fonction des résultats souhaités.

- 3.1.4.2 Enseigner les soins que le client ou client doit accomplir.

3.2 Techniques de massage

- 3.2.1 Exécuter l'effleurage
 - 3.2.1.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats de l'effleurage.
 - 3.2.1.2 Intégrer l'effleurage dans le traitement.
- 3.2.2. Exécuter le glissement « stroking ».
 - 3.2.2.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats de l'effleurage.
 - 3.2.2.2 Intégrer le glissement « stroking » dans le traitement.
- 3.2.3 Exécuter le pétrissage.
 - 3.2.3.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats du pétrissage.
 - 3.2.3.2 Intégrer le pétrissage dans le traitement.
- 3.2.4 Exécuter la technique du pincer-rouler.
 - 3.2.4.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats de la technique du pincer-rouler.
 - 3.2.4.2 Intégrer la technique du pincer-rouler dans le traitement.
- 3.2.5 Exécuter les vibrations.
 - 3.2.5.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des vibrations.
 - 3.2.5.2 Intégrer les vibrations dans le traitement.
- 3.2.6 Exécuter les techniques de percussion.
 - 3.2.6.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des percussions.
 - 3.2.6.2 Intégrer les percussions dans le traitement.
- 3.2.7 Exécuter les bercements et les ébranlements.
 - 3.2.7.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des bercements et des ébranlements.
 - 3.2.7.2 Intégrer les bercements et les ébranlements.
- 3.2.8 Exécuter les frictions.
 - 3.2.8.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des

frictions.

- Intégrer les frictions dans le traitement. (3.2.8.2)
- 3.2.9 Exécuter le « stripping » musculaire.
 - 3.2.9.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des le « stripping » musculaire.
 - 3.2.9.2 Intégrer le « stripping » musculaire dans le traitement.
- 3.2.10 Exécuter l'approximation musculaire
 - 3.2.10.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats de l'approximation musculaire.
 - 3.2.10.2 Intégrer l'approximation musculaire dans le traitement.
- 3.2.11 Exécuter les techniques de relâchement de l'organe tendineux de Golgi
 - 3.2.11.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des techniques de relâchement de l'organe tendineux de Golgi.
 - 3.2.11.2 Intégrer les techniques de relâchement de l'organe tendineux de Golgi dans le traitement.
- 3.2.12 Exécuter les techniques de drainage lymphatique.
 - 3.2.12.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des techniques de drainage lymphatique.
 - 3.2.12.2 Intégrer les techniques de drainage lymphatique dans le traitement.
- 3.2.13 Exécuter les techniques de traitement de point myalgique.
 - 3.2.13.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des techniques de traitement de point myalgique.
 - 3.2.13.2 Intégrer les techniques de traitement de point myalgique dans le traitement.
- 3.2.14 Exécuter les techniques fasciales ou myofasciales.
 - 3.2.14.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des techniques fasciales ou myofasciales.
 - 3.2.14.2 Intégrer les techniques fasciales ou myofasciales dans le traitement.
- 3.2.15 Exécuter les techniques de mobilisation articulaire.
 - 3.2.15.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des techniques de mobilisation articulaire.

- 3.2.15.2 Intégrer les techniques de mobilisation articulaire dans le traitement.

3.3 Exercices thérapeutiques

- 3.3.1 Exécuter des étirements et guider le client à les faire.
 - 3.3.1.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats de l'étirement.
 - 3.3.1.2 Guider le client à effectuer des étirements.
 - 3.3.1.3 Intégrer différents types d'étirements dans le traitement.
- 3.3.2 Exécuter des exercices d'amplitude articulaires et guider le client à les faire.
 - 3.3.2.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats des exercices d'amplitude articulaires.
 - 3.3.2.2 Guider le client à effectuer des exercices d'amplitude articulaires.
 - 3.3.2.3 Intégrer différents types d'exercices d'amplitude articulaires dans le traitement.
- 3.3.3 Exécuter des exercices de renforcement et guider le client à les faire.
 - 3.3.3.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats exercices de renforcement.
 - 3.3.3.2 Guider le client à effectuer des exercices d'amplitude articulaires.

Annexe

Annexe: Les massothérapeutes au niveau de l'entrée dans la profession devraient connaître l'étiologie, la pathophysiologie et les manifestations cliniques de troubles et de handicaps communs, et appliquer ces connaissances afin d'évaluer et de traiter en toute sécurité et efficacement les clients qui présentent ces troubles ou handicaps.

A1 Troubles cliniques communs qui peuvent se présenter comme des variables de:

- a Stress
- b Douleur
- c Humeur
- d Anxiété
- e Sommeil
- f Cognition

A2 Troubles assortis de considérations multifactorielles :

- a Inflammation
- b Infection
- c Tissue cicatriciel
- d Enflure
- e Congestion
- f Restrictions des mouvements
- g Malignité
- h Traumatisme et abus

A3 Stades de la vie:

- a Grossesse
- b Enfance
- c Adolescence
- d Adulte
- e Vieillesse
- f Fin de vie

A4 Troubles neurologiques:

- a Troubles du système nerveux central

- b Troubles du système nerveux périphérique
- c Troubles neurologiques généraux

A5 **Troubles orthopédiques:**

- a Troubles de l'os et du périoste
- b Troubles des muscles et des tendons
- c Troubles du fascia
- d Troubles de la peau et du tissu conjonctif
- e Troubles des articulations synoviales, du cartilage, des ligaments et des bourses
- f Troubles systémiques myofasciaux et orthopédiques

A6 **Troubles post-chirurgicaux:**

- a Troubles liés à des interventions orthopédiques
- b Troubles liés à des ouvertures artificielles
- c Troubles liés à des implants

A7 **Troubles systémiques:**

- a Troubles du système cardiovasculaire
- b Troubles du système digestif
- c Troubles du système endocrinien
- d Troubles du système gastro-intestinal
- e Troubles du système immunitaire
- f Troubles du système tégumentaire
- g Troubles du système lymphatique
- h Troubles du système reproductif
- i Troubles du système respiratoire
- j Troubles du système urinaire



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020

From: Lloyd White, Chair, Quality Assurance Committee

Re: Recommendation from QA Committee that First Aid and CPR remain a requirement of initial registration and that maintenance of First Aid and CPR certification be addressed in the proposed Standard of Practice: Safety and Risk Management.

Background:

As part of the 2019-2020 CMTO Workplan, Council approved a project to determine whether mandating applicants and registrants to obtain and maintain current First Aid and CPR certification ensures client safety. Presently all applicants are required to provide proof of First Aid and CPR certification, however, registrants are not required to maintain certification following initial registration.

For Consideration

The project outcome included a deliverable to conduct research on the topic using *Regulatory Modernization Principles* to guide the process which resulted in the collection of data from various sources including:

- Circulating a registrant survey to assess use of First Aid and CPR certification in daily practice (2,326 responses, 2018), some findings of the survey include:
 - 4% (n=97) of respondents indicated they were required to perform First Aid and CPR while performing client care. Of those, only seven provided examples that were directly related to client care (examples include First Aid or CPR for seizures, stroke, choking, and fall injuries). Outside of client care, some RMTs reported assisting members of the public or others in the workplace (examples include First Aid or CPR for seizures, choking, or broken bones).
 - 56% (n=1292) indicated that they had valid First Aid and CPR certification.

- Types of practice settings were:
 - 48% (n=1108) from group clinic.
 - 40% (n=926) from home or solo practice.
 - 8% (n=180) from spa or health club.
 - 2% (n=42) at a hospital or rehabilitation facility.
 - 1 % in education.
- The following themes were shared in the additional comments text box:
 - 3% (n=81) indicated that First Aid and CPR certification should be required to maintain registration while 2% (n=51) shared that it should be recommended but not mandatory.
 - 3% (n=78) thought that First Aid and CPR was within Scope of Practice while 3% (n=68) believed it was not.
 - 4% (n=88) felt that RMTs should be confident knowing they can take care of clients in an emergency.
 - <1% (n=6) said that they were not comfortable administering CPR.
- Reviewing policies, practices, and procedures of other Ontario Health Colleges (data collected February 2019), in summary:
 - Eight require First Aid and CPR certification at entry-to-practice; of these, five require certification to be maintained and manage or monitor it through registration. The other three encourage certification through the Quality Assurance Program.
 - 14 do not require First Aid and CPR certification.
 - For physicians and nurses, First Aid and CPR certification is required via employer policy or contract.
 - Some of the professions that require First Aid and CPR certification connect it to safety regarding the administration of anesthesia.
 - While there is broad evidence that First Aid and CPR saves lives, there is very limited and sometimes conflicting, research evidence to support that requiring current First Aid and CPR certification for RMTs, or similar health professions, provides significant additional protection for the public.

Using the framework of the Regulatory Modernization Principles:

- **Identify the problem before the solution:** Is there sufficient risk or evidence to justify the additional requirement that RMTs maintain current First Aid and CPR certification? Is it appropriate to require current First Aid and CPR certification at registration but not to maintain that currency?
- **Quantify and qualify the risks:** According to the survey, the vast majority of RMTs have not encountered a client emergency requiring the use of First Aid and CPR, and these emergencies happen rarely. Some RMTs are concerned with the risk of providing First Aid and CPR.

