



College of Massage Therapists of Ontario
Meeting of the Council

Agenda

Date: February 9, 2021 – 9:00 AM – 2:30 PM

Location: Videoconference – MS Teams

Item No.	Item	Item Lead	Approx . Time
1.	Call to Order	Westfall-Connor	5 min
2.	Declaration of Conflicts of Interest	Westfall-Connor	
3.	Approval of the Agenda of February 9, 2021	Westfall-Connor	
4.	<u>Council Meeting Evaluations</u> 4.1 Council Meeting Evaluation of November 24, 2020	Westfall-Connor	10 min
5.	Election of the 2021 Executive Committee	Flitton	45 min
6.	<u>Consent Agenda</u> 6.1 Minutes of November 24, 2020 6.2 Minutes of December 17, 2020 6.3 Actions Arising from the Minutes of November 24 and December 17, 2020 6.4 2020 – Q4 Registrar’s and Administration Report 6.5 2020 – Q4 Committee Reports <div style="border: 1px solid blue; padding: 5px;"> <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>		
7.	<u>Quarterly Reporting</u> 7.1 2020 – Q4 Financial Report - Preliminary Year End	Molnar	20 min

	7.2 2020 – Q4 Workplan Report	Flitton	10 min
	7.3 2020 – Q4 Fitness to Practise Committee Report	Cantalini	10 min
Break – 15 min			
8.	<u>Items for Decision</u>		
	8.1 Standards of Practice <i>(Guests: Dianne Parker-Taillon and Dawn Burnett, Consultants - confirmed – 11:00 AM)</i>	White	90 min
Lunch – 12:30 – 1:15 PM			
	8.2 Proposal to Rescind the Policy “Inappropriate Touch of a Client by a Candidate during the Objectively Structured Clinical Evaluation (OSCE)”	Cantalini	10 min
	8.3 2021 Workplan	Flitton	15 min
	8.4 BN – Virtual/Operations and Indicators for Onsite Operations	Molnar	20 min
9.	<u>Items for Discussion</u>		
	9.1 2021 Communications Plan	Brennand	15 min
10.	New Business		
11.	Adjournment	Executive	2 min

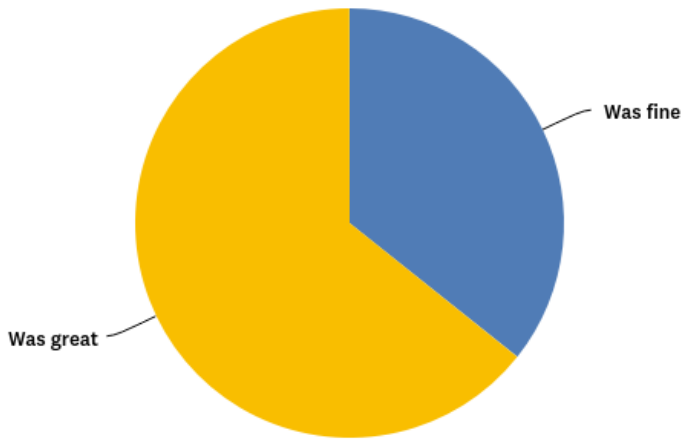
Note: Council will be asked to stay after the Council meeting to conduct meetings of the Discipline and Fitness to Practise Committees for the purpose of electing new Chairs for 2021.



Council Meeting Evaluation

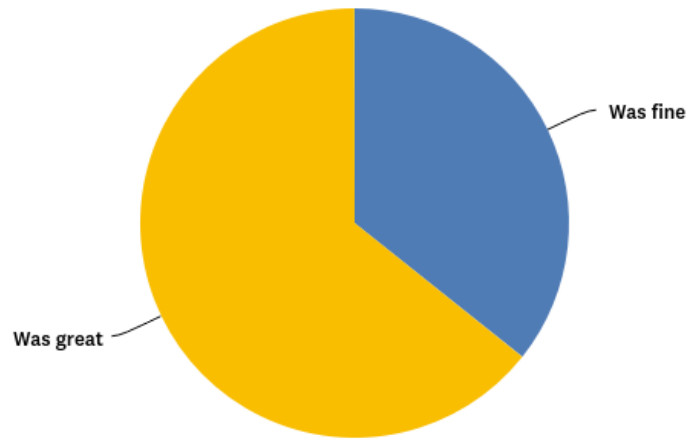
November 24, 2020

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

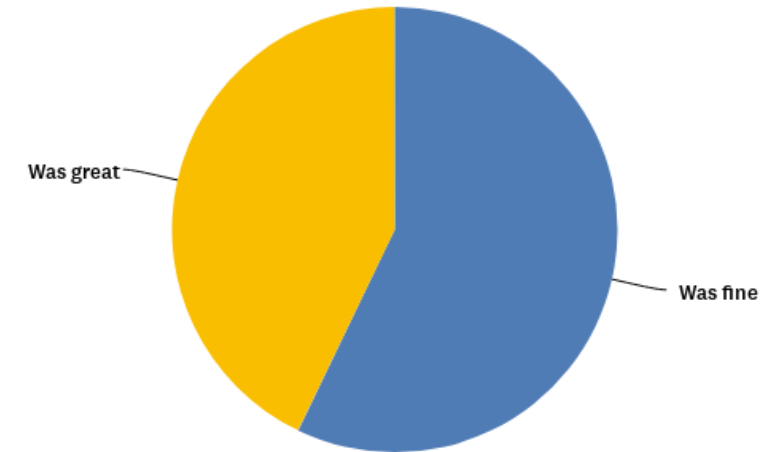


It was a large package but there was sufficient time to get through it.

The materials were relevant to the agenda.

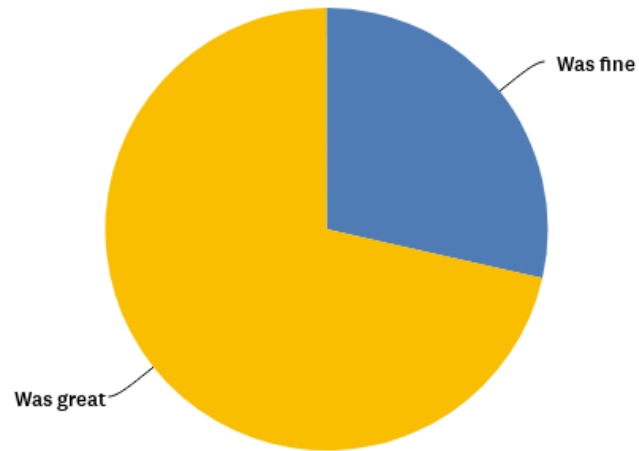


The materials were sufficient to assist me in forming an opinion on decisions before Council

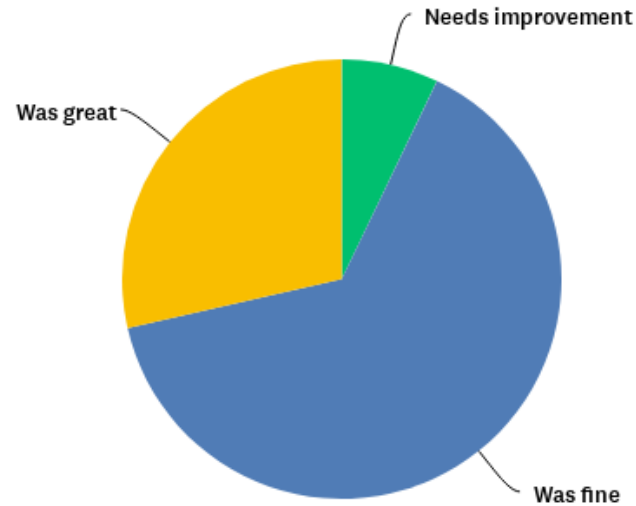


The materials about modalities in/out of scope were unclear in some areas, but clarity was provided during the meeting.

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



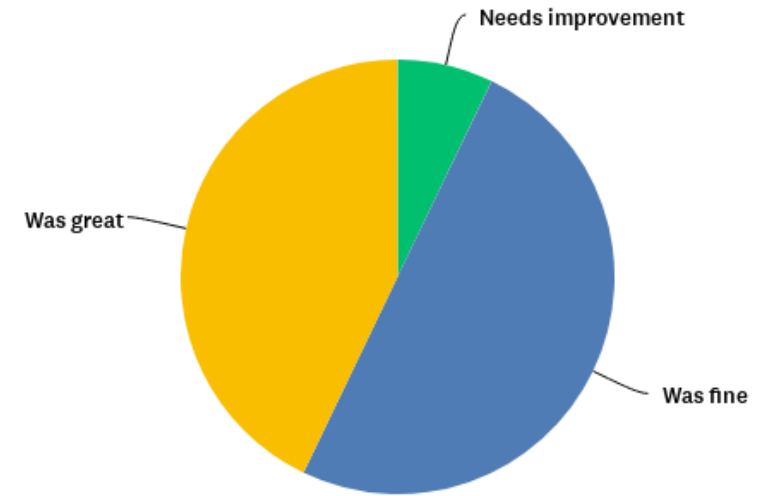
Time was used effectively, and discussions were focused



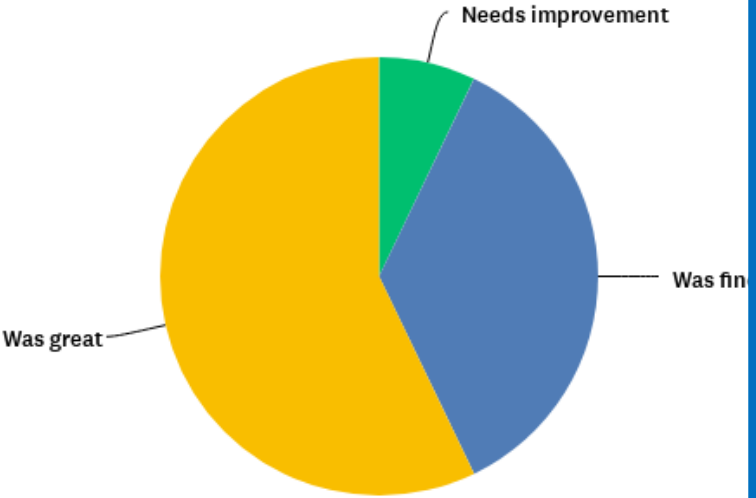
Sometimes a question gets asked more than once even though it had already been answered.

The Chair did a good job to get us back on track when more administrative or past items were raised.

Council avoided getting into administrative/management details

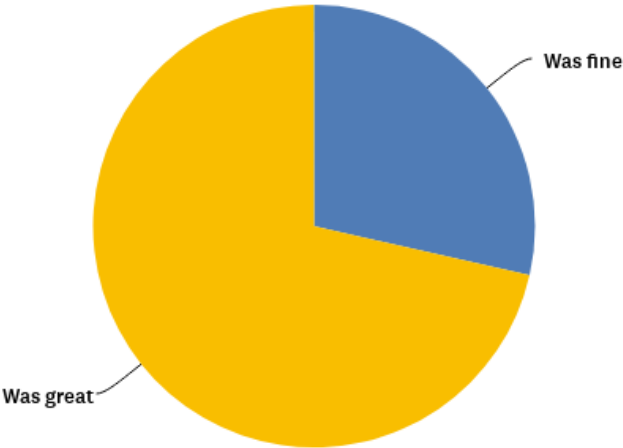


There was a positive climate of trust and respect

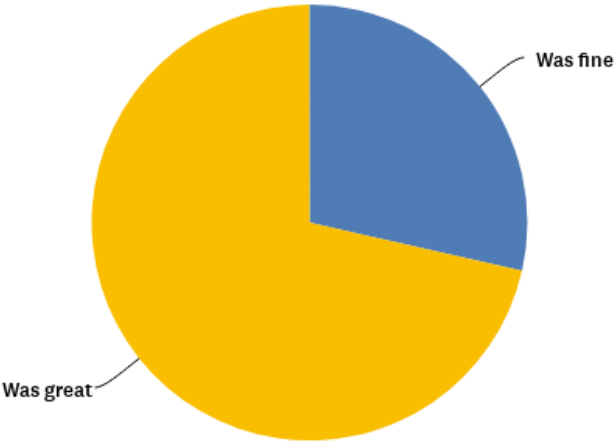


Very collaborative and respectful discussion, even when there were disagreements.

I was encouraged to discuss and share my opinion openly



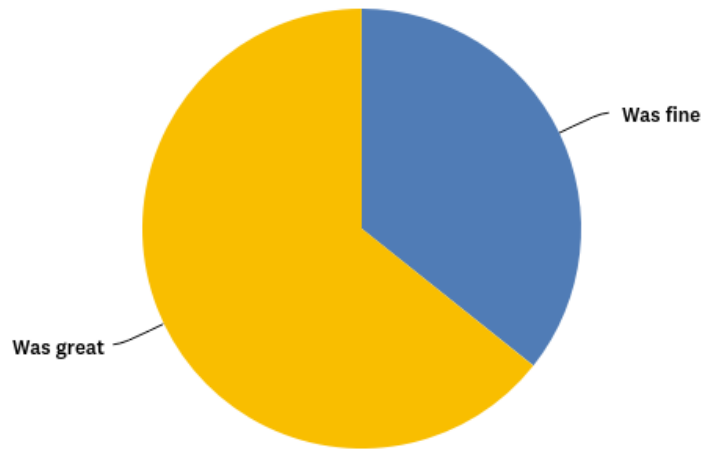
Disagreements were handled openly, honestly, and directly



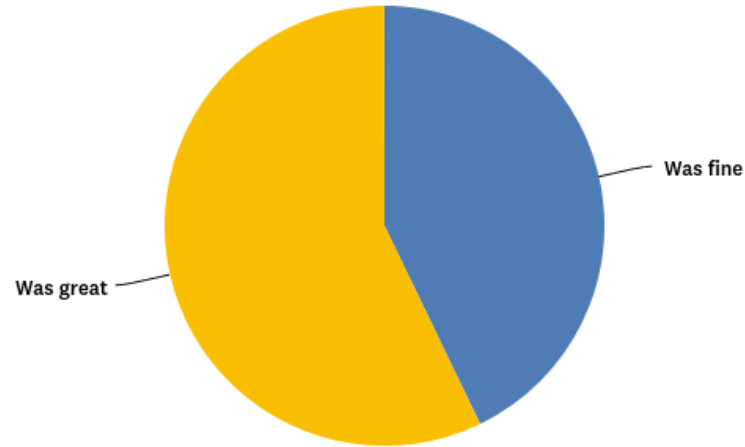
There were some clear differences, but everyone handled it with professionalism and mutual respect.

The Chair did a great job in this area.

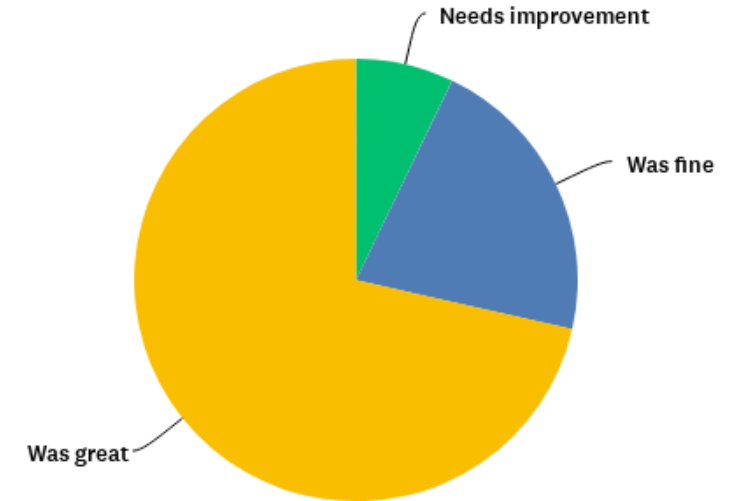
Where appropriate, next steps and action items were clearly identified



Members appeared prepared for the meeting

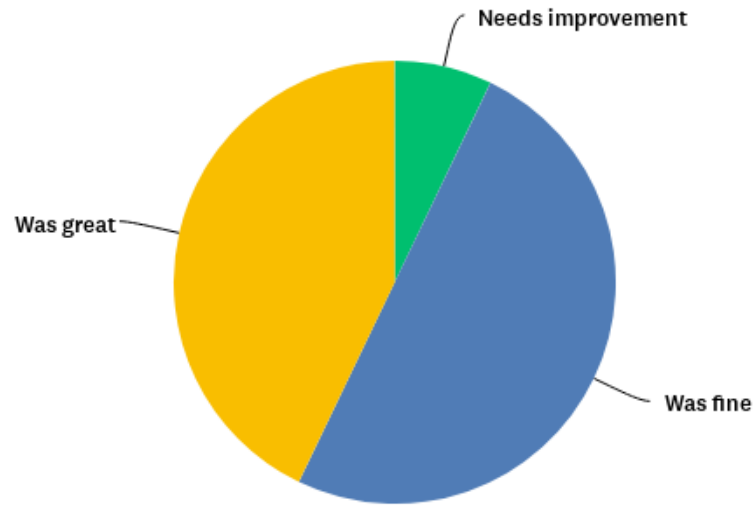


I was satisfied with my opportunity to participate in discussions and debate



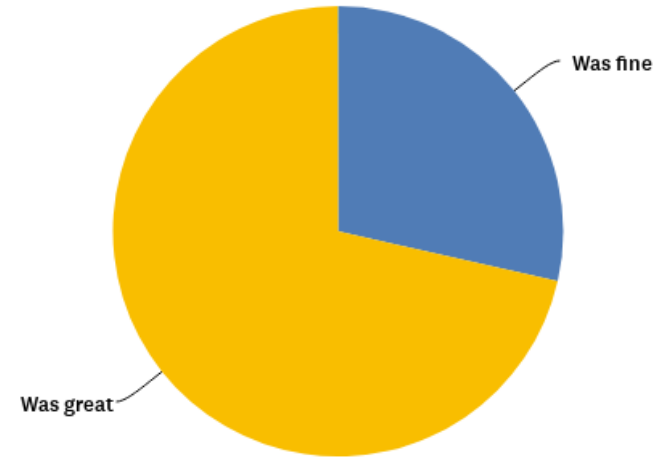
One of the items would have benefited from more discussion before the motion was put before Council.

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



All Council members should remain conscious of how much time they are taking with their questions and remarks, to ensure that others have a chance and that we can keep to our agenda.

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



The Chair does a good job to keep us on track and to deal with challenging moments.

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?

We are continuing to improve, including using time effectively.

For the most part, discussions are focused, and we identify points requiring clarification.

Only occasionally do we revisit items from the past – otherwise, we are well on track as a group and acting appropriately in the public interest

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

We have done a great job this year with the online format.

The President did a great job mediating the meeting.

I look forward to an in-person meeting in the new year!!

We should have a discussion about camera etiquette in online meetings – whether its appropriate to keep cameras off during a public meeting.

Thank you to all the staff for their great work and updating us in such a timely manner.



Council Meeting Minutes

- Date: November 24, 2020
- Location: Videoconference – Microsoft (MS) TEAMS
- Present: K. Westfall-Connor, RMT, President
L. White, Public Member, Vice 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*
- 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*
A. Peco, Manager, Hearings*
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> The meeting was called to order at 9:00 AM.	
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2.	<u>Declaration of Conflicts of Interest</u> No conflicts of interest were declared.	
3.	<u>Approval of the Agenda of September 21, 2020</u> 2020 November 24 – MOTION 1: S. Biber/C. Gross THAT the Agenda of November 24, 2020 be approved as presented. <p style="text-align: right;">CARRIED</p> Subsequent to the approval of the agenda, Item 9.1 “Certification Examination Update” was added to the agenda under Items for Information.	
4.	<u>Council Meeting Evaluation of September 21-22, 2020</u> There were no issues raised which required discussion arising from the September meeting evaluation. K. Westfall-Connor, Chair, encouraged members to contribute to Council discussions if they had any thoughts or comments and if anyone was having difficulties participating virtually in the meetings to advise either herself or their mentor.	
5.	<u>Consent Agenda</u> Agenda Item 5.1 “Minutes of September 21, 2020” and Agenda Item 5.2 “Minutes of September 22, 2020” were amended to remove D. Mattina as an attendee at both Council meetings as she was no longer a Public Member at that time. 2020 November 24 - MOTION 2: C. Watt/A. Cantalini THAT the consent agenda be approved as amended. <p style="text-align: right;">CARRIED</p>	

<p>6.</p>	<p><u>Quarterly Reporting</u></p> <p><u>6.1 2020 – Q3 Year-to-Date Financial Report</u></p> <p>K. Westfall-Connor introduced the 2020 – Q3 Financial Report and N. Wilcox, Manager, Finance, took Council through the Statement of Operations and the Statement of Financial Position. He spoke to those items that exceeded the established thresholds of variances greater than \$50,000 and 10% during his presentation of the 2020 – Q3 Financial Report.</p> <p>He advised Council that the unfavourable variances in the Registration and Exam Fees revenue are primarily due to the impact of COVID-19 on the 2020 initial registration rates and that, although there are expenses related to examination development, there will be no Objectively Structured Clinical Evaluations (OSCE) scheduled for the remainder of 2020. He emphasized that the overall forecasted deficit is an estimate that includes significant assumptions regarding expected complaints and discipline activity between now and December 31, 2020. A variance analysis is included in the report.</p> <p>2020 November 24 – MOTION 3: S. Biber/L. Hargreaves</p> <p>THAT Council approve the unaudited 2020 – Q3 YTD Statement of Operations and Statement of Financial Position.</p> <p style="text-align: right;">CARRIED</p> <p><u>6.2 2020 – Q3 Workplan Report</u></p> <p>C. Flitton, Registrar, presented the 2020 – Q3 Workplan Report to Council. She advised Council that the Q3 results signify that projects are complete and/or are on-track and continuing with no negative impact to the College.</p> <p>2020 November 24 – MOTION 4: S. Biber/M. Kesler</p> <p>THAT Council approve the 2020 – Q3 Workplan Report as presented.</p> <p style="text-align: right;">CARRIED</p>	
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	<p><u>6.3 2020 -Q3 Discipline Committee Report</u></p> <p>L. Hargreaves, Chair, Discipline Committee presented the 2020 – Q3 Discipline Report to Council.</p> <p>She advised Council that the COVID-19 pandemic necessitated the use of electronic hearing platforms in all matters to ensure that those participating in hearings could do so safely. The Discipline Committee’s “Practice Direction” will remain in effect and requires that all discipline proceedings be conducted electronically until this direction is rescinded by the Committee. Protocols issued by the Hearings Office are being reviewed regularly and updated as processes evolve, including issues such as technical training, access to documentation, management of witnesses and facilitating access for observers.</p> <p>In addition, L. Hargreaves summarized the Discipline Committee’s activities including the release of 13 discipline decisions that are available on the College’s website.</p> <p>2020 November 24 – MOTION 5: S. Biber/L. White</p> <p>THAT Council approve the 2020 – Q3 Discipline Committee Report as presented.</p> <p style="text-align: right;">CARRIED</p> <p>C. Watt left the meeting.</p>	
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7.	<p><u>Items for Decision</u></p> <p><u>7.1 Adopting a Tariff Rate for Discipline Hearings</u></p> <p>L. Hargreaves, Chair, Discipline Committee and A. Peco, Manager, Hearings, presented the Discipline Committee’s recommendation to approve a daily tariff rate for discipline hearings to allow the College to recover hearings-related expenses in appropriate cases.</p> <p>A. Peco, advised Council of the methodology used in calculating the tariff rate and advised that the Discipline Committee is proposing a biennial review of hearing costs.</p>	
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	<p>Council discussed the daily tariff rate and asked if a report of its effectiveness could be shared with Council after the first full year of implementation.</p> <p>2020 November 24 – MOTION 6: S. Mall/C. Gross</p> <p>THAT Council approve the introduction of a daily tariff rate of \$6,950.00 for discipline hearings, effective January 1, 2021, reviewable on a biennial basis.</p> <p style="text-align: right;">CARRIED</p> <p>Action: Implement the hearing tariff effective January 1, 2021.</p> <p>Action: Provide Council with a report on its effectiveness after the first full year of implementation.</p> <p><u>7.2 Proposed Amendments to the Governance Handbook</u></p> <p>One of the responsibilities of the Executive Committee is to conduct an annual review of the Governance Handbook.</p> <p>E. Waters, Deputy Registrar, presented the Committee’s proposed amendments to the Governance Handbook based on feedback received from Council, the Senior Management Team and issues that arose throughout the year.</p> <p>Council approved the amendments and, to ensure transparency, agreed that the Governance Handbook should be posted on the College’s website.</p> <p>2020 November 24 – MOTION 7: S. Biber/L. Hargreaves</p> <p>THAT the proposed amendments to the Governance Handbook be approved, effective December 1, 2020.</p> <p style="text-align: right;">CARRIED</p> <p>Action: Update the Handbook effective December 1, 2020 and post the Handbook on the College’s website.</p> <p><u>7.3 Complementary Modalities and Modalities Considered</u> <u>Outside Scope Policies</u></p>	<p>Staff</p> <p>Staff</p> <p>Staff</p>
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	<p>V. McCoy, Director, Professional Practice, informed Council that, as work continues towards the release of the new Standards of Practice, there are policies that will need to be updated or rescinded to ensure alignment with the Standards, to reflect the current approach to practice guidance and to achieve the College’s goal of regulatory modernization.</p> <p>Council was advised that the Complementary Modalities (Item 7.3.1) and Modalities Considered Outside of Scope Policies (Item 7.3.2), last updated in 2005 and 2007 is no longer used for continuing education purposes under STRiVE – the Quality Assurance Program. Even with this list-based approach, there are regular inquiries from RMTs regarding modalities not included in these lists or being used under an alternative name.</p> <p>The Quality Assurance Committee recommended that Council rescind these polices and provide additional documents to guide decision-making that are in alignment with an outcomes-based approach and the new Standards of Practice and the Massage Therapy Scope of Practice.</p> <p>2020 November 24 – MOTION 8: C. Gross/S. Biber</p> <p>THAT Council rescind the Complementary Modalities and Modalities Considered Outside of Scope Policies, effective immediately; and further</p> <p>THAT the Receipt and Ancillary and Related Activities Polices be amended to remove mention of complementary modalities, effective immediately.</p> <p style="text-align: right;">CARRIED</p> <p>13 in Favour 1 Opposed 1 Abstention</p> <p>Action: Post article on determining Scope of Practice in the winter edition of TouchPoint.</p> <p>C. Watt rejoined the meeting.</p>	<p>Staff</p>
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8.	<u>Items for Discussion</u>	
	There were no items brought forward for discussion.	

