



The College of Massage Therapists of Ontario's 2024 College Performance Measurement Framework (CPMF) Reporting Tool

March 31, 2025

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate to act in the public interest?” This information:

1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
2. Supports Colleges in improving their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

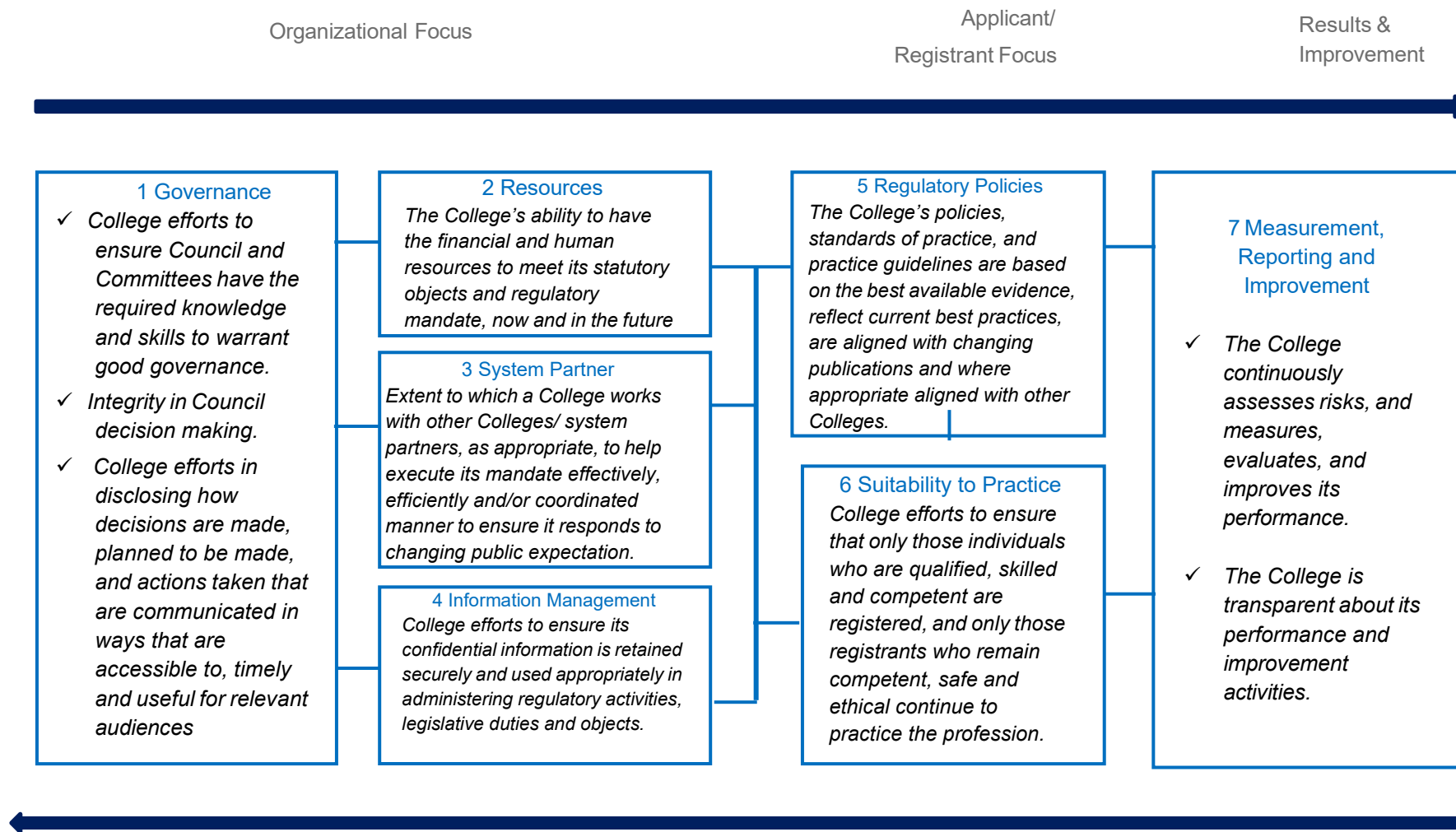


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

Completing the CPMF Reporting Tool

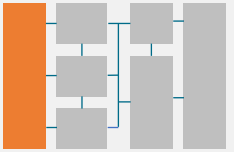
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with 'Met in 2023 and Continues to Meet in 2024'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>Candidates for election to the Board must complete a competencies assessment and submit this as part of their nomination package. Candidates must also declare on the candidate declaration form that they have completed the competencies assessment. This is confirmed by CMTO staff before the potential candidate is deemed eligible to stand for election. CMTO also has position descriptions and required competencies for Board members and the roles of President/Chair, Vice-President/Vice Chair, Executive Officer, Committee Chair and Panel Chair. These can be found starting on pages 21-45 of the Governance Handbook, which is under review and scheduled to be revised in 2025.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>