While research indicates that First Aid and CPR is broadly protective, it is unclear whether requiring its currency of RMTs will provide significant additional protection for the public.

Only a few healthcare regulators in Ontario perceive the risk as high enough to require all registrants maintain First Aid and CPR currency. Those professions that do tend to have patients/clients with high acuity health concerns or patients/clients that receive anesthesia. Some other regulators leave it up to employers to dictate if currency must be maintained.

- **Develop and implement solutions that are as close to the problem as possible:** Based on the information gathered, it does not appear that clients are at greater risk because RMTs are not required to maintain First Aid and CPR certification. Therefore, consistent with the outcomes-based approach which has already been adopted for the proposed Standards of Practice, an appropriate solution would be to:
 - Require RMTs to evaluate the risk in their practice setting and take appropriate steps to address that risk through training or certification using their professional judgement; and
 - Continue to require applicants to have current First Aid and CPR certification, as this will provide them with a basic understanding of First Aid and CPR which they can build upon if they deem it necessary for their practice.

The proposed Standard of Practice: Safety and Risk Management, RMT outcome covers this solution:

“Registered Massage Therapists (RMTs) enact preventative and risk management measures to provide safe treatment” and “participate in training/certification and support activities related to safety and risk management as required and/or appropriate for the practice setting”.

- **Use regulation only when necessary:** The risk evaluation above suggests that for most RMTs, the likelihood of needing First Aid and/or CPR is low, however, decisions by other regulators suggest certain practice settings and patients/client populations have higher risk. In addition, some employers or places of work already require healthcare providers to have current First Aid and CPR certification (e.g. hospitals or schools). As a result, it does not appear to be necessary to regulate mandatory ongoing First Aid and CPR certification for RMTs.

As applicants are not yet able to effectively evaluate their practice setting risk, due to workplace uncertainty, and are likely to have already completed First Aid and CPR

certification for student clinical experiences, it is reasonable to continue to require it at registration.

- **Be transparent and accountable:** The change can be implemented through a requirement within the Standards of Practice which would then be subject to the same communication and consultation processes as the rest of the content, allowing for both transparency and accountability.
- **Monitor for unintended consequences:** As part of the Standards of Practice, unintended consequences will be monitored after implementation through feedback from the profession, via inquiries to Professional Practice and Professional Conduct, the Practice Specialist, and other communication.
- **Review and respond to change:** As the change is included as part of the proposed Standards of Practice, the requirement will be subject to the Standards review process.

As a result of this review, the Quality Assurance Committee is proposing the following motion

Approval of the following motion completes the First Aid and CPR workplan project.

Draft Motion:

THAT applicants continue to submit proof of First Aid and CPR certification prior to obtaining a general certificate of registration: and

THAT maintaining First Aid and CPR certification be addressed in the Standard of Practice: Safety and Risk Management.



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020

From: K. Westfall-Connor, Chair, Executive Committee

Re: Ratification of Appointments of Council Members to Committees

Public Member, Debra Mattina's term ended on July 10, 2020 leaving a vacancy on both the Registration and Inquiries, Complaints and Reports Committees.

To replace D. Mattina, the Executive Committee appointed Marlene Kesler to the Registration Committee and Jay Mathers to the Inquiries, Complaints and Reports Committee, effective July 2, 2020.

Motion:

THAT the decision of the Executive Committee to appoint Marlene Kesler to the Registration Committee and Jay Mathers to the Inquiries, Complaints and Reports Committee effective July 2, 2020, be ratified by Council.



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020
From: K. Westfall-Connor, Chair, Executive Committee
Re: Proposed 2021 Council Meeting Schedule

The following is the proposed 2021 Council meeting schedule:

- | | |
|--|------------------------------|
| 1. Monday, February 8, 2021 | Council Retreat |
| Tuesday and Wednesday, February 9-10, 2021 | Council Meeting |
| 2. Monday and Tuesday, May 10-11, 2021 | Council Meeting |
| 3. Monday, June 14, 2021 | Professional Development Day |
| 4. Monday and Tuesday, September 27-28, 2021 | Council Meeting |
| 5. Monday and Tuesday, November 29-30, 2021 | Council Meeting |

Motion:

THAT Council approve the 2021 Council meeting schedule.



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020

From: C. Flitton, Registrar & CEO

Re: Returning to the Office

Background:

It was agreed with Council in July that CMTO would continue remote operations until the end of September based on survey results from staff, Council and the Director team and that we would revisit the discussion regarding setting a date for returning to the office at the September 2020 Council meeting.

Since our previous discussion management has reviewed the various return dates of HPRO Colleges and has sent a second survey to staff to gauge the longer-term impacts of working remotely.

For Discussion:

Since our last discussion with Council, COVID-19 infections are starting to increase in Ontario again with the return to school and to an indoor environment. To prioritize keeping staff and Council safe, management would like to discuss with Council not returning to the office until early January 2021 at the earliest. Management and Council will meet again in January 2021 to review the situation and have a further discussion, before making any decisions.



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020

From: K. Westfall-Connor, Chair, Executive Committee

Re: Proposed Amendment to By-Law No. 2 – Election of Members to Council

Background:

The College of Massage Therapists of Ontario (CMTO) By-Law No. 2 outlines the criteria for election of registrants to Council. Elections will take place in January for Districts 2, 5 and 7. District 7 is composed of academic registrants who meet the criteria set out in section 14.

Section 14 (A) reads as follows:

14. A registrant is eligible for election to Council as an academic Council member if, on the date of election:
- (A) S/he has maintained at least 12 student contact hours per week, through classroom teaching, academic advising and/or curriculum development, in a Massage Therapy school or program, **accredited by the College**, during each of the previous three years;

As the College does not accredit Massage Therapy programs, the following amendment is being proposed to clarify what MT program would be acceptable.

- (A) S/he has maintained at least 12 student contact hours per week, through classroom teaching, academic advising and/or curriculum development, in **a** Massage Therapy school or program, **recognized in Ontario**, ~~accredited by the College~~, during each of the previous three years;

Draft Motion:

THAT the proposed changes to By-Law No. 2, Election of Members to Council, be approved by Council, effective immediately.



**EXECUTIVE COMMITTEE REPORT
2020 – Q2 and Q3**

Committee Members:

Kim Westfall-Connor, RMT, President
Lloyd White, Public Member, Vice President
Lisa Tucker, RMT, Executive Officer
Carolyn Watt, Public Member, Executive Officer

Committee Mandate:

The Executive Committee assumes leadership, in collaboration with the Council, the Committees and the Registrar, in its financial monitoring, strategic planning, governance and supervisory responsibilities. The Committee monitors administration of the College and relies on the Registrar and other staff to implement its decisions.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Executive Committee held the following meetings since the May 12 Council meeting on:

May 4, 2020 (teleconference)
May 5, 2020 (e-mail)
May 27, 2020 (videoconference)
June 3, 2020 (e-mail)
June 16, 2020 (e-mail)
July 2, 2020 (e-mail)
July 17, 2020 (videoconference)
August 6, 2020 (e-mail)
August 12, 2020 (videoconference)
September 2, 2020 (videoconference)

The Executive Committee made the following Decisions/Recommendations:

May 4, 2020 and May 5, 2020

1. 2021 Renewal Period

The Executive Committee supported a recommendation to Council on May 11, 2020, to defer the decision on fees for the 2021 renewal period until July/August 2020 when further information is known.

May 27, 2020

1. COVID-19 Communication to Registrants

On May 26, 2020, Directive 2 from the Chief Medical Officer of Health was amended to support the gradual restart of all deferred and non-essential and elective services. Regulatory colleges were advised to provide guidance to their registrants to support and facilitate a gradual restart of services.

The Committee reviewed and supported the updated re-starting guidance, associated communications and FAQs to registrants.

June 3, 2020

1. Massage Therapy Research Fund – Request for Extension

The Executive Committee approved a request for an extension to a previously approved research project due to the impact of COVID-19 on the project timelines.

June 16, 2020

1. Practice Assessments for Registrants who did not complete STRiVE in 2019

At the request of the Quality Assurance Committee, and pursuant to its authority under section 34(2)(b) of Ontario Regulation 544/94, the Executive Committee required 155 registrants, who had not completed all elements of the STRiVE program, to participate in a practice assessment.

July 2, 2020

1. Appointments of Council Members to Committees

Public Appointee Debra Mattina's term ended on July 10, 2020 leaving a vacancy on both the Registration and Inquiries, Complaints and Reports Committees.

To replace D. Mattina, the Executive Committee appointed Public Appointees Marlene Kesler to the Registration Committee and Jay Mathers to the Inquiries, Complaints and Reports Committee, effective immediately.

July 17, 2020

1. 2021 Registration Fees

The Executive Committee approved management's approach and recommendation to allow split payments of the 2021 renewal fees to balance the significant financial uncertainty facing CMTO due to COVID-19 and with the financial pressures faced by RMTs. This item was placed on the Council agenda on July 27, 2020 for further discussion and approval

2. Anti-Black and Indigenous Racism Awareness and Prevention

The Executive Committee agreed with management's recommendation to align the College's approach with the Health Profession Regulators of Ontario (HPRO) and recommendations that come out of the working group that it recently struck which includes a participant from CMTO.