9.	<u>Items for Information</u> <u>9.1 Exam Updates</u> <p>V. Browne, Director, Registration Services advised Council that the Multiple-Choice Question (MCQ) examinations continue to move forward; however, the COVID-19 pandemic continues to have a significant impact on CMTO’s ability to administer the Objectively Structured Clinical Evaluation (OSCE).</p> <p>V. Brown informed Council that the OSCE team has now been contracted and trained. Thirty additional team members were required to accommodate the volume of exams to take place starting in 2021. Training was supposed to take place in-person; however, the additional restrictions implemented by the government during this time required transitioning to an online format. This enormous endeavor was accomplished in two weeks. Participants embraced the virtual format and commented that it was professionally executed.</p> <p>V. Browne advised that exams will be conducted in January if the restrictions in place now do not change. The OSCE centre is being built by Prometric in downtown Toronto and is on-track as well.</p> <u>9.2 Council Conference Reports</u> <p>Those Council Members who attended the CLEAR and CNAR Conferences presented reports on what they had learned from the conferences which could be helpful to CMTO.</p> <p>No questions or concerns were raised regarding additional items shared for information purposes only.</p>	
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10.	<u>In Camera Session</u> <p>2020 November 24 – MOTION 9: L. White/S. Biber</p> <p>THAT Council move to an in camera session at 11:44 AM</p>	
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	<p>in accordance with the <i>RHPA, Schedule 2, Section 7(2)(b)</i> which permits exclusion of the public if financial or personal or other matters 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.</p> <p style="text-align: right;">CARRIED</p> <p>2020 November 24 – MOTION 10: S. Biber /L. Hargreaves</p> <p>THAT Council move out of the in camera session at 12:59 PM in accordance with the <i>RHPA, Schedule 2, Section 7(2)(b)</i>.</p> <p style="text-align: right;">CARRIED</p>	
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11.	<p><u>New Business</u></p> <p>There was no new business.</p>	
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12.	<p><u>Adjournment</u></p> <p>2020 November 24 – MOTION 11: L. White/S. Biber</p> <p>THAT the November 24, 2020 Council meeting be adjourned.</p> <p style="text-align: right;">CARRIED</p> <p>The meeting was adjourned at 1:00 PM.</p> <p>_____</p> <p>K. Westfall-Connor, RMT President</p> <p>_____</p> <p>C. Flitton Registrar & CEO</p>	
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Council Meeting Minutes

Date: December 17, 2020

Location: Videoconference – Microsoft (MS) TEAMS

Present: K. Westfall-Connor, RMT, President
L. White, Public Member, Vice 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

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> The meeting was called to order at 9:01 AM.	
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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 December 17, 2020</u></p> <p>2020 December 17 – MOTION 1: J. Mathers /C. Gross</p> <p>THAT the Agenda of December 17, 2020 be approved as presented.</p> <p style="text-align: right;">CARRIED</p>	
4.	<p><u>In Camera Session</u></p> <p>2020 December 17 – MOTION 2: I. Vining /A. Cantalini</p> <p>THAT Council move to an in camera session at 9:03 AM in accordance with the <i>RHPA, Schedule 2, Section 7(2)(b)</i> which permits exclusion of the public if financial or personal or other matters 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.</p> <p style="text-align: right;">CARRIED</p> <p>2020 December 17 – MOTION 3: L. Hargreaves/C. Watt</p> <p>THAT Council move out of the in camera session at 11:49 AM in accordance with the <i>RHPA, Schedule 2, Section 7(2)(b)</i>.</p> <p style="text-align: right;">CARRIED</p> <p>I. Vining and S. Adderley left the meeting.</p>	
5.	<p><u>Items for Decision</u></p> <p><u>5.1 2021 Budget</u></p> <p>Each year, Council reviews the budget taking into consideration</p>	

	<p>its mandate, Strategic Plan, the deliverables identified in the Annual Workplan and various Continuous Quality Improvement (CQI) initiatives.</p> <p>N. Wilcox, Manager of Finance presented the proposed Draft 2021 Budget. He advised Council that the Draft 2021 Budget includes various mitigation measures, which are primarily related to the deferral of some strategic and operational initiatives in addition to cost reduction approaches that were necessary to right-size the operating budget in response to the financial pressures facing the College.</p> <p>2020 December 17 – MOTION 4: C. Gross/C. Watt</p> <p>THAT Council approves the 2021 Operating Budget and the 2021 Capital Budget as presented.</p> <p style="text-align: right;">CARRIED</p>	
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6.	<p><u>Items for Discussion</u></p> <p><u>6.1 Key Performance Indicators (KPI) Dashboard</u></p> <p>A. Brennand, Director, Policy and Communications, provided Council with an introduction to the College Performance Measure Framework (CPMF) developed by the Ministry of Health to strengthen accountability and oversight of colleges by providing transparent and consistent information about a college’s performance that is aligned across all health regulatory colleges in Ontario.</p> <p>She advised that staff will seek Council’s input on the KPIs in 2021 to facilitate submission of the dataset to the Ministry of Health before March 31, 2021.</p> <p>Action: That the KPIs be brought back to Council in early 2021.</p>	
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7.	<p><u>New Business</u></p> <p>There was no new business.</p>	
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ACTIONS ARISING FROM THE MINUTES OF MEETING

COUNCIL MEETINGS OF NOVEMBER 24 AND DECEMBER 1, 2020

Agenda Item	Description	Status
7.0	<p><u>November 24, 2020</u></p> <p><u>Items for Decision</u></p> <p><u>7.1 Adopting a Tariff Rate for Discipline Hearings</u></p> <p>Action: Implement the hearing tariff effective January 1, 2021.</p> <p>Action: Provide Council with a report on its effectiveness after the first full year of implementation.</p> <p><u>7.2 Proposed Amendments to the Governance Handbook</u></p> <p>Action: Update the Handbook effective December 1, 2020 and post the Handbook on the College’s website.</p> <p><u>7.3 Complementary Modalities and Modalities Considered Outside Scope Policies</u></p> <p>Action: Post article on determining Scope of Practice in the winter edition of TouchPoint.</p>	<p>Completed</p> <p>Pending</p> <p>Completed</p> <p>Completed</p>
6.0	<p><u>December 17, 2020</u></p> <p><u>Items for Discussion</u></p> <p><u>6.1 Key Performance Indicators (KPI) Dashboard</u></p> <p>Action: Bring back the KPIs to Council in early 2021.</p>	<p>Pending</p>



To: Council

Date: February 9, 2021

From: C. Flitton, Registrar & CEO

Re: 2020 – Q4 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

- The Registrar and Staff participated in various Director (October 7 and December 16) committee and network meetings of the Health Professions Regulators of Ontario (HPRO) to remain well informed about new developments relating to COVID-19.
- Ensured that the team monitored MEOC meetings.
- The communications team continued to prioritize the tone of communications as well as timeliness of COVID-19 updates to reduce confusion amongst RMTs and to support the provision of high-quality, safe massage therapy care to the public of Ontario during COVID-19.
- Completed the transition of the administration of CMTO’s Certification Examinations to Prometric.

2. Working with External Partners

- Reviewed Communications team responses to media inquiries.
- The Professional Practice Department and Policy and Communications departments strengthened their collaboration to ensure that all guidance relating to COVID-19 is well-researched, evidence based and trustworthy.
- The Registrar, President and Director, Policy and Communications met with the Ministry of Health to discuss the Ministry System Partner Domain Standard (November 5).
- The Registrar met with the Registrar and President of the College of Homeopaths of Ontario (November 26) and the Registrar and President met with them on (December 15) to share information about regulatory practices.

- The Registrar, Director and Manager, Registration Services participated in the annual meeting with the Office of the Fairness Commissioner (October 26).

3. Development and Achievement of Goals

- The team continued to move planned Continuous Quality Improvement projects, as well as the Annual Workplan projects forward. Specific results of the Workplan projects are noted in the Quarterly Workplan Report. Other operational activities undertaken in the quarter appear in the following table:

Department	Activities
Corporate Services	<ul style="list-style-type: none"> • Commenced implementation of an internal Cyber Security Awareness & Action Plan. • Implemented technical system enhancements to support By-law 7, “Fees” amendments effective January 1, 2021. • Undertook an emergency procurement for web host services effective January 2021. • Provided technical readiness in preparation for the annual Elections process scheduled for January 2021. • Developed the technical ability for the College and third-party exams service provider to share data to inform registration and renewal in accordance with the <i>Regulated Health Profession Act (RHPA Act)</i>. • Held virtual All Staff Meeting on December 8, 2020.
Policy & Communications	<ul style="list-style-type: none"> • Undertook consultation on Standards of Practice with registrants and public (over 1600 respondents) and analysed data for Standards of Practice. • Met weekly with Ministry of Health (MEOC). • HPRO Communications Meeting (Oct 14, Nov 11, Dec 9) • Participated in weekly meeting with HPRO on College Performance Measurement Framework. • Attended SPAG meetings and regular meetings with Standards of Practice consultants. • Helped plan and facilitate the HPRO communicators day conference (November 25). • Provided updates to the profession on practice during COVID (ongoing including December 21 lockdown).
Professional Conduct	<ul style="list-style-type: none"> • Framework developed for QAP non-compliance. • Resumed virtual compliance audits. • Attended monthly HPRO Anti-BIPOC working group meetings.

	<ul style="list-style-type: none"> • Updated Discipline Committee Rules to implement Hearing Costs Tariff. • Implemented Risk Scoring Framework for use at intake and during investigations.
Professional Practice	<ul style="list-style-type: none"> • Reviewed feedback gathered from approximately 1600 respondents in response to the draft Standards of Practice consultation. • Participated in two- day meeting for the Standards of Practice Advisory Group (SPAG). • Continued to respond to practice related inquiries. Slight increase in the number of general practice questions. COVID-19 inquiries generally focused on vaccines and providing essential care during lockdown. • The STRiVE 2020 reporting cycle concluded on November 30 with 97 % of registrants confirming completion of identified components. • Conducted assessments with approximately half of the registrants that received random selection notifications in February 2020 and reviewed outcomes.
Registration & Certification Services	<ul style="list-style-type: none"> • Launched renewal. <ul style="list-style-type: none"> • As of Dec. 31, 14,534 registrants renewed (13,141 as GC) • Continued regular meetings with Prometric to manage exam transition. <ul style="list-style-type: none"> • Completed OSCE team training sessions remotely. • Transferred candidate data from CMTO to Prometric. • Added MCQ exam window in Feb. 2021 (five windows in 2021 instead of the usual four). • Prometric opened registration for 2021 examinations at the end of December. • Offered MCQ accommodation examinations at CMTO's offices. • Attended two CMTCA Board meetings.

4. Financial Management

- The Senior Management Team provided detailed analysis and explanation of potential cost cutting measures and their impacts during the financial uncertainty created by COVID-19, to Council, as part of the 2021 Budget discussion.
- Year end procedures were commenced.

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.
- Continued to provide resources to support employees with physical and mental health especially during the COVID-19 Pandemic which included internally developed Bulletins volumes 8 and 9, and an online webinar in observance of WHO's World Mental Health Day on October 8, 2020.
- Completed Annual Performance Appraisal process for all employees.
- Staff continued to use SHIELD, CMTO's internal training resource customized from Harvard Manage Mentor, to ensure shared understanding of CMTO's management approach.
- The Senior Management Team continued its weekly meetings.

6. Council Relations

- Ensured that governance protocols such as post-committee meeting surveys and reports continued.
- The External Governance Advisor commenced the annual Executive Committee and Council evaluation processes.
- Ensured the annual nomination to Council process took place in accordance with By-law No. 2, "Election of Members to the Council" and with Council's pre-nomination criteria (online orientation modules, review of Council competencies and roles).
- A call for non-Council Members was initiated and over 60 applications were received.
- 12 Council Members attended HPRO's Governance Training that took place over two ½ days (November 23 and November 30).

Appendix A

Summary of CMTO's Response to COVID-19 for the months of November and December, 2020 and January 2021.

Meetings:

- CMTO's Pandemic Team comprised of the Senior Management Team and the HR Generalist met once per week on Thursdays.
- The Registrar/Deputy Registrar participated in the HPRO bi-weekly information sharing sessions.

October 31 – November 27, 2020

Office of the Registrar

- The Registrar participated in the HPRO bi-weekly information sharing sessions.
- Notified Council and RMTAO of CMTO's communications release to Registrants that also included updates to guidance, in response to the Government's announcement on November 20.

Corporate Services

- Published for all staff the next edition of Positive Resources for Physical and Mental Health (Vol. 8) to assist with morale during months of remote work.
- Administered for the OSCE Exams Training and preparation periods, the COVID-19 screening tool for all workers to complete prior to entering the CMTO office, in accordance with the legislated recommendations from public health officials. Any worker who does not pass screening will be advised that they cannot enter the workplace and should self-isolate, call their health care provider, or Telehealth Ontario.

Policy & Communications

- Prepared and issued updated guidance following lockdown announcement on November 20.
- Responded to questions via social media following November 20th announcement.
- Responded to media inquiry about November 20 lockdown announcement (NOW magazine, November 24).
- Met weekly with the Ministry of Health's Emergency Operations Centre (MEOC) to receive updates on COVID-19 pandemic response and discuss questions.
- Met with HPRO Communications group (November 11) to discuss COVID-19 and other topics.
- As the pandemic evolves, CMTO has continued to liaise with the Ministry of Health in order to clarify MOH guidance (e.g. to clarify to RMTs can practice in lock-down regions of Ontario).

Professional Conduct

- Revised Compliance Audit process to a completely virtual process
- Continued holding all Discipline and Fitness to Practise proceedings electronically
- Responded to reports of registrants not adhering to COVID directives and guidance
- Continued to conduct investigations virtually as a default unless exceptional circumstances

Professional Practice

- Continued to conduct virtual assessments with registrants who were notified of the requirement to participate in February 2020.
- Responding to COVID-19 phone and email inquiries received from registrants and members of the public.
- In collaboration with the Policy and Communications team, considered current guidance

and the possible development of additional guidance to ensure alignment with new lockdown measures.

Registration & Certification Services

- Made a last-minute change to move OSCE training online; cancelled training location contract (deposit returned); completed training.
- Added reminder that late fees have been waived to the Notice of Intent to Suspend sent to registrants who have not yet completed 2021 renewal.
- Sent email to all MCQ candidates reminding them that cancellation and rescheduling fees are waived for 2020 administrations.
- Considered the potential impact of lockdown measures on MCQ administrations; provided email update to all scheduled MCQ candidates; collaborated with Prometric to communicate with candidates displaced from one testing location.
- Continued with certification examination work that would normally have been completed in 2021 but now pushed to 2020 due to a January OSCE start date.

November 28 – December 31, 2020

Office of the Registrar

- CMTO's Pandemic Team comprising of the Senior Management Team and the HR Generalist met twice per week on Mondays and Thursdays.
- The Registrar participated in the HPRO bi-weekly information sharing sessions.
- Notified Council of CMTO's communications release to Registrants that included a series of new restrictions in regions of Ontario, including moving Toronto and Peel regions to "Lockdown Status" and the temporary closure of establishments, such as spas and gyms, impacting RMTs and clients in these regions.

Corporate Services

- Published for all staff the next edition of Positive Resources for Physical and Mental Health (Vol. 9) to assist with morale during months of remote work.
- Shared with all staff advisory regarding COVID-19 vaccine from Health Canada.
- Continued the COVID-19 screening tool for all workers to complete prior to entering the CMTO office, in accordance with the legislated recommendations from public health officials. Any worker who does not pass screening will be advised that they cannot enter the workplace and should self-isolate, call their health care provider, or Telehealth Ontario.

Policy & Communications

- Met weekly with the Ministry of Health's Emergency Operations Centre (MEOC) to receive updates on COVID-19 pandemic response and discuss questions.
- Met with HPRO Communications group (Dec 9) to discuss COVID-19 and other topics.
- As the pandemic evolves, CMTO has continued to liaise with the Ministry of Health and public health units in order to clarify MOH guidance (e.g. to clarify to RMTs can practice in lock-down regions of Ontario, vaccine updates).

- Provided updates to the profession on practice during COVID (e.g. Shutdown announcement on December 21).
- Met weekly with Professional Practice to coordinate responses on COVID-related questions.
- Undertook social media strategy related to COVID.
- Undertook data analysis of COVID related inquiries.

Professional Conduct

- Resumed Compliance Audit process as a completely virtual process
- Continued holding all Discipline and Fitness to Practise proceedings electronically
- Responded to reports of registrants not adhering to COVID directives and guidance
- Continued to conduct investigations virtually as a default unless exceptional circumstances

Registration Services

- Sourced Clear Mask face masks for MCQ accommodation administration
- Assisted Prometric with last-minute cancellations related to COVID-19 from MCQ candidates
- Responded to OFC Pulse Survey re: impact of COVID-19 on registration policies and processes
- Confirmed with legal counsel that increased restrictions do not prevent the OSCEs from proceeding
- Shared COVID-19 protocols for OSCE training with Corporate Services
- Updated CMTO website to direct candidates to Prometric website for information about test-day COVID-19 protocols
- Responded to candidate inquires about the impact of COVID-19 on the examination administrations

January 1 – January 28, 2021

Office of the Registrar

- CMTO's Pandemic Team comprising of the Senior Management Team and the HR Generalist met twice per week on Mondays and Thursdays.
- The Registrar participated in the HPRO bi-weekly information sharing sessions.

Corporate Services

- Incorporated the new workplace measures associated with reporting COVID-19 cases as announced by Mayor Tory on January 4, 2021.
- Shared with all staff the communication from the Management company regarding a reported case of COVID-19 at 1867 Yonge Street.
- Continued the COVID-19 screening tool for all workers to complete prior to entering the CMTO office, in accordance with the legislated recommendations from public health officials. Any worker who does not pass screening will be advised that they cannot enter the workplace and should self-isolate, call their health care provider, or Telehealth Ontario.

Policy & Communications

- Led with College of Kinesiologists and College of Midwives on HPRO patient-focussed COVID-19 video.
- Assessed new measures with legal counsel for their applicability to regulated healthcare professionals (January 4, 2021).
- Met with HPRO Communications group (Jan 27) to discuss COVID-19 and other topics.
- As the pandemic evolves, CMTO has continued to liaise with the Ministry of Health and public health units in order to clarify MOH guidance (e.g. to clarify contact tracing requirements, changes to PPE recommendations, vaccine updates).
- Liaised with employer about response to COVID-19.
- Prepared updates to COVID-19 webpage.
- Met weekly with Professional Practice to coordinate responses on COVID-related questions.
- Undertook social media strategy related to COVID. Answered RMT concerns about COVID via social media.

Professional Conduct

- Held virtual Compliance Audits
- Continued holding all Discipline and Fitness to Practise proceedings electronically
- Responded to reports of registrants not adhering to COVID directives and guidance
- Continued to conduct investigations virtually as a default unless exceptional circumstances

Professional Practice

- Met on a regular basis with Policy and Communications to address COVID-19 related challenges.
- In collaboration with Policy and Communications, prepared guidance to response to COVID-19 concerns.
- Conducted virtual Assessments with a portion of registrants that were first notified in February 2020.

Registration & Certification Services

- Spoke with an employer regarding the impact of COVID-19 on exam administration/registration of new RMTs.
- Shared with Prometric relevant Ontario government and CMTO links re: required COVID-19 protocols.



**EXECUTIVE COMMITTEE REPORT
2020 – Q4 and 2021 – Q1**

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 November 24 Council meeting on:

November 16, 2020 (in camera videoconference)*
November 20, 2020 (e-mail)
November 27, 2020 (videoconference)
December 4, 2020 (videoconference)
December 9, 2020 (in camera videoconference)*
January 15, 2021 (in camera videoconference)*
January 26, 2021 (videoconference)
January 27, 2021 (videoconference)

*The Executive Committee held these in camera meetings to discuss personnel issues and matters that may have legal implications.

The Executive Committee made the following Decisions/Recommendations:

November 20, 2020

1. Speaking Engagement Request

In accordance with Governance Policy 4.7 – “Council Member Speaking Engagements”, the Executive Committee approved a request from K. Westfall-Connor to participate in a panel discussion on effective advocacy before discipline committees at the Ontario Bar Association– Discipline Committee Advocacy Program on February 8, 2021.

November 27 and December 4, 2020

1. 2021 Budget

The Executive Committee reviewed the draft 2021 Budget and approved it for presentation to Council.

January 26-27, 2021

1. Review of Council Agenda Items

As part of its regular business, the Committee approved the agendas for the February 8, 2021 Council Retreat, February 9, 2021 Council Meeting and February 10, 2021 Education Day, along with the 2020 - Q4 Financial Report and Preliminary Year End, Registrar’s and Administration Report and the 2020 – Q4 Workplan Report.

2. Pre-Audit Communication

The Auditor, Blair McKenzie of Hilborn, met with the Executive Committee to outline the scope and extent of the audit. The draft 2020 audited financial statements will be presented to Council for approval at its May 2021 meeting.

3. Registrar’s Performance Appraisal – Appointment of the External Advisor

The Executive Committee appointed S. Goodwin of Goodwin Consulting as the external advisor to conduct the Registrar’s 2020 Performance Appraisal.

4. Appointment of 2021 Non-Council Members

The Committee reviewed 64 applications for the positions of non-Council members for 2021 and approved the following appointments which will be included in the proposed 2021 committee composition that will be provided to Council for ratification.

Client Relations Committee

Dawn Ricica, RMT

Discipline Committee

Allie Bisset, RMT

Cora Di Pietro, RMT

Bobbie Flint, RMT

Sarah Kingsbury, RMT

Jim Marinow, RMT

Cindy McNaughton, RMT

Registration Committee

Sorin Darie, RMT

Inquiries, Complaints and Reports Committee

Deny Brulotte, RMT

Sandra Cina, RMT

David Janveau, RMT

Cheryl Lew, RMT

Elizabeth Mathers, RMT

Rossana Rebecani, RMT

Karalyn Van Aken, RMT

Ashley Van Zelst, RMT

Eric Wu, RMT

Quality Assurance Committee

Rebecca Cleaveley, RMT

Tammy Contois, RMT

Jennifer Da Ponte, RMT

Jianjiang, Li, RMT

Shannon Marshall, RMT

Susan Schankula, RMT

5. 2020 – Q4 Risk Management

The Committee received a briefing from C. Flitton, Registrar, on risks and uncertainties that arose in the quarter that may affect the College.

2. ITEMS SENT TO COUNCIL FOR DECISION/DISCUSSION

1. 2021 Budget (approved on December 17, 2020)
2. 2021 Workplan

Respectfully submitted by:

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



REGISTRATION COMMITTEE REPORT 2020 - Q4 (October - December)

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

Committee Mandate:

The Registration Committee has responsibility 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 fourth quarter, on October 23rd and December 3rd.

2. ITEMS FOR INFORMATION

2.1 Refresher Course Exemption/ Extension Requests

The Registration Committee reviewed four requests from applicants/registrants seeking an exemption/extension to the Refresher Course requirement. One request was granted and three were denied.

2.2 Requests to Complete all Required Refresher Course Tutoring Remotely

The Committee was asked to review three requests from applicants/registrants seeking to complete all required Refresher Course tutoring remotely due to the challenges of the COVID-19 pandemic on travel and in-person interaction. While the Committee empathized with the impact the COVID-19 global pandemic on health professionals, and recently approved allowing 1/3 of required tutoring hours to be completed remotely, they did not approve any requests to complete the entirety of the required tutoring remotely.

2.3 Application for Registration – Conduct Concerns

The Committee reviewed an application that included a positive Vulnerable Sector Check Report confirming a criminal charge. Given that there are two court proceedings scheduled for February 2021, the Committee determined that the outcome of those proceedings would provide important information that would impact the Committee's determination whether or not the applicant should be registered. Due to the absence of this information, the Committee directed the Registrar to refuse to issue a certificate of registration.

2.4 Extension of the 15 months Refresher Course Validity Timeframe

Due to the COVID-19 pandemic's impact on certification examination cancellations and delays, applicants who have completed a Refresher Course may have difficulty meeting the requirements for registration in the 15-month validity time period of the Refresher Course.

The Registration Committee approved a policy to provide an extension to any certification examination applicant whose 15-month validity to the Refresher Course was impacted by the delays/cancellations of the 2020 certification examinations. The extension will be equivalent to the time lost and extensions will be managed by administrative staff.

2.5 Extension of Massage Therapy Education Validity Timeframe to Include Initial Registration as Well as Certification Examinations

In addition to requiring that education must be no more than three years old at the time of taking the certification examinations, education must also be no more than three years old at the time of applying for registration.

In recognition of the impact of COVID-19 on applicants' ability to meet timeframes related to legislative requirements, the Registration Committee approved a policy to provide an extension to all candidates for the purposes of meeting the education eligibility requirement for both the certification exams and at initial registration, equivalent to the time lost due to the Certification Examinations not being administered in 2020. This policy will be managed by administrative staff.

3. ITEMS SENT TO COUNCIL FOR DECISION

3.1 Rescinding Inappropriate Touch Policy



**CLIENT RELATIONS COMMITTEE REPORT
2020 – Q4 (October - December)**

Committee Members:

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

Statement of Purpose:

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 twice in the fourth quarter, once via email on October 14 and virtually on October 27, 2020.

2. ITEMS FOR INFORMATION

2.1 Funding for Therapy and Counselling Update

As of December 31, 2020, nine applications were received in Q4 and four were approved. Six applications were received in Q3 (four were approved, two were in process).

Three applications were required to be reviewed by the Committee.

2.2 Public Webpages

The Committee reviewed the newly launched CMTO webpages containing information developed specifically for the public.

2.3 Draft Standards of Practice

Committee members reviewed and provided feedback (from the client perspective) on CMTO's draft Standards of Practice.

3. ITEMS FOR DECISION

There were no items sent to Council for decision.



QUALITY ASSURANCE COMMITTEE REPORT 2020 – Q4 (October - December)

Committee Members:

Lloyd White, Public Member, Chair
Rebecca Cleaveley, 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)

Statement of Purpose:

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 twice during the fourth quarter on October 20 and November 9, 2020. Additionally, six Quality Assurance Panel meetings were held on October 16 and 20, November 11 and 25 and December 7 and 16, 2020 to accommodate the review of a number of ongoing assessment matters.

2. ITEMS FOR INFORMATION

2.1 Development and Implementation of Redesigned Quality Assurance Program

The reporting cycle for STRiVE 2020 concluded on November 30 with 97% of registrants confirming completion of identified components. Overdue notices were sent to the remaining registrants to remind them of their annual professional obligations.

2.2 Development and Updating of Standards of Practice

The online survey consultation for the draft Standards of Practice closed on November 16, 2020. Approximately 1600 RMTs from across the province provided feedback on at least one draft Standard. On December 16 and 17, 2020, the Standards of Practice Advisory Group (SPAG) met to review the results and provide comment to support further development of the third draft of Standards.

2.3 Assessments

During the fourth quarter of 2020, 130 matters were considered by Quality Assurance Panels. Decisions were made to provide notice of intent to impose Terms, Conditions and Limitations (TCLs) on Certificates of Registration for four registrants, issue 77 Specified Continuing Education or Remediation Programs (SCERPs) and take no further action on 3 matters.

Additionally, 41 registrants were referred to the Inquiries, Complaints and Reports Committee (ICRC) for non-compliance with the Quality Assurance Program in 2019. The Panels provided one further extension to complete program requirements for two registrants based on extenuating circumstances.

3. ITEMS SENT TO COUNCIL FOR DECISION

There were no items sent to Council for decision.



**INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
2020 Q4 (October - December)**

Committee Members: Lisa Tucker, RMT, Chair
Sean Adderley, RMT
Carolyn Watt, Public Member
Jay Mathers, Public Member
Suja Biber, RMT
Martez Schembri-Diskey, RMT (non-Council Member)
Theo Parusis, RMT (non-Council Member)
Eric Wu, RMT (non-Council Member)
Ashley Van Zelst, RMT (non-Council Member)
Rosanna Rebeccani, RMT (non-Council Member)
Sandra Cina, RMT (non-Council Member)
Marlene Kesler, Public Member
Deny Brulotte, RMT (non-Council Member)
Cheryl Lewin, RMT (non-Council Member)
Karalyn Van Aken, 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).

The Committee held a business meeting on October 2, 2020 via videoconference. Collectively, the Panels met eight (8) times for videoconference meetings on October 5, 2020, October 14, 2020, October 29, 2020, October 30, 2020, November 16, 2020, November 25, 2020, December 11, 2020 and December 14, 2020. The Panels met four (4) times for email meetings on October 9, 2020, November 4, 2020, November 20, 2020 and November 25, 2020.

2. ITEMS FOR INFORMATION

2.1 New Cases and Nature of Concerns

Complaints	Nature of Concerns	Registrar Report Investigations	Nature of Concerns
26	1- Breach of Standards 7 - Inappropriate Billing Practices 10 - Sexual Abuse 1 - Treatment Causing Injury 7 - Unprofessional Conduct 0 - Practising While Suspended 0 - Non-Compliance 0 - Practising Outside of Scope	46	0 - Breach of Standards 3 - Inappropriate Billing Practices 7 - Sexual Abuse 0 - Treatment Causing Injury 5 - Unprofessional Conduct 0 - Practising While Suspended 30 - Non-Compliance 1 - Practising Outside of Scope

2.2 Cases Completed by the ICRC and Outcomes

Complaints	Outcomes	Registrar Reports Investigations	Outcomes
18	5 - Referral to Discipline 1 - SCERP and Oral Caution 0 - Oral Caution 1 - SCERP 2 - Undertaking 4 - Advice/ Recommendation 5 - No Further Action	13	5 - Referral to Discipline 0 - SCERP and Oral Caution 2 - Oral Caution 2 - SCERP 0 - Undertaking 1 - Advice/ Recommendation 3 - No Further Action

2.3 Current Incapacity Cases and Outcomes

New Cases	Cases Closed	Active Cases	Outcome
1	2	7	1 - Referral to Fitness to Practise 1 - No Further Action 0- Undertaking

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

New Cases	Cases Closed	Active Cases
0	0	13

2.5 Current Active Cases

Active Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total Number of Cases
109	171	7	287

3. ITEMS SENT TO COUNCIL FOR DECISION

There were no items sent to Council for decision.



DISCIPLINE COMMITTEE REPORT TO COUNCIL

2020 – Q4 (October - December)

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
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

On October 15, 2020, the Discipline Committee held its second and last business meeting of the year. The Committee also met in writing on December 10, 2020 to consider amendments to the Discipline Committee Rules. Individual Committee members attended panel chair training.