	<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>All candidates must complete CMTO's orientation program relating to the duties, obligations and expectations of Board and Committee Members before being deemed eligible to stand for election. Potential candidates must declare on the candidate declaration form that they completed the program and CMTO then verifies completion. The training takes 1.5 - 2 hours to complete and consists of three modules with accompanying quizzes. Topics include an overview of health profession regulation in Ontario, how health regulatory colleges operate, and the role of the Board and Committees.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>	
	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>Candidates for election to the Board must complete a competencies assessment and submit it as part of their nomination package. Candidates must also declare on the candidate declaration form that they have completed the competencies assessment.</p> <p>There are specific competencies for non-Board Members, and applicants for non-Board committee positions must complete a competencies assessment.</p>	

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>						
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 516 2196 570">The College fulfills this requirement:</td> <td data-bbox="2196 516 2628 570">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 570 2628 1174"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Committee training is either a half-day or a full day, with additional training days scheduled throughout the year to address specific areas in greater detail (e.g., Governance and Artificial Intelligence). Orientations are conducted in-person or virtually and are facilitated by senior staff and/or legal counsel. Training topics include:</p> <ul style="list-style-type: none"> • Applicable sections of the Regulated Health Professions Act, 1991 (RHPA) and relevant regulations; • Committee terms of reference, procedures manual, policies and position statements; • Confidentiality and conflict of interest; • Equity, diversity, and inclusion; • Risk assessment frameworks and decision-making tools/templates; • Discipline and fitness to practise; and • Relevant case law. </td> </tr> <tr> <td data-bbox="776 1174 2196 1221"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2196 1174 2628 1221">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Committee training is either a half-day or a full day, with additional training days scheduled throughout the year to address specific areas in greater detail (e.g., Governance and Artificial Intelligence). Orientations are conducted in-person or virtually and are facilitated by senior staff and/or legal counsel. Training topics include:</p> <ul style="list-style-type: none"> • Applicable sections of the Regulated Health Professions Act, 1991 (RHPA) and relevant regulations; • Committee terms of reference, procedures manual, policies and position statements; • Confidentiality and conflict of interest; • Equity, diversity, and inclusion; • Risk assessment frameworks and decision-making tools/templates; • Discipline and fitness to practise; and • Relevant case law. 		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
The College fulfills this requirement:	Yes								
<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Committee training is either a half-day or a full day, with additional training days scheduled throughout the year to address specific areas in greater detail (e.g., Governance and Artificial Intelligence). Orientations are conducted in-person or virtually and are facilitated by senior staff and/or legal counsel. Training topics include:</p> <ul style="list-style-type: none"> • Applicable sections of the Regulated Health Professions Act, 1991 (RHPA) and relevant regulations; • Committee terms of reference, procedures manual, policies and position statements; • Confidentiality and conflict of interest; • Equity, diversity, and inclusion; • Risk assessment frameworks and decision-making tools/templates; • Discipline and fitness to practise; and • Relevant case law. 									
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.								

			<i>Additional comments for clarification (optional):</i>
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		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Public appointees to the Board attend a 2-hour in-person or virtual orientation session with the Registrar/CEO and Board Chair. This training provides an overview of:</p> <ul style="list-style-type: none"> • CMTO's strategic plan; • Board, Committees and meetings; • Legislation and by-laws; • Regulatory processes; • The Massage Therapy profession; and • College administration and governance. <p>CMTO's Orientation Program relating to the duties, obligations, and expectations of the Board and Committee Members, is available to all public appointees. Training provided by CMTO is augmented by training provided by the Health Profession Regulators of Ontario (HPRO).</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:	
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>The Board conducts an annual self-assessment and an evaluation after each Board meeting in accordance with the CMTO Board Evaluation and Continuous Improvement Policy (pages 51 - 53 of the Governance Handbook). The assessment and evaluation are administered by an external governance advisor. The policy was last updated in 2019.</p> <p>The most recent Board Evaluation Results can be found on pages 127-131 of the December 2, 2024 Meeting Package.</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (optional)</i></p>		
		Met in 2023, continues to meet in 2024