August 6, 2020

1. Practice Assessments for Registrants who did not complete STRiVE in 2019

The Executive Committee referred an additional 21 registrants, who have not completed all elements of the STRiVE program, to participate in a practice assessment.

August 12, 2020

1. Updated COVID-19 Practice Guidance and FAQs

The Executive Committee reviewed and supported a broadcast to registrants that included updates to the [COVID-19 Pandemic – Practice Guidance for Massage Therapists](#) document and FAQs that incorporated recent updates to the Ministry of Health resources and other questions raised by the profession and the public.

September 2, 2020.

1. Review of Council Agenda Items

As part of its regular business, the Committee approved the agenda for the September 21-22, 2020 Council meeting along with the 2020-Q2 Quarterly Financial Report and Full Year Forecast, Registrar's and Administration, and the 2020 Workplan reports.

2. 2020 – Q2 Risk Management

The Committee received a briefing from C. Flitton, Registrar on management's assessment of operational risks as they relate to COVID-19. CMTO's, Portfolio Manager, Andrew Stiff, Raymond James, provided the Executive Committee with a briefing on the status of CMTO's investment portfolio.

3. 2021 Draft Workplan

The Executive Committee reviewed and approved the draft 2021 Workplan as amended.

4. Draft 2021 Council Meeting Dates

The Committee reviewed and approved the draft 2021 Council Meeting Dates for Council's consideration.

2. ITEMS SENT TO COUNCIL FOR DECISION/DISCUSSION

1. Ratification of Appointment of Marlene Kesler, Public Member to the Registration Committee
2. Ratification of Appointment of Jay Mathers, Public Member, to the Inquiries, Complaints and Reports Committee (ICRC)

3. 2021 draft Workplan
4. Preliminary 2021 Budget Discussion
5. Proposed Amendments to By-Law No. 7 – Fees
6. COVID-19 Council Oversight
7. Proposed 2021 Council Meeting Dates

Attachment: Appendix A

Respectfully submitted by:

Kim Westfall-Connor, RMT
President
College of Massage Therapists of Ontario



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020

From: K. Westfall-Connor, Chair, Executive Committee

Re: COVID Oversight Discussions

As a best practice, Executive Committee has been meeting every four months to review and assess the effectiveness of our oversight of Management's response to the COVID pandemic using a publicly available checklist from Osler, a Canadian law firm.

Our first discussion was on May 4, and our second was on August 25. To focus our discussion, we worked through the following nine questions at each meeting:

1. Are we aligned with management on immediate and near-term objectives?
2. Are we meeting sufficiently frequently, and are we sufficiently coordinated amongst the Council and committees, to discharge our oversight role?
3. To what extent can the President usefully supplement the Council process during this period by liaising between Council and the CEO?
4. Are we getting the information we need to assess the effectiveness of CMTO's response to the COVID-19 emergency, including whether management is doing the right things and has adequate resources?
5. Are we confident based on the information we are getting that the CMTO's response is effective and sustainable?
6. Is the management infrastructure sufficiently robust to withstand critical members of the senior management team being disabled by illness?
7. Is CMTO's normal compensation approach appropriate in the current circumstances?

8. Are there risks or opportunities on the horizon, capital allocation or other broader strategic issues that are not being sufficiently considered?
9. Is CMTO's communications strategy sufficient for its various internal and external stakeholders?

For our August 25th discussion, we added a 10th question:

10. Are we confident that the remote format for Council and Committee meetings is resulting in sufficient discussion, dialogue, due diligence, and assessment of risk?

The Senior Management Team has gone through a concurrent process of assessing operational risks and we have been briefed by the CEO on the highlights of those discussions.

The following are the notes of our discussions to date.

QUESTION 1	
Are we aligned with management on immediate and near-term objectives?	
May 4	August 25
<ul style="list-style-type: none"> • We have been very aligned to date – initial operational changes, transition to working remotely, remote hearings and Council meetings etc. • It was good to see that efforts to reduce costs had already been prioritized by Management prior to COVID-19 and are continuing. Council will not have a clear picture of the impact of COVID-19 on CMTO until the full revenue is known. It was agreed that the impact is potentially very significant. • Developing guidance to RMTs on how to protect the public once they are allowed to gradually restart practice again, as well as information to the public, must be prioritized by Management • We noted the importance of ongoing communication to RMTs even if it’s just to say that we are working on guidance. • Guidance to the Profession will need to be practical and flexible to fit a wide range of practice settings. 	<ul style="list-style-type: none"> • Overall, we continue to be very aligned on strategy, program direction, etc. • We are at the point where the discussion of financial impacts of COVID-19 is more critical and alignment between Management and Council with respect to expenditures and renewal fees will be very important. • The near- term question with respect to fees is in the public interest given the impact of COVID-19 on the economy. The longer-term question is whether CMTO can reasonably continue to increase fees year-to-year at the same rate/frequency, irrespective of COVID-19. • Our discussions with Management about finances need to anticipate the possibility that the general economic picture for next year may actually be more negative.
QUESTION 2	
Are we meeting sufficiently frequently, and are we sufficiently coordinated amongst the Council committees, to discharge our oversight role?	
May 4	August 25
<ul style="list-style-type: none"> • This has gone very well – the organization has risen to the occasion to facilitate ongoing Council governance. 	<ul style="list-style-type: none"> • We have been very pleased with the frequency of Council and Committee meetings and with coordination. We are confident that Executive Committee, other Committees, and Council are effectively discharging their oversight roles.

	<ul style="list-style-type: none"> • In practical terms, we do not see a substantive difference compared to pre-COVID. If anything, Council and Committees are more focused and using time more effectively. • Staff have continued to perform at a high level throughout.
<p>QUESTION 3</p> <p>To what extent can the President usefully supplement the board process during this period by liaising between the board and the CEO?</p>	
<p>May 4</p>	<p>August 25</p>
<ul style="list-style-type: none"> • The weekly communications from the CEO have been good and focused on COVID related activities given that all other business and operations have continued uninterrupted. As noted under #1, Executive provided direction to prioritize the development of gradual re-starting practice guidance to ensure public protection by assisting RMTs to understand COVID-19 requirements such as PPE, IPAC etc. Emails from the President have complemented the CEO information and been well received. 	<ul style="list-style-type: none"> • The President has been taking additional steps to stay in touch with individual Council members through phone calls and emails – the feedback and comments about CMTO’s ongoing response and operations have been positive.
<p>QUESTION 4</p> <p>Are we getting the information we need to assess the effectiveness of CMTO’s response to the crisis, including whether management is doing the right things and has adequate resources?</p>	
<p>May 4</p>	<p>August 25</p>
<ul style="list-style-type: none"> • The focus to date has been on business/operational continuity and potential financial impacts. • In terms of operational effectiveness, things appear to be working well. Financials will be more of a focus in the Fall when we have a clearer picture of impacts and options and Council approves the 2021 budget. 	<ul style="list-style-type: none"> • We are confident that we are getting the information we need (Exec, other Committees, and Council) to be able to monitor and assess the effectiveness of CMTO’s response to COVID-19. • A more substantive discussion of financial impacts and resources is now getting underway and will be part of our Fall discussions with Council, leading up to budget and workplan decisions.

<ul style="list-style-type: none"> In the immediate future the most significant need is developing and communicating guidance to the profession about how to protect the public and communicating expectations to the public as well. 	
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QUESTION 5
Are we confident based on the information we are getting that the CMTO’s response is effective and sustainable?

May 4	August 25
<ul style="list-style-type: none"> We are getting good information and have no concerns about operational effectiveness at this point. In the immediate future, as noted above, our priority needs to be clear guidance about how to protect the public, being ready to gradually re-start practices when the Government sets the date, communicating to RMTs transparently and clearly to encourage understanding and manage expectations and to support the healthcare system and align with government direction. 	<ul style="list-style-type: none"> We are confident that CMTO’s response continues to be effective and has been sustainable within the 2020 budget. (i.e. pre-COVID). However, we have concerns about long-term financial sustainability given: <ul style="list-style-type: none"> The potential impact of COVID-19 on the economy and the massage therapy profession over the next 12-24 months. Quite separate and apart from any COVID-19 impacts, whether annual increases to renewal fees can be sustained over the longer term.

QUESTION 6
Is the management infrastructure sufficiently robust to withstand critical members of senior management being disabled by illness?

May 4	August 25
<ul style="list-style-type: none"> To date, yes, with everyone working remotely. As we get closer to a return-to-the-office scenario, we may need to have further discussions with the CEO, although we are generally comfortable – based on past experience – that the organization would be able to manage in the short term. 	<ul style="list-style-type: none"> We continue to be confident that the Senior Management Team has the depth to manage through any unforeseen absences of team members. We feel that the CEO has established a strong culture of openness, transparency and partnership with Council and we are confident that this would continue if the CEO became disabled by illness. The organization does have a succession plan in place. Our sense is that the senior staff are continuing to adapt well with working remotely but expect that the CEO is monitoring the situation and would take appropriate action if this was not the case.