2. ITEMS FOR INFORMATION

Table 2.1.1

Hearings Data	
Total hearings completed in the quarter	5
Total motions ¹ heard in the quarter	2
Prehearings completed in the quarter	3

Table 2.1.2

Type of Hearing	Number of Hearings Completed in Quarter
Contested liability ²	1
Contested penalty ³ and/or costs	0
Fully contested liability and penalty	2
Fully uncontested liability and penalty	2

¹ The motions consisted of an adjournment request and a request for the indefinite adjournment of a discipline hearing. 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.

2. ITEMS FOR INFORMATION (CONT'D)

During this reporting period, the Discipline Committee considered 7 matters in total (5 hearings and 2 motions) and closed 5 cases. The number of hearings completed in the quarter held steady, while the number of pre-hearing conferences (PHCs) declined as compared to the previous reporting period, which saw the completion of 6 PHCs. Overall, hearing volume was slightly higher than that reported in the same quarter of last year.

The Discipline Committee continues to require that all discipline proceedings be conducted electronically, in accordance with its [Practice Direction](#). Protocols issued by the Hearings Office are being reviewed regularly and updated as processes evolve, including on issues like document management, party and witness technical trainings, and access to hearings by the general public.

2.2 Decision Data

The Discipline Committee released 9 decisions.

1. *Ontario (College of Massage Therapists of Ontario) v Gudov*, 2020 ONCMTO 29
2. *Ontario (College of Massage Therapists of Ontario) v Awesome*, 2020 ONCMTO 30
3. *Ontario (College of Massage Therapists of Ontario) v Caine*, 2020 ONCMTO 31
4. *Ontario (College of Massage Therapists of Ontario) v Radatus*, 2020 ONCMTO 32
5. *Ontario (College of Massage Therapists of Ontario) v Brown*, 2020 ONCMTO 33
6. *Ontario (College of Massage Therapists of Ontario) v Brown*, 2020 ONCMTO 34
7. *Ontario (College of Massage Therapists of Ontario) v Al-Shamlah*, 2020 ONCMTO 35
8. *Ontario (College of Massage Therapists of Ontario) v So*, 2020 ONCMTO 36
9. *Ontario (College of Massage Therapists of Ontario) v Registrant G*, 2020 ONCMTO 37

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, motions, discipline hearings (liability and/or penalty phase), and release dates of written reasons for decisions.

	Registrant	Date(s) of Activity in the Quarter	Type of Activity	Status
1.	PC	October 5 November 3	Liability and penalty hearing; Written reasons released	Completed/closed
2.	JR	October 8 November 11	Liability and penalty hearing; Written reasons released	Completed/closed
3.	JRA	October 20; October 30	Motion to indefinitely adjourn; Written reasons released	Indefinitely adjourned/closed
4.	JP	October 21;	Liability and penalty hearing	Written reasons pending
5.	AG	October 28	Liability decision and written reasons released	Penalty hearing pending
6.	SLS	November 5; December 2	Liability and penalty hearing; Written reasons released	Completed/closed
7.	Registrant G	November 11; December 10; December 29-30	Motion to adjourn; Motion written reasons released; Liability hearing	Liability hearing pending completion
8.	SB	November 16	Liability decisions and written reasons released	Penalty hearing pending
9.	BAS	November 30	Penalty decision and written reasons released	Completed/closed
10.	IWA	November 30	Pre-hearing conference	Liability hearing pending
11.	JP	December 7	Pre-hearing conferences	Liability hearing pending
12.	Registrant J	December 10-11	Liability hearing	Decision and reasons pending

3. ITEMS SENT TO COUNCIL FOR DECISION

The Discipline Committee recommended the introduction of a hearings tariff and forwarded the matter to Council for consideration and approval.



[Skip this Content](#)

BRIEFING NOTE TO COUNCIL

Date: February 9, 2021

From: Executive Committee

Re: 2020-Q4 Preliminary Year-End Financial Report

Background:

Each Quarter, Executive Committee and Council are provided with updates, noting trends, financial activity and challenges. The unaudited 2020-Q4 Year to Date (YTD) financial statements presented include:

Status of DRAFT financial statements:

The Finance team has prepared a first draft of the Appended financial statements for presentation to Executive Committee and Council. It is important to note these are a *preliminary* set of financial statements for discussion purposes only, and that significant adjustments are still outstanding and will be recorded as the team continues to work through year-end procedures.

The purpose of presenting draft financial statements is to provide Executive Committee and Council with a preliminary sense of the financial position and operating performance of the College for the year ended December 31, 2020. These preliminary statements also highlight the areas of focus for the Finance team as they progress through year end close procedures in preparation for the annual audit. The Finance team will be sure to keep Executive Committee and Council apprised of any significant unexpected changes as they progress through the remaining year-end closing procedures.

Appendix A: Statement of Operations

The following is a summary of revenues and expenses for the year-end December 31, 2020 comparing actuals vs. budget. The draft statement of operations is showing a surplus of \$644,075, an increase of \$241,744 compared to the 2020 budgeted surplus of \$402,331. Variances from budget greater than \$50,000 and 10% are explained in the attached.

It is important to note Finance expects the overall surplus to increase following the completion of significant outstanding year-end close procedures; namely the completion of the 2020 C&D accrual. Finance is in the process of identifying and removing C&D expenses that were already accounted for through the 2019 C&D accrual. Once completed, this is likely to have the effect of reducing 2020 C&D expenses from the figure currently presented.

Appendix B: Statement of Financial Position

The following is the financial position of CMTO as at December 31, 2020 compared to the financial position per the audited financial statements as of December 31, 2019. Variances from budget +/- \$50K and 10% are explained in the attached Appendix.

It is important to note the accounts payable and accrued liabilities balance is expected to decrease following completion of the 2020 C&D accrual procedures (commensurate with expected decrease to C&D expenses referenced above).

Recommendation:

The Executive Committee has reviewed and assessed the unaudited 2020-Q4 Preliminary Year-End Financial Report. The Executive Committee recommends that Council approve these statements.

Draft Motion:

THAT Council approve the unaudited 2020-Q4 Preliminary Year-End Financial Report as presented.

Appendix A: Statement of Operations (Unaudited)
2020 Budget vs. Actual (full year)
DRAFT for discussion purposes only

	2020 FY Budget	2020 YTD Actual **	2020 FY Variance (\$) Increase/ (Decrease)	Variance % + Fav, - Unfav ***	Notes*
Revenues					
Registration fees	\$ 11,771,521	\$ 11,855,672	\$ 84,151	1%	[1]
Examination fees	\$ 1,675,800	\$ 351,900	\$ (1,323,900)	-79%	[2]
Investment income	\$ 300,000	\$ 231,612	\$ (68,388)	-23%	[3]
	\$ 13,747,321	\$ 12,439,184	\$ (1,308,138)	-10%	
Expenses					
Council and committees	\$ 471,075	\$ 265,042	\$ (206,033)	44%	[4]
Complaints and discipline	\$ 2,294,565	\$ 3,005,514	\$ 710,949	-31%	[5]
Examinations	\$ 1,345,953	\$ 361,645	\$ (984,308)	73%	[6]
Quality assurance	\$ 754,750	\$ 396,664	\$ (358,086)	47%	[7]
Communications	\$ 178,000	\$ 87,127	\$ (90,873)	51%	[8]
Office and general	\$ 1,273,221	\$ 797,108	\$ (476,113)	37%	[9]
Salaries and benefits	\$ 5,171,182	\$ 5,152,453	\$ (18,730)	0%	NM
Consulting fees	\$ 344,849	\$ 351,876	\$ 7,027	-2%	NM
Professional fees	\$ 240,000	\$ 202,734	\$ (37,266)	16%	NM
Rent and operating costs	\$ 589,740	\$ 589,533	\$ (207)	0%	NM
Contributions to national initiatives	\$ 352,819	\$ 340,061	\$ (12,759)	4%	NM
Contribution to massage therapy research	\$ -	\$ -	\$ -	0%	NM
Amortization - capital assets	\$ 191,072	\$ 165,216	\$ (25,856)	14%	NM
Amortization - intangible assets	\$ 137,764	\$ 80,135	\$ (57,629)	42%	NM
	\$ 13,344,991	\$ 11,795,108	\$ (1,549,883)	-12%	
Surplus/(Deficit)	\$ 402,331	\$ 644,075	\$ 241,745	60%	

*NM = not material

**Preliminary actual results as of January 19, 2021. Year end close procedures are in progress.

***A variance should be indicated appropriately as "favorable" or "unfavorable." A favorable variance is one where revenue comes in higher than budgeted, or when expenses are lower than predicted. The result could be greater income than originally forecast. Conversely, an unfavorable variance occurs when revenue falls short of the budgeted amount or expenses are higher than predicted.

**Appendix A: Statement of Operations
Variance Analysis**

Note	Financial Statement Line Item	Variance \$ Increase/ (Decrease)	Variance % + Fav, - Unfav	Explanation
[1]	Registration fees	\$84,151	1%	Increase in members fees offset by unfavourable variance due to the impact of COVID-19 that resulted in lower 2020 Initial Registration (IR)- 428 IRs through Dec 2020 vs. 890 budgeted for FY 2020.
[2]	Examination fees	(\$1,323,900)	-79%	Unfavourable variance due to impact of COVID-19. There were no OSCEs in 2020. 612 MCQ writers only in 2020.
[3]	Investment income	(\$68,388)	-23%	Rate of return on investments lower than budgeted. Investment accounting to be performed to adjust year end balance.
[4]	Council and committees	(\$206,033)	44%	Favourable variance due to savings in council and committee expense reimbursements as a result of shift to virtual meetings during the pandemic. Virtual meetings continued through to the end of 2020.
[5]	Complaints and Discipline (C&D)	\$710,949	-31%	Unfavorable variance due to more complex cases, while continuing to increase internal investigation capacity, which led to increased external investigations. Fiscal year forecast assumed spend continue at current year to date rate. Fiscal year forecast included estimate of 2020 C&D accrual, using the following key assumptions: 1. Similar case composition to 2019 accrual (incapacity, sexual abuse, etc.) 2. Similar average cost per case as 2019 3. Case volume activity continues at YTD rates (# of new cases, # of closed cases, # referred to Discipline or FTP, etc.)
[6]	Examinations	(\$984,308)	73%	Favourable variance due to impact of COVID-19 on 2020 exam schedule. Variance to budget is less significant compared to loss in exam revenue due to (1) MCQ accommodation exams for 2020 were more costly to conduct in response to COVID-19 guidelines and (2) content development for 2021 exams continued as planned.
[7]	Quality assurance	(\$358,086)	47%	Favourable variance due to impact of COVID-19 that resulted in less peer assessments than budgeted. Savings were also realized as professional practice pivoted to virtual assessments vs. in-clinic.
[8]	Communications	(\$90,873)	51%	Expenses lower than budget primarily due to intentional cost mitigation measures.
[9]	Office and General	(\$476,113)	37%	Favourable variance primarily due to savings in expenses vs. budget as a result of COVID-19 - 1) conferences and training 2) less bank charges as deferred revenue decreased 3) lower office supplies and postage.

Appendix B: Statement of Financial Position (Unaudited)
As at December 31, 2020 (with December 31, 2019 comparative)
DRAFT for discussion purposes only

	Dec 31, 2020	Dec 31, 2019	Variance \$	Variance %	Notes*
ASSETS					
Current assets					
Cash	\$ 7,225,156	\$ 11,840,773	\$ (4,615,617)	-39%	[1]
Accounts receivable	\$ 24,831	\$ 1,135	\$ 23,696	2088%	NM
Investments**	\$ 8,252,333	\$ 7,647,922	\$ 604,411	8%	[2]
Prepaid expense	\$ 253,971	\$ 71,903	\$ 182,068	253%	[3]
Total current assets	\$ 15,756,291	\$ 19,561,733	\$ (3,805,442)	-19%	
Non current assets					
Capital assets	\$ 659,068	\$ 792,781	\$ (133,713)	-17%	[4]
Intangible assets	\$ 120,815	\$ 88,997	\$ 31,818	36%	NM
Total non current assets	\$ 779,883	\$ 881,778	\$ (101,895)	-12%	
TOTAL ASSETS	\$ 16,536,174	\$ 20,443,511	\$ (3,907,337)	-19%	
LIABILITIES					
Current liabilities					
Accounts payable and accrued liabilities	\$ 3,361,138	\$ 3,223,950	\$ 137,188	4%	[5]
Deferred registration and exam fees	\$ 6,182,135	\$ 10,857,175	\$ (4,675,040)	-43%	[6]
Total current liabilities	\$ 9,543,273	\$ 14,081,125	\$ (4,537,852)	-32%	
Deferred lease inducements	\$ 80,371	\$ 93,931	\$ (13,560)	-14%	NM
TOTAL LIABILITIES	\$ 9,623,644	\$ 14,175,056	\$ (4,551,412)	-32%	
NET ASSETS					
Invested in capital and intangible assets	\$ 779,883	\$ 881,778	\$ (101,895)	-12%	[7]
Internally restricted for complaints and discipline	\$ 1,500,000	\$ 1,500,000	\$ -	0%	NM
Internally restricted for national initiatives	\$ 481,386	\$ 821,447	\$ (340,061)	-41%	[8]
Internally restricted for massage therapy research	\$ 250,000	\$ 250,000	\$ -	0%	NM
Unrestricted	\$ 3,901,261	\$ 2,815,230	\$ 1,086,031	39%	[9]
\$ 6,912,530	\$ 6,268,455	\$ 644,075	10%		
TOTAL LIABILITIES AND NET ASSETS	\$ 16,536,174	\$ 20,443,511	\$ (3,907,337)	-19%	

*NM = not material

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

**Appendix B: Statement of Financial Position (Unaudited)
Variance Analysis**

Note	Financial Statement Line Item	Variance \$	Variance %	Explanation
[1]	Cash	(\$4,615,617)	-39%	Decrease related to less 2021 registration fees collected during the renewal period.
[2]	Investments	\$604,411	8%	Increase corresponds to excess cash flow earned (estimate revenue over expenses for the fiscal year 2020).
[3]	Prepaid expense	\$182,068	253%	Increase due to revised timeline of IT project (\$167k payment) and timing of invoices related to 2021 initiatives, annual software license renewals.
[4]	Capital assets	(\$133,713)	-17%	Decrease due to YTD amortization of pre-existing assets in excess of new assets purchased.
[5]	Accounts payable and accrued liabilities	\$137,188	4%	Increase due to timing of when work was performed and receipt of invoices related to 2020 initiatives.
[6]	Deferred registration and exam fees	(\$4,675,040)	-43%	Decrease due to YTD recognition of 2021 registration fees collected in 2020. Members were offered to split payments of 2021 registration fees; 50% in September 2020 and 50% in March 2021.
[7]	Invested in capital and intangible assets	(\$101,895)	-12%	Decrease equivalent to YTD additions less amortization of capital and intangible assets.
[8]	Internally restricted for national initiatives	(\$340,061)	-41%	Decrease equivalent to 2020 CMTCA fees (in line with commitment signed Jan 1, 2019).
[9]	Unrestricted	\$1,086,031	39%	Increase related to operational activity (year end income less amortization and contribution to CMTCA plus capital additions during the year).

Agenda Item 7.2
For Decision

2020 - Q4 Workplan Report

Overarching Strategic/ Operational Objective	Project/Initiative Description	Operational/Strategic	Workplan Continuity	Lead Executive	Outcomes	Deliverables	Completion Date	2020 - Q1 Report	2020 - Q2 Report	2020 - Q3 Report	2020 - Q4 Report
CORE BUSINESS											
Transparency	Implement Transparency Initiatives as Outlined in the Strategic Plan.	Strategic	Cont'd from Previous Year	Director, Policy & Communications	CMTD 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. New web page focusing on information needed/valued by the public is under development.	On track. Progress has slowed due to COVID-19 but CMTD has produced public awareness material related to Massage Therapy during COVID-19 and will revert attention back to this project in Q3 and Q4.	Project will be launched in October 2020. The public webpage was developed based on advice from Ontario's Citizen Advisory Group and CMTD's Client Relations Committee and highlights the information needs of clients/public.	Project is complete. New public webpage was launched in October 2020. The public webpage was developed based on advice from Ontario's Citizen Advisory Group and CMTD's Client Relations Committee and highlights the information needs of clients/public.
Quality	Development and Implementation of Redesigned QA Program - Phase 1	Strategic	Cont'd from Previous Year	Director, Professional Practice	Develop and implement a redesigned Quality Assurance Program to assess registrant competence based on 15 Career-Span Competencies, and 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. Phase 1 of the project concluded in 2019-Q4. Steps are being taken to develop components for implementation in 2020-Q4 (Phase 2).	On track to introduce STRIVE 2020 with a consistent timeline for reporting between September and November 30.	Development of components for STRIVE 2020 were completed in advance of the reporting cycle opening at the beginning of September.	Completed. The reporting cycle for STRIVE 2020 concluded on November 30, 2020 with 97% of registrants confirming completion of identified components.
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 CMTD'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)	On track. Development of the revised Standards of Practice continues in consultation with qualified consultants and the support of the Standards of Practice Advisory Group (SPAG).	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.	On track. Work to complete the draft Standards of Practice continued throughout Q3 and they were approved by Council for consultation with stakeholders.	On track. The online consultation concluded on November 16, 2020. Feedback received from approximately 1600 respondents was considered by the Standards of Practice Advisory Group (SPAG) during two days of meetings held in December in preparation for development of draft 3 of the Standards of Practice.
Regulatory Modernization	Data Management Strategy	Strategic - Arising from Strategic Plan	Cont'd from Previous Year. Original completion dates updated from 2020-Q3 Draft and 2020 -Q4 Final to 2021 - Q4.	Director, Corporate Services	CMTD 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 a new regulatory data management system (and supporting process looks like).	2021 - Q4	On track.	The draft Data Management Strategy was reviewed 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.	A recommendation was brought forward and approved by Council in September 2020. The project completion date was amended to 2021-Q4. The work on this initiative will resume in Q4.	The project resumed under the leadership of the IT Applications Manager and will continue into 2021 in accordance with the amended project completion date approved by Council in September 2020. Staff will be engaged commencing in Q1 2021.
Regulatory Modernization	Registrant Outreach Strategy - Regulatory Changes.	Operational	Cont'd from Previous Year	Director, Policy & Communications	Registrants feel engaged and informed about regulatory changes and CMTD's priorities and CMTD is seen as a proactive and modern regulator.	Meetings held in 3 Ontario cities in 2019 and 2 Ontario cities in 2020.	2020-Q4	On track. Preparations are underway, although staff are monitoring whether an in-person approach will be appropriate in 2020.	This initiative is unlikely to move forward in an in-person in 2020 due to COVID-19. Currently, the limitations on group gatherings will not permit the Open Houses to take place. CMTD is investigating a virtual Open House model to replace the in-person events.	Project will be complete in Q4. The virtual format, CMTD's first online webinar, will take place on October 26, 2020 and will address questions submitted by members of the profession when they registered. The webinar will be available online post presentation for those who cannot attend. Over 700 RMTs had signed up for the webinar at the end of Q3. Report flagged as yellow because the original deliverables were changed due to COVID-19.	Completed in virtual format, (due to COVID). CMTD's first online webinar, took place on October 26, 2020 and addressed questions submitted by members of the profession when they registered. The webinar was available online post presentation for those who could not attend. Over 600 RMTs viewed the webinar.
Continuous Quality Improvement	Jurisprudence Course with Evaluative Component	Operational	Moved from Developmental	Director, Professional Practice	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. Steps are being taken to develop a program that initially focuses on legislative requirements.	On track as development of legislative focused content for the Online Jurisprudence Program continues.	On track. Work continues to develop the online program for new and existing registrants to further enhance their knowledge of legislation.	On track. Development of the Online Jurisprudence Program continues.
Continuous Quality Improvement/Regulatory Modernization	Continued enhancement of IT infrastructure and systems.	Operational	Cont'd from Previous Year	Director, Corporate Services	CMTD 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.	2019 - Q3 (Phase 1) - Complete 2020 - Q4 (Phase 2)	Phase 2 on track. Software solutions selected and contracts executed. Project planning for Phase 2 underway in consideration of staff departures and pandemic factors.	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 CMTD resources. Please refer to the Briefing Note for more information.	A recommendation was brought forward and approved by Council in September 2020. Phase 2 of the project deliverables have been updated to identify specific activities to be completed by 2020 - Q4 and additional deliverables spread out over several years with specific software tool deliverables set out annually in the workplan. The 2020-Q4 deliverables are: (1) Revision to case management product project scoping and (2) Completion of the STRIVE deliverables planned for 2020. These deliverables are on-track.	Deliverables for 2020-Q4 are completed. The revision to case management product project scoping, resulted in the decision to leverage the functionality within the forthcoming new registrant database. The Internal Project Team Kick Off, also attended by the Vendor occurred in November 2020.

2019/2020 Workplan

Overarching Strategic/Operational Objective	Project/Initiative Description	Operational/Strategic	Workplan Continuity	Lead Executive	Outcomes	Deliverables	Completion Date	2020 - Q1 Report	2020 - Q2 Report	2020 - Q3 Report	2020 - Q4 Report
Continuous Quality Improvement	Implementation of Recommendations from the Sexual Abuse Task Force	Operational	Cont'd from Previous Year	Director, Professional Conduct	Increased accountability of CMTO in addressing allegations of sexual abuse.	Develop and implement policies and/or procedures focused on: KIC 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. Amicus curiae policy and guide for self-represented parties developed. Framework for prioritization of complaints, reports, investigations and hearings based on public risk developed. Review and revisions to Protocol for Investigations of Sexual Abuse Allegations completed. Review of funding for therapy and posted security penalty orders completed.	On track. Relevant frameworks, guides, policies and procedures have been developed. Currently in the implementation planning phase.	On track. Project will be complete in Q4. Relevant frameworks, guides, policies and procedures have been developed. Implementation of support person for complainants during a Discipline hearing may be placed on hold due to budgetary restrictions.	Project completed. Amicus curiae policy and guide for self-represented parties developed. Framework for prioritization of investigations and hearings based on public risk developed. Revisions to Protocol for Investigations of Sexual Abuse Allegations completed. Review of funding for therapy and posted security penalty orders completed. Developed and implemented procedures to provide legal support for clients for third party records motions.
COMPLETED											
Regulatory Modernization	Education Strategy	Strategic	New	Registrar/Deputy Registrar	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.	Strategic	Cont'd from Previous Year	Deputy Registrar	Reduced governance risk and inconsistency.	Updated and internally consistent set of governance policies and by-laws.	2019 - Q2				
Continuous Quality Improvement	Organizational Review Project	Operational and Strategic	Cont'd from Previous Year but incorporating new positions beyond Organizational Review Project.	Registrar/Deputy Registrar	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)	Operational	New	Director, Registration	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 PCV/Ps.	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				
Continuous Quality Improvement	Revision requirements regarding ongoing Registrant First Aid and CPR Certification	Operational	Cont'd from Previous Year but Revised Project Charter	Director, Professional Practice	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. Discussions are underway to identify recommendations for consideration.	On track to provide recommendations to Council at the September Council meeting.	Completed. At September's meeting, Council approved that First Aid and CPR remain a requirement of initial registration and the maintenance of First Aid and CPR certification be addressed in the proposed Standard of Practice: Safety and Risk Management.	
Continuous Quality Improvement	Amendments to CMTO's Professional Misconduct Regulations	Operational & Strategic	Cont'd from Previous Year	Director, Professional Conduct	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 only remaining element is completing the Ministry's submission template in order to submit the proposed changes to the Ministry. This will be completed by the end of May 2020.	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.	The Professional Misconduct Regulations were submitted to the Ministry on August 31, 2020. With this report this project is now complete.	
DEVELOPMENTAL											
	Completion of 2017 Organizational and Management Risk Activities also referred to as Continuous Quality Improvement ("CQI"/Organizational Risk Management ("ORM").	Operational - Arising from Risk Policy	Moved from 2019/2020 Workplan Approved by Council September 2019	Director, Corporate Services	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	Operational	New	Director, Policy and Communications	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)				

2019/2020 Workplan

Overarching Strategic/ Operational Objective	Project/initiative Description	Operational/Strategic	Workplan Continuity	Lead Executive	Outcomes	Deliverables	Completion Date	2020 - Q1 Report	2020 - Q2 Report	2020 - Q3 Report	2020 - Q4 Report
Regulatory Modernization	Development-Reg Risk Assessment	Strategic	Moved from Developmental	Registrar/Deputy Registrar	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				



FITNESS TO PRACTISE COMMITTEE REPORT TO COUNCIL

2020 – Q4 (October to December)

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
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

The Fitness to Practise Committee held a business meeting on October 15, 2020.

2. ITEMS FOR INFORMATION

Table 2.1

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

2.2 Decision Data

There were no decisions issued by the Fitness to Practise Committee in this reporting period.

2.3 Quarterly Summary of Fitness to Practise Activities

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

	Registrant	Date(s) of Activity in the Quarter	Type of Activity	Status
1.	Registrant M ²	November 16	Case conference	Hearing pending

3. ITEMS SENT TO COUNCIL FOR DECISION

There were no items sent to Council for decision.

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 Given the nature of incapacity proceedings, which involve the disclosure of personal health information, 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*.



BRIEFING NOTE TO COUNCIL

Date: February 9, 2021

From: Vicki McCoy, Director Professional Practice

Re: Approval of Standards of Practice for Implementation

Background:

The majority of the current Standards of Practice were developed in 2006. In 2019, the College of Massage Therapists of Ontario (CMTO), using the CMTO's Practice Resource Development Process (Attachment 1), initiated development of revised Standards of Practice (Attachment 2) that reflected the current needs of the profession, today's regulatory risks, and a modern approach to Standards. This included the assistance of consultants, Parker-Taillon Consulting Inc., who provided additional expertise in Standards development and the Standards of Practice Advisory Group (SPAG) to provide input from the profession prior to formal consultation.

For additional background, details of the Standards development process, SPAG meeting outcomes, draft revisions, and production of the current revised Standards, please see CMTO Standards of Practice Revision Project Final Report (Attachment 3).

For Consideration

Consultation Feedback

A total of 1624 individuals responded to the initial question related to type of respondent. The largest group was CMTO registrants who represented 93.41% of survey respondents and approximately 9.98% of CMTO registrants. Of particular note was the relatively high response rate of members of the public/clients who responded to the survey with 63 respondents, representing 3.88% of all respondents.

For additional information on the consultation and resulting feedback, please see CMTO Standards of Practice Project Survey Consultation Report (Attachment 4).

Consideration using the Regulatory Modernization Principles

- **Identify the problem before the solution:** Given the age of most of the current Standards of Practice, they do not reflect the profession's evolution over the last 10-15 years. In addition, the current Standards are not outcomes-based, do not follow modern regulatory principles, or consider current regulatory risk. As such, revised Standards of Practice were needed to support the delivery of safe, ethical, and effective client-centred care.
- **Quantify and qualify the risks:** The risk of continued use of the current Standards of Practice relate closely to both their age and their approach to regulation. Standards that do not reflect current practice and practice settings are more likely not to protect the public, while being ignored or misinterpreted by the profession, and preventing practice innovation. A non-outcomes-based approach is problematic in that it significantly limits adaption to different situations and practice settings while not ensuring the result is aligned with the delivery of safe, ethical, and effective client-centred care.

Given the rigour of the development process, the extensive consultation and feedback process, and the quality of the revised Standards, risks related to implementation should be considerably less than continued use of the current Standards. However, any significant change to Standards carries some inherent risk due to uncertainty in outcomes from this change and the need for adaptation from the profession to something new.

In addition, there is always the potential for some of the changes made in the revised Standards to lead to unintended consequences. It is hoped that the development process used here will limit this risk thanks to extensive consultation, a high-quality and comprehensive revision process, extensive feedback from SPAG and the Quality Assurance Committee (QAC), review by legal counsel, the leadership of experienced consultants, and multi-departmental staff expertise. In addition, ongoing review of the Standards post-implementation will provide additional assurance that with the discovery of unintended outcomes there can be further revision of the Standards or the provision of alternative interventions to address these concerns, such as additional guidance.

- **Develop and implement solutions that are as close to the problem as possible:** The most direct approach was to develop revised Standards for the profession that incorporated best practices in Standards development, changes to the profession, consideration of current risk, and input through consultation with the profession and the public.
- **Use regulation only when necessary:** For right touch regulation, the aim is to only develop minimum Standard requirements that are necessary due to legislation, reflect

areas of high risk to protecting the public, or are needed for the delivery of safe, ethical, and effective client-centred care.