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> Annually • Please indicate the year of last third-party evaluation. <p>A third party evaluates the Board’s effectiveness annually. Rather than conducting an assessment every three years, CMTO's Board engages an external governance advisor to monitor effectiveness and provide advice on an ongoing basis to the Executive Committee, Committee Chairs, and the Board as a whole. This external advisor administers the Board meeting evaluation process, and the Board's annual assessment against criteria proposed by the advisor and agreed to by the Board. The advisory activities also include the identification of opportunities to strengthen current policies, practices and behaviours, and targeted coaching and training for all the Board members and individual Board members. The last evaluation took place in 2024.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Training for Board and Committee Members is informed by the results of the Board's annual evaluation on pages 60 – 79 of the February 13, 2024 Board meeting package. The training priorities for 2024 were:</p> <ul style="list-style-type: none"> • Financial and Risk oversight; • Equity, diversity, and inclusion; and • Governance. <p>The Board has also implemented a mentoring program with senior/experienced Board Members acting as mentors for new Board Members. Details about the mentoring program can be found on pages 48 – 50 of the Governance Handbook. Mentoring supports new members to further develop their understanding of CMTO and the role of the Board as a whole, and to become effective contributors. Areas of concern are brought to the Board Chair's attention for discussion with the external governance advisor, who then provides input on possible action(s), including targeted coaching. The Board also developed a leadership roadmap that outlines progressive steps a Board Member can take to assume more responsibility on the Board.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>In 2024 the Board participated in several sessions on topics that responded to changing public expectations, including:</p> <ul style="list-style-type: none"> • Governance Trends (February 13, 2024 Board Retreat); • Artificial Intelligence (June 24, 2024 Professional Development Day); • HIV Stigma on Access to Care (September 23, 2024 Board Education Session); • Cybersecurity (June 24, 2024 Professional Development Day); • Equity, Diversity, and Inclusion (December 2, 2024 Board Education Session); and • Strategic Planning (December 2, 2024 Board Education Session). 	Yes
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.	
<p><i>Additional comments for clarification (optional):</i></p>				

Measure:		
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
Required Evidence	College Response	
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>The Board and Committee Member Code of Conduct was updated in 2019 (page 113 of the Governance Handbook), and the Conflict of Interest policy was updated in 2020 (page 92 of the Governance Handbook).</p> <p>The Governance Handbook is available on the CMTO’s website.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>

	ii. accessible to the public.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The Board and Committee Member Code of Conduct was updated in 2019 (page 113 of the Governance Handbook), and the Conflict of Interest policy was updated in 2020 (page 92 of the Governance Handbook). The Governance Handbook is available on the CMTO's website.</p>	Met in 2023, continues to meet in 2024
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. <p>CMTO enforces cooling-off periods through its by-laws and policies. By-Law No. 2- Election of Members to the Board, which includes cooling off provisions, was updated in September 2023. The Conflict of Interest Policy was updated in December 2020 (page 92 of the Governance Handbook).</p> <p>The eligibility criteria in By-Law No. 2 state that candidates for election cannot have been on the Board, a Committee of, or employed or contracted by the Registered Massage Therapists' Association of Ontario or a similar professional association within the last two years. Candidates running as an academic Board Member also cannot have had a financial interest in the educational institution in the last 12 months. All candidates running for election cannot have been employed or contracted by CMTO within the last two years. The Conflict of Interest Policy states that Board Members cannot hold any other position, contract or appointment with CMTO while serving on Board. There is a two-year waiting period after the end of a Board term before the individual may apply for a position with CMTO. This includes, but is not limited to peer assessor, investigator, examiner or staff positions.</p>	Met in 2023, continues to meet in 2024