QUESTION 7	
Is CMTO’s normal compensation approach appropriate in the current circumstances?	
May 4	August 25
<ul style="list-style-type: none"> • This would be for discussion in the Fall – once we have a clearer picture of what the financial impacts on the organization might be, as well as what is happening in other parts of the public sector. • Depending on the budget impacts, compensation would be one aspect we might look at along with others such as the workplan, staff, etc. 	<ul style="list-style-type: none"> • Depending on the severity of the financial impact, compensation may need to be part of the larger discussion between Management and Council when preparing the 2021 budget. • As part of those discussions, we recognize that the circumstances facing every organization may be different, but we want to have information about what other non-unionized public sector/broader public sector and not-for profit organizations, as well as RHPA Colleges are doing with respect to compensation.
QUESTION 8	
Are there risks or opportunities on the horizon, capital allocation or other broader strategic issues that are not being sufficiently considered?	
May 4	August 25
<ul style="list-style-type: none"> • See previous discussion in #1 and #5 related to immediate focus on guidance around re-starting practice once RMTs are allowed to return to work. • We also need to be thinking beyond that specific point in time – for example, even though RMTs might be able to practice again, what are potential public safety and access to care concerns? • Our expectation is that Management is thinking about potential negative impacts on CMTO finances, our potential response as a College, and in the meantime is ensuring that CMTO is continuing to meet all requirements in the RHPA and planned CQI and annual workplan projects as efficiently as possible. 	<ul style="list-style-type: none"> • A key longer-term risk is around annual renewal fees and whether we will be able to raise fees, if required, to continue to meet CMTO’s mandate and to maintain effective and efficient operations. Is there a point at which its not in the public interest to raise fees i.e. driving people to the unregulated sector, etc. • For 2021, we expect Management to continue to focus on Council’s regulatory modernization strategic goal to streamline processes and reduce internal costs and regulatory burden on the profession (i.e. measures that save them time and money – without putting the public or our vision at risk). • Beyond 2021, we expect the negative economic impact of COVID-19 may be multi-year and so we need to be confident that Management is building an ongoing culture of continuous quality improvement, efficiency, cost containment, accountability and streamlining.

<p>QUESTION 9</p> <p>Is CMTO’s communications strategy sufficient for its various internal and external stakeholders?</p>	
<p>May 4</p>	<p>August 25</p>
<ul style="list-style-type: none"> • Overall, good to date – materials are good and we are seeing a compassionate tone in communications. • See responses to #1 and #5 above – ongoing communications with RMTs leading up to restarting practice will be important to ensure we are not leaving a communications vacuum and are managing expectations. 	<ul style="list-style-type: none"> • Management has continued to do a good job with internal and external communication, partly evidenced by very positive feedback from RMTAO. • Management is ensuring that Council receives advance notice when key communications are going out to the Profession. • We appreciate the way that Management has been using Executive as a sounding board for key communications pieces. • The sounding board role is part of our role as “advisors to Management” and not just as decision-makers. It also reflects our open, trust-based partnership with Management.
<p>QUESTION 10</p> <p>Are we confident that the remote format for Council and Committee meetings is resulting in sufficient discussion, dialogue, due diligence, and assessment of risk?</p>	
<p>Question 10 was introduced for the August 25 discussion.</p>	<p>August 25</p>
	<ul style="list-style-type: none"> • We are very confident that, notwithstanding our remote format, Council and Committees are exercising good governance. Our discussions are robust and effective due diligence is being performed. • Council members have expressed their satisfaction in this area through the meeting evaluation surveys. Individuals have noted that the conversations are appropriate to the governance level, but also more focused and disciplined using the remote format.

2019/2020 Workplan Q2 Report

Overarching Strategic/ Operational Objective	Project/Initiative Description	Outcomes	Deliverables	Completion Date	2020 - Q2 Report
CORE BUSINESS					
Transparency	Implement Transparency Initiatives as Outlined in the Strategic Plan	CMTO makes more information publicly available, makes its decision-making process more transparent and makes its information easier to understand.	A number of projects will increase transparency including enhancing public engagement: A new web page focusing on information needed/valued by the public.	2020-Q4	On track. Progress has slowed due to COVID-19 but CMTO has produced public awareness material related to Massage Therapy during COVID-19 and will revert attention back to this project in Q3 and Q4.
Quality	Development and Implementation of Redesigned QA Program - Phase 1	Develop and implement a redesigned Quality Assurance Program to assess registrant competence based on 15 Career-Span Competencies, compliance with the Standards of Practice, and delivery of quality client care that is evidence-informed.	Full implementation of the Quality Assurance Program is expected to occur in phases over a period of three(3) to five(5) years. Phase 1 includes a comprehensive communication plan, release of program components and survey to gather feedback from registrants. Phase 2 includes development of components for implementation in 2020-Q4.	2019-Q4 (Phase 1) complete 2020-Q4 (Phase 2)	On track to introduce STRIVE 2020 with a consistent timeline for reporting between September and November 30.
Quality	Development and Updating of Standards of Practice	To create core Standards of Practice that are clear and concise and are in accordance with CMTO's regulatory modernization principles.	Full implementation of the new Standards of Practice is expected to occur in phases over a period of three(3) to five(5) years. Phase 1, will focus on the development of Standards, with the support of a qualified consultant (approximately 18-24 months).	Phase 1: 2021-Q2 (Development Phase)	The development phase of the project continues to evolve as expected with the support of Consultants. Meetings were held in Q2 with members of the Standards of Practice Advisory Group to gather feedback and suggestions on Draft 1 of the Standards.
Regulatory Modernization	Data Management Strategy	CMTO will identify organizational data and information required to help inform risk-and outcome-based regulatory decision-making.	Phase 3 of project: Identify the limitations of the data sources that are currently available. Phase 4: Scope out what a new comprehensive data management system (and supporting process looks like).	2020-Q3 Draft 2020 -Q4 Final	The draft Data Management Strategy was received from the consultant in Q1. A number of factors have resulted in the project being delayed beyond 2020-Q4. Please refer to the Briefing Note for more information.

<i>Overarching Strategic/ Operational Objective</i>	<i>Project/Initiative Description</i>	<i>Outcomes</i>	<i>Deliverables</i>	<i>Completion Date</i>	<i>2020 - Q2 Report</i>
Regulatory Modernization	Registrant Outreach Strategy - Regulatory Changes	Registrants feel engaged and informed about regulatory changes and CMTO's priorities and CMTO is seen as a proactive and modern regulator.	Meetings held in 3 Ontario cities in 2019 and 2 Ontario cities in 2020.	2020-Q4	This initiative is unlikely to move forward in-person in 2020 due to COVID-19. Currently, the limitations on group gatherings will not permit the Open Houses to take place. CMTO is investigating a virtual Open House model to replace the in-person events.
Continuous Quality Improvement	Develop requirements regarding ongoing Registrant First Aid and CPR Certification	To determine whether mandatory CPR and First Aid is necessary to ensure client safety.	Provide Council with recommendations based on whether mandating applicants and registrants to maintain current First Aid and CPR certification ensures client safety.	2020-Q3	On track to provide recommendations to Council at the September Council meeting.
Continuous Quality Improvement	Amendments to CMTO's Professional Misconduct Regulations	Ensuring registrants are held accountable for conduct that poses a higher risk of harm to the public. Reducing redundancy and increasing clarity for registrants regarding their professional obligations.	Complete stakeholder consultation. Obtain Council's final approval. Submit proposed changes to the Ministry.	2020-Q1	This project was substantially completed in 2019. The remaining element is submitting the proposed amendments to the Ministry. Delay due to lack of resources due to increased volume of investigative matters arising from COVID-19. Planned submission by end of Q3.
Continuous Quality Improvement	Jurisprudence Course with Evaluative Component	An increased understanding of current legislation for applicants and registrants to ensure clients receive safe, ethical and appropriate care.	An on-line course including evaluative component(s). 2020-Q3 - Phase 1 - Development (Legislative) 2021 - Q1 - Implementation (Legislative) 2021 - Q4 - Phase 2: Development (Standards of Practice) 2022 - Q3 - Implementation (Standards of Practice)	2020 - Q3 Phase 1: Development 2021-Q1 Implementation 2021-Q4 - Phase 2:	On track as development of legislative focused content for the Online Jurisprudence Program continues.