- **Be transparent and accountable:** The Standard of Practice development process included a formal consultation process along with other important measures to ensure transparency and accountability including use of the SPAG and additional surveys regarding the Draping and Physical Privacy Standard. During the consultation process, the draft Standards were shared in full with the profession and the public. In addition, both the SPAG and QAC have each reviewed the Standards and met twice allowing for representatives of the profession, and of the public (on QAC), to ask questions, express concerns, and share ideas. Additionally, the Client Relations Committee also reviewed and provided feedback from the client perspective. All this input has been used to improve the revised Standards.
- **Monitor for unintended consequences:** The Standards will be released 10 months prior to implementation on January 1, 2022. This will allow for continued consideration, questions, and feedback as RMTs apply the Standards to their practices in preparation. The Practice Specialist will track any themes regarding concerns for implementation both before and after January 1, 2022. Additional guidance on interpretation and implementation of the Standards will be released during the months leading up to implementation.
- **Review and respond to change:** The review and monitoring schedule for the Standards is currently being developed and considered by the QAC. It is anticipated that along with the monitoring discussed above, there will be a regular review process of the Standards.

Communication and Education Plan

A combined communication and education plan is being developed to introduce and facilitate understanding of the Standards over the next ten months.

Draft Motion:

THAT the revised Standards of Practice be approved for implementation January 1, 2022; and

THAT all current Standards of Practice, including Techniques Standards, be rescinded effective January 1, 2022.

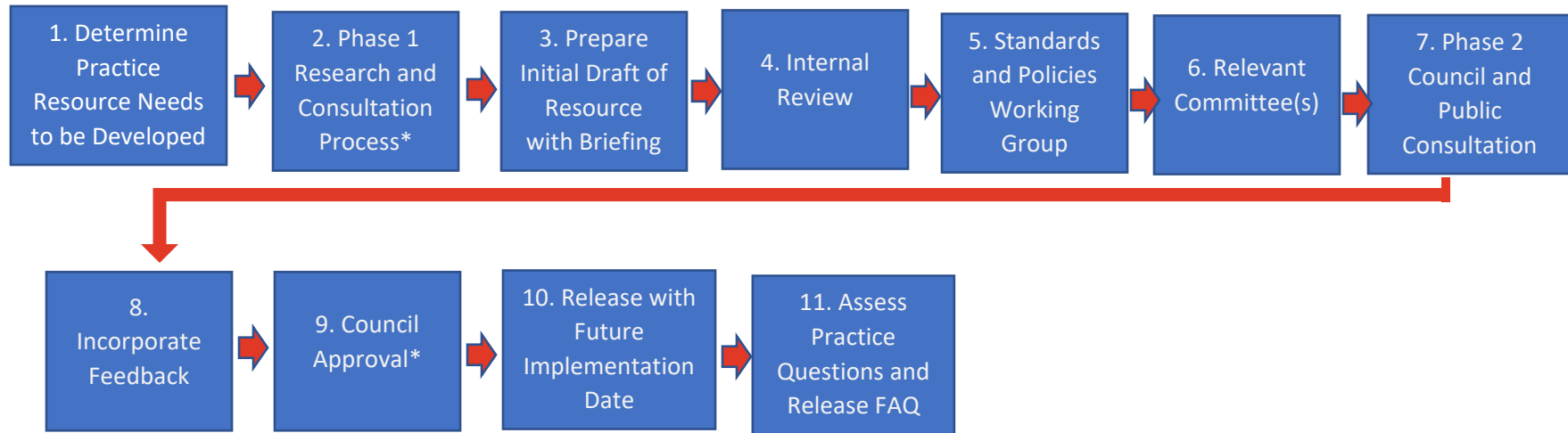
Attachments:

Attachment 1: CMTO's Practice Resource Development Process

Attachment 2: Draft Final Standards of Practice – Feb 1 2021

Attachment 3: CMTO Standards of Practice Project Final Report
Attachment 4: CMTO Standards of Practice Survey Consultation Report

CMTO's Practice Resource Development Process



* If appropriate

In CMTO's proposed process, the following steps would be undertaken:

1. CMTO determines that a practice resource must be developed or updated. A charter (project plan) is drafted. The Charter would set out any modifications (streamlining) of the steps described in Appendix A. The relevant College Committee is identified and the issue would be discussed with that Committee.
2. Research is undertaken by staff and experts (as appropriate) including analysis of risks, legislative context, case law, other colleges' guidance, impacts on RMTs, external support, etc. A research report will be drafted using CMTO's regulatory modernization principles (see Appendix B, Regulatory Modernization Principles as approved by Council in May 2016).
3. In tandem with the research, an engagement process might occur (if appropriate). CMTO may do any or all of the following: engage with client groups, professional associations and other experts; communicate to registrants (e.g. through TouchPoint)

Appendix A

that this issue is going to be reviewed by the College; invite early feedback from clients and registrants; and/or share early feedback on CMTO's website.

Given the research and engagement input, staff and experts (as appropriate) prepare a draft of the practice resource document.

4. Senior management, legal counsel, and others review the draft document.
5. Standards and Policies Advisory Working Group (a group of registrants established by CMTO in 2017 to provide implementation advice and interpretive guidance reviews and provides input into document from an implementation perspective.
6. The relevant Committee considers/approves the resource and determines whether it needs to be approved by Council prior to release (Standards of Practice would always go to Council, other guidance would be based on Committee discretion).
7. Council considers draft practice resource (if appropriate) and approves release for public consultation. Consultation begins. Consultations could take place online, through focus groups, through social media, or other organizations or means as appropriate.
8. Consultation input is assessed. Based on feedback, CMTO would make a decision whether and how to move forward. If moving forward, feedback is incorporated into the practice resource. If feedback warrants, CMTO might set up a structure to resolve remaining controversial issues. Either way, a summary of feedback is posted.
9. The relevant Committee, then Council (if appropriate) considers the new practice resource. A (future) implementation date is determined.
10. The practice resource is released with a future implementation date. A review cycle is also determined (when the practice resource will be reviewed next, e.g. in 1, 3 or 5 years).

Appendix A

11. Once each practice resource is released, incoming questions to Practice Specialist are analyzed. Additional supporting communications products may be developed. The supporting documentation will be prepared for the website and sent out via broadcast, based on the questions that are received.

The proposed process is a rigorous one and may need to be streamlined in the future or if a practice resource must be developed over a short timeframe.



College of Massage Therapists of Ontario Standards of Practice

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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 interest.

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 healthcare 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 practise.

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*: The expected outcome for which RMTs are responsible.
- *Client Outcome*: What the client can expect from RMTs who are meeting the Standard of Practice.
- *Requirements*: The minimum requirements that all RMTs must adhere to for meeting the Standard of Practice.

- *References*: The relevant legislation(s).
- *Resources and Guidance*: 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*: List of Standards of Practice that have overlapping or relevant material.
- *Related Career-Span Competencies (CSCs)*: List of relevant [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, including 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 of Practice.
- 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.
- Each Standard of Practice is structured to act as a stand-alone document as well as part of the whole Standards of Practice package. For this reason, some requirements that are key for public protection are detailed in several Standards of Practice, including concepts of informed consent and written informed consent for assessing and/or treating sensitive areas.
- As a resource, CMTO developed Guidelines to Interpretations of both the Advertising and Record-Keeping Regulations. To reduce redundancy, the requirements of those Regulations do not appear in the Standards of Practice but RMTs are expected to be familiar with and abide by the requirements in those Regulations.

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/MT)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 care within the **Scope of Practice of Massage Therapy**.

Requirements

The RMT must:

1. Always practise within the Scope of Practice of Massage Therapy, CMTO's definition of acupuncture, and all Standards of Practice.
2. Have successfully completed 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](#).
3. Have applied for and been granted authorization from CMTO to practise acupuncture.
4. Have the required professional liability insurance to practise acupuncture.
5. During registration renewal, comply with CMTO's annual declaration requirements regarding acupuncture practise.
6. Only practise acupuncture when competent to safely do so.
7. Obtain the client's **informed consent** (consent) prior to conducting an assessment, providing treatment or modifying a **treatment plan**. Consent must include a discussion with the client about the following six elements:

¹ An RMT/MT authorized to perform acupuncture has this notation on CMTO's public register. This Standard of Practice applies to those authorized RMTs who perform acupuncture as part of Massage Therapy.

- a. the nature of the treatment;
 - b. the expected benefits;
 - c. 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.
8. Ensure the client's ongoing comfort and safety, addressing any intended and unintended effects and outcomes as required.
 9. Comply with current **Infection Prevention and Control (IPAC)** and safety measures in the *Standard of Practice: Infection Prevention and Control* and the *Standard of Practice: Safety and Risk Management*, 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.
 10. When appropriate and with the client's agreement, 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**.
 11. Follow all other requirements of CMTO's Standards of Practice including the *Standard of Practice: Draping and Physical Privacy*.

Relevant Legislation and Regulation

- [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 Programs](#)
- [Acupuncture Practice Competencies and Performance Indicators](#)
- Registrant Declaration Form
- Educational Program Declaration Form

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

Standard of Practice:

Client-centred Care

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT/MT) provides Massage Therapy that is focused on the best interests and unique needs, views, preferences and concerns of each individual **client** ensuring the client is actively involved in decision-making regarding their care.

Client Outcome

The client is meaningfully engaged in decision-making for their Massage Therapy care that centres the client's unique needs, views, preferences and concerns and health goals.

Requirements

The RMT must:

1. Obtain the client's **informed consent** (consent) prior to conducting an assessment, providing treatment or modifying a **treatment plan**. Consent must include a discussion with the client about the following six elements:
 - a. the nature of the treatment;
 - b. the expected benefits;
 - c. 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. Obtain the client's written² informed consent prior to every assessment and/or treatment of **sensitive areas** including the upper inner thighs; chest wall muscles; and the breasts. Breasts must not be touched except when assessment and/or treatment of the breast is requested by the client for a clinically indicated reason (for example, surgical intervention or perinatal care). Written informed consent must also be obtained prior to assessing

² Applies whether in print or electronic.

- and/or treating the buttocks (gluteal muscles) but can be obtained once per treatment plan (then verbally prior to every assessment and/or treatment).
3. Promote the client's involvement in their own health goals by considering client input and supporting their informed decision-making in all aspects of client care.
 4. Assess the client, including obtaining health history, to determine their condition and if Massage Therapy is indicated, using their knowledge, skills and professional judgement.
 5. 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.
 6. Integrate an evidence-informed approach to care including their own professional knowledge, experience and practice evaluation, external research, client perspective and practice context.
 7. Only treat, or attempt to treat, conditions within the RMT's competence and the **Scope of Practice of Massage Therapy**.
 8. If they have **dual registration**, ensure the client understands when and in what circumstances they are receiving care from the RMT in their capacity as an RMT, and when they are receiving care which is outside the Scope of Practice of Massage Therapy and within the scope of another health profession in which they are regulated.
 9. 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.
 10. Provide **fair and equitable** access and consistent quality of care to all clients.
 11. Treat all clients with respect and dignity.
 12. Ensure the client's continuing comfort and safety during the treatment, addressing any intended and unintended effects and outcomes as required.
 13. Drape in accordance with the *Standard of Practice: Draping and Physical Privacy*.
 14. Work with the client and others, as required, to plan and implement **discharge** from care.
 15. Only discontinue providing care to a client if the discharge process has been documented in the client's file and:
 - a. treatment is no longer needed; or
 - b. the client requests the discontinuation; or
 - c. alternative services are arranged; or
 - d. the client is abusive or is a real or perceived threat to the RMT and the RMT has made all reasonable attempts to arrange alternative services; or
 - e. the client is given reasonable opportunity to arrange alternative services.
 16. Never **abuse** a client; this includes, but is not limited to, verbal, physical, psychological, emotional, sexual or financial abuse.
 17. 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 Massage Therapy 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.
18. At the client’s request, securely transfer copies of the client’s **health record** to another RMT or other healthcare professional.
 19. 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.

Relevant Legislation and Regulation

- [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

DRAFT

Standard of Practice:

Collaboration and Professional Relationships

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

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

Client Outcome

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

Requirements

The RMT must:

1. Take reasonable steps to understand what other care the client is receiving and ensure their Massage Therapy **treatment plan** complements the care provided by others within the client's **circle of care**.
2. Document significant collaboration and professional relationships in a client's **health record** relevant to the proposed treatment plan, including:
 - b. reports received for examinations, tests, consultations or treatments; and
 - c. the details of every referral made.
3. Allow others within the client's circle of care to 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 the RMT and 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**).
6. Protect the client's **privacy** and **confidentiality** in accordance with the *Standard of Practice: Privacy & Confidentiality*.

Relevant Legislation and Regulation

- [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/MT) clearly provides the **client** with the information required to make informed decisions about their care and communicates in a professional manner.

Client Outcome

The client receives the information needed to make an informed decision about their care and is given the opportunity to ask questions of their RMT.

Requirements

The RMT must:

1. Obtain the client's **informed consent** (consent) prior to conducting an assessment, providing treatment or modifying a **treatment plan**. Consent must include a discussion with the client about the following six elements:
 - a. the nature of the treatment;
 - b. the expected benefits;
 - c. 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. Engage the client in dialogue to ensure they are given the opportunity to discuss their goals, raise concerns, ask questions, participate in decision-making and suggest changes to their treatment.
3. Use effective communication including **plain language** and **active listening** to accurately transmit information about Massage Therapy whenever possible.
4. Adapt communication according to the client's understanding, needs and preferences.

5. Allow a third party chosen by the client to be present to assist with communication when requested.
6. 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.

Relevant Legislation and Regulation

- [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 and Physical Privacy*
- *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

DRAFT

Standard of Practice:

Conflict of Interest

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT/MT) 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 services that are solely in their best interest and not compromised by any potential, real or perceived personal or financial interest.

Requirements

The RMT must avoid practising 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 any other 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 the nature of the 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 revenue, fees or income with someone associated with their practice who is not a regulated health professional in Ontario, unless the RMT has a written agreement in place that ensures the RMT is still held responsible for the professional aspects of their practice including record keeping and billing.
4. Renting premises to or from any person or business where the rent is determined, in whole or in part, by the volume of client referrals to or from the landlord.

Relevant Legislation and Regulation

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

Standard of Practice:

Consent

Last revised: Date

Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT/MT) 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 care 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. Prior to conducting an assessment, providing treatment, or modifying a **treatment plan** the RMT must obtain the client's consent. Consent must include a discussion with the client about the following six elements:
 - a. the nature of the treatment;
 - b. the expected benefits;
 - c. 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 written³ informed consent prior to every assessment and/or treatment of **sensitive areas** including the upper inner thighs; chest wall muscles; and the breasts. Breasts must not be touched except when assessment and/or treatment of the

³ Applies whether in print or electronic.

breast is requested by the client for a clinically indicated reason (for example, surgical intervention or perinatal care). Written informed consent must also be obtained prior to assessing and/or 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 available, RMTs must refuse to provide assessment and/or treatment.
6. The RMT must monitor the client throughout assessment and treatment and, when appropriate, reverify consent.
7. RMTs must document consent conversations in the client **health record** within 24 hours of the assessment and/or treatment. When the RMT obtains written consent for assessment and/or treatment of sensitive areas, it must also be kept in the client health record.

Relevant Legislation and Regulation

- [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](#)

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

DRAFT

Standard of Practice

Draping and Physical Privacy

Last revised: [Date]

Implementation: [Date]

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT) protects **client physical/personal privacy** and safety and maintains appropriate **boundaries** by effectively using physical barriers.

Client Outcome

The client is effectively covered by clothing and/or draping for their comfort and safety and to maintain appropriate boundaries and help prevent **boundary crossings** and **boundary violations**.

Requirements

The RMT must:

1. Obtain the client's **informed consent** (consent) prior to conducting an assessment, providing treatment or modifying a **treatment plan**. Consent must include a discussion with the client about the following six elements:
 - a. the nature of the treatment;
 - b. the expected benefits;
 - c. 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.

Draping/clothing are important tools to distinguish areas of assessment and/or treatment. Secure and effective visual and physical boundaries are essential to protecting the client from boundary crossings and violations. The RMT must:

2. Always drape the client, unless the client arrives for assessment and/or treatment in clothing suitable for their assessment and/or treatment and prefers to remain clothed.

3. Meaningfully engage the client in a discussion about the options for draping and clothing for assessment and/or treatment, considering each client's unique needs, views, preferences and concerns (in line with a **client-centered** approach).
4. Explain to the client how to best prepare for assessment and/or treatment, including how to position themselves.
5. Explain to the client clearly what part of the body the RMT intends to assess and/or treat, and discuss whether the touch will be directly on skin or through a cloth barrier (for example, a sheet or the client's clothing), and continuously monitor the client for change in consent and comfort throughout assessment and/or treatment.
6. If assessing and/or treating **sensitive areas** (and written informed consent is received prior to assessment and/or treatment in accordance with the *Standard of Practice: Prevention of Sexual Abuse*), discuss with the client how sensitive areas will be draped and/or clothed and how touch will occur (for example, over draping and/or clothing or on skin, and for bilateral exposure). Never expose sensitive areas without the client's informed consent.
7. Ensure the client is protected from exposure of the genital area and the gluteal cleft. Never touch the client's genitals or anus. Clients can only provide explicit consent to have their genital area and gluteal cleft exposed for the purpose of Massage Therapy during childbirth.
8. Not reach underneath the draping and/or clothing.
 - Some clients may feel better protected during assessment and/or treatment by limiting exposure of some areas of their body, or may present with accessibility needs. In these cases, the RMT may consider modifying care in a way that does not require touch (for example, instructing client to stretch). The RMT may also consider assessing and/or treating on top of the draping and/or clothing with the client's consent.
 - RMTs may only assess and/or treat under draping and/or clothing when requested by the client after discussing options, only when it is in the best interest of the client and with the client's consent.
 - RMTs must not reach under draping and/or clothing in a way that could risk touch of an area of the body for which the client has not given consent to be touched.

If the client remains clothed for assessment and/or treatment, the RMT must:

9. Discuss options for maintaining client physical/personal privacy if assessment and/or treatment occurs in non-private environment.

10. Adjust clothing only with the client's informed consent and in consideration of their unique needs, views, preferences, concerns, and health goals to protect the client's physical/personal privacy.

When the client is draped (and draping is adjusted) during assessment and/or treatment, the RMT must:

11. Drape securely using material that provides an effective visual barrier 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.
12. Drape to prevent visual exposure of any areas of the client's body that are not being treated and/or assessed (except for the shoulders, neck, face, and head). The RMT may uncover areas of the client's body that the RMT is not currently assessing and/or treating, only at the client's request for their comfort (such as for temperature regulation), except for sensitive areas which may only be exposed if the RMT is treating and/or assessing that area and the client provided written⁴ consent.

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)

⁴ Applies whether in print or electronic.

- 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/MT) 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 care.

Requirements

The RMT must:

1. Keep a **financial record** for each client that contains the particulars of the services 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 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 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 (whether in paper or electronic form) must:

11. Include at a minimum:
 - a. date of appointment;
 - b. name of client;
 - c. name of the RMT;
 - d. amount of the transaction;
 - e. signature and registration number of the RMT; and
 - f. 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 wishes to receive a receipt, then the dollar amount listed must be “gift certificate redeemed” with no dollar amount given.

Relevant Legislation and Regulation

- [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

DRAFT

Standard of Practice:

Infection Prevention and Control (see also Safety and Risk Management)

Last revised: Date
Implementation: Date

Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT/MT) 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 placed at significant risk for transmission of infectious disease or illness.

Requirements

The RMT must:

1. Adhere to current IPAC government orders and directives, legislation and CMTO guidance.⁵
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 setting in a sanitary manner and maintain equipment in good repair to allow effective cleaning and disinfection.
5. Follow Public Health Ontario's (PHO's) recommendations for cleaning and disinfecting the practice setting, at a minimum including:
 - a. Cleaning and disinfecting massage tables, face cradles and other surfaces touched by the client and/or RMT after 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.

⁵ In the case of differences requirements, RMTs must adhere to the most restrictive or stringent requirements.

- d. Cleaning and disinfecting any equipment and supplies or other tools used in assessment or treatment after each client (for example, hot stones, ultrasound equipment and myofascial cups.).
- e. For **acupuncture**:
 - i. Ensuring needles are sterile prior to use;
 - ii. Storing and disposing of used needles safely;
 - iii. Documenting and implementing needlestick injury protocols; and
 - iv. Maintaining vigilance in 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 care 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**, including:

10. Conduct risk assessments for:
 - a. the practice environment and all equipment/supplies used in assessment and/or treatment;
 - b. infection transmission; and
 - c. intended or likely interactions between RMT and client (for example, treatment approach and modalities, areas of body being treated, length of treatment).
11. Hand hygiene:
 - a. Wash hands and arms to above the elbow using soap and water or, where use of soap and water is not possible and lubricants were not applied, an alcohol-based hand rub (at least 70% alcohol or equivalent) prior to and after client interaction.
 - b. Wash hands using soap and water or an alcohol-based hand rub (at least 70% alcohol or equivalent) at the following key moments (where this does not decrease its effectiveness as an IPAC measure, some of these moments may overlap allowing for one hand hygiene to address multiple moments);
 - i. after entering the practice setting and before leaving;
 - ii. after removing soiled linens and prior to handling clean linens;
 - iii. putting on or taking off PPE;
 - iv. before and after eating and/or drinking;
 - v. after using the bathroom/washroom; and
 - vi. when hands are otherwise soiled.

- c. Cover their own broken skin or open wounds with a protective barrier (for example, finger cot, gloves).
- d. Maintain fingernails to allow for effective hand hygiene.
- e. Remove jewelry that may impede effective hand hygiene.

Relevant Legislation and Regulation

- 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/MT) 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 care 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 minor 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 healthcare professional from whom they are receiving services, such as from an RMT.

- 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 Massage Therapy 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 and Physical Privacy*.
 4. Disable all audio, video or photographic transmitting and recording functions of all devices in the room, unless:
 - a. the RMT obtains informed **consent** for the use of audio, video or photographic recording equipment; and
 - b. the recording functions are for assessment, treatment and/or educational purposes.
 5. Ensure any mirrors present in a treatment area are placed in a location that respects client **physical/personal 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 written⁶ informed consent prior to every assessment and/or treatment of sensitive areas including the upper inner thighs; chest wall muscles; and the breasts. Breasts must not be touched except when assessment and/or treatment of the breast is requested by the client for a clinically indicated reason (for example, surgical intervention or perinatal care). Written informed consent must also be obtained prior to assessing and/or 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 assessing and/or treating sensitive areas and drapes the client effectively to maintain the client's comfort and trust in accordance with the *Standard of Practice: Draping and Physical Privacy*.

Relevant Legislation and Regulation

- [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 and Physical Privacy*
- *Professional Boundaries*
- *Safety and Risk Management*

⁶ Applies whether in print or electronic.

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/MT) 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 be valid to collect, access, use or disclose personal information, RMTs must ensure that:
 - a. it 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 consent⁷, access, use or disclose personal health information, and the RMT must:
 - a. obtain the client's consent before disclosing personal health information to a person outside the client's **circle of care**; and
 - b. understand that the RMT can rely on the client's implied consent to disclose the personal health information within the client's **circle of care** for healthcare

⁷ In certain situations, consent to collect personal health information can be implied, such as when a client voluntarily completes and returns a health history form to the RMT.

purposes, unless the RMT has reason to believe that the client has expressly withheld or withdrawn consent to do so.

5. Obtain consent from the client's **substitute decision-maker** for the collection, use or disclosure of personal health information if the client is **incapable**.
6. Only collect, use or disclose personal health information that is necessary to meet the client'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. Only discuss the client's personal health information in a way that ensures the client's privacy (for example, avoid treatment-related conversations in non-private places).
10. Use any electronic communication, social media, client booking and management software 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.
13. Disable all audio, video or photographic transmitting and recording functions of all devices in the room, unless:
 - a. the RMT obtains informed **consent** for the use of audio, video or photographic recording equipment; and
 - b. the recording functions are for assessment, treatment and/or educational purposes.

Relevant Legislation and Regulation

- [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](#)
- [Circle of Care Sharing Personal Health Information for Health-Care Purposes](#)

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

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/MT) 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) prior to conducting an assessment, providing treatment or modifying a **treatment plan**. Consent must include a discussion with the client about the following six elements:
 - a. the nature of the treatment;
 - b. the expected benefits;
 - c. 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.

3. Obtain the client's written⁸ informed consent prior to every assessment and/or treatment of **sensitive areas** including the upper inner thighs; chest wall muscles; and the breasts. Breasts must not be touched except when assessment and/or treatment of the breast is requested by the client for a clinically indicated reason (for example, surgical intervention or perinatal care). Written informed consent must also be obtained prior to assessing and/or treating the buttocks (gluteal muscles) but can be obtained once per treatment plan (then verbally prior to every treatment).
4. Disable all audio, video or photographic transmitting and recording functions of all devices in the room, unless:
 - a. the RMT obtains informed consent for the use of audio, video or photographic recording equipment; and
 - b. the recording functions are for assessment, treatment and/or educational purposes.
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. Recognize the inherent **power** imbalance in the therapeutic relationship and take necessary actions to manage it as needed.
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 assessment and/or treatment if desired.
12. Drape in accordance with the *Standard of Practice: Draping and Physical Privacy*.

Relevant Legislation and Regulation

- 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:

⁸ Applies whether in print or electronic.

- [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 and Physical Privacy*
- *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

Standard of Practice:

Safety and Risk Management (see also Infection Prevention and Control)

Last revised: Date
Implementation: Date

Registered Massage Therapist Outcome

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

Client Outcome

The **client** receives care 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 physical/personal **privacy** and safety for each client.

The RMT must:

4. Document maintenance of the practice setting in an equipment service record or log.
5. Adhere to current health and safety government orders and directives, legislation and CMTO guidance.⁹
6. Handle any hazardous materials safely and in compliance with established protocols and practices, including the requirements of the [Workplace Hazardous Materials Information System \(WHMIS\)](#).
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.

⁹ In the case of differences in requirements, RMTs must adhere to the most restrictive or stringent requirements.

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 and Physical Privacy* in order to drape clients effectively for the client's physical privacy and safety.

Relevant Legislation and Regulation

- [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](#)
- [Workplace Hazardous Materials Information System \(WHMIS\) 860](#) under the [Occupational Health and Safety Act, 1990](#)

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 and Physical Privacy*
- *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, demonstrating that you are 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 **Substitute decision-maker**.

Circle of care: 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.

Cleaned and disinfected linens: Linens and covers (including but not limited to sheets, pillow covers, blankets and face cradle covers) must be washed with detergent. The highest temperature possible must be used when washing and drying.

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

According to the [*Regulated Health Professions Act, 1991 \(RHPA\)*](#), a client will meet the definition of “client” if they are a client within the ordinary meaning of the word and will continue to be a “client” for one year after they cease to be the RMT’s client.

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 client consented to healthcare service by the RMT.

All aspects of client decision-making may be supported by a **substitute decision-maker** if the client is not **capable**.

Client-Centred Care: RMTs are expected to function in a client-centred manner, including:

- Ensuring that clients and client wellbeing are at the centre of decisions they make
- Giving each client their complete attention and allowing sufficient time to fully address their needs;
- Respecting client uniqueness and taking into account their views, preferences and concerns; and
- Actively involving clients in decision-making, and ensuring that they are fully informed about and consent to the services they provide.

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

Dual registration: RMTs who are also a registrant/member of another regulatory college.

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, as this is considered sexual abuse under the *Regulated Health Professions Act, 1991*.

Exceptional circumstances may include:

- there is no other similar or viable healthcare professional available (for example, in small or remote communities);
- 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 them to seek services from a healthcare professional whom they do not know; or
- there exists a real barrier to the client accessing other healthcare services.

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

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

Healthcare professionals: those providing healthcare, regulated and unregulated, that the RMT may interact with in the provision of care 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 RMT.
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 RMT and particulars of every clinical finding and assessment made by the RMT.
6. Every written report received by the RMT with respect to examinations, tests, consultations or treatments performed by any other person.
7. Particulars of all advice given by the RMT.
8. Particulars of every referral of the client by the RMT to another health professional.
9. Particulars of every fee or other amount charged by the RMT.
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 RMT and the name of the RMT 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 professionals, 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): Prior to conducting an assessment, providing treatment or modifying a **treatment plan**, the RMT must obtain the client's consent. Consent must include a discussion with the client about the following six elements:

- a. the nature of the treatment;
- b. the expected benefits;
- c. 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.