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		
		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>All Board members are asked to complete a declaration stating that they understand and will adhere to the CMTO's Conflict of Interest Policy (page 92 of the Governance Handbook). They are also asked to declare conflicts of interest at each meeting and indicate whether their questionnaire requires amendment based on the Board agenda items. The conflict of interest questionnaire can be found on pages 132 - 145 of the December 2, 2024 Board meeting package.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
			<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>All Board meeting packages are available on CMTO’s Board Meetings webpage. Examples of public interest rationales can be found on pages 54 and 88 of the September 2024 Board meeting package.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>In 2014, the Board approved an Organizational Risk Management Policy and Plan (page 129 of the Governance Handbook). The policy indicates that management will monitor the plan annually and report to the Board. The Risk Register is now updated and reported to the Executive Committee and the Board quarterly. An example of the Risk Register can be found on pages 106-109 of the December 2, 2024 Board meeting package.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Approved Board minutes and updates on the implementation of Board decisions to date can be found on CMTO's Board Meetings webpage.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2023, continues to meet in 2024</p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>As part of every Board meeting package posted to the website, CMTO includes a report from the Executive Committee. An example can be found starting on page 16 of the December 2, 2024 Board meeting package. The reports include:</p> <ul style="list-style-type: none"> • Dates the Executive Committee met; • Itemized decisions that effect the Board, or brought forward to the Board; and • Information on whether the item will need to be ratified/approved by the Board. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and

iv. if decisions will be ratified by Council.

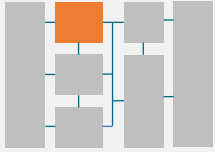
Additional comments for clarification (optional)

Measure: 3.2 Information provided by the College is accessible and timely.	
Required Evidence	College Response
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 <ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted.
	Board meetings dates and all meeting materials can be found on CMTO's Board Meetings webpage .
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Choose an item.
	<i>Additional comments for clarification (optional)</i>
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 <ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings.
	Notice of discipline hearings are posted on CMTO's Discipline Hearing Schedule webpage . All notices are posted as soon as a hearing is scheduled. Related materials, such as Statements of Allegations, are posted within two weeks of the Inquiries, Complaints and Reports Committee signing a decision to refer specified allegations to the Discipline Committee, and in all cases, more than one month before a hearing.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
<p>Required Evidence</p>	<p>College Response</p>		
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p>		Yes
	<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>CMTO’s Strategic Plan for 2023 – 2025 includes a strategic goal around equity, diversity, and inclusion (EDI). CMTO has committed to:</p> <ol style="list-style-type: none"> 1. Embedding EDI into organizational programs and processes. 2. Publicly reporting on EDI progress. <p>EDI was discussed as part of strategic planning at the Board’s December 2, 2024 meeting (pages 98 – 100 and 111 - 113).</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>In 2024, CMTO established its EDI Committee to advance its commitment to equitable practices, including equity impact assessments (EIA). The Committee revised a governance-focused EDI Questionnaire for applicants to CMTO’s Board and Committees, enabling a clearer assessment of governance composition through an EDI lens and supporting the nomination process. To further this work, CMTO engaged an EDI Consultant to develop a strategic framework and a 10–12-month action plan for short-term initiatives aligned with the organization’s broader strategic goals. Additionally, CMTO is part of the Health Professions Regulators of Ontario (HPRO) EDI Network, collaborating with peers to share resources and expertise in advancing EDI across other health regulators.</p> <p>The questionnaire and consultant are the first steps in launching more EIAs of this nature, and more work focused on EDI at the College more generally.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>	
<p><i>Additional comments for clarification (optional)</i></p>				



Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

Each year the Senior Management Team develops an annual draft workplan consisting of projects and activities that support the strategic plan and operations. Projects and activities are selected based on needs analysis, priority ranking, and risk assessment. A draft budget is prepared based on the workplan and finalized for presentation to the Board in December of each year. Once the budget is approved, the workplan is updated and if there are any cost mitigation measures approved by the Board in the budget that affect the workplan, it is updated and finalized for implementation in January of the following year.

The Board reviewed and approved the 2025 budget at its December 2024 meeting ([pages 35-40](#)).