<i>Overarching Strategic/ Operational Objective</i>	<i>Project/Initiative Description</i>	<i>Outcomes</i>	<i>Deliverables</i>	<i>Completion Date</i>	<i>2020 - Q2 Report</i>
Continuous Quality Improvement/Regulatory Modernization	Continued enhancement of IT infrastructure and systems.	CMTO will identify immediate and long term technology-related needs to meet its regulatory mandate.	A multi-phased project focused to the IT related systems utilized to collecting, storing and reporting of data to meet the College's regulatory mandate. Phase I - An IT Strategy inclusive of holistic gathering and assessment of requirements to identify gaps, opportunities and recommendations. Phase 2 - Dependent on Phase I and may include migration to and/or addition of new software tools, enhancements etc. i.e. registration, QA, case management, integration with SAGE financials etc. Additional project planning will define the Phases and Deliverables.	2019 - Q3 (Phase 1) - Complete 2020 - Q4 (Phase 2)	As a result of a number of factors, the timelines of the original project plan for Phase 2 need to be adjusted to fit current CMTO resources. Please refer to the Briefing Note for more information.
Continuous Quality Improvement	Implementation of Recommendations from the Sexual Abuse Task Force.	Increased accountability of CMTO in addressing allegations of sexual abuse.	Develop and implement policies and/or procedures focused on: ICRC and Discipline Committee prioritization of sexual abuse cases. Use of amicus legal counsel and support persons for complainants during a Discipline hearing. Ensuring an efficient and consistent approach to cases involving allegations of sexual abuse.	2020-Q1 (Develop) 2020-Q4 (Implement)	On track. Relevant frameworks, guides, policies and procedures have been developed. Currently in the implementation planning phase.
COMPLETED					
Regulatory Modernization	Education Strategy	CMTO places an emphasis on proactive regulation through improved knowledge translation of regulatory responsibilities and professionalism.	An education strategy outlining CMTO's role in providing education and identifying opportunities for CMTO to work with system partners to ensure knowledge of regulatory responsibilities is understood by the profession.	2019-Q4	
Continuous Quality Improvement	To review the Governance Handbook and CMTO's By-laws to ensure that policies are clear and comprehensive, risk is minimized and that there are no inconsistencies.	Reduced governance risk and inconsistency.	Updated and internally consistent set of governance policies and by-laws.	2019 - Q2	

<i>Overarching Strategic/ Operational Objective</i>	<i>Project/Initiative Description</i>	<i>Outcomes</i>	<i>Deliverables</i>	<i>Completion Date</i>	<i>2020 - Q2 Report</i>
Continuous Quality Improvement	Organizational Review Project	The CMTO has the optimal blend of knowledge, skills and attitudes to ensure capability and resources to achieve departmental quality improvements, that CMTO's statutory mandate is met and to further regulatory modernization.	Implementation of framework developed with Mercer based on emerging resource needs. Onboarding to continue past the anticipated completion date for various reasons including the identification of additional staff positions (included in the 2019 budget).	2019-Q4	
Continuous Quality Improvement	Outsourcing CMTO's Certification Examinations (both the MCQ and the OSCE)	Reducing risk to CMTO by outsourcing the administration of the Certification Examinations to an appropriate third party which can maintain the MCQ and OSCE as valid, objective and reliable assessments of entry-to-practice competencies as identified by the current PCs/Pis.	A comprehensive RFP process, selection of a third party provider, comprehensive project plan for the transition of examination development and administration from CMTO to the third party provider.	2019-Q3	
DEVELOPMENTAL					
Continuous Quality Improvement	Completion of 2017 Organizational and Management Risk Activities also referred to as Continuous Quality Improvement ("CQI")/Organizational Risk Management ("ORM").	CMTO's organizational risk as identified and agreed upon by both management and council, is reduced or managed.	1. Organizational Risk Register that identifies the key management data and information that Council requires to govern and oversee the affairs of the College and that Management requires to make effective operational decisions and to monitor, measure, and report on performance, including a strategy to ensure that the data and information are available and utilized consistently.	2021 - Q4	
Continuous Quality Improvement	Review/update Code of Ethics	The public is protected by a code of behavior and conduct that RMTs commit to and are guided by throughout their career.	Refreshed and Updated Code of Ethics, a glossary of ethical terms and a companion education program.	2019-Q4 (Phase 1&2)- Complete 2021-Q3 (Phase 3)	

<i>Overarching Strategic/ Operational Objective</i>	<i>Project/Initiative Description</i>	<i>Outcomes</i>	<i>Deliverables</i>	<i>Completion Date</i>	<i>2020 - Q2 Report</i>
Regulatory Modernization	Development-Reg Risk Assessment'	Identify, assess and prioritize risks to MT clients and the public interest; Reflect an understanding the nature of those risks and their underlying causes.	Identify a range of health outcomes and professional risks to clients and the public interest, including an assessment of likelihood and impact, to inform CMTO's programs and services. Engage broadly and transparently with RMT clients, MT educational programs, the RMT community, other regulated health professions and the Government of Ontario.	TBD	



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020
 From: Katherine Molnar, Director Corporate Services
 Re: Change Request – 2020 Workplan Item

Summarized below is a request to amend timelines for two IT-related projects led by Corporate Services as presented in the 2020 Work Plan.

1. Project Name: Continued enhancement of IT infrastructure and systems

Overarching Strategic/ Operational Objective	Description	Outcome	Deliverables	Target Completion Date
Continuous Quality Improvement / Regulatory Modernization	Continued enhancement of IT infrastructure and systems.	CMTO will identify immediate and long-term technology-related needs to meet its regulatory mandate.	A multi-phased project focused to the IT related systems utilized to collecting, storing and reporting of data to meet the College's regulatory mandate. Phase I - An IT Strategy inclusive of holistic gathering and assessment of requirements to identify gaps, opportunities and recommendations. Phase 2 - Dependent on Phase I and may include migration to and/or addition of new software tools, enhancements etc. i.e. registration, QA, case management, integration with SAGE financials etc. Additional project planning will define the Phases and Deliverables.	2019-Q3 (Complete) 2020-Q4

Change Requested:

A change in the target completion date as well as project phasing and deliverables is requested which will spread the project out over several years instead of the originally planned completion for 2020-Q4.

Reason for the Change:

The following factors have contributed to the project being delayed beyond the planned 2020 - Q4:

- The departure of two internal IT resources (2020-Q1) and the lack of bandwidth with remaining resources.
- The focus of the interim IT resource was limited to assisting with day to day IT operations and to the STRiVE project already underway. Therefore the resource was not available to move the other planned IT projects forward.
- Challenges with introducing a new standard for project management methodology, process, and project governance.
- The impact of the COVID-19 pandemic resulting in IT prioritizing the transition of CMTO to remote operations and a reprioritizing of other IT projects.
- The emerging need for IT to prioritize preparing the current renewal platform to accept a split payment, thus leaving no additional time to work on installing a new registrant database.
- Project activities undertaken to date and the lessons learned so far indicate the need to revisit the project scope and business priorities of two departments (Professional Practice and Professional Conduct departments) to confirm whether the selected case management tool is the best solution, thus delaying implementation.

Recommendation:

Given the challenges listed above, it is recommended that the target completion date for Phase 2 be extended over several years with specific software tool deliverables set out annually in the workplan.

The 2020-Q4 deliverable will be revised to be completion of a revised case management product project scoping and completion of the STRiVE deliverables planned for 2020. Moving forward, a specific deliverable as per the IT Strategy will be included in the annual work plan each year, based on that years' priorities and needs.

Future deliverables will include installation of additional software to continue digitization of College processes in accordance with the IT Strategy, such as:

- Registration Services - Registrant management database
- Professional Conduct – Investigations and Hearings case management
- Professional Practice - QA Assessments case management, further enhancements to STRiVE
- Policy and Communications - Website

- Corporate Services - Accounting software upgrades, online expense submission, HR Management System

Impact and Risk of the Change to the College:

- The continued use of the current manual processes and spreadsheets is cumbersome and resource intensive in terms of time and numbers of staff required, as well as prone to human error.
- Implementing CMTO’s IT strategy to digitize most of CMTO’s processes and the implementation of regulatory modernization strategies will be delayed. However, the delay may allow the team to more effectively prepare and implement since these projects are also part of a larger change management process.

2. Project Name: Data Management Strategy (DMS)

Overarching Strategic/Operational Objective	Description	Outcome	Deliverables(s)	Target Completion Date
Regulatory Modernization	A multi-phased project focused on the IT related systems utilized to collecting, storing and reporting of data.	CMTO will identify organizational data and information required to help inform risk-and outcome-based regulatory decision-making.	Phase 3 of project: Identify the limitations of the data sources that are currently available. Phase 4: Scope out what a new comprehensive data management system (and supporting process looks like).	2020-Q3 (draft) 2020-Q4 (final)

Change Requested: Extension of the target completion date into 2021.

Reason for the Change:

The following factors have resulted in the project being delayed beyond 2020 – Q4 such as:

- The draft Data Management Strategy completed by the consultant needs to be finalized by staff. This completion was delayed due to the emergence of COVID-19 in Q2.
- The departure of two internal IT resources resulted in reduced staff bandwidth and technical resources to complete the project.
- The need for IT to focus on priorities related to COVID-19.
- The ripple effect of the preceding factors on the work plan for remainder of the fiscal year.

Recommendation:

The proposed amended project completion date pending Council approval is 2021-Q4.

Impact and Risk of the Change to the College:

- Interdependency with the IT Strategy which means that delays in IT projects will influence the Data Management Strategy and vice versa.
- CMTO will only have access to a smaller data set and limited use of KPIs, metrics and dashboards for longer than anticipated.
- It will take longer to achieve the regulatory modernization outcomes in the strategic plan.