Mandatory report/reporting: 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 CMTO's [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 provision 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 to 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.¹⁰

¹⁰ *Personal Health Information Protection Act, 2004* (PHIPA). Retrieved from: <https://www.ontario.ca/laws/statute/04p03>

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.

Physical/personal privacy: the right of any individual to be protected from visual exposure or other **boundary crossings** or **violations** of their personal and/or physical space. See **Boundaries and Privacy (personal health)**.

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

Power: the dynamic between two parties. In a therapeutic relationship, there is an inherent power imbalance between the healthcare professional (RMT) and client.

Privacy (personal health): 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 boundary/boundaries, see **Boundary/boundaries**

Risk assessment: the process of identifying and analyzing 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 to determine appropriate ways to reduce, control or eliminate risk. For more information on risk assessment as part of routine practices, please see Public Health Ontario's [Routine Practices and Additional Precautions in All Health Care Settings](#) (Appendix B - Routine Practices and Additional Precautions).

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 to 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 [Routine Practices and Additional Precautions in All Health Care Settings](#).

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

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. Assessment and/or 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. Breasts must not be touched except when assessment and/or treatment of the breast is requested by the client for a clinically indicated reason (for example, surgical intervention or perinatal care).

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** 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:
 1. spouse or partner;
 2. a child (if 16 years or older) or the custodial parent of the incapable person;
 3. a parent of the incapable person who has only a right of access;
 4. brother or sister of the incapable person; or
 5. 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 care decisions for the client.

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

Treatment plan: organized, planned actions for each client that contains, at a 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.

College of Message Therapists of Ontario

Standards of Practice Revision Project

Final Report

Prepared by
Parker-Tailon Consulting Inc.

Final - January 29, 2021

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Companion Document

Document 1: CMTO Standards of Practice Survey Consultation Report – January 29, 2021

1.0 BACKGROUND

The College of Massage Therapists of Ontario (CMTO) is the regulator established by the provincial government to regulate the practice of Massage Therapy and to govern the conduct of Registered Massage Therapists (RMTs) through the provisions of the [Regulated Health Professions Act \(1991\)](#) (RHPA) and the [Massage Therapy Act \(1991\)](#). CMTO has over 14,000 registrants (Registered Massage Therapist or RMTs) and has been regulating the Massage Therapy profession in the province of Ontario since 1994.¹

CMTO's most recent Standards of Practice (Standards), which outline the expectations for professional practice of RMTs, were developed in 2006. CMTO initiated a project in September 2019 to review and update the Standards to reflect current needs and trends, as well as CMTO's Practice Resource Framework and Practice Resource Development process. Given the importance of an evidence-informed approach to policy, CMTO hired a consultant firm, Parker-Taillon Consulting Inc., to assist with this work. The Consultants worked closely with the CMTO Director of Professional Practice, and the CMTO Director of Policy and Communications [Client Key Contacts (CKCs)] throughout the project. The Standards of Practice Advisory Group (SPAG), composed of representative members of CMTO (drawing upon RMTs from a diverse group of practice settings, experience and geographic locations) was established to provide input into the process. One specific area of focus for the SPAG was on developing Standards that could be implemented by the profession regardless of practice setting.

Over approximately 17 months, the project involved the following key steps:

1. Conducting an environmental scan;
2. Development of Draft 1 of the Standards;
3. Planning and facilitation of virtual meetings with the SPAG to review Draft 1 of the Standards and begin the development of Draft 2;
4. Stakeholder consultation to validate Draft 2 of the Standards using an electronic survey format (sent to all RMTs and others); and
5. Completion of a final Standards document and final report.

It is of particular note that this project took place during the global COVID-19 pandemic. The public health requirements of isolation and social distancing required changes to the initial work plan and accommodations on the part of CMTO staff, the Consultants and the SPAG, to successfully complete the project within the required timeframe.

2.0 ENVIRONMENTAL SCAN

The purpose of the environmental scan was to gather and analyze information from within and outside CMTO to help inform the development of Draft 1 of the Standards. The environmental scan involved five major activities including

1. review of CMTO professional documents including complaints data;
2. review of the standards from comparator regulatory organizations;
3. meeting with CKCs and CMTO Quality Assurance Program Consultants regarding correlation of the Standards and STRiVE – the Quality Assurance Program;
4. conducting two focus groups, involving a sample of CMTO registrants, to obtain feedback on the 2006 CMTO Standards; and
5. analysis and preparation of recommendations.

¹ College of Massage Therapists of Ontario. (2019) *About the College Webpage*. Retrieved from: <https://www.cmta.com/about-the-college/>

The results of the environmental scan revealed the following:

- The review of CMTO professional documents indicated that CMTO has a number of key professional guides and material, including a template for the revised Standards. It was felt to be important to ensure that messaging and terminology in the key professional documents is reflected within the revised Standards to promote consistency with all College documents. The review of complaints data highlighted important topics to be considered with the Standards review such as sexual abuse, unprofessional conduct, inappropriate billing practices, treatment causing injury, failing to maintain records, incapacity and professional issues.
- The review of the standards from nine comparator organizations (Ontario, national and international regulatory organizations) provided content and architecture considerations for the development of the revised CMTO Standards including:
 - *Purpose and Expectations* – The majority of comparators expressed a purpose for either individual standards or the standards as a whole including: describes minimal level of expected performance, defines level of performance, and provides a framework for practice and continuing competence.
 - *Standards Architecture* – The results indicated a split in comparators who presented their standards using a stand-alone approach, versus all in one document. The stand-alone approach seems to be increasingly the current architecture of choice, permitting ready access of registrants to required information, and flexibility on the part of the regulatory college to revise, update and develop standards in response to changing practice trends.
 - *Standards Topics Areas* – The largest proportion of standards found in comparators was related to client care, followed by record keeping and regulatory responsibilities, business practices, professional responsibilities, boundaries/sexual abuse and supervision, collaboration, communication, infection prevention/control and safety.
 - *Individual Standards Format and Additional Information* – The most consistent element in the format of the individual standards was the inclusion of requirements that outlined how registrants can meet the standard. This was followed by the inclusion of a standard statement and purpose. Additional information in the standards reviewed included: linkages to other relevant information, a glossary, references/resources and appendices with additional information.
- The meeting of the Standards Consultants, Quality Assurance Program Consultants and CMTO representatives highlighted that as the Career Span Competencies (CSCs) form the basis of STRiVE, and the tools for STRiVE depend on the revised Standards, it is important that there are linkages between the CSCs and the revised Standards to help facilitate understanding and uptake of both.
- The feedback from the CMTO registrants that participated in the focus groups indicated that the current CMTO Standards are used regularly to help guide their practice. Key suggestions for the revised Standards included: simplify the language making it clear and user-friendly, avoid repetition, use hyperlinks within the Standards to have ready access to related information, post the Standards on the website in stand-alone and composite format, and make linkages to STRiVE.

The Consultants reviewed the environmental scan findings for key themes, developed a number of recommendations and prepared a document entitled “Proposed Standards Architecture and Format for Individual Standards.”

The next step in the process was to discuss the environmental scan findings, recommendations, and proposed Standards architecture and format with the SPAG. The SPAG met on February 3, 2020 by teleconference, agreed with the recommendations, and made additional suggestions for the revised Standards.

3.0 DEVELOPMENT OF DRAFT 1 OF THE STANDARDS

The Consultants used the following to develop Draft 1 of the Standards: proposed standards architecture and format for individual standards; relevant legislation, CMTO documents (e.g., template for the revised Standards, Code of Ethics, Position Statements/Guidelines); input from the Quality Assurance Program Consultants; the review of comparators and complaints information; and feedback from the focus groups and the SPAG. Draft 1 of the Standards was circulated to CMTO staff for feedback and subsequently revised prior to circulation to the SPAG. While the intention was to have the final version of each Standard available as a stand-alone unit, during the development they were all included in one document to facilitate review.

The architecture and format of Draft 1 of the Standards included the following elements:

- The document began with an introductory section entitled *About the Standards* which included Background, Purpose and Organization.
- The 15 Standards were outlined in alphabetical order according to the Standard title with the objective to facilitate registrants' access and future electronic presentation (Acupuncture, Advertising, Client-centred Care, Collaboration and Professional Relationships, Communication, Conflict of Interest, Consent, Fees and Billing, Infection Prevention and Control, Prevention of Sexual Abuse, Privacy and Confidentiality, Professional Boundaries, Record Keeping and Information Management, Regulatory/Professional Responsibilities, Safety and Risk Management).
- Each Standard included the following: Registered Massage Therapist Outcome, Client Outcome, Requirements (Legislative and Additional), Resources and Advice, Related Standards, and Related Career-Span Competencies.
- A glossary was included at the end of the document. However the intent was that in the final version of the Standards, hyperlinks of specific terms would be made within each Standard to an electronic Glossary of relevant words.

4.0 FACILITATED VIRTUAL MEETINGS WITH THE SPAG

The original project work plan included a facilitated one-day, face-to-face meeting with the SPAG in May, in the CMTO boardroom in Toronto. Due to the COVID-19 pandemic and a province-wide lockdown, four facilitated, three-hour virtual meetings via Microsoft Teams were held on May 20, 21, 22 and 27, 2020. Meeting participants included SPAG members as well as CMTO staff and the two Consultants. The objective of the meeting was to obtain feedback from the SPAG members on Draft 1 of the Standards.

Prior to the meetings, participants were asked to complete a Workbook that required them to consider whether each Standard statement should be: *left as is*, *revised (specify how)*, or *deleted*. In addition, they were asked to consider whether the Standard could be applied in all practice settings and if there was repetition or any gaps in the content. A consensus approach was used for decision-making during the meeting. The Standards were then revised based on the feedback from the SPAG.

5.0 DEVELOPMENT OF DRAFT 2 OF THE STANDARDS

Review by CMTO Staff and Legal Counsel

In June 2020, CMTO staff revised the Draft 1 of the Standards, with input from the CMTO Legal Counsel, to reflect the SPAG feedback, confirm coherence with the existing legislation, ensure clarity of the information for registrants and mitigate situations of high risk. This iteration became Draft 2. During this process, three Standards were removed (Advertising, Record Keeping and Information Management, Regulatory/Professional Responsibilities) as it was felt that the legislation provided clear guidance related to these topics. One Standard was added (Draping) as this was a topic of potential confusion to registrants and considered important to protecting the public interest.

Review by the Quality Assurance Committee

In early July 2020, Draft 2 of the Standards was sent to SPAG and the Quality Assurance Committee (QAC) for feedback. SPAG members were asked to submit their comments in writing. The QAC reviewed Draft 2 of the Standards at their virtual meetings on July 20 and 29, 2020. In light of SPAG feedback, they suggested additional revisions that were incorporated into this draft of the Standards by CMTO staff.

Review by CMTO Council

CMTO Council reviewed Draft 2 of the Standards at their meeting on September 22, 2020 and approved this version of the Standards for survey consultation.

6.0 SURVEY CONSULTATION ON DRAFT 2 OF THE STANDARDS

The purpose of the survey consultation was to validate Draft 2 of the Standards with CMTO regulated members, clients and external stakeholders, ensure that the Standards were understandable and implementable, and obtain feedback to further inform the Standards review.

Stakeholder Consultation Approach

The invitation to participate in the survey consultation was distributed to a total of 15,055 RMTs, 136 stakeholders, and 15 CMTO Council members. Ontario's Citizen Advisory Group was also made aware of the consultation and invited to participate. The survey was also publicized to the public via social media. All potential participants were sent an email on October 1, 2020, that included a link to the Standards of Practice consultation page. The survey was open from October 1 to November 16, 2020 and included three sections:

- demographic information about respondents,
- feedback on each of the Standards, and
- a question to obtain general feedback on the Standards.

Once the survey was closed, CMTO staff and the Consultants worked collaboratively to analyze both the quantitative and the qualitative results from the on-line survey and other responses received. The comments provided on each Standard were content analyzed for key themes. The Consultants prepared a draft Survey Consultation Report and submitted it to CMTO staff for feedback. Based on the feedback, the Consultants prepared the final Survey Consultation Report that is provided in a separate document entitled *CMTO Standards of Practice Survey Consultation Report - Final January 29, 2021* (see Companion Document 1).

Stakeholder Consultation Results

A total of 1624 individuals opened the survey and responded to the initial question related to type of respondent. The largest group was CMTO registrants who represented 93.41% of survey respondents and approximately 9.98% of CMTO registrants. Of particular note was the relatively high response rate of members of the public/clients who responded to the survey with 63 respondents, representing 3.88% of all respondents. For the most part, the characteristics of the CMTO registrant respondents, in terms of primary practice setting and years of experience, generally reflected the CMTO registrant data for a similar time period.

The *response rate* for each Standard varied throughout the survey and ranged from 631 (Client-centred Care) to 216 (Safety and Risk Management), with an average rate of 321. This differential could be due to certain Standards being of more interest to respondents, such as Client-centred Care. Even though respondents could select which Standards they wished to respond to, a progressively diminishing number of respondents was noted towards the end of the Standard document, which could possibly reflect an element of survey fatigue in participants, which is not unusual for a survey of this length.

The percentage of respondents who indicated that a specific Standard was *all easy to understand* ranged from 83.99% (Acupuncture) to 95.95% (Privacy and Confidentiality), with an average of 89%, indicating that overall, the large majority of respondents had no difficulty understanding the Standards. These findings also highlighted that five of the Standards, where only approximately 85% of respondents indicated the Standard was all easy to understand, required further consideration to identify a few specific issues which may have affected the Standard's clarity (i.e., Acupuncture, Client-centred Care, Collaboration and Professional Relationships, Fees and Billing, Prevention of Sexual Abuse).

The percentage of respondents who indicated that a specific Standard was *all easy to implement* ranged from 87.00% (Collaboration and Professional Relationships) to 97.73% (Privacy and Confidentiality), with an average of 93%. All of the Standards, with the exception of Collaboration and Professional Relationships, received an over 90.00% positive rating in terms of their ability to be implemented.

A number of *general comments* were also received and included: positive feedback on the Standards; questions about terminology; repetition of feedback received on individual Standards; and comments related to repetition throughout the Standards generally, and specifically repetition of consent and consent for sensitive areas.

In *summary*, these positive findings indicated that overall, survey respondents felt Draft 2 of the Standards was clear, easy to understand and possible to implement in a broad range of practice settings. The slightly lower *all easy to understand* ratings compared to the *all easy to implement* scores may have reflected the respondents' focus on ensuring clarity on a few specific issues as mentioned earlier. The valuable feedback provided was useful to further enhance the clarity and applicability of the Standards.

Based on the feedback from the Survey Consultation, CMTO staff prepared a list of key issues and developed Draft 3 of the Standards with suggested changes to Draft 2.

7.0 DEVELOPMENT OF THE DRAFT FINAL STANDARDS OF PRACTICE

Review by SPAG and Legal Counsel

A summary of the results of the stakeholder survey consultation, the list of key issues and Draft 3 of the Standards were presented to the SPAG at virtual meetings on December 15 and 16, 2020. SPAG members reviewed the information and provided feedback on the proposed revisions in Draft 3 of the Standards. Following the meeting, CMTO staff consolidated the SPAG feedback for each Standard, revised Draft 3 of the Standards, and updated the list of key issues. The Standards were sent to Legal Counsel for further review in December 2020.

Feedback from the survey consultation and the SPAG highlighted several issues related to the Draping Standard that required further clarification. In addition to questions about some of the wording and repetition, there was confusion around using clothing instead of draping, draping sensitive areas and treatment of the chest of males, and exceptions to reaching under draping during Massage Therapy treatment. CMTO staff worked with Legal Counsel to clarify the Requirements around these issues and the Draping Standard was revised.

Mini Consultation on the Draping Standard

In order to receive feedback on the revised Draping Standard (renamed Draping and Physical Privacy), a mini consultation was carried out with selected RMTs and Massage Therapy clients/the public. Peer Assessors of the College, and the SPAG were invited to participate in an online survey from January 7, 2021 to January 13, 2021. Members of Ontario's Citizen Advisory Group, as a sample of Massage Therapy clients, were invited to participate in an online survey from January 11, 2021 to January 18, 2021. A total of 43 RMTs and 25 client representatives responded to the survey. CMTO staff analyzed the feedback, highlighted specific areas requiring change and revised the Standard in consultation with Legal Counsel. A summary of the mini consultation results is included in Companion Document 1.

Review by the Quality Assurance Committee

The Survey Consultation Report, the list of key issues and Draft 3 of the Standards (minus the Draping and Physical Privacy Standard) were circulated to the QAC in preparation for their meeting on January 18, 2021. At that meeting the QAC reviewed Draft 3 of the Standards and suggested a few minor revisions. The Draping and Physical Privacy Standard was presented to the QAC at a focused meeting on January 29, 2021, along with the revised Draft 3 of the Standards. Following a careful review, the QAC approved in principle Draft 3 of the Standards to be submitted to CMTO Council for approval.

CMTO staff revised Draft 3 of the Standards based on the outcome of the QAC discussions to create the draft final Standards for presentation to the CMTO Council on February 9, 2021.

This Final Report was submitted to CMTO on January 29, 2021.

College of Massage Therapists of Ontario

Standards of Practice Project

**Document.1
Survey Consultation Report**

*Prepared by
Parker-Tailon Consulting Inc.*

Final - January 29, 2021

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EXECUTIVE SUMMARY

Background

The College of Massage Therapists of Ontario (CMTO) is the regulator established by the provincial government to regulate the practice of Massage Therapy and to govern the conduct of Registered Massage Therapists (RMTs) through the provisions of the Regulated Health Professions Act (1991) (RHPA) and the Massage Therapy Act (1991). CMTO's current Standards of Practice (Standards), which outline the expectations for professional practice of RMTs, were developed in 2006. In September 2019, CMTO initiated a project and hired a consulting firm, Parker-Taillon Consulting Inc., to assist with a review of the Standards. The Standards of Practice Advisory Group (SPAG) composed of representative members of CMTO (drawing upon RMTs from a diverse group of practice settings, experience and geographic locations) was established to provide input into the process. One specific area of focus for the SPAG was on developing Standards that could be implemented by the profession regardless of practice setting.

Over approximately 17 months, the project involved the following key steps:

1. Conducting an environmental scan;
2. Development of Draft 1 of the Standards;
3. Virtual meetings with the SPAG to review Draft 1 of the Standards and develop Draft 2;
4. Stakeholder consultation to validate Draft 2 of the Standards using an electronic survey; and
5. Completion of a final Standards document and final report.

The purpose of this Report is to provide the results of the stakeholder consultation on Draft 2 of the Standards using an on-line survey (Step 4).

Approach

The invitation to participate in the survey was distributed to a total of 15,055 RMTs, 136 stakeholders, and 15 CMTO Council members. Ontario's Citizen Advisory Group was also made aware of the consultation and invited to participate. The survey was also publicized to the public via social media. All potential participants were sent an email on October 1, 2020, that included a link to the Standards of Practice consultation page. The survey was open from October 1 to November 16, 2020. It is of particular note that this survey was conducted during the global COVID-19 pandemic that may have had an impact on the number and nature of the responses.

Results

A total of 1624 individuals opened the survey and responded to the initial question related to type of respondent. The largest group was CMTO registrants who represented 93.41% of survey respondents and approximately 9.98% of CMTO registrants. Of note was the relatively high response rate of members of the public/clients who responded to the survey with 63 respondents, representing 3.88% of all respondents. For the most part, the characteristics of the CMTO registrant respondents, in terms of primary practice setting and years of experience, generally reflected the CMTO registrant data for a similar time period.

The *response rate* for each Standard varied throughout the survey and ranged from 631 (Client-centred Care) to 216 (Safety and Risk Management), with an average rate of 321. This differential could be due to certain Standards being of more interest to respondents, such as Client-centred Care. Even though respondents could select which Standards they wished to respond to, a progressively diminishing number of respondents was noted towards the end of

the Standard document, which could possibly reflect an element of survey fatigue in participants, which is not unusual for a survey of this length.

The percentage of respondents who indicated that a specific Standard was *all easy to understand* ranged from 83.99% (Acupuncture) to 95.95% (Privacy and Confidentiality), with an average of 89%, indicating that overall, the large majority of respondents had no difficulty understanding the Standards. These findings also highlighted that five of the Standards, where only approximately 85% of respondents indicated the Standard was all easy to understand, required further consideration to identify a few specific issues which may have affected the Standard's clarity (i.e., Acupuncture, Client-centred Care, Collaboration and Professional Relationships, Fees and Billing, Prevention of Sexual Abuse).

The percentage of respondents who indicated that a specific Standard was *all easy to implement* ranged from 87.00% (Collaboration and Professional Relationships) to 97.73% (Privacy and Confidentiality), with an average of 93%. All of the Standards, with the exception of Collaboration and Professional Relationships, received an over 90.00% positive rating in terms of their ability to be implemented.

A number of *general comments* were also received and included: positive feedback on the Standards; questions about terminology; repetition of feedback received on individual Standards; and comments related to repetition throughout the Standards generally, and specifically repetition of consent and consent for sensitive areas.

In *summary*, these positive findings indicated that overall, survey respondents felt Draft 2 of the Standards was clear, easy to understand and possible to implement in a broad range of practice settings. The slightly lower *all easy to understand* ratings compared to the *all easy to implement* scores may have reflected the respondents' focus on ensuring clarity on a few specific issues as mentioned earlier. The valuable feedback provided was useful to further enhance the clarity and applicability of the Standards.

Development of the Draft Final Standards

This report summarizes the results of the stakeholder consultation on the CMTO Standards of Practice and highlights aspects for further consideration. Steps to develop the Draft Final Standards included:

- Meeting with SPAG to obtain their input into the changes that should be made to Draft 2 of the Standards in light of the stakeholder survey results (Dec. 2020).
- Revision of the Standards based on SPAG discussions to become Draft 3 (Dec. 2020).
- Review of Draft 3 by Legal Counsel (Dec. 2020/Jan. 2021).
- Mini-consultation to obtain feedback on the revised Draping Standard (renamed Draping and Physical Privacy) and revision of the Standard in consultation with Legal Counsel (January 2021).
- Presentation of Draft 3 to the Quality Assurance Committee (Jan. 2021).
- Submission of Standards for Council approval (Feb. 2021).

1.0 INTRODUCTION/BACKGROUND

The College of Massage Therapists of Ontario (CMTO) is the regulator established by the provincial government to regulate the practice of Massage Therapy and to govern the conduct of Registered Massage Therapists (RMTs) through the provisions of the [Regulated Health Professions Act \(1991\)](#) (RHPA) and the [Massage Therapy Act \(1991\)](#). CMTO has over 14,000 registrants and has been regulating the Massage Therapy profession in the province of Ontario since 1994.¹

CMTO's current Standards of Practice (Standards), which outline the expectations for professional practice of RMTs, were developed in 2006. In September 2019, CMTO initiated a project to review and update the CMTO Standards to reflect current needs and trends. CMTO hired a consulting firm, Parker-Taillon Consulting Inc., to assist with this work. The Consultants worked closely with CMTO staff throughout the project. The Standards of Practice Advisory Group (SPAG) composed of representative members of CMTO (drawing upon RMTs from a diverse group of practice settings, experience and geographic locations) was established to provide input into the process. One specific area of focus for the SPAG was on developing Standards that could be implemented by the profession regardless of practice setting.

Over approximately 17 months, the project involved the following key steps:

1. Conducting an environmental scan;
2. Development of Draft 1 of the Standards;
3. Virtual meetings with the SPAG to review Draft 1 of the Standards and develop Draft 2;
4. Stakeholder consultation to validate Draft 2 of the Standards using an electronic survey; and
5. Completion of a final Standards document and final report.

The purpose of this Report is to provide the results of the stakeholder consultation on Draft 2 of the Standards using an electronic survey (Step 4).

2.0 SURVEY CONSULTATION APPROACH

The stakeholder survey consultation on the Standards involved two major activities including:

1. on-line survey of all CMTO registrants and key external stakeholders, and
2. analysis and Survey Consultation Report preparation.

Details with respect to each of these activities are provided in this section and the results are presented in Section 3.0.

It is of particular note that this survey was conducted during the global COVID-19 pandemic which may have had an impact on the number and nature of the responses.

Activity 1. On-line Survey

An on-line survey using the SurveyMonkey platform was used to obtain stakeholder feedback on Draft 2 of the Standards. CMTO staff developed the survey in consultation with the project Consultants.

¹ College of Massage Therapists of Ontario. (2019) *About the College Webpage*. Retrieved from: <https://www.cmto.com/about-the-college/>

CMTO Standards Survey Consultation Report

The survey included three sections:

- demographic information about respondents,
- feedback on each of the Standards, and
- a question to obtain general feedback on the Standards.

To obtain feedback on each of the Standards, respondents were asked the four questions outlined in Table 1.

Table 1 Survey Questions for Each of the Standards
<p>1. Is there any part of the draft Standard (name of the Standard) that is difficult to understand?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, there is at least one part that is difficult to understand<input type="checkbox"/> No, it is all easy to understand <p><i>If respondents indicated yes – they were taken to a separate page where they could indicate which part was difficult to understand and provide comments.</i></p>
<p>2. Is there any part of the draft Standard (name of the Standard) that is not possible to implement?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, there is at least one part that is not possible to implement<input type="checkbox"/> No, it is all possible to implement <p><i>If respondents indicated yes – they were taken to a separate page where they could indicate which part was not possible to implement and provide comments.</i></p>
<p>3. Is there anything missing from the draft Standard (name of the Standard) that should be added?</p> <ul style="list-style-type: none"><input type="checkbox"/> No, all the minimum expectations for Standard (name of the Standard) are covered<input type="checkbox"/> Yes, please add (and why)
<p>4. Please share any additional feedback or comments on the draft Standard (name of the Standard).</p>

The invitation to participate in the survey consultation was distributed to a total of 15,055 RMTs, 136 stakeholders, and 15 CMTO Council members, and to members of the public via social media and the Citizen Advisory Group (via newsletter). All potential participants were sent an email on October 1, 2020, that included a link to the Standards of Practice consultation page. The survey was open from October 1 to November 16, 2020. A total of four reminder emails and social media (twitter) were used to encourage completion of the survey.

Activity 2. Analysis and Survey Consultation Report Preparation

CMTO staff and the Consultants worked collaboratively to analyze both the quantitative and the qualitative results from the on-line survey and other responses received. The comments provided on each Standard were content analyzed for key themes that are presented in Appendix A and summarized in this Report.

The Consultants prepared a draft Survey Consultation Report and submitted it to CMTO staff for feedback. The Consultants then revised and prepared this final Survey Consultation Report.

3.0 SURVEY CONSULTATION RESULTS AND ANALYSIS

3.1 Response Rate and Demographic Profile of Respondents

The number and profile of individuals who completed the initial survey question related to type of respondent is presented in Table 2.

Table 2 Responses to Initial Survey Question re. Type of Respondent	
Type of Respondent	% (n)²
Massage Therapist CMTO Registrants (General or Inactive)	93.41% (1517)
Member of the Public/Client	3.88% (63)
Massage Therapy Student or Candidate	0.92% (15)
Other (please specify)	0.86% (14)
Other Healthcare Professional	0.68% (11)
Educator (Non-Massage Therapist)	0.18% (3)
Employer	0.06% (1)
TOTAL	100.00% (1624)

A total of 1624 individuals opened the survey and responded to the initial question related to type of respondent. It should be noted that with the format of the survey, respondents were able to select which Standards they wished to comment on. As a result, the response rate for each of the survey questions related to the Standards varied and was considerably less than for the initial question. Details are described in Section 3.2.1.

Not surprisingly, CMTO registrants (general or inactive) were the largest group of respondents, representing 93.41% of the total and approximately 9.98% of all CMTO registrants. Of note, is that the second ranking group of respondents was members of the public/clients with 63 respondents, representing 3.88% of the total number of respondents. The other types of respondents combined represented 2.70% of the total number of respondents and included educators (who were not massage therapists), massage therapy students/candidates, other health care professionals, employers and other.

The profile of CMTO registrants who completed the demographic questions related to primary practice setting and years of experience compared to CMTO registrant data for a similar time period is provided in Table 3.

Table 3 Comparison of CMTO Registrants who Completed the Demographic Questions to CMTO Registrant Data for Primary Practice Setting and Years of Experience		
Respondent Characteristics	On-line survey % (n)³	CMTO Data Nov.25/20 % (n)
Primary Practice Setting		
Clinic which I am the only provider	13.86% (207)	8.81% (1318)
Clinic with other health care professionals (e.g. Chiropractors)/ Clinic with other RMTs only	53.85% (804)	39.91% (5969)
Education facility	1.27% (19)	0.43% (64)
Health club/Gym/Fitness and wellness studio	1.07%(16)	1.10% (164)

² Note: The percentages may not add up to 100% due to rounding

³ Note: The percentages may not add up to 100% due to rounding.