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

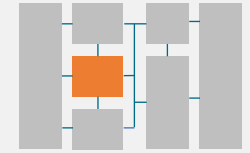
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p>The Surplus Retention Policy (financial reserve policy) is part of CMTO's Finance Policy Manual. It was developed in November 2023. As outlined in the policy, unrestricted net assets should not fall below 3 months or exceed 12 months of operating expenses. In November 2023, the Board reviewed and approved the Finance Policy Manual (which includes the Surplus Retention Policy). As of December 31, 2024, the amount of money in reserve was equal to 10.85 months of operating expenses.</p>	<p>Met in 2023, continues to meet in 2024</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The Registrar/CEO reports to the Board on human resources quarterly through the Registrar/CEO Report. An example is available starting on page 26 of the February 13, 2024, and page 39 of the September 24, 2024 Board meeting package. In some cases, human resources-related discussions may be held <i>in camera</i> . The Office of the Registrar also maintains an internal senior staff succession plan that is updated as needed. CMTO continues to include its anticipated resource allocation requirements in the budget and multi-year forecasting analysis. HR planning sessions are also incorporated mid-year to help address any staffing changes.</p> <p>To ensure that CMTO maintains a capable and competent workforce, CMTO uses LinkedIn Learning. The course library currently offers more than 16,000 courses covering various business, technology, and creative skill topics. The platform is interactive and provides suggested learning paths based on needs and interest and includes a social component where you can recommend courses to colleagues. Certificates and micro-credentials earned through completion of the courses can be added to staff LinkedIn profiles, and courses are accessible through the LinkedIn Learning site and on the mobile app, making it easy to work though content.</p> <p>CMTO provides an annual professional development allowance for all staff to be used for additional learning and network opportunities. CMTO is also focusing on leadership wide training as well as performing annual employee engagement surveys to continue to enhance employee policies and procedures.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan <p>CMTO's IT workplan is developed annually by evaluating the maturity of processes across all departments, implementing system enhancements, and digitizing manual processes. This comprehensive approach ensures continuous improvement and efficiency in college operations. Its key components are:</p> <ol style="list-style-type: none"> 1. Data Management: CMTO protects its data with a backup server and multiple layers of user authentication to ensure data integrity and security. 2. Data Workplan: A data workplan is developed as part of the IT workplan to address CMTO's internal and external reporting needs, further supporting the college's mission and goals. 3. Cyber Security Program: The Cyber Security Program enhances infrastructure security controls and provides annual training and awareness to all users, ensuring a robust defense against cyber threats. 4. Continuous Improvements: System enhancements are prioritized and implemented each year based on a thorough review of process maturities across all departments, fostering ongoing development and optimization. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>In 2024, CMTO continued to collaborate with stakeholders to strengthen regulatory alignment and practice expectations. Key initiatives included:</p> <p>Health Profession Regulators of Ontario (HPRO)</p> <ul style="list-style-type: none"> Maureen Boon, Registrar & CEO, maintained her leadership role on the HPRO Board as Vice-Chair. Staff participated in the Communications Committee and Quality Assurance Committee, supporting cross-college alignment. <p>Health Professions Discipline Tribunal Pilot</p> <ul style="list-style-type: none"> Beginning in 2023, CMTO, the Colleges of Audiologists and Speech-Language Pathologists of Ontario, Physicians and Surgeons of Ontario and Registered Psychotherapists of Ontario launched a pilot project to enhance the quality, independence and timeliness of discipline hearings.

- The [Health Professions Discipline Tribunals \(HPDT\) pilot](#) is based on the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) model, which was created in 2021. The Discipline Committee or Tribunal of each college involved in the pilot operates as an independent tribunal with experienced lawyer-adjudicators who chair hearings. An experienced tribunal leader chairs each of the Tribunals.
- Staff of the participating college or the HPDT process the cases, depending on the college's preference. The tribunal model promotes the independence of the discipline process, creates efficiencies and improves dispute resolution techniques.
- The HPDT allows each college's tribunal to benefit from the adjudicators' experience in chairing panels, managing cases and providing mentorship to professional and public panel members.
- The pilot was a success and, in 2024, transitioned from a pilot into its next phase. Two more health regulators, the College of Chiropractors of Ontario and College of Occupational Therapists of Ontario, also committed to joining the HPDT in early 2025.

Educators

- CMTO held its 2024 Prevention of Sexual Abuse Seminar, and Massage Therapy educators were the attendees. Educators from Massage Therapy programs across Ontario shared their perspectives, exchanged ideas, and learned about effective strategies for sexual abuse prevention from guest speakers.
- In 2024 CMTO's updated Registration Regulation under the *Massage Therapy Act* came into force, giving CMTO the ability in 2027 to approve Massage Therapy programs whose graduates would be eligible for registration with CMTO. CMTO communicated these changes to educational institutions and RMTs/MTs.
- Maureen Boon spoke at Humber College, Georgian College, and Kikkawa College to engage with students and educators about CMTO initiatives and priorities.