Draft Motion:

THAT Council approve the proposed amendments to the deliverables and target completion dates of the “Continued Enhancement of IT Infrastructure and Systems” and “Data Management Strategy” projects.



QUALITY ASSURANCE COMMITTEE REPORT 2020 – Q2 (April – June)

Committee Members:

Lloyd White, Public Member, Chair
Rebecca Cleaveley, RMT (non-Council Member)
Tammy Contois, RMT (non-Council Member)
Jennifer Da Ponte, RMT (non-Council Member)
Cora Di Pietro, RMT (non-Council Member)
Christine Gross, Public Member
Nevenko Jeftic, RMT
Shannon Marshall, RMT (non-Council Member)
Jay Mathers, Public Member
Dawn Oehring, RMT
Susan Schankula, RMT (non-Council Member)

Committee Mandate:

The Quality Assurance Committee has responsibility for overseeing the development and implementation of a quality assurance program in accordance with regulations prescribed by the *Regulated Health Professions Act, 1991* and College Regulations.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Quality Assurance Committee met three times during the second quarter on May 15, 26 and June 24, 2020. Additionally, seven Quality Assurance Panel meetings were held on April 22, May 4, 21, 26 and June 9, 22 and 24, 2020 to accommodate the review of a number of ongoing peer assessment matters.

2. ITEMS FOR INFORMATION

2.1 Professional Practice – Workplan Update

2.1.1 Development and Implementation of Redesigned Quality Assurance Program

During the second quarter, the Professional Practice team has continued to take steps to prepare for the introduction of STRiVE 2020 at the beginning of September. Once again, all registrants that hold a General Certificate will be required to complete identified components by November 30, 2020.

2.1.2 Development and Updating of Standards of Practice

In collaboration with qualified consultants, the Standards of Practice revision project continues to move forward. The Standards of Practice Advisory Group (SPAG) was originally scheduled to meet in person at the end of May, however, due to the pandemic, four virtual meetings were held instead to review Draft 1 of the Standards on May 20, 21, 22 and 27, 2020.

During the weeks that followed, feedback collected from SPAG members was incorporated into Draft 2 which will subsequently be provided to the Quality Assurance Committee for review in July 2020, in advance of passing a motion to recommend that Council approve the draft Standards for online survey consultation with the profession in Fall 2020.

2.2 2019 Assessments

A total of 522 assessments were conducted in 2019, with 110 outcomes being considered by the Quality Assurance Panels during the second quarter of 2020. As a result, decisions were made to issue 101 Specified Continuing Education or Remediation Programs (SCERPs), refer one matter to the Inquiries, Complaints and Reports Committee (ICRC), provide recommendations on 29 matters and take no further action on five matters.

3. ITEMS SENT TO COUNCIL FOR DECISION

There were no items sent to Council for decision.



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020
From: E. Waters, Deputy Registrar
Re: Proposed Amendments to By-Law No. 7 – Schedule A
Miscellaneous Fee Structure

Background:

In accordance with the by-laws, the Registrar has the authority to set miscellaneous fees.

22. (A) The Registrar may set a fee, and require a person to pay the fee, for anything that the Registrar or a committee is required or authorized to do by law or the by-laws, for which no fee has been set by Council.

(B) The Registrar shall maintain a schedule of the fees charged for services provided by the Registrar and by committees and shall advise Council of the fee schedule and of any changes made to it.

Since CMTO will no longer be conducting examination as of January 01, 2021, reference to fees related to examination administration in section 3 is being removed. In addition, as CMTO will no longer be providing registrants with photo IDs, section 5 is also being removed. Removal of “for other jurisdictions” in section 8 clarifies that there will be a charge for Letters of Verification of Registration no matter why they are being requested.

To ensure that registrants take the scheduling of practice / peer assessments seriously, a fee for re-scheduling an assessment is being implemented. There will also be a fee charged to registrants that are required to participate in an assessment as a result of non-compliance with the Quality Assurance Program along with an administrative fee if follow up is required as a result of non-compliance.

The fees related to workshops have been simplified and include a cancellation fee. These amendments will be effective January 1, 2021.

Attachment: Appendix A: Proposed Amendments to By-Law No. 7 – Schedule A - Fees



APPENDIX "A"

**College of Massage Therapists of Ontario
By-Law No. 7, Schedule A**

Miscellaneous Fee Schedule

Quality Assurance Program

1. **Practice / Peer reassessment: ~~\$175~~ \$250**
2. **Practice / Peer assessment ordered as a result of a failure to comply with the Quality Assurance Program: \$250**
3. **Fee for re-scheduling Practice / Peer assessment less than two (2) weeks from date of assessment: \$100**
4. **Fee for re-scheduling Practice / Peer assessment less than one (1) week from date of assessment: \$250**
5. **Follow-up Administrative fee for non-compliance with the Quality Assurance Program: \$35**

Examinations

~~3. Withdrawal Fees:~~

- ~~(a) Fee for withdrawing from the written certification examination less than two weeks prior to the examination date but more than one week prior to the examination date: \$150~~
- ~~(b) Fee for withdrawing from the written certification examination less than one week prior to the examination date shall be the fee paid by the candidate for the written certification examination.~~
- ~~(c) Fee for withdrawing from the clinical certification examination less than four weeks prior to the examination date but more than two weeks prior to the examination date: \$150~~
- ~~(d) Fee for withdrawing from the clinical certification less than two weeks prior to the examination date shall be the fee paid by the candidate for the clinical certification examination.~~

Registration

- 6. Certificate of the Registrar: \$20
- ~~7. Replacement photo identification (ID) card: \$20~~
- 8. Replacement certificate of registration: \$25
- 9. Non-Sufficient Funds (NSF) fee (cheque or credit card): \$25
- 10. Letter of verification of registration ~~for other jurisdictions~~: \$25
- 11. Follow-up letter for incomplete renewal, incomplete initial registration application and replacement of initial registration application: \$35
- 12. Application fee for Massage Therapy Education and Credential Assessment: \$100
- 13. Assessment fee for Massage Therapy Education and Credential Assessment: \$850

Workshops

- ~~14. Fee for registrant required to attend Professionalism Workshop either by an Order of a Panel of the Discipline Committee, a term of an Undertaking/Agreement with the College or as term, condition or limitation imposed on a Certificate of Registration: \$175~~
- 15. Standards and Regulations E-workshop: \$225
- 16. Recordkeeping E-workshop: \$225**
- 17. Cancellation of **participation at workshops** registration for Professionalism Workshop with **less than two days prior to workshop: 48 business hours' notice: \$100**

Enacted July 7, 2000

Amended October 2005, August 2008, July 2010, May 2015, February 2017, June 2018



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020

From: E. Waters, Deputy Registrar

Re: Spousal Exception Regulation

Background:

At its February 24, 2015 meeting, Council approved a proposed regulation which would exempt the treatment of spouses by CMTO registrants from the current definition of sexual abuse outlined in the *Regulated Health Professions Act, 1991 (RHPA)*.

Ontario's rules around emergency and minor care have changed since Council last considered the spousal exception issue. New regulations passed under the *Protecting Patients Act* now allow Ontario's regulated health professionals to treat their spouses/sexual partners in an emergency or minor care situation.

A Council information session about the spousal exception regulation took place in February 2020. Following this session, staff were to further analyse options and discuss potential implications with some key stakeholders (e.g. clients, insurers).

The COVID-19 pandemic arrived in Ontario shortly after the February 2020 information session and has impacted staff's ability to undertake consultation on the spousal exception. The global pandemic will have also impacted the government's legislative/regulatory priorities.

At the current time, staff are preparing for a comprehensive Fall consultation on the Standards of Practice. The Standards of Practice consultation is part of a Workplan Project which will require significant input from registrants, the Registered Massage Therapists Association of Ontario (RMTAO), insurers and (hopefully) the public. Therefore, the research/work on the spousal exception was delayed and will resume once the Standards of Practice (and some of the critical accompanying/supporting guidance documents) are finalized and released.



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020

From: C. Flitton, Registrar & CEO

Re: College Performance Measurement Framework (CPMF) - Implementation

The Ministry of Health has been working with stakeholders from the health regulatory College and other sectors, to develop a draft measurement framework that will further strengthen accountability and oversight of the health regulatory Colleges by providing transparent and consistent information about a College's performance in acting in the public interest. The framework will also support improvement of Colleges' performance through the identification of benchmarks and best practices.

Attached is a memo from the Ministry of Health announcing implementation of the College Performance Measurement Framework, this Fall. Given that the reporting tool and compendium documents are draft and subject to change they will be shared with Council once they are further refined and formally released.

Management will provide a briefing to Council at a later date.

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification
stratégiques, et des services en français

438 avenue University, 10e étage
Toronto ON M7A 2A5



MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
A/Assistant Deputy Minister

DATE: September 1st, 2020

RE: **College Performance Measurement Framework Implementation**

I am pleased to inform you that the Ministry of Health (ministry) will be implementing the College Performance Measurement Framework (CPMF) this Fall.

As you are aware, the ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's regulated health colleges and the public. The CPMF will assist the ministry in achieving these goals.