Table 3 Comparison of CMTO Registrants who Completed the Demographic Questions to CMTO Registrant Data for Primary Practice Setting and Years of Experience		
Respondent Characteristics	On-line survey % (n)³	CMTO Data Nov.25/20 % (n)
Home practice	16.28% (243)	17.06% (2551)
Hospital/Rehabilitation facility/Congregate care facility/Mental health and Addiction Facility	0.60% (9)	4.41% (659)
Mobile practice	3.82% (57)	2.05% (307)
Spa	7.17% (107)	8.63% (1291)
Other practice setting (please specify)	2.07% (26)	17.6% (2633) ⁴
TOTAL	100%(1493)	100% (14,956)
Years of Experience		
11+ years	47.42% (708)	46.44% (6946)
6-10 years	25.25% (377)	24.55% (3672)
1-5 years	23.64% (353)	26.12% (3907)
Less than 1 year	3.68% (55)	2.89% (431)
TOTAL	100% (1493)	100% (14956)

A comparison of the data for *primary practice setting* demonstrates that the survey respondents were largely representative of the CMTO registrant data characteristics. The relative percentages of survey respondents and CMTO registrant data were within 5% of each other with two exceptions:

- The percentage of RMT survey respondents who indicated they work in a “Clinic with other health care professionals (e.g., Chiropractors) / Clinic with other RMTs only” was higher than the CMTO registrant data.
- The percentage of RMT survey respondents who indicated “other practice setting” was lower than the CMTO registrant data. This may be partially explained by the CMTO registrant data for “other practice setting” that included registrants who did not indicate a practice setting, as well as inactive registrants. While in the survey, inactive registrants were able to indicate a practice setting.

If the “other practice setting” category is not included, the rank ordering of the top four categories for primary practice setting (i.e., Clinic with other health care professionals / Clinic with other RMTs only, Home Practice, Clinic which I am the only provider and Spa) is the same for survey respondents and the CMTO registrant data and represents 91.45% of the survey respondents.

The results for the *years of experience* of the survey respondents, were also relatively similar to the CMTO registrant data. The relative percentages were within 1.00% of each other, with the exception of the category “1-5 years of experience” where the difference was 2.48%. In terms of the rank ordering of the years of experience categories, the largest majority of both survey respondents and the CMTO registrant data had 11 or more years of experience (47.42% and 46.44% respectively). The second and third ranked categories were reversed due to a slight under representation in the category of “1-5 years or experience” of survey respondents (23.64%) compared to the CMTO registrant data (26.12%). The category of “less than 1 year of experience” ranked fourth for both survey respondents and the CMTO registrant data.

⁴ Note: The number for “other practice setting” in the CMTO data included registrants who did not indicate a practice setting and inactive registrants. For the survey, inactive registrants were able to indicate a practice setting.

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In addition to the survey data, other types of feedback on Draft 2 of the Standards were received from various groups and individuals as outlined in Table 4.

Table 4 CMTO Standards Consultation: Other types of feedback received	
Type of Feedback	No. of Individuals Involved
• Client Relations Committee Comments	4
• Email from Chair of Registered Massage Therapists' Association of Ontario	N/A
• Email from QA Program Consultants	2
• Emails from Individual RMTs	5
• Hard copy of Survey	1
• Letter co-signed by RMTs	86

In summary, a total of 1624 individuals opened the survey and responded to the initial question related to the type of respondent. The majority of the respondents were CMTO registrants who generally reflected the CMTO registrant data for a similar time period in terms of primary practice setting and years of experience. Of note, was the number of members of the public who responded to the survey.

3.2 Feedback on Standards

3.2.1 Overview of Results

The overview of the response rate by Standard, and how each Standard was rated in terms of the understandability and implementability is outlined in Table 5.

Table 5 Overview of Results for Each Standard			
Column 1	Column 2 Number of Respondents Indicating They Want to Share Feedback on the Standard⁵	Column 3 Respondents Indicating the Standard is "All Easy to Understand"	Column 4 Respondents Indicating the Standard is "All Possible to Implement"
Acupuncture	306	83.99% (257 out of 306 responses)	91.39% (244 out of 267 responses)
Client-centred Care	631	85.50% (513 out of 600 responses)	91.64% (504 out of 550 responses)
Collaboration and Professional Relationships	384	86.08% (334 out of 388 responses)	87.00% (328 out of 377 responses)
Communication	306	93.83% (289 out of 308 responses)	96.64% (288 out of 298 responses)
Conflict of Interest	294	87.76% (258 out of 294 responses)	96.50% (276 of 286 responses)
Consent	386	87.92% (342 out of 389 responses)	92.65% (353 out of 381 responses)

⁵ Note: The total number of respondents in Column 2 can differ from the number in Columns 3 and/or 4 as some individuals who originally indicated they wished to provide feedback to the Standard may have failed to do so. Conversely, those who indicated they did not wish to provide feedback did indeed answer questions related to the Standards' understandability and implementability.

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Table 5 Overview of Results for Each Standard			
Column 1	Column 2 Number of Respondents Indicating They Want to Share Feedback on the Standard ⁵	Column 3 Respondents Indicating the Standard is “All Easy to Understand”	Column 4 Respondents Indicating the Standard is “All Possible to Implement”
Draping	292	89.00% (259 out of 291 responses)	90.28% (260 out of 288 responses)
Fees and Billing	288	85.62% (250 out of 292 responses)	93.73% (269 out of 287 responses)
Infection Prevention and Control	300	92.38% (279 out of 302 responses)	93.60% (278 out of 297 responses)
Prevention of Sexual Abuse	293	84.75% (250 out of 295 responses)	96.25% (282 out of 293 responses)
Privacy and Confidentiality	220	95.95% (213 out of 222 responses)	97.73% (215 out of 220 responses)
Professional Boundaries	264	89.02% (235 out of 264 responses)	91.22% (239 out of 262 responses)
Safety and Risk Management	216	94.95% (207 out of 218 responses)	97.22% (210 out of 216 responses)

As previously noted, the *response rate* per Standard varied throughout the survey. The total number of respondents who indicated they wished to provide feedback on a Standard (Table 5 – Column 2) ranged from 631 (Client-centred Care) to 216 (Safety and Risk Management), with an average response rate of 321. The differential in response rate per Standard could be due to certain Standards being of more interest to respondents, such as Client-centred Care. Even though respondents could select which Standards they wished to respond to, a progressively diminishing number of respondents was noted towards the end of the Standard document. This could possibly reflect an element of survey fatigue in participants, which is not unusual for a survey of this length.

The percentage of respondents who indicated that the Standard was *all easy to understand* (Table 5 – Column 3) ranged from 83.99% (Acupuncture) to 95.95% (Privacy and Confidentiality), with an average of 89%, indicating that overall, the large majority of respondents had no difficulty understanding any elements in the Standards. These findings also highlighted that five of the Standards, where only approximately 85% of respondents indicated the Standard was all easy to understand, required further consideration to identify a few specific issues which may have affected the Standard’s clarity (i.e., Acupuncture, Client-centred Care, Collaboration and Professional Relationships, Fees and Billing, Prevention of Sexual Abuse).

The percentage of respondents who indicated that the Standard was *all easy to implement* (Table 5 – Column 4) ranged from 87.00% (Collaboration and Professional Relationships) to 97.73% (Privacy and Confidentiality), with an average of 94%. All of the Standards, with the exception of Collaboration and Professional Relationships received an over 90.00% positive rating in terms of their ability to be implemented.

These positive findings reinforced that overall, survey respondents felt Draft 2 of the Standards was clear, easy to understand and possible to implement in a broad range of practice settings. The slightly lower *all easy to understand* ratings compared to the *all easy to implement* scores may have reflected the respondents’ focus on ensuring clarity on a few specific issues as

mentioned earlier. The valuable feedback provided was useful to further enhance the clarity and applicability of the Standards. The key themes identified in the feedback are outlined in Appendix A.

The remainder of this section of the Report includes details regarding the response rate and a summary of the key themes raised in the feedback for each Standard, as well as the general comments question. *It should be noted that the specific Requirement numbers included in this section refer to Draft 2 of the Standards that was used for the consultation.*

3.2.2 Acupuncture

Acupuncture Response Rate

The total responses, demographics of respondents and response rate to the questions on the Acupuncture Standard are summarized in Table 6.

Table 6 Acupuncture Standard Response Rate for Questions	
Total responses: 306	
Demographics of Respondents: RMT: 275; Public: 19; Educator: 1; Student/Candidate: 3; Other healthcare prof: 6	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	83.99% (257 of 306 responses)
Respondents indicating the Standard is all possible to implement	91.39% (244 of 267 responses)

Overall, this Standard had one of the lowest positive response rates related to understandability. This could be due to the fact that only a small proportion of CMTO registrants practice acupuncture and therefore there were elements of the Standard they may not have understood. However, the results indicated that 83.99% of the respondents who provided feedback on this Standard felt it was easy to understand and 91.39% that it was possible to implement.

Acupuncture Feedback Summary of Key Themes

The feedback provided on the Acupuncture Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Question as to whether acupuncture was within the Scope of Practice for RMTs.
- Confusion as some parts applied to all RMTs, others only to RMTs performing acupuncture.
- More information related to skin disinfection procedures with acupuncture needed.
- Questions about insurance, annual declaration requirements and consent when referring clients to another RMT.

3.2.3 Client-centred Care

Client-centred Care Response Rate

The total responses, demographics of respondents and response rate to the questions on the Client-centred Care Standard are summarized in Table 7.

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Table 7 Client-centred Care Standard Response Rate for Questions	
Total responses: 632	
Demographics of Respondents: RMT: 602; Public: 22; Educator: 1; Student/Candidate: 3; Other healthcare prof: 4	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	85.50% (513 out of 600 responses)
Respondents indicating the Standard is all possible to implement	91.64% (504 out of 550 responses)

Overall, this Standard had the highest response rate with 632 respondents, 22 of which were members of the public. This may reflect the commitment of RMTs to client-centred care, as well as the interest of the public to determine what they can expect from care from RMTs. This Standard had 85.50% of respondents who stated the Standard was easy to understand and 91.64% who felt that it was possible to implement. This Standard had one of the lowest approval rates related to understandability which could be due several reasons outlined below.

Client-centred Care Feedback Summary of Key Themes

The feedback provided on the Client-centred Care Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Questions and concerns that the term *client-centred care* was not defined and not used appropriately; there was no reference to the importance of client input, a key tenant of client-centred care; and the Standard itself was more RMT focused than client focused.
- Concern and frustration with repetition across the Standards related to consent, sensitive areas, sexual abuse and professional boundaries.
- Confusion related to written consent for sensitive areas, why the difference between breasts and gluteal muscles/buttocks, and concern that seeking repeated consent is disruptive, time-consuming and awkward.
- Questions about how practising within scope is related to client-centred care (Requirement #5), client discharge/discontinuation (Requirement #14) and consent for record transfer and fees. (Requirement #17)

3.2.4 Collaboration and Professional Relationships

Collaboration and Professional Relationships Response Rate

The total responses, demographics of respondents and response rate to the questions on the Collaboration and Professional Relationships Standard are summarized in Table 8.

Table 8 Collaboration and Professional Relationships Standard Response Rate for Questions	
Total responses: 384	
Demographics of Respondents; RMT: 378; Public: 3; Educator: 1; Student/Candidate: 2; Other healthcare prof: 0	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	86.08% (334 of 388 responses)
Respondents indicating the Standard is all possible to implement	87.00% (328 of 377 responses)

The results indicated that 86.08% of the respondents who provided feedback on this Standard felt it was easy to understand and 87.00% it was possible to implement. This Standard had one

of the lowest ratings for understandability and implementability, possibly due to several reasons outlined below.

Collaboration and Professional Relationships Feedback Summary of Key Themes

The feedback provided on the Collaboration and Professional Relationships Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Clarify which requirements apply only within the circle of care or “formal collaborations.”
- Wording related to “aligning treatment plan” was understood by some respondents to mean that the RMT should yield to other health care professionals’ treatment plans, regardless of their assessment and professional knowledge. (Requirement #1)
- Confusion regarding sharing client information within the circle of care and issues of privacy and confidentiality. (Requirement #3)
- Wording regarding the RMT role in resolving “problems or conflicts between those involved in the client’s care” was too vague. (Requirement #4)

3.2.5 Communication

Communication Response Rate

The total responses, demographics of respondents and response rate to the questions on the Communication Standard are summarized in Table 9.

Table 9 Communication Standard Response Rate for Questions	
Total responses: 306	
Demographics of Respondents: RMT: 297; Public: 7; Educator: 1; Student/Candidate: 0; Other healthcare prof: 1	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	93.83% (289 of 308 responses)
Respondents indicating the Standard is all possible to implement	96.64% (288 of 298 responses)

This Standard had very high ratings with 93.83% of the respondents who provided feedback on this Standard felt it was easy to understand and 96.64% that it was possible to implement.

Communication Feedback Summary of Key Themes

The feedback provided on the Communication Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Needs more of a client-centred focus, RMTs “have an obligation to create the conditions necessary for creating autonomous choice.”
- Needs to acknowledge client’s uniqueness and culture. (Requirement #3)
- Concern that all clients may not be able to communicate directly with the RMT and the need for a third party, when necessary to assist. (Requirement #3)

3.2.6 Conflict of Interest

Conflict of Interest Response Rate

The total responses, demographics of respondents and response rate to the questions on the Conflict of Interest Standard are summarized in Table 10.

Table 10 Conflict of Interest Standard Response Rate for Questions	
Total responses: 294	
Demographics of Respondents: RMT: 288; Public: 3; Educator: 1; Student/Candidate: 1; Other healthcare prof: 1	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	87.76% (258 of 294 responses)
Respondents indicating the Standard is all possible to implement	96.50% (276 of 286 responses)

The results indicated that 87.76% of the respondents who provided feedback on this Standard felt it was easy to understand and 96.50% that it was possible to implement.

Conflict of Interest Feedback Summary of Key Themes

The feedback provided on the Conflict of Interest Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Questions about referral fees and are they always a conflict of interest? (Requirement #1)
- Unclear about what revenue sharing includes and excludes. (Requirement #3)
- Questions about rental agreements and conflict of interest. (Requirement #4)

3.2.7 Consent

Consent Response Rate

The total responses, demographics of respondents and response rate to the questions on the Consent Standard are summarized in Table 11.

Table 11 Consent Standard Response Rate for Questions	
Total responses: 386	
Demographics of Respondents: RMT: 373; Public: 9; Student/Candidate: 2; Other healthcare prof: 2	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	87.92% (342 out of 389 responses)
Respondents indicating the Standard is all possible to implement	92.65% (353 out of 381 responses)

The results indicated that 87.92% of the respondents who provided feedback on this Standard felt it was easy to understand and 92.65% that it was possible to implement.

Consent Feedback Summary of Key Themes

The feedback provided on the Consent Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Similar issues and confusion related to written consent for sensitive areas as noted in Client-centred Care; in addition, the concern that COVID-19 Infection Prevention and Control (IPAC) protocols are barriers to safely obtaining repeated written consent. (Requirement #3)
- Questions about determining capacity of clients and verification of substitute decision-maker. (Requirement #5)
- Confusion around monitoring/verifying consent. (Requirement #6)
- Questions around the implications of consent and documentation, as well as the electronic health record.

3.2.8 Draping

Draping Response Rate

The total responses, demographics of respondents and response rate to the questions on the Draping Standard are summarized in Table 12.

Table 12 Draping Standard Response Rate for Questions	
Total responses: 292	
Demographics of Respondents: RMT: 283; Public: 6; Educator: 1; Student/Candidate: 1; Other healthcare prof: 1	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	89.00% (259 out of 291 responses)
Respondents indicating the Standard is all possible to implement	90.28% 260 out of 288 responses)

The results indicated that 89.00% of the respondents who provided feedback on this Standard felt it was easy to understand and 90.28% that it was possible to implement. Despite the positive support for this Standard, there was a substantial number of comments provided.

Draping Feedback Summary of Key Themes

The feedback provided on the Draping Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Concerns that this Standard does not take into account that many clients are treated or choose to be treated clothed (e.g., sports situations), clients have their own perceptions of what are sensitive areas for draping and the Standard is not client-centred.
- Questions around how sensitive areas and draping apply to the chest area of men.
- The term “privacy” in the Client Outcome is not in keeping with the definition in the Glossary.
- Repetition of consent and how this is related to draping. (Requirement #1)
- Questions around requesting consent every time client is undraped, gauging client’s comfort related to draping and the exposure of areas during certain procedures.
- Concerns that reaching under draping is sometimes required in certain situations (e.g., side lying, lying on back, to secure the drape, in sports situations). (Requirement #12).
- Clarification on wording of exposure of head and face and not neck. (Requirement #7)
- Confusion around Standard Requirements, some seem to contradict/negate the other.

3.2.9 Fees and Billing

Fees and Billing Response Rate

The total responses, demographics of respondents and response rate to the questions on the Fees and Billing Standard are summarized in Table 13.

Table 13 Fees and Billing Standard Response Rate for Questions	
Total responses: 288	
Demographics of Respondents: RMT: 280; Public: 4; Educator: 2; Student/Candidate: 0; Other healthcare prof: 2	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	85.62% (250 of 292 responses)
Respondents indicating the Standard is all possible to implement	93.73% (269 of 287 responses)

The results indicated that 85.62% of the respondents who provided feedback on this Standard felt it was easy to understand and 93.73% that it was possible to implement.

Fees and Billing Feedback Summary of Key Themes

The feedback provided on the Fees and Billing Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Other Colleges mention billing for ancillary services (e.g., medico legal reports, copies of records, communications, and other “non-therapy” items).
- Questions regarding assigning debt (Requirement #3), not reducing fees for prompt payment (Requirement #10) and fees not being excessive or reasonable. (Requirement #9).
- Interpretation that receipts must always have a physical/paper copy.

3.2.10 Infection Prevention and Control

Infection Prevention and Control Response Rate

The total responses, demographics of respondents and response rate to the questions on the Infection Prevention and Control Standard are summarized in Table 14.

Table 14 Infection Prevention and Control Standard Response Rate for Questions	
Total responses: 300	
Demographics of Respondents: RMT: 296; Public: 3; Educator: 1; Student/Candidate: 0; Other healthcare prof: 0	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	92.38% (279 of 302 responses)
Respondents indicating the Standard is all possible to implement	93.60% (278 of 297 responses)

This Standard had very high ratings with 92.38% of the respondents who provided feedback on this Standard felt it was easy to understand and 93.60% that it was possible to implement.

Infection Prevention and Control Feedback Summary of Key Themes

The feedback provided on the Infection Prevention and Control Standard was examined for key themes that are included in Appendix A. It should be noted that the experience of the global COVID-19 pandemic occurring at the time of the survey consultation may have had an effect on some of the feedback provided. A summary of key themes includes:

- IPAC guidelines are not always relevant for Massage Therapy practice settings.
- Define communicable disease. (Client Outcome)
- Clarify that RMTs are responsible for maintaining the practice setting not the entire practice premises. (Requirement #4)
- Clarify disinfecting expectations for equipment and laundry (e.g., requirements and frequency). (Requirement #5)
- Questions regarding hand hygiene (e.g., frequency, use of sanitizer, lack of sink at entry to facility). (Requirement #13)

3.2.11 Prevention of Sexual Abuse

Prevention of Sexual Abuse Response Rate

The total responses, demographics of respondents and response rate to the questions on the Prevention of Sexual Abuse Standard are summarized in Table 15.

Table 15 Prevention of Sexual Abuse Standard Response Rate for Questions	
Total responses: 293	
Demographics of Respondents: RMT: 285; Public: 3; Educator: 2; Student/Candidate: 2; Other healthcare prof: 1	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	84.75% (250 out of 295 responses)
Respondents indicating the Standard is all possible to implement	96.25% (282 out of 293 responses)

The results indicated that 84.75% of the respondents who provided feedback on this Standard felt it was easy to understand and 96.25% that it was possible to implement.

Prevention of Sexual Abuse Feedback Summary of Key Themes

The feedback provided on the Prevention of Sexual Abuse Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Much disagreement with not being able to provide Massage Therapy to a spouse.
- Confusion around what relationships are permitted, which are not, and how long after being a client can a relationship begin? (Requirement #2)
- Confusion about what constitutes minor/incidental/emergency care (for spouse). (Requirement #2)
- Questions about disabling audio/video devices during treatment. (Requirement #4)
- Similar issues and confusion related to written consent for sensitive areas as noted in Client-centred Care and Consent.
- Client commented that the directness/detail of the Standard makes them feel they may be at risk for sexual abuse from the RMT, “I think that the way this standard of practice reads, especially from a client standpoint, is that they are at risk for sexual abuse... if I were to read this as a client I would read it as my therapist has to actively try not to sexually abuse me as opposed to the intent of the standard which is to provide guidelines on how to best support clear communication and physical boundaries during the treatment.”

3.2.12 Privacy and Confidentiality

Privacy and Confidentiality Response Rate

The total responses, demographics of respondents and response rate to the questions on the Privacy and Confidential Standard are summarized in Table 16.

Table 16 Privacy and Confidentiality Standard Response Rate for Questions	
Total responses: 220	
Demographics of Respondents: RMT: 217; Public: 2; Educator: 0; Student/Candidate: 0; Other healthcare prof: 1	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	95.95% (213 of 222 responses)
Respondents indicating the Standard is all possible to implement	97.73% (215 of 220 responses)

The results indicated that 95.95% of the respondents who provided feedback on this Standard felt it was easy to understand and 97.73% that it was possible to implement. This Standard had one of the lowest response rates and highest ratings.

Privacy and Confidentiality Feedback Summary of Key Themes

The feedback provided on the Privacy and Confidentiality Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Clarify that according to PHIPA, implied consent sometimes suffices for the collection of personal health information, but not access, use or disclosure. (Requirement #4)
- Clarify the relationship between substitute decision-maker and sharing personal health information. (Requirement #5)
- Confusion between physical and personal privacy. (Requirement #9)
- Add more about maintaining confidentiality online. (Requirement #10)
- Add concept of disabling photographic/audio/video functions of device (from Professional Boundaries and Prevention of Sexual Abuse Standard).

3.2.13 Professional Boundaries

Professional Boundaries Response Rate

The total responses, demographics of respondents and response rate to the questions on the Professional Boundaries Standard are summarized in Table 17.

Table 17 Professional Boundaries Standard Response Rate for Questions	
Total responses: 264	
Demographics of Respondents: RMT: 257; Public: 4; Educator: 1; Student/Candidate: 1; Other healthcare prof: 1	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	89.02% (235 out of 264 responses)
Respondents indicating the Standard is all possible to implement	91.22% (239 out of 262 responses)

The results indicated that 89.02% of the respondents who provided feedback on this Standard felt it was easy to understand and 91.22% that it was possible to implement.

Professional Boundaries Feedback Summary of Key Themes

The feedback provided on the Professional Boundaries Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Repetition and redundancy with other Standards related to consent, sensitive areas and abuse.
- Standard is biased towards RMTs practicing in urban areas.
- Confusion around written consent for sensitive areas (Requirement #3) and disabling audio/video devices. (Requirement #4)
- Confusion around dual relationships and disagreement that RMTs should avoid treating spouse, family and friends. (Requirement #6)
- Questions about the power dynamic and why the concept is included in this Standard (Requirement #8), as well as a definition of acceptable/unacceptable gifts. (Requirement #5)

3.2.14 Safety and Risk Management

Safety and Risk Management Response Rate

The total responses, demographics of respondents and response rate to the questions on the Safety and Risk Management Standard are summarized in Table 18.

Table 18 Safety and Risk Management Standard Response Rate for Questions	
Total responses: 216	
Demographics of Respondents: RMT: 210; Public: 3; Educator: 1; Student/Candidate: 1; Other healthcare prof: 1	
Response Rate to Questions:	% (n)
Respondents indicating the Standard is all easy to understand	94.95% (207 of 208 responses)
Respondents indicating the Standard is all possible to implement	97.22% (210 of 216 responses)

The results indicated that 94.95% of the respondents who provided feedback on this Standard felt it was easy to understand and 97.22% that it was possible to implement.

Safety and Risk Management Feedback Summary of Key Themes

The feedback provided on the Safety and Risk Management Standard was examined for key themes that are included in Appendix A. A summary of key themes includes:

- Standards for IPAC and Safety and Risk Management are closely related and IPAC should be referenced in Safety and Risk Management.
- Questions about cleaning and maintenance logs. (Requirement #4)
- Unclear about the hierarchy of authority for complying with various orders and directives. (Requirement #5)
- Include information on hazardous materials compliance (unclear where to find “established protocols and practices”). (Requirement #6)

3.3 General Comments on the Standards

In terms of general comments, a total of 159 respondents provided feedback to the final question on the survey, “Is there anything else you would like to share with CMTO about the draft Standards of Practice?”

The general comments feedback was examined for key themes that are included in Appendix A. It should be noted that a considerable amount of the feedback provided by respondents in general comments was a word for word repeat of comments they had previously provided for individual Standards. A summary of key themes includes:

- Positive feedback regarding the increased clarity, comprehensiveness and relevance of the revised Standards and appreciation to CMTO for updating the Standards. There were, however, some comments that the Standards were little changed from the former ones.
- Feedback to CMTO related to topics such as terminology (e.g., RMT, Massage Therapy, patient versus client), trust to ensure that the feedback is listened to, and the (perceived) role of CMTO in protecting RMTs and setting membership fees.
- Repetition of feedback expressed in individual Standards as well as the mention of gaps related to advertising and records.
- Question why there is no reference in Standards to using an evidence-informed approach.
- Finally, once again there were many comments, previously noted in individual Standards, related to repetition throughout the Standards generally, and specifically repetition of consent and consent for sensitive areas. This may have been due to survey respondents reviewing the Standards as a complete document, instead of reading each Standard as a stand-alone document, as may be the case once the Standards are implemented.

4.0 SUMMARY OF KEY FINDINGS

4.1 Summary of Response Rate and Demographic Profile of Respondents

A total of 1624 individuals opened the survey and responded to the initial question related to type of respondent. The largest group was CMTO registrants who represented 93.41% of survey respondents and approximately 9.98% of CMTO registrants. Of note was the relatively high response rate of members of the public/clients who responded to the survey with 63 respondents, representing 3.88% of all respondents. For the most part, the characteristics the CMTO registrant respondents, in terms of primary practice setting and years of experience, generally reflected the CMTO registrant data for a similar time period.

4.2 Summary of Results

The *response rate* for each Standard varied throughout the survey and ranged from 631 (Client-centred Care) to 216 (Safety and Risk Management), with an average rate of 321. This differential could be due to certain Standards being of more interest to respondents, such as Client-centred Care. Even though respondents could select which Standards they wished to respond to, a progressively diminishing number of respondents was noted towards the end of the Standard document. This could possibly reflect an element of survey fatigue in participants, which is not unusual for a survey of this length.

The percentage of respondents who indicated that a specific Standard was *all easy to understand* ranged from 83.99% (Acupuncture) to 95.95% (Privacy and Confidentiality), with an average rating of 89%, indicating that overall, the large majority of respondents had no difficulty understanding any elements in the Standards. These findings also highlighted that five of the Standards, where only approximately 85% of respondents indicated the Standard was all easy to understand, required further consideration to identify a few specific issues which may have affected the Standard's clarity (i.e., Acupuncture, Client-centred Care, Collaboration and Professional Relationships, Fees and Billing, Prevention of Sexual Abuse).

The percentage of respondents who indicated that a specific Standard was *all easy to implement* ranged from 87.00% (Collaboration and Professional Relationships) to 97.73% (Privacy and Confidentiality), with an average rating of 93%. All of the Standards, with the exception of Collaboration and Professional Relationships, received an over 90% positive rating in terms of their ability to be implemented.

A number of *general comments* were also received and included: positive feedback on the Standards; questions about terminology; repetition of feedback received on individual standards; and comments related to repetition throughout the Standards generally, and specifically repetition of consent and consent for sensitive areas.

In *summary*, these positive findings indicated that overall, survey respondents felt Draft 2 of the Standards was clear, easy to understand and possible to implement in a broad range of practice settings. The slightly lower *all easy to understand* ratings compared to the *all easy to implement* scores may have reflected the respondents' focus on ensuring clarity on a few specific issues as mentioned earlier. The valuable feedback that was provided was useful to further enhance the clarity and applicability of the Standards.

5.0 DEVELOPMENT OF THE DRAFT FINAL STANDARDS OF PRACTICE

This report summarizes the results of the survey consultation on the CMTO Standards of Practice and highlights aspects for further consideration. The following outlines the subsequent steps to develop the Draft Final Standards.

5.1 Review by SPAG and Legal Counsel

A summary of the results of the stakeholder survey consultation, the list of key issues and Draft 3 of the Standards were presented to the SPAG at virtual meetings on December 15 and 16, 2020. SPAG members reviewed the information and provided feedback on the proposed revisions in Draft 3 of the Standards. Following the meeting, CMTO staff consolidated the SPAG feedback for each Standard, revised Draft 3 of the Standards, and updated the list of key issues. The Standards were sent to Legal Counsel for further review in December 2020.

Feedback from the survey consultation and the SPAG highlighted several issues related to the Draping Standard that required further clarification. In addition to questions about some of the wording and repetition, there was confusion around using clothing instead of draping, draping sensitive areas and treatment of the chest of males, and exceptions to reaching under draping during Massage Therapy treatment. CMTO staff worked with Legal Counsel to clarify the Requirements around these issues and the Draping Standard was revised.

5.2 Mini Consultation on the Draping Standard

In order to receive feedback on the revised Draping Standard (renamed Draping and Physical Privacy), a mini consultation was carried out with selected RMTs and Massage Therapy clients/the public. Peer Assessors of the College and the SPAG were invited to participate in an online survey from January 7, 2021 to January 13, 2021. Members of Ontario's Citizen Advisory Group, as a sample of Massage Therapy clients, were invited to participate in an online survey from January 11, 2021 to January 18, 2021. A total of 43 RMTs and 25 client representatives responded to the survey. The feedback provided on the Draping and Physical Privacy Standard was examined by CMTO staff for comments and key themes that are included in Appendix B. A summary of key themes identified for RMTs and clients includes:

Feedback from RMTs - Themes

- The majority of RMTs indicated:
 - They understood what was expected from Massage Therapy treatment regarding draping and physical privacy (86.5%).
 - The Standard appropriately balances client protection and the ability to provide effective treatment (71%). Those that disagreed indicated the Standard is likely skewed towards client protection which does not disrupt day-to-day practice.
 - There were no implementation issues (60%), however those identified included reaching under draping, continuously monitoring for change in consent, requirements for discussing options, and draping/treating sensitive areas.
- Regarding reaching under draping, a majority of respondents did not see a need to reach under, therefore recommended that CMTO remain with the current approach.
- Those indicating a need to reach under draping, cited examples that benefit clients (treatment and protection) that include:
 - clients with disabilities or positional restrictions,
 - for client safety (tight draping, remaining covered),
 - for client comfort (temperature regulation), and /or

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- to access certain body areas in different specific circumstances for effective care.
- RMTs may still choose to not reach under the draping if they are concerned about their own risk.

Feedback from Clients - Themes

- Clients strongly agreed that the Standard helped them to understand what to expect from Massage Therapy treatment regarding draping and physical privacy.
- They noted that key aspects of the Client Outcome would be met if RMTs followed the requirements of the Standard, in that it would help clients feel:
 - comfortable during treatment,
 - safe during treatment, and
 - that their body would be covered during treatment in a way that maintains boundaries.

After receiving this additional input from clients and RMTs, CMTO staff revised the Standard in consultation with Legal Counsel. The Draping and Physical Privacy Standard was presented to QAC for approval at a focused meeting on January 29, 2021.

5.3 Review by the Quality Assurance Committee

The Survey Consultation Report, the list of key issues and Draft 3 of the Standards (minus the Draping and Physical Privacy Standard) were circulated to the QAC in preparation for their meeting on January 18, 2021. At that meeting the QAC reviewed Draft 3 of the Standards and suggested a few minor revisions. The Draping and Physical Privacy Standard was then presented to the QAC at a focused meeting on January 29, 2021, along with the revised Draft 3 of the Standards. Following a careful review, the QAC approved in principle Draft 3 of the Standards to be submitted to CMTO Council for approval.

CMTO staff revised Draft 3 of the Standards based on the outcome of the QAC discussions to create the draft final Standards for presentation to the CMTO Council on February 9, 2021.

Appendix A: Survey Consultation Results – Key Themes for Each Standard and General Comments

Appendix A.1 Acupuncture Standard Comments - Key Themes	
Standard Section⁶	Key Themes
General	<ul style="list-style-type: none"> • Some parts apply to all RMTs, some only apply to RMTs performing Acupuncture (confusing). • Several respondents felt they were not qualified to comment on Acupuncture if they are not authorized to practice it. • Good, well planned, covering all aspects.
Req't 3	<ul style="list-style-type: none"> • Is there minimum insurance required and if so where is that detailed?
Req't 4	<ul style="list-style-type: none"> • Clarification of annual declaration requirements and process.
Req't 5	<ul style="list-style-type: none"> • Unclear language, similar to comments on #6.
Req't 6	<ul style="list-style-type: none"> • Is Acupuncture within Scope of Practice/maybe this should not be considered in Scope of Practice? Maybe Acupuncture should only be done by registrants of TCM, and CMTO should not regulate Acupuncture at all? Is CMTO expanding Scope of Practice for RMTs? Is Acupuncture evidence-informed?
Req't 7	<ul style="list-style-type: none"> • Why is consent defined each time? It is not an educational tool?
Req't 9	<ul style="list-style-type: none"> • Add clients not be unattended while needles are in place.
Req't 10	<ul style="list-style-type: none"> • Add more re skin disinfection requirement, blood risks, use of disposable needles.
Req't 11	<ul style="list-style-type: none"> • Why is consent needed when referring to another RMT? Does this mean termination of present MT treatment?
Related Standards	<ul style="list-style-type: none"> • Why do we circularly reference other Standards?
Other Points	<ul style="list-style-type: none"> • Why aren't accredited Acupuncture programs listed/made public? • How is Acupuncture different from TCM College allowances?

Appendix A.2 Client-Centred Care Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> • Not full agreement that the term “client centred care” is used correctly here (maybe “client-focused”). Perhaps change name of Standard? Client does not seem centre to Standard and outcome. Add definition of client-centred care. • No explicit mention of importance of client’s input, which is a key tenant of client-centred care (consider adding). • Client relationships – if client remains a client for one year must wait one year before having a relationship, does that mean they must wait 2 years, unclear if misconduct • Preference for term “patient” instead of “client”. • Add client communication, client expressing desired goals, empathy, compassion. • Informative, clear, helpful, practical, complete easy to implement.
Client Outcome	<ul style="list-style-type: none"> • Should be more reflective of client perspective.
Req't 1	<ul style="list-style-type: none"> • Define “material” risk. • Redundant, too time consuming, refer to Consent Standard.
Req't 2	<ul style="list-style-type: none"> • Written consent <ul style="list-style-type: none"> ○ Noticing change in breast massage position, confusion, examples limited.

⁶ Note: For the purposes of this document, the references in the Standard Section of the tables relate to the numbering in the CMTO Standards Draft 2 version that was used for the consultation.

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Appendix A.2 Client-Centred Care Standard Comments - Key Themes	
Standard Section	Key Themes
	<ul style="list-style-type: none"> ○ Why are gluteal muscles mentioned only once per treatment and chest wall/inner thigh every time? Should be the same for all sensitive areas, should differ by sex/gender. ○ Makes client uncomfortable, awkward, inconvenient (reported by RMTs/clients). ○ Define precise anatomical boundaries. ○ Should written consent be required when client is fully clothed? ○ Disruptive especially if treatment plan changes during treatment. ○ Sexualizes parts of the body, difficult to remember to do. ○ Takes up too much time (RMT and client reported), there too many other things to do, unrealistic in Covid. ○ Empowers RMT not client, overwhelming to clients.
Req't 4	<ul style="list-style-type: none"> ● Disagree every client will have a treatment plan. ● Client comment – treatment plans are a waste of time, change frequently.
Req't 5	<ul style="list-style-type: none"> ● How is practicing within Scope of Practice related to client-centred care?
Req't 14	<ul style="list-style-type: none"> ● Discharging clients <ul style="list-style-type: none"> ○ What if client wants to continue, role of substitute decision-maker? ○ Sometimes clients just stop showing up. ○ Distinction between discontinuation of treatment and planned discharge. ○ Discharge of a client. There seemed to be a discrepancy with the regulation. (Acts of professional misconduct 10.4) (RMTAO)
Req't 15/16	<ul style="list-style-type: none"> ● Redundant, covered in Sexual Abuse/Boundaries Standards – refer to Standard.
Req't 17	<ul style="list-style-type: none"> ● Add client's written consent for transferring records. ● Can RMTs charge a fee for this service? Add "...which can, at the RMT's discretion, include a fee for service."
Resources/Related Standards/CSCs	<ul style="list-style-type: none"> ● Add link to PHIPA.
Other Points	<ul style="list-style-type: none"> ● Parameters around client discharge and discontinuation. ● Clarification around one year after ceasing to be a patient.

Appendix A.3 Collaboration and Professional Relationships Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> ● Some requirements should only be for "formal" collaboration. ● Some requirements should only be for "verified" parties. ● What happens if you are the only one treating the client? ● Good, easy to understand, great practice – "not everyone knows everything."
RMT/Client Outcomes	<ul style="list-style-type: none"> ● Who are "others"? Can we add to glossary? (throughout Standard)
Req't 1	<ul style="list-style-type: none"> ● Aligning treatment plan contentious – frustrating, insulting, lessens expertise of RMT (seems like RMT needs to follow others' treatment plans), unreasonable, concerns re use of the word "align" which is different than "collaborate", interpreted as RMT must change/yield/adapt their plan to suit other providers' plans, what if RMT disagrees with others' plans or isn't privy to it? Will this always be in the client's best interest?
Req't 2	<ul style="list-style-type: none"> ● In b – clarify referrals – sounds like this applies to every referral the client has ever had instead of being related to the treatment plan in effect. ● Add word "significant" before collaboration and professional relationships. Patients may have ongoing relationships and collaborations not pertinent to the RMT treatment plan. It ought to be within the professional judgement of the RMT on whom to include and collaborate.

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Appendix A.3 Collaboration and Professional Relationships Standard Comments - Key Themes	
Standard Section	Key Themes
Req't 3	<ul style="list-style-type: none"> • Disagreement on whether consent should be explicit for sharing within circle of care or client should have the right to opt out (i.e. consent is assumed until revoked). • Add that clients should understand/consent to terms of circle of care. • Connect to Privacy and Confidentiality. • Add Consent requirements when releasing information to insurers; substitute decision-makers. • Add word "verified" to indicate that (remind) an RMT must ensure the other health care professional has been duly identified to be a person involved in the Patient's actual care.
Req't 4	<ul style="list-style-type: none"> • Too vague – clarify/give examples. • Asking too much of RMTs, asking them to be "mediators" or "mental health workers."
Resources/Related Standards/CSCs	<ul style="list-style-type: none"> • Add resource – PHIPA Circle of Care: Sharing Personal Information. https://www.ipc.on.ca/wp-content/uploads/resources/circle-of-care.pdf .

Appendix A.4 Communication Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> • Good, like this Standard, comfortable with wording, easy to understand.
RMT and Client Outcome	<ul style="list-style-type: none"> • For "accurately informed decisions" – add word accurately. • RMTs "have an obligation to create the conditions necessary for creating autonomous choice" and to enable and "respect an individual's right to self-determination."
Req't 1	<ul style="list-style-type: none"> • "Meaningful choice" is critical to Informed Consent communications. • Suggestions to add: client interview, "supportive and open dialogue to ensure they are given the opportunity to discuss their goals, make changes to their treatment, raise concerns, or ask questions", cultural sensitivity, substitute decision-maker. • Redundant to outline criteria of consent, rather refer to Consent Standard. <ul style="list-style-type: none"> ○ Consider making this Standard subpoints within the Consent Standard.
Req't 2	<ul style="list-style-type: none"> • RMTs are not trained in active listening or plain language skills.
Req't 3	<ul style="list-style-type: none"> • Adapt communication <ul style="list-style-type: none"> ○ Want examples. ○ Suggest: "strive to..." ○ "Adapt communication according to Patients' understanding and needs. The RMT must permit a third party, when necessary, to be present in the treatment room to assist with communication, especially for the following populations who may have difficulty effectively communicating their goals: a) disabled, or, other abled persons, b) children or seniors who have limited speech, c) people whose first languages are not English or French, d) trauma or mental health impacted patients." • #3 is covered within #2. • The RMT can request the third party also be enrolled into a secure and confidential communication by providing documentation that can be signed for the Treatment Plan.
Req't 4	<ul style="list-style-type: none"> • Unsure how to apply #4 to public media (e.g. Facebook).

Appendix A.5 Conflict of Interest Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> • The requirements only cover financial conflicts. • Lots of general confusion over what the requirements mean. • RMTs are always in conflict of interest by nature of being paid for their services. • Selling product is always conflict of interest because earning income.

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Appendix A.5 Conflict of Interest Standard Comments - Key Themes	
Standard Section	Key Themes
	<ul style="list-style-type: none"> ○ Should not have to disclose other options because it is part of business model. ● Written in the negative (unless other Standards). ● Dual relationships/treating family and friends should be permitted. ● Connect to concepts of integrity, ethical behaviour. ● Is referring to providers within same clinic conflict of interest? ● Good job of communicating confusing concept, all areas covered, good to have this Standard.
Req't 1	<ul style="list-style-type: none"> ● Referral fees <ul style="list-style-type: none"> ○ Are they always conflict of interest? (e.g., spend time finding good fit with another RMT if they are too busy to take a new patient) ○ Is this not a legitimate form of advertising?
Req't 2	<ul style="list-style-type: none"> ● Disclosure of conflict of interest to client not always necessary. ● Documenting in health record not necessary.
Req't 3	<ul style="list-style-type: none"> ● Revenue sharing <ul style="list-style-type: none"> ○ Some not sure what this requirement means/examples please. ○ How does this work if owner is not a regulated health professional? ○ More reflective of RMT business agreements: "When RMT is in a practice setting that revenues are shared among the organization as a whole, the RMT must ensure that a written agreement is in place that ensure the RMT is still held responsible for the professional aspects of their practice." ○ Another suggestion: "If you have a percentage split, make sure you have a contract stating that you are responsible for the professional aspects of the practice." ● Confusion that "sharing fees" may be about disclosing how much money one has.
Req't 4	<ul style="list-style-type: none"> ● Rental agreement <ul style="list-style-type: none"> ○ How would this be interpreted if a Chiropractor or Physiotherapist is the landlord? Would this be an issue? (RMTAO) ○ Examples please. ○ Is rent, or % of fees in lieu of rent/split, always conflict of interest? The way it is written, it seem so, but this is the business model for many RMTs. ○ Does this mean landlord cannot also be client?

Appendix A.6 Consent Standard Comments - Key Themes	
Standard Section	Key Themes
Client Outcome	<ul style="list-style-type: none"> ● Suggestion change to: "The client receives evidence-based, best-practice information they need to make an autonomous decision..."
Req't 1	<ul style="list-style-type: none"> ● Confusion around billing if treatment stopped.
Req't 3	<ul style="list-style-type: none"> ● Noticing CMTO's change in stance on breast massage, confusion. ● Written consent <ul style="list-style-type: none"> ○ What are written consent requirements for digital signatures? ○ Anatomical boundaries required to understand how to meet this requirement, clients have different sensitive areas, breast examples limiting. ○ Unnecessary, redundant, awkward, why not once per treatment plan? ○ Why do other HCPs not have to do this? ○ How does this work with substitute decision-makers? ○ COVID-19 IPAC requirements add barrier to safely implementing.

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Appendix A.6 Consent Standard Comments - Key Themes	
Standard Section	Key Themes
	<ul style="list-style-type: none"> ○ Not all assessment is done before beginning treatment, not implementable to stop part way through treatment to get written consent to proceed. ○ Written consent will not eliminate sexual abuse, does not protect the patient (explanation/conversation part needed too). ○ Requests to remove written consent requirement. ○ Clients think it benefits RMT not themselves. ○ Patient should list any body part they do not want touched – more inclusive.
Req't 5	<ul style="list-style-type: none"> ● Add in link to Health Care Consent Act with reference to capacity. ● How is one's capacity to consent determined? (expansion pack list). ● How do you verify that someone is a substitute decision-maker? (expansion pack list)
Req't 6	<ul style="list-style-type: none"> ● Confusion around monitoring/verifying consent – what does this mean exactly? ● Change to: "The RMT must ensure patient empowerment with ongoing verbal consent throughout assessment and treatment."
Req't 7	<ul style="list-style-type: none"> ● Unclear, more clarification around what is needed.
Other Points	<ul style="list-style-type: none"> ● If consent is revoked and treatment is stopped, what does that mean for billing/charging? ● Guidelines to determine capacity to give consent, what is true meaning of incapable, what about age, verification of substitute decision-maker? ● Information around documenting consent in terms of capable, substitute decision-maker. ● How does this work with electronic health record?

Appendix A.7 Draping Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> ● Some situations the Standard may not apply to: sex/gender (some men do not feel chest/breast/nipple are sensitive areas), does not acknowledge that some clients are treated while clothed, client wearing shorts, therefore legs always undraped, only undraping areas that are being treated doesn't apply to corporate settings, providing massage during labor, genitals will be exposed, with sports (athletes, runners, swimmers) the physical boundaries are often whatever clothing or sportswear they are wearing. ● Body areas <ul style="list-style-type: none"> ○ Please explain the actual anatomical boundaries, what is gluteal cleft? ○ Client may feel other areas are "sensitive areas" (e.g., abdomen). ○ What are the areas that should never be undraped? ○ Do men need to sign written consent to leave their chest undraped? ● Sports related environments want exception for reaching under draping. ● Should state clothing can be used instead of draping, many clients treated in clothing. ● Draping standard is inconsistent with the other standards in that it is very narrow in focus, and detailed. ● All requirements for draping covered. ● Exceptions should be stated – e.g., at swim meet, with clothing on – important for specific populations who don't want to or cannot disrobe. ● Not client-centred in approach. ● Add: "When draping is not utilized" or "In circumstances where an RMT does not use draping the RMT must:"
RMT Outcome	<ul style="list-style-type: none"> ● "Privacy" used in a way that doesn't match glossary definition.
Client Outcome	<ul style="list-style-type: none"> ● Add concept of client safety (maybe in Client Outcome).
Req't 1	<ul style="list-style-type: none"> ● Unclear how this is related (what are the risks of draping that the RMT is expected to communicate?)

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Appendix A.7 Draping Standard Comments - Key Themes	
Standard Section	Key Themes
	<ul style="list-style-type: none"> • Redundant, why is it in so many Standards? Not required. Reference Consent Standard. • Not client-centred.
Req't 2	<ul style="list-style-type: none"> • Add in that client can choose to remain clothed in addition to draping? In lieu of draping? With requirements? • Should include conversation about gauging client's comfort/get their input with proposed draping (client-centred).
Req't 4	<ul style="list-style-type: none"> • Add that clothing can be used instead of draping. • Add wording to indicate that there is an "in-between" option between draping and fully clothed.
Req't 5	<ul style="list-style-type: none"> • Do we need to get consent every time we undrape anything? • Sounds excessive and disruptive.
Req't 6	<ul style="list-style-type: none"> • Sometimes the area not being treated needs to be exposed (e.g., leg exposed, and gluteus muscle covered for treatment of gluteus over sheet).
Req't 7	<ul style="list-style-type: none"> • Clarification on the wording- What about the neck? (RMTAO) • Not client-centred, doesn't work if client remains clothed, impractical. • Draping should not be transparent (e.g., threadbare).
Req't 8	<ul style="list-style-type: none"> • Not client-centred. • Implementation issue: Draping exposes various part of the body (e.g., calf exposed when undraping thigh, arm exposed when shoulder undraped). (#7, #8) • For hearing impaired clients, it is important to use both visual and tactile cues when changing the drape.
Req't 10	<ul style="list-style-type: none"> • #7/8 and #10 seem to contradict/negate one another (only undrape certain areas... unless client requests certain areas). • What if a man wants his chest exposed for temperature regulation? • What is "actively accessing or treating? E.g., if needles in lower body area and manual therapy on upper body?"
Req't 11	<ul style="list-style-type: none"> • Add "with the exception of working with another professional in the specific situation where it cannot be avoided, such as a delivery room."
Req't 12	<ul style="list-style-type: none"> • Reaching under draping: must reach under client (and therefore under draping) to treat back of person who can only lie on their back, must reach under when rib raking of a female client in order to access the serratus anterior in a side lying position could potentially expose a sensitive area not being treated. • Remove "never." • In some circumstances it is better to actually reach under a drape to maintain a barrier in place to prevent exposure of a sensitive area. • Add that if situation happens accidentally should be documented in client file. • Disagreement on whether this requirement works (some pro some con). • Assumes all clients treated unclothed.
Other Points	<ul style="list-style-type: none"> • Detailed information regarding specifics of draping, clothes on or off, especially related to sports Massage Therapy e.g., use of videos.

Appendix A.8 Fees and Billing Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> • Very good, clearer than before. • Other Colleges mention billing for ancillary items (e.g., medico legal reports, copies of records, communications, and other "non-therapy" items).

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Appendix A.8 Fees and Billing Standard Comments - Key Themes	
Standard Section	Key Themes
RMT Outcome	<ul style="list-style-type: none"> • Who determines “fair and equitable” when insurers set expected rates.
Req’t 1	<ul style="list-style-type: none"> • Unclear how to meet requirement of copy of receipt: <ul style="list-style-type: none"> ○ Physical copy, or just record of how they paid? ○ Must be paper? Wasteful. • Misinterpretation that all receipts must be paper.
Req’t 3	<ul style="list-style-type: none"> • “Assigning debt” <ul style="list-style-type: none"> ○ Excludes insurers. ○ Disallows RMTs from collecting payment, think this should be allowed. ○ Suggest collection agency should be permitted after reasonable attempt made, not disclose any personal health information, and notify client. ○ Reimbursement for MVAs. ○ Other professions allowed to send debt to collections. ○ Seems more about optics than public protection. ○ If the business is permitted to assign debt, how does that work?
Req’t 8	<ul style="list-style-type: none"> • Regulation says that you can increase your fee with prior consent. It also states that you can decrease a fee with a notation in the file. (Acts of professional misconduct 8. 33 + 34). Could you provide clarity on this? (RMTAO)
Req’t 9	<ul style="list-style-type: none"> • Criteria for excessive or unreasonable? • Subjective wording – reword for clarity.
Req’t 10	<ul style="list-style-type: none"> • Not reducing fees for prompt payment: <ul style="list-style-type: none"> ○ Not equitable. ○ Does not protect the public. ○ Don’t know from legislation. ○ Business interference.
Req’t 11	<ul style="list-style-type: none"> • Why are transaction and RMT name in the same line? • Receipts should also be allowed to say “Registered Massage Therapy” (not just Massage Therapy). • Why are signatures still required (outdated, often direct billing, does this include e-signatures). • Suggest linking to CRA to keep requirements evergreen (applies to 12 and 13 as well).
Req’t 13	<ul style="list-style-type: none"> • Gift certificates and insurance (issue date vs treatment date, \$ value vs what was redeemed). • Provide example of gift certificate .

Appendix A.9 Infection Prevention and Control Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> • Many IPAC guidelines and training is not relevant for MT. <ul style="list-style-type: none"> ○ Many IPAC guidelines and training is not transferable to different MT practice settings (usually tailored to hospitals). ○ Should only be held to those what are within Scope. ○ CMTO should translate relevant training and government docs to be applicable to MT practice setting(s). ○ Consult with the Chief Medical Officer, and other Manual Therapy Colleges (ex: Physiotherapists and Chiropractors) to refine how we interpret the IPAC guideline, review based on what is in Scope of Practice. • Cleaning logs should not be required (RMT knows what they cleaned). • Too specific in some places (“micromanagement”). • Clarify that this Standard is in addition (“above and beyond”) the Safety and Risk Management one.

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Appendix A.9 Infection Prevention and Control Standard Comments - Key Themes	
Standard Section	Key Themes
	<ul style="list-style-type: none"> • Not all clients get treatment plans. • Suggestions to add: RMT nail requirements, disinfection topical bottles/dispensers, use of heat (thermaphores), can ask clients to don PPE to protect other clients, extra acupuncture modalities, equipment must be in good repair (in order to be cleaned effectively).
Client Outcome	<ul style="list-style-type: none"> • What is a communicable disease?
Req't 4	<ul style="list-style-type: none"> • Suggest RMT responsible to maintaining "treatment area" or "practice setting" not "practice premises" as it is not always their responsibility (e.g., at a gym or sports field) and it is not always clear what practice premises means.
Req't 5	<ul style="list-style-type: none"> • Laundry <ul style="list-style-type: none"> ○ Details of requirements wanted. ○ Concern that it not necessary for MT. ○ What does it mean to disinfect linen. ○ Can't always follow PHO when requirements are unreasonable, like cleaning and disinfecting linens (e.g., feasibility of PHO/IPAC recommendations such as use of negative-pressure laundromats and commercial washing machines).
Req't 6	<ul style="list-style-type: none"> • The glossary link to "risk assessment" goes to PIDAC's "Routine Practices and Additional Precautions in All Health Care Settings". This document was last revised in Nov 2012 and is therefore not up to date considering recent events and is heavily geared towards full medical practice settings.
Req't 7	<ul style="list-style-type: none"> • No disagreement to postpone treatment if IPAC can not be implemented.
Req't 8	<p>Questions about providing info to clients:</p> <ul style="list-style-type: none"> ○ Provide info about PPE or provide PPE? ○ What info should be provided?
Req't 9	<ul style="list-style-type: none"> • Required to notify PHO of failure to maintain IPAC practices?
Req'ts 10-12	<ul style="list-style-type: none"> • Define "regularly" for routine practices. <ul style="list-style-type: none"> ○ Suggest: "at least monthly/quarterly", or "The RMT must select an appropriate schedule for maintaining IPAC practices in accordance with their practice setting and schedule." • Risk assessment <ul style="list-style-type: none"> ○ Don't know how to interpret (e.g. what is acceptable level of risk). ○ Use more up-to-date reference. ○ Use reference more reflective of MT practice. ○ Add requirement to document.
Req't 13	<ul style="list-style-type: none"> • Handwashing requirements seem excessive: <ul style="list-style-type: none"> ○ Frequency. ○ To the elbow every time. ○ Duration. ○ Water and soap not available in all settings (e.g. sporting events). ○ Sanitizer should be permitted. ○ Many settings do not have a sink at entry to facility. ○ Waste of time/resources.

Appendix A.10 Prevention of Sexual Abuse Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> • Consider adding that it's mandatory to post in treatment/clinic spaces that the client can report to the CMTO if they have been sexually/physically abused by an RMT.

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Appendix A.10 Prevention of Sexual Abuse Standard Comments - Key Themes	
Standard Section	Key Themes
	<ul style="list-style-type: none"> • Detail different therapeutic relationships and whether they are permitted or not, and why (e.g., RMT and spouse, RMT and RMT who is spouse, RMT and friend....) • No information around colleagues and other RMTs. • Content makes clients feel they are at risk for sexual abuse from RMT.
Req't 2	<ul style="list-style-type: none"> • Sexual relationships with clients: <ul style="list-style-type: none"> ○ If a person is a client for one year after treatment, and the RMT must wait a minimum of one year, is that two years in total? ○ Whether it would be professional misconduct is vague. • Treating a spouse: <ul style="list-style-type: none"> ○ Should not be sexual abuse (CMTO should change the requirement). ○ What constitutes treatment? e.g., not charging a fee? ○ Impractical during pandemic, vague. ○ RMTs know how to treat spouse and remain professional. • What constitutes minor/incidental/emergency care? <ul style="list-style-type: none"> ○ This contradicts current Zero Tolerance policy, confusing. (RMTAO) ○ Some found the explanation provided helpful.
Req't 4	<ul style="list-style-type: none"> • How do you disable audio if music is played during treatment? More details on what this requirement is (e.g., must shut down device?).
Req't 6	<ul style="list-style-type: none"> • Consider adding that the RMT may discontinue treatment if a client initiates inappropriate or sexual touching, or a desire to initiate a sexual relationship.
Req't 11	<ul style="list-style-type: none"> • Written consent for sensitive areas: <ul style="list-style-type: none"> ○ It's confusing that breasts and gluteal muscles are both sensitive areas but managed differently. ○ Noticing change in breast massage position, confusion. ○ Takes away "RMTs professional judgement and the client's autonomy." ○ How does it work with substitute decision-makers? ○ Suggest having client list any body part they do not wish to be treated.
Req't 12	<ul style="list-style-type: none"> • Suggest adding a reference to how treatment could be provided over clothed areas.
Other Points	<ul style="list-style-type: none"> • Education around Massage Therapy to spouse and exceptions to treatment of spouse. • What are the precise time limits around dating a previous client? • More information on disabling an audio/video/photo device.