The CPMF that you helped to develop, will for the first time in Ontario, measure and report in a standardized manner how each of you is acting in the public interest. It will report on how well Colleges have met a set of best practices (Standards) related to their key statutory functions and key organizational aspects that enable a College's ability to carry out its functions well.

The ministry recognizes that Colleges might not have implemented all CPMF Standards at this point in time. The purpose of the first CPMF reporting cycle is to provide baseline information on the structures and processes each College currently has in place along with the activities that are currently being undertaken respecting the CPMF Standards and to demonstrate a College's commitment to continuously improve its performance.

The implementation of the CPMF will begin with a soft launch of the Framework in September 2020 which will provide the Colleges with the opportunity to ask any questions about the reporting expectations outlined in the attached CPMF Reporting

Tool and accompanying Technical Specifications document for calculating the quantitative measures. The official launch will occur in October 2020 and following this official launch, the ministry will ask each College to:

- Start completing the CPMF Reporting Tool.
- Meet with the ministry to discuss the “System Partner” Standards.
- Post the completed CPMF report on its website by March 31, 2021 and send a copy to the ministry.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing. However, the ministry will:

- Meet with each College to discuss its report, provide performance feedback and potentially set expectations to improve.
- Draft and post a report on the ministry website that will summarize the CPMF results at system level (as opposed to the performance of each individual college).

Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you for your advice and support to date in developing the CPMF and the ministry looks forward to continuing to work with you on this very important work.

Sincerely,



Sean Court
A/Assistant Deputy Minister

- c. Helen Angus, Deputy Minister, Ministry of Health (MOH)
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH



BRIEFING NOTE TO COUNCIL

Date: September 22, 2020
From: C. Flitton, Registrar & CEO
Re: 2019-2020 HPRO Report

Please find attached the highlights of the activities of the Health Profession Regulators of Ontario (HPRO) in 2019-2020.

INTRODUCING HPRO

CONTENTS:

President’s Report	2-3
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HPRO Member Staff Key Area Networks	4
Online Resources	7
Transitions	7
HPRO Members	8

Health Profession Regulators of Ontario is an incorporated, not-for-profit organization comprised of Colleges of the 26 regulated health professions in the province. HPRO was known as the Federation of Health Regulatory Colleges of Ontario (FHRCO) until the name was officially changed on January 15, 2020. While the membership remains the same, the statement of purpose has changed to more accurately reflect the organization’s new objects:

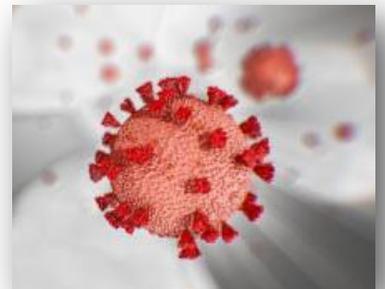
Statement of Purpose: Advancing excellence in public safety through collaboration of Ontario’s health profession regulators

Fulfilled through the following:

- Collaborating to develop common principles, guidelines, and tools to advance the regulation of health professions in the public interest
- Providing education and tools for training Councils, Committees, and Staff
- Sharing resources, approaches, and expertise, providing support for members and mentoring for new Registrars
- Providing a central point of contact for key stakeholders, e.g., Ministry of Health
- Engaging the public, informing them about the role of the regulator in the public interest

COVID-19 PANDEMIC

HPRO’s Board of Directors met on March 3, 2020, at the College of Chiropractors of Ontario’s new offices on Hayden St. in Toronto. That would be the last “in person” meeting for the foreseeable future with the novel coronavirus (i.e., COVID -19) declared a pandemic by the World Health Organization on March 11th. As Colleges moved to remote operations and their urgent priorities became COVID-19-related health human resource issues, HPRO concentrated on supporting its members through information-sharing and general peer-to-peer encouragement, assisting Colleges to help Ontarians “stay healthy, and stay safe”.



Executive / Management Committee Members:

- Kevin Taylor, President
- Elinor Larney, Vice-President
- Judy Rigby, Treasurer
- Melisse Willems, Member
- Jo-Ann Willson, Member
- Linda Gough, Past President

PRESIDENT & EXECUTIVE/MANAGEMENT COMMITTEE REPORT

This report covers HPRO’s corporate year from the April 25, 2019, Annual Meeting to the May 26, 2020, Annual Meeting.

FOCUSING ON PRIORITIES AND PLANNING

During the April 25, 2019, Board of Directors meeting held at the College of Dental Hygienists of Ontario, Board members participated in a second facilitated discussion related to the organization’s purpose and priorities, function and form. At the Board’s July 7th meeting, the Board agreed to a new purpose statement for the organization as well as structural changes for the Board and newly named Management Committee, previously known as the Executive Committee. The new name for the organization was also confirmed: Health Profession Regulators of Ontario (HPRO). HPRO became a reality on January 15, 2020, with the Ontario Government’s approval of amended Letters Patent.

BOARD OF DIRECTORS—MARCH 3, 2020 @ COLLEGE OF CHIROPRACTORS OF ONTARIO



(Back row, from left) Fazal Khan (College of Opticians of Ontario), Corinne Flitton (CMTO), Brian O’Riordan (CASLPO), Kelly Dobbins (CMO), Basil Ziv (CHO), Irwin Fefergrad (RCDSO), Rod Hamilton (College of Physiotherapists of Ontario), Lisa Taylor (CDHO), Rick Morris (College of Psychologists of Ontario), Brenda Kritzer (CKO), Melisse Willems (College of Dietitians of Ontario), Ann Zeng (CTCMPAO), Maureen Boon (College of Optometrists of Ontario)

(Front row, from left) Linda Gough (CMRITO), Elinor Larney (COTO), Kevin Taylor (CRTO), Judy Rigby (CDTO), Jo-Ann Willson (CCO)

(Not pictured) Deborah Adams (CRPO), Anne Coghlan (CNO), Nancy Lum-Wilson (OCP), Andrew Parr (CONO), Glenn Pettifer (College of Denturists of Ontario), Felicia Smith (COCOO), Kathy Wilkie (CMLTO), Nancy Whitmore (CPSO)

PRESIDENT & EXECUTIVE COMMITTEE REPORT (CONT.)

MEETINGS WITH KEY STAKEHOLDERS AND THE BOARD OF DIRECTORS/ MANAGEMENT (AKA EXECUTIVE) COMMITTEE DURING 2019-2020 YEAR:

- Legal Counsel **Richard Steinecke** re. the British Columbia Government’s report by Harry Cayton, “An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018”.
- Acting Manager **Thomas Custers** and Policy Analyst **Andrej Sikic** of the MOHLTC Health Strategic Policy and Planning Division, Health Workforce Regulatory Oversight Branch, Regulatory Oversight and Performance Unit re. the College Performance Measurement Framework (CPMF)
- Legal Counsel **Richard Steinecke** re. fiduciary duties
- Accessibility Advocate **David Lepofsky** re. College and registrant awareness of accessibility issues
- Acting Manager **Thomas Custers**. Senior Policy Analyst **Tara Breckenridge**, and Senior Policy Analyst **Douglas Ross** of the MOHLTC’s Regulatory Oversight and Performance Unit re. the College Performance Measurement Framework (CPMF)
- Consultant **Deanna Williams** re. proactive public appointments following her recent work as an independent investigator for a health regulatory College
- College of Nurses of Ontario’s Director of Strategy **Kevin McCarthy** re. “Rare but Real: One Regulator’s Journey to Learn More about Healthcare Serial Killers” with HPRO Board Member **Anne Coghlan**
- BC Health Regulators Co-Chair **Cynthia Johansen** (by videoconference) re. British Columbia Government’s report by Harry Cayton (*see first bullet for full name*)

HPRO’S TWO KEY PRIORITIES

Two priority areas were identified for HPRO: **College governance** and the **Ministry of Health’s (MOH’s) College Performance Measurement Framework (CPMF)** project. HPRO continues to monitor MOH’s work on CPMF.

Related to governance, a “Universal Principles for Good Governance” document and a “Competency and Eligibility Chart” for Council Members were developed. The work on governance is a continuation of the efforts of the **Governance Working Group**:

- Deborah Adams, College of Registered Psychotherapists of Ontario
- Fazal Khan, College of Opticians of Ontario
- Brenda Kritzer, College of Kinesiologists of Ontario
- Kevin McCarthy, College of Nurses of Ontario (Working Group resource)
- Andrew Parr, College of Naturopaths of Ontario
- Andrea Lowes, College of Dental Hygienists of Ontario
- Melisse Willems, College of Dietitians of Ontario
- Melanie Woodbeck, College of Opticians of Ontario

INVESTIGATIONS AND HEARINGS NETWORK

Co-Chairs (2019&2020)

- Andrea Lowes (CDHO)
- Amy Stein (College of Opticians of Ontario)

The Investigations and Hearings Network, open to all HPRO-member staff involved in investigations and hearings, provides opportunities for regular meetings and online resources to share information and pose questions through a well-used list-serve system.