Appendix A.11 Privacy and Confidentiality Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> • Disabling audio/video (from Boundaries and Sexual Abuse) relevant here. • Doesn't address the issues that arise when the clinic owns client files, not the RMT. • Fine, everything is covered, very good.
Req't 4	<ul style="list-style-type: none"> • 'Obtain consent to collect' PHIPA doesn't require consent to collect (ie. Health history form it is given back without asking, as consent is implied), the use of the information on the health history form would require consent. (RMTAO) • Express vs. written consent for disclosure confusion. (Req't 12 as well) • Be more clear about within or out of circle of care. • Define "express consent."
Req't 5	<ul style="list-style-type: none"> • Consent/capable/substitute decision-maker – connection to privacy & confidentiality not clear.
Req't 6	<ul style="list-style-type: none"> • Add that it is not a breach to allow a peer assessor to review files.
Req't 9	<ul style="list-style-type: none"> • Privacy required during intake (not clearly stated).

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Appendix A.11 Privacy and Confidentiality Standard Comments - Key Themes	
Standard Section	Key Themes
	<ul style="list-style-type: none"> Requirement #9 may be a different interpretation of “privacy” than the rest of the Standard/glossary.
Req’t 10	<ul style="list-style-type: none"> Add maintaining confidentiality online (app permission, online testimonials). Clarify about client access to record.
Resources/Related Standards/CSCs	<ul style="list-style-type: none"> Add Circle of Care document from the Privacy and Information Commissioner of Ontario https://www.ipc.on.ca/wp-content/uploads/resources/circle-of-care.pdf . Very useful, relevant, and practitioner oriented with respect to how we share information and with whom.

Appendix A.12 Professional Boundaries Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> Repetition, redundancy. Well written, detailed, complete, specific. Biased to RMTs that practice in large urban centres and towns, does not consider those practicing in rural areas.
Req’t 2	<ul style="list-style-type: none"> Define ‘material’ risk.
Req’t 3	<ul style="list-style-type: none"> Written consent: <ul style="list-style-type: none"> Seems to benefit RMT not client. Waste of time - Should be once per treatment.
Req’t 4	<ul style="list-style-type: none"> Requirements for disabling devices (e.g., turn off function? Power down?) Smart devices that ‘passively’ listen/use microphone?
Req’t 5	<ul style="list-style-type: none"> Define significant value, seems subjective.
Req’t 6	<ul style="list-style-type: none"> Dual relationships: <ul style="list-style-type: none"> Confusion how dual relationships is “avoid” but spouse is abuse. Disagree with spouse, family and friends should be avoided. Exception for small towns, family in need, pandemic. Limits client’s freedom/right to choose their provider. Add exceptions for when you don’t have to avoid a dual relationship. Add “a written declaration of professional boundaries” be included in any treatment plan. Include exceptions from Sexual Abuse.
Req’t 8	<ul style="list-style-type: none"> Be more clear on power dynamic and why included here.
Other Points	<ul style="list-style-type: none"> More information related to: <ul style="list-style-type: none"> Power dynamic in therapeutic relationship. Professional boundaries and relationships/dual relationships. How to disable devices. Acceptable/unacceptable gifts and gifts of significant value.

Appendix A.13 Safety and Risk Management Standard Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> Redundant to IPAC Standard. Reference IPAC in requirements. Good, all aspects covered.
Req’ts 3 & 10	<ul style="list-style-type: none"> “Privacy” not used in way consistent with Glossary definition.
Req’t 4	<ul style="list-style-type: none"> Cleaning and maintenance log: <ul style="list-style-type: none"> Detail what to include/Want an example or template. Too burdensome to document everything between every client. Not always done by the RMT (e.g. in a gym setting). Should this be mandatory that it’s visible to public?

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Appendix A.13 Safety and Risk Management Standard Comments - Key Themes	
Standard Section	Key Themes
	<ul style="list-style-type: none"> ○ Special log for cleaning bathrooms?
Req't 5	<ul style="list-style-type: none"> ● Want to know the hierarchy of authority (not to follow the most restrictive requirements).
Req't 6	<ul style="list-style-type: none"> ● Unclear where to find “established protocols and practices for hazardous materials compliance.”
Req't 7	<ul style="list-style-type: none"> ● Courses/training/certification: <ul style="list-style-type: none"> ○ Want examples. ○ Want instructions on how to identify the need. ● First Aid/CPR certification/maintenance should be required.
Req't 9	<ul style="list-style-type: none"> ● Examples of safety incidents.
Resources/Related Standards/CSCs	<ul style="list-style-type: none"> ● Hyperlink to Draping Standard broken. ● Connection to Draping unclear.

Appendix A.14 General Comments - Key Themes	
Broad Themes	Specific Key Themes
Positive Feedback for Revised Standards	<ul style="list-style-type: none"> ● Appreciate access to supporting documents such as Resources, Career Span Competencies. ● Appreciation expressed to CMTO for updating Standards. ● Consistent in approach one-to-another, clearly written. strongly outcome based, relate well to public safety, very appropriate and meaningful listing that RMTs should understand and be able to apply. ● Increased clarity of language, concise and easy to understand. ● More focused and specific, easy to implement. ● New direction, well laid out, thorough.
Neutral/negative Feedback	<ul style="list-style-type: none"> ● Little change from previous standards. ● Reworking, repetition of previous Standards. ● Too much information, too wordy, too complicated and burdensome.
Feedback for CMTO	<ul style="list-style-type: none"> ● Change “client” to ‘patient’. ● CMTO and Standards should protect RMTs as well as clients. ● Compliance with Standards – what happens to violators? Should be contracts with employers for compliance. ● Reduce membership fees and set fees for Massage Therapy. ● Suggested changes to RMT title, ‘Massage Therapy’, Scope of Practice. ● Trust to ensure feedback is listened to on Standards. ● What is happening with the Technique Standards?
General	<ul style="list-style-type: none"> ● Comments related to survey format. ● Consider true meaning of client outcome. ● Editorial suggestions including benefit/limitations of hyperlinks. ● No standard on Advertising – enforcement of no testimonials, professional conduct on social media. ● No standard on record keeping, treatment notes, retention of files. ● No reference to evidence-informed approach. ● Repetition of comments re specific Standards (already captured under appropriate Standard): Acupuncture, Client-Centred Care, combine Communication and Consent, Communication, Consent, Fees and Billing, Infection Prevention and Control, Prevention of Sexual Abuse. ● Should be higher standards for home practice.

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Appendix A.14 General Comments - Key Themes	
Broad Themes	Specific Key Themes
Repetition Throughout Standards	<ul style="list-style-type: none"> • Repetition of same information in multiple Standards. • Should be more concise, could be streamlined. • Too much redundancy, repetition, unnecessary Standards.
Repetition of Consent	<ul style="list-style-type: none"> • Consent repeated in full many times. • Repetition confusing and frustrating. • Unnecessary, other Standards are not represented in this way.
Consent Related to Sensitive Areas	<ul style="list-style-type: none"> • Issues regarding obtaining consent for treatment of gluteal region. • Issues with specific examples related to breast massage. • Question need to seek written informed consent prior to every treatment of sensitive areas .

Appendix B: Mini Consultation Results – Key Themes for Draping and Physical Privacy Standard

Appendix B.1 Draping and Physical Privacy Standard RMT Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> • Generally reported understanding what is expected regarding draping and physical privacy. • 71% reported the Standard appropriately balances client protection and the ability to provide effective treatment. Among those that disagreed, there was acknowledgement that it is likely skewed towards client protection, does not disrupt day-to-day practice, and only feels too prescriptive for long-standing therapeutic relationships. • 60% reported no implementation issues. Implementation issues were focused on reaching under the draping, continuously monitoring for change in consent, requirements for discussing options, and draping/treating sensitive areas.
Req't 2 (and general)	<ul style="list-style-type: none"> • Client should have option to remain clothed even if their clothing isn't ideal for treatment.
Req't 4 (and general)	<ul style="list-style-type: none"> • Some RMTs do not have the “tools” to offer treatment through clothing – would they have to refer to another RMT because they can't provide options?
Req't 6	<ul style="list-style-type: none"> • Wording is unclear (the grammar is difficult to follow).
Req't 7	<ul style="list-style-type: none"> • It is risky to allow reaching under the draping (cannot see hands, can make clients uncomfortable, not part of practice), some think treating over the draping should be the alternative and listed separately? <p>Reaching under draping:</p> <ul style="list-style-type: none"> • Recommendation from some RMTs: remain with the current approach. • A higher number of respondents (62%) do not see a need to reach under the draping, justifying this position as the base requirement. • Among those that do see a need to reach under (38%), some compelling examples of circumstances that benefit the client (treatment and protection) include: <ul style="list-style-type: none"> ○ For clients with disabilities or positional restrictions. ○ For client safety (tight draping, remaining covered). ○ For client comfort (temperature regulation). ○ To access certain body areas in different specific circumstances for effective care. • RMTs may still choose to not reach under if they are concerned about their own risk (client risk is covered in the requirement). • Consideration of additional risk for sexual abuse: <ul style="list-style-type: none"> ○ The current wording does create increased potential of accidental boundary crossing and does put more onus on the RMT to make decisions regarding when this risk is appropriate and how to mitigate it. ○ It seems unlikely that this would increase risk regarding predatory behaviour as this touch is non-consensual, however, it may make it more challenging to discipline when arguing over evidence on consent to touch.
Req't 9	<ul style="list-style-type: none"> • Unclear why other options need to be discussed if above requirements are followed, and what those other options would be.
Req't 11	<ul style="list-style-type: none"> • Unclear that the requirement is to continuously monitor for change.
Req't 12	<ul style="list-style-type: none"> • Confusing/misleading to say that draping creates physical boundaries when treating over the draping is permitted.
Req't 13	<ul style="list-style-type: none"> • In practice, arms can be exposed when treating shoulder, so “arm” should be included on the list of exceptions. • What is the meaningful difference between #13 and #14?
Consider adding	<ul style="list-style-type: none"> • Requirements for draping (basics): size, material, washability, threadbare/transparency.

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Appendix B.1 Draping and Physical Privacy Standard RMT Comments - Key Themes	
Standard Section	Key Themes
	<ul style="list-style-type: none"> • Offering assistance, instructing client to move/adjust and caution adjusting draping accordingly. • Infants and lack of draping. • Gluteal cleft/genital area is mentioned only about not exposing, not about not touching (not directed related to Draping but high risk).

Appendix B.2 Draping and Physical Privacy Standard Client Comments - Key Themes	
Standard Section	Key Themes
General	<ul style="list-style-type: none"> • 100% of respondents agree or strongly agree that they understand what to expect from Massage Therapy treatment regarding draping and physical privacy. • General agreement that the key aspects of the Client Outcome would be met if RMTs followed the requirements of the Standard, in that it would help clients feel: <ul style="list-style-type: none"> ○ comfortable during treatment, ○ safe during treatment, and ○ that their body would be covered during treatment in a way that maintains boundaries.
Suggestions to add	<ul style="list-style-type: none"> • Types of draping that are permitted/client can expect to be offered. • What constitutes appropriate draping (opaque, size). • Clarify that informed consent is obtained via discussion. • RMT should have to discuss pain tolerance with client. • Managing language, culture diversity. • RMT and client should both sign a written agreement acknowledging that they had a discussion about consent and boundaries (copy for both RMT and client).
Other key themes	<ul style="list-style-type: none"> • Helps establish boundaries, trust, respect. • These are the procedures that need to be followed to protect the client. • Covers all aspects of safety, privacy, comfort, communication. • Covers any concerns/issues I had. • Will be helpful for clients. • I feel most comfortable when exposure is minimized. • Clear when draping is required. • Clear what consent is required and when. • Extremely client centred which is important. • Thorough. • Easy to understand, easy to understand if English is first language, clearly written. • It's important to have a Standard on Draping like this that sets clear expectations for both RMTs and clients. • Standards like these helps the most vulnerable feel safe and seek treatment. • RMTs should spend more time discussing health goals with client at beginning of session. • Unclear on frequency for written consent/consent (possible misinterpretation that is annual, question asking if it needs to be communicated at every treatment). • Unlikely that RMTs will reverify consent prior to undraping an area of the body.



BRIEFING NOTE TO COUNCIL

Date: February 9, 2020
From: Anna Cantalini, Chair, Registration Committee
Re: Rescinding Inappropriate Touch of a Client by a Candidate during the Objectively Structured Clinical Evaluation (OSCE)

Background

As of January 1, 2021, Prometric is administering the Multiple-Choice Question (MCQ) and Objectively Structured Clinical Evaluation (OSCE) certification examinations on behalf of CMTO. The [Inappropriate Touch of a Client by a Candidate during the OSCE policy](#) was used by CMTO for the administration of the OSCE, however since Prometric has taken on this role CMTO no longer needs this policy. Prometric has adopted a very similar policy, also called the Inappropriate Touch of a Client by a Candidate during the Objectively Structured Clinical Evaluation (Appendix A).

The Registration Committee recommends that Council approves rescinding CMTO's Inappropriate Touch of a Client by a Candidate during the OSCE policy effective immediately.

Draft Motion:

THAT Council rescind CMTO's policy "Inappropriate Touch of a Client by a Candidate during the OSCE", effective immediately.

Appendix A: Inappropriate Touch of a Client by a Candidate during the Objectively Structured Clinical Evaluation (OSCE)

Appendix A:

Excerpt taken from the 2021 Prometric Certification Examination Handbook:

Inappropriate Touch of a Client by a Candidate during the Objectively Structured Clinical Evaluation (OSCE)

It is imperative that the Objectively Structured Clinical Evaluation (OSCE) examination environment is respectful and safe for all participants. Providing a standardized experience for all candidates is extremely important and helps ensure the validity and reliability of this high-stakes examination. However, standardization must never take precedence over an individual's safety and security. If a candidate inappropriately touches a standardized client, the standardized client's safety is of paramount concern.

Standardized clients and examiners share the responsibility of reporting inappropriate touch.

Inappropriate touch includes touch of the standardized client's genitals or anus at any time for any reason. It also includes touch of the breast or buttocks other than touch that is clinical in nature appropriate to the OSCE.

Prometric has a detailed protocol, including scripted responses, to support standardized clients and examiners with this responsibility. The protocol takes into consideration the possibility that the standardized client may not be able to articulate what has happened and ensures that the standardized client is being supported in the immediate aftermath of a reported incident.

If a standardized client or examiner believes they have observed a candidate touching a standardized client inappropriately, the candidate's examination may be stopped. Alternatively, anyone witnessing or experiencing inappropriate touch may bring it to the attention of Prometric immediately after the examination using an Occurrence Report.

A review of the incident will take place and everyone present when, or immediately after, the incident took place will be asked to provide a written record of their observations.

Once the written documentation is received, it will be reviewed by Prometric. Prometric may seek additional information. A copy of the documentation collected will be provided to the candidate who will be entitled to make submissions about it to Prometric. After considering all relevant documentation, Prometric may:

- Determine that no inappropriate touch occurred. In this case, Prometric will do one of the following:
 - o If the incident resulted in the candidate's OSCE being stopped before completion, the OSCE will not be counted as one of their three permitted

- attempts, their result on that examination will be disregarded and the fee for their next attempt to complete the OSCE will be waived.
- If the candidate's examination was not stopped before completion (i.e., the incident was reported in Occurrence Reports submitted after the examination), the OSCE will count as one of the candidate's three permitted attempts and the candidate will receive an official examination result notification.
- Determine that inappropriate touch occurred. In this case, Prometric may do one or more of the following as it deems appropriate:
- If the incident resulted in the candidate's OSCE being stopped before completion
 - The OSCE will not be counted as one of the candidate's three permitted attempts and their result on that examination will be disregarded; the fee for their next attempt to complete the OSCE will not be waived, or
 - The OSCE will be counted as one of the candidate's three permitted attempts and the candidate will receive an official examination result notification, or
 - The OSCE will be counted as one of the candidate's three permitted attempts and the candidate is also deemed to have failed the examination.
 - If the candidate's examination was not stopped before completion (i.e., the incident was reported in Occurrence Reports submitted after the examination)
 - The OSCE will be counted as one of the candidate's three permitted attempts and the candidate will receive an official examination result notification, or
 - The OSCE will be counted as one of the candidate's three permitted attempts and the candidate is deemed to have failed the examination.
 - Recommend to the College of Massage Therapists of Ontario (CMTO) that the candidate be required to successfully complete remedial education approved by the Registrar prior to being eligible to attempt another Certification Examination, either OSCE or MCQ. The candidate will be unable to take the OSCE or MCQ pending a decision from CMTO.

All documentation related to the matter will be shared with CMTO for consideration if/when the candidate applies for registration, and will be kept on file with CMTO as part of the candidate's record.



BRIEFING NOTE TO COUNCIL

Date: February 9, 2021
From: C. Flitton, Registrar and CEO
Re: 2021 Workplan

Background:

At its September 22, 2020, meeting, Council approved, in principle, the 2021 Workplan. At that time, Council understood that the approval of the 2021 budget may impact the workplan.

For Consideration:

As the approved 2021 budget deferred the project relating to Evidence Informed Practice, this item has been removed from the workplan.

Recommendation:

THAT the revised 2021 workplan be approved.

Attachment 1: Revised 2021 Workplan.

Agenda Item 8.3 For Decision

2021 Workplan - February 9, 2021

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)
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
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
DEVELOPMENTAL							
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.		



BRIEFING NOTE TO COUNCIL

Date: February 9, 2021

From: Katherine Molnar, Director, Corporate Services

Re: Remote/Virtual Operations and Indicators for Returning to Onsite Operations

Background:

In response to the COVID-19, the College transitioned to remote/virtual operations on March 17, 2020. In July 2020, and subsequently in September 2020, in discussion with Council, it was agreed that CMTO would continue remote operations and would revisit the discussion regarding setting a date for returning to onsite operations at the February 2021 Council meeting.

In addition, at the September 22, 2020 Council meeting, Council requested Management's plan for Returning to the Office. Given that restoring onsite operations will require consideration of many factors, some of which are unknown at this time, Management would like to start the planning process by providing Council with information on current virtual/remote operations and then obtain alignment with Council as to the indicators that will be used to determine when CMTO will return to onsite operations (the office).

Since our last check-in with Council, COVID-19 infections increased in Ontario, and the province is in a second state of emergency and has implemented the maximum public health measures specified in the Grey-Lockdown zone for the Toronto area. Grey-Lockdown is defined as:

Maximum measures

- Implement widescale measures and restrictions, including closures, to halt or interrupt transmission.
- Consider declaration of emergency.

Epidemiology

Adverse trends after entering Red-Control, such as:

- increasing weekly case incidence and/or test positivity.
- increasing case incidence and/or test positivity among people aged 70 or over.

- increasing outbreaks among vulnerable populations, such as long-term care residents and residents of other congregate settings.

Health system capacity

- Hospital and Intensive Care Unit (ICU) capacity at risk of being overwhelmed.

Public health system capacity

- Public health unit capacity for case and contact management at risk or overwhelmed.

Since March 17, 2020, Management has a protocol in place which applies to all individual(s) (i.e., staff/Council /contractors) who must attend the CMTO office while the province is in a state of emergency and Toronto is in the Grey-Lockdown Zone. This plan follows government and public health guidelines. The protocol has been successfully used to conduct MCQ accommodation examinations, to allow OSCE Subject Matter Experts onsite while conducting remote training of the OSCE exam team, and for Corporate Services matters as required.

For Decision:

To continue prioritizing keeping staff and Council safe, and given that all CMTO's operations can be conducted remotely, management would like to align with Council on the following:

1. Not returning to onsite operations until Toronto returns to the Green-Prevent zone. Green-Prevent is defined as:

Green-Prevent

Standard measures

- Focus on education and awareness of public health and workplace safety measures in place.
- Restrictions reflect broadest allowance of activities in Stage 3 absent a widely available vaccine or treatment.
- Highest risk settings remain closed.

Epidemiology

- Weekly incidence rate is less than 10 per 100,000.
- Percent positivity is less than 0.5%.
- Effective reproduction number (Rt) is less than 1.
- Outbreak trends/observations.
- Level of community transmission and non-epi linked cases stable.

Health system capacity

- Hospital and Intensive Care Unit (ICU) capacity adequate.

Public health system capacity

- Case and contact follow-up within 24 hours adequate.
2. The Remote/Virtual Operations protocol will be adjusted whenever Toronto changes zones to continue to accommodate specific needs and time limited activities requiring access to the office.
 3. While the Toronto Public Health Unit is in Yellow-Protect, which is one level above Green-Prevent, CMTO will maintain monitoring of local circumstances, including HPRO Colleges' approaches, TTC/public transit conditions, neighbourhood/building COVID-19 case counts, PPE supply chain concerns and other relevant employer indicators such as staff readiness. This monitoring will provide CMTO with evidence informed options to ensure a flexible and optimized approach to returning to onsite operations, possibly while the Toronto area is in the Yellow-Protect Zone.
 4. Once the Green-Prevent Zone is achieved, onsite operations will be re-started and incorporate measures that have been put into place by government(s) at that time. This plan will also include telecommuting measures which were under consideration prior to the COVID-19 outbreak to accommodate the increased staff headcount without acquiring more office space.

The current Virtual/Remote Operations Protocol is provided for Council's information as Appendix A.

Recommendation:

Is Council in agreement with Items 1 through 4?

COVID-19: CMTO Virtual Office Operations Protocol

Virtual/Remote Onsite Operations

Due to the COVID-19 pandemic and the threat of community spread, the College of Massage Therapists of Ontario (CMTO) transitioned its operations to a virtual/remote office as of March 17, 2020.

CMTO has systems in place to ensure that staff are fully equipped to provide services to the public and registrants while working remotely. CMTO has continued to operate with few disruptions, none of which have affected our public protection mandate. While the College operates virtually, there are no walk-in visits. Courier packages cannot be received at CMTO's office. The use of electronic mail whenever possible or regular and registered mail has been redirected to an alternative location. Staff continues to maintain CMTO's customer service standards and can be contacted via email and telephone as usual and provide responses, generally within two business days.

All meetings including Council, Committee, panels, and hearings are held remotely.

Overview of Safety Measures in the Building and CMTO Offices

In accordance with Ontario's response framework under the *Reopening Ontario Act* guidelines, safety measures have been instituted in both the building and CMTO offices.

Building Safety Measures at 1867 Yonge St. – Implemented by the Property Management firm

Mandatory use of masks or face coverings is required in all building common areas, corridors, elevators, washrooms, and stairwells. Additional measures have been instituted by Colliers International to safeguard its tenants and visitors.

Office Safety Measures on 8th and 9th floor units – Implemented by CMTO

CMTO monitors updates issued by Toronto Public Health to ensure compliance with any required safety measures for businesses and organizations. CMTO's measures complement those of the 1867 Yonge Street Property Management firm.

Mandatory use of masks or face coverings are required inside the office including the front reception area, meeting rooms, interior hallways, kitchenettes, and common areas.

Within the College office, the signage includes, but is not limited to, the proper handwashing protocol, physical distancing markers, room capacity numbers, and directional signage for interior hallway traffic. The main reception area has been modified to maintain physical distancing and a Plexiglas barrier at the front reception desk safeguards visitors and staff.

Hand sanitizer, personal protective equipment, cleaning disinfectant and supplies are provided at stations throughout the office. The kitchenettes are limited to one person at a time and require the use of disposable cutlery and plates.

Entry into CMTO Offices and COVID-19 Screening

Though employees/contractors/service providers are working remotely, a need to enter the CMTO offices arises on occasion to retrieve/deliver documents, office/IT equipment, inspect premises etc. The need to enter the office can also be by a staff person requiring access to printers or their work area, because they have circumstances in their home which are preventing them from working effectively. Each request to enter the office is considered and managed on a case-by-case basis.

Protocol:

An individual (excluding Property Management) wanting to gain entry to CMTO offices, must pre-arrange a date with Corporate Services by contacting the HR Generalist and completing a brief set of COVID-19 screening questions in accordance with the recommendations issued by the Chief Medical Officer of Health for organizations in Ontario on September 25, 2020. The HR Generalist will provide the individual with a link to the screening questions via Survey Monkey. If the individual answers 'yes' to any of the screening questions, they will receive an automated message directing the individual to contact the HR Generalist for further questions. If the individual answers 'no' to the COVID-19 screening questions, permission to access the CMTO offices on a specific date and time will be granted. Corporate Services maintains a log of the entry and exit times for the purposes of contact tracing, if needed.

Reporting COVID-19 cases in the Office

Protocol:

In accordance with the Letter of Instruction issued January 4, 2021 by Toronto's Medical Officer of Health, the College is required to report to Toronto Public Health when two or more cases of COVID-19 are identified in the Office.

1867 Yonge Street Building Management Protocols

Building Access & Security:



- Building card access mode continues
- Dedicated security personnel will be stationed in the building lobby to assist tenants and greet visitors and service providers.
- A sign in process is in effect for visitors. Tenants will be asked to attend the lobby for couriers or other deliveries.


Cleaning:



- Enhanced cleaning measures are in place for the building and we continue to assist with special tenant requirements upon request
- Disinfectant cleaning of all building common areas and daytime high frequency touchpoint cleaning continues.
- Hand sanitizer units are in place at each floor elevator lobby, in parking vestibules, at all building entry points and at the loading/delivery area.
- Additional hand towel and Personal Protective Equipment (PPE) disposal bins are in place in common washrooms.

Elevators & Stairwells:



- Social distancing elevator queuing signs are in place at the main lobby and in each elevator cab.
- Mask requirement signage in place 
- One (1) elevator will be designated for deliveries and trades use.
- Frequent cleaning of elevator call buttons, in cab buttons, cab railings, stairwells and stairwell railings will be conducted
- Stairwell use will be available to supplement elevator use and support social distancing efforts (except in the event of a building emergency)


Heating, Ventilation & Air Conditioning (HVAC):



- HVAC equipment and schedules have been analyzed and optimized for fresh air intake while maintaining temperature control and comfort.
- Supplemental maintenance and cleaning routines for HVAC equipment are in place.
- Air filters throughout the system have been replaced, as well as upgraded where appropriate.

Building Signage:



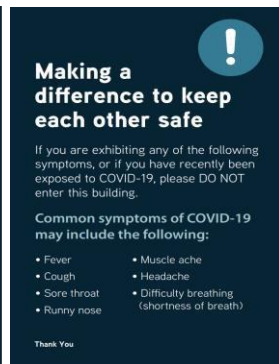
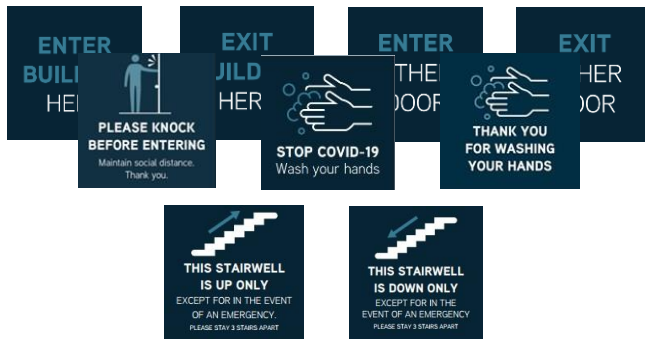
- Mandatory use of face coverings or masks in public areas (corridors, elevators, washrooms & stairwells) 
- Building entrance door signs advising of building protocols in place
- Health and wellness hygiene posters in the main lobby and all common areas
- Social distancing & directional signs in main lobby, elevators, stairwells and on common washroom doors
- Handwashing reminder signs in common washrooms

Service Personnel & Construction:

- Regulatory PPE use by all trades, service providers and building personnel in effect.
- All deliveries will be supervised by security and building personnel to ensure protocols are maintained.

Common Area Signage

We've implemented a specific signage program in building common areas to help provide guidance to support physical distancing guidelines. Keep an eye out for these icons.



[Click Here for Tenant Workplace Guide](#)



More Resources

To further assist you with your planning, we have created a **Tenant Workplace Guide** that outlines industry best practices, key insights and follows recommendations from provincial government and health authorities.