A Symposium was held on October 10, 2019, at the College of Dental Hygienists of Ontario. Featured speakers for the event were Executive Director Craig Thompson and Manager of Complaint Services Trevor Howard from the Office of the Patient Ombudsman. Thirty-five Network Members attended, representing 15 Colleges.

Network Co-Chairs Andrea Lowes and Amy Stein have agreed to continue to serve in that capacity for the 2020-2021 year.

HPRO MEMBER STAFF KEY AREA NETWORKS

Staff have access to Networks of College areas of activity, including:

- Communications
- Compliance Monitoring
- Corporate Services
- Deputy Registrars
- Executive Assistants
- Investigations and Hearings
- Policy
- Practice Advisors
- Quality Assurance
- Records Management
- Registration

EDUCATIONAL OPPORTUNITIES

HPRO's members' Councils, Committees, and staff are provided with resources for their individual orientation, ongoing education, and training needs:

- Governance Training (in development)
- Education for Health Professional Regulators of Ontario (EHPRO) *(all aspects of the RHPA available online for members)*
- Training Videos about Patient Sexual Abuse *(available online for members)*
- Discipline Orientation Workshops
- Investigations and Hearings Symposia
- Communications Conferences

COMMUNICATIONS COMMITTEE

HPRO's Communications Committee, led by Monique Poirier for a final year as she retired from the Chair position at the conclusion of this HPRO corporate year, continues to focus on encouraging public use

of www.ontariohealthregulators.on.ca (OHR), the public-facing website that provides links to Colleges, specifically their public registers, information about complaints, and public consultations. It is important to note that this initiative is consistent with Colleges' duty to promote and enhance relations between Colleges and the public.



Work to promote the OHR site includes Google ad runs, Zoomer newsletter articles and eblasts, and Facebook postings. Additionally, there was an OHR booth again at the Zoomer Show on October 26 & 27, 2019.

In early 2020, the Committee began to develop material for Colleges as they individually engage with the public by way of an informative brochure and a presentation that could be customized for Colleges' use. COVID-19 has delayed these plans at this time.

The annual Communicators' Day Conference was held on November 19, 2019, again at CPSO. The day began with a panel on lessons learned running public consultations, followed by the sharing of innovative practices such as CPSO's new website and social media strategy, a presentation on the Citizen Advisory Group, and a session on government relations. The Day concluded with an overview of the rebranding of the College of Medical Radiation Technologists of Ontario, soon to become the College of Medical Radiation and Imaging Technologists of Ontario, necessitating a second rebranding. Thanks are extended to the Conference Planning Subcommittee, chaired by Mark Sampson (CPSO), for planning on and delivering quality education for HPRO members.

Communications Committee Members:

- Monique Poirier (College of Dietitians of Ontario), Chair
- Angie Brennand (CMTO)
- Lisa Gibson (CASLPO)
- Margaret Goulding (CMLTO)
- Kristi Green (CNO)
- Nila Halycia (CMO)
- Ryan Pestana (CKO)
- Lisa Pretty (College of Physiotherapists of Ontario)
- Mark Sampson (CPSO)
- Nancy Stevenson (COTO)

Communicators' Day Planning Subcommittee Members:

- Mark Sampson (CPSO), Chair
- Asma Farooq (CMTO)
- Yvonne Leung (COTO)
- Taylor Turner, College of Physiotherapists of Ontario)

DISCIPLINE ORIENTATION COMMITTEE

Discipline Orientation Committee Members:

- Tina Langlois (CMRITO), Chair
- Aoife Coghlan (COTO)
- Genevieve Plummer (OCP)
- Ravi Prathivathi (CNO)

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators. Basic training programs are available twice each year. Advanced sessions are held annually and are built on the knowledge and skills regulatory adjudicators acquired by attending the Basic session or participating in hearings.

2019 Workshops:

May 3 – Basic Program: 20 registrants (11 Colleges represented)

October 24 & 25 – Basic and Advanced Programs: 48 Basic (16 Colleges) and 38 Advanced (14 Colleges)

Future Discipline Orientation Program Dates for 2020:

Basic Sessions: June 12 (first being held by webinar) & November 12

Advanced Session: November 13

NOMINATIONS COMMITTEE

The Nominations Committee facilitated the annual call for nominations for the Management Committee and Officers positions as well as Committee Members and Chairs. Elections and appointments take place during the Board Meeting that immediately follows the Annual Meeting each year. The dedication of the many volunteers and support from member Colleges is one of the greatest of HPRO's resources.

List of Committee Members:

- Linda Gough (CMRITO), Chair
- Kathy Wilkie (CMLTO)
- Anne Coghlan (CNO)

CONSENT AND CAPACITY WORKING GROUP

List of Working Group Members:

- Melisse Willems and Deborah Cohen (College of Dietitians of Ontario) (Chair)
- Heather Binkle and Sandra Carter (COTO)
- Alexandra Carling, Samidha Joglekar, and Sarah Chapman Jay (CASLPO)
- Barry Gang (College of Psychologists of Ontario)
- Téjia Bain (College of Physiotherapists of Ontario)
- Andrea Lowes (CDHO)
- Lene Marttinen (CRPO)
- Justin Rafton and Mina Kavanagh (College of Optometrists of Ontario)

The Consent and Capacity Working Group, which was created to develop collaborative educational materials to help healthcare professionals fully understand their legal and professional obligations for obtaining consent in their practice settings, completed their work in the 2019-2020 year.

As the new HPRO website is launched, the registrant-focused educational material on consent and capacity will be made available on the site.

Thank you to the Working Group for their dedication and diligence, completing this important work.

TRANSITIONS

Health Profession Regulators of Ontario (HPRO) was officially renamed from the previous organization name, Federation of Health Regulatory Colleges of Ontario (FHRCO), on January 15, 2020.

HPRO MEMBERS:

- **Dr. Paula Garshowitz** retired from her position as Registrar of the College of Optometrists of Ontario, effective July 1, 2019. As of July 2, 2019, **Maureen Boon** assumed the Registrar's role.
- **Allan Mak** left his role as Registrar & CEO at the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) on April 9, 2019, and **Stamatis Kefalianos** served as Acting Registrar until September 18, 2019. **Ann Zeng** was appointed as CTCMPAO's new Registrar & CEO, effective September 19, 2019.
- **Nancy Leris** served as the College of Kinesiologist of Ontario's (CKO's) Acting Registrar while **Brenda Kritzer** was absent from her role as **Registrar** of CKO from September 23, 2019 to February 25, 2020.
- **Irwin Fefergrad**, on December 13, 2019, announced his retirement as Registrar for the Royal College of Dental Surgeons of Ontario (RCDSO), providing a six-month notice period.
- The **College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)**'s new name became effective January 1, 2020, adding "and Imaging" to reflect the regulation of medical diagnostic sonographers.

EXTERNAL STAKEHOLDERS:

- **Thomas Boyd, Manager of Agency Liaison and Public Appointments Unit**, Corporate Management Branch, Corporate Services Division, Ministry of Health (and Long-Term Care) retired from his position on May 30, 2019. The current manager is **Patrick Byam**. **Christy Hackney** had served as Interim Manager upon Thomas's retirement.
- On June 20, 2019, Premier Doug Ford announced changes to his Cabinet which included splitting the Ministry of Health and Long-Term Care into two Ministries, with **Hon. Christine Elliott** maintaining her role as **Minister of Health** (and Deputy Premier) and Hon. Merrilee Fullerton becoming the Minister of Long-Term Care.
- **Christine Moss** was appointed Chair of **Health Professions Appeal and Review Board (HPARB)**, effective June 21, 2019.
- Effective February 10, 2020, Sean Court was appointed Acting Assistant Deputy Minister (ADM), replacing Patrick Dicerni, who moved to the OHIP Division (ADM and General Manager) and Drugs and Devices Division (ADM and Executive Officer).



Members:

College of Audiologists and Speech-Language Pathologists of Ontario
(CASLPO)

College of Chiropractors of Ontario (CCO)

College of Chiropractors of Ontario (CCO)

College of Dental Hygienists of Ontario (CDHO)

College of Dental Technologists of Ontario (CDTO)

College of Denturists of Ontario

College of Dietitians of Ontario

College of Homeopaths of Ontario (CHO)

College of Kinesiologists of Ontario (CKO)

College of Massage Therapists of Ontario (CMTO)

College of Medical Laboratory Technologists of Ontario (CMLTO)

College of Medical Radiation and Imaging Technologists of Ontario
(CMRITO)

College of Midwives of Ontario (CMO)

College of Naturopaths of Ontario (CONO)

College of Nurses of Ontario (CNO)

College of Occupational Therapists of Ontario (COTO)

College of Opticians of Ontario

College of Optometrists of Ontario

College of Physicians and Surgeons of Ontario (CPSO)

College of Physiotherapists of Ontario

College of Psychologists of Ontario

College of Registered Psychotherapists Therapists of Ontario (CRPO)

College of Respiratory Therapists of Ontario (CRTO)

College of Traditional Chinese Medicine Practitioners and
Acupuncturists of Ontario (CTCMPAO)

Ontario College of Pharmacists (OCP)

Royal College of Dental Surgeons of Ontario (RCDSO)

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