Registered Massage Therapists' Association of Ontario (RMTAO)

- Maureen Boon presented at RMTAO's Annual General Meeting in January, sharing updates about CMTO.
- Co-hosted Joint Town Halls with RMTAO across Ontario in St. Catharines, Guelph, Peterborough, Kingston, Ottawa, Thunder Bay, and Toronto.
- CMTO staff participated in an RMTAO webinar to about STRiVE, CMTO's Quality Assurance program.

Heads of Health Sciences Massage Therapy Subcommittee

- Staff engaged with educators in this subcommittee to align regulatory and educational priorities, ensuring consistency in practice expectations.

CMTO Staff Participated in the Following Conferences and External Engagements:

- CLEAR Regional Symposium: presented on regulatory excellence.
- CLEAR Conference: shared insights on regulatory practices.
- CNAR Conference: participated in a panel on professional regulation.
- Infonex Conference: presented on professional regulation and discipline.
- Health Professions Discipline Tribunals Conference: presented on case minutes.

Other Regulators

- Provided consultation responses to Royal College of Dental Surgeons of Ontario, College of Registered Psychotherapists of Ontario, and College of Naturopaths of Ontario on regulatory matters.

	<ul style="list-style-type: none">• CMTO staff presented on the Client Relations Committee Funding Program at The College of Medical Laboratory Technologists of Ontario's Patient Relations Committee, sharing best practices.

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

Public engagement:

CMTO leveraged its online consultation tool to gather feedback on:

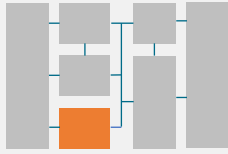
- **Personal Health Information (PHI) Collection:** In 2023, CMTO learned that sensitive health information (e.g. HIV/AIDS status) routinely requested on some health history forms creates the potential for discrimination and does not comply with the [Personal Health Information Protection Act, 2004](#) (PHIPA). PHIPA requires health professionals to “not collect, use or disclose more personal health information than is reasonably necessary to meet the purpose of the collection, use or disclosure”. In response to these changes to public expectations, CMTO held a public consultation on a draft Standard for collecting Personal Health Information, which:
 - Received 521 responses.
 - Responses were 84% positive.
 - Received responses from Registered Massage Therapists/Massage Therapists (RMTs/MTs) as well as other stakeholders in the sector (e.g. HALCO and RMTAO).

CMTO also engaged the public and RMTs/MTs at its Town Halls:

- With over 300 total attendees, these events allowed CMTO to engage in meaningful dialogue, answer questions, and hear directly from RMTs/MTs about what is impacting their profession. CMTO also was able to ask attendees questions on topics such as PHI collection and gather feedback in-person.

CMTO works with several partners based on its legislative and operational needs, and the needs of the public and RMTs/MTs. These relationships are maintained through regular or ad hoc meetings, and communication on issues as needed. Examples of how these relationships were leveraged to respond to changing public expectations include:

	<ul style="list-style-type: none">• Police Services: This engagement is on-going and includes sharing information about criminal charges, fraud prevention and complaints (e.g., sexual abuse and fraud) as appropriate under the Regulated Health Professions Act, 1991.• Canadian Massage Therapy Council for Accreditation (CMTCA): CMTO provided comments on the review of CMTCA's accreditation standards. The comments focused on prioritizing sexual abuse prevention, ensuring clients know what to expect from student therapists, the importance of an evidence-informed approach to practice and promoting the importance of regulation.• Media Outlets: CMTO works with media outlets to respond to inquiries and address inaccurate media coverage.



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

a. The College demonstrates how it:
 i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

The College fulfills this requirement:

Yes

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.

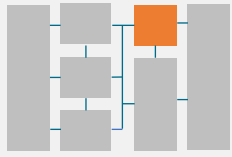
CMTO's [Privacy Policy](#) outlines the processes governing the collection, use, disclosure, and protection of personal or sensitive information (both health and non-health). CMTO also provides secure laptops and CMTO email addresses to all Board, non-Board Committee Members and others acting on CMTO's behalf (e.g., peer assessors). CMTO uses a consent form signed by RMTs/MTs before assisting with telephone renewal and has a policy for RMTs/MTs requesting to keep contact information off the Public Register due to a safety concern.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>CMTO uses multiple measures to protect information from unauthorized disclosure or access that are classified as technology, human resource and policy measures.</p> <ul style="list-style-type: none"> The technology measures include firewalls, single sign-on, VPN, anti-virus software, email verification rules and the utilization of Office 365 Security Center policies. The human resource measures include the communication of cyber security threats and employee orientation on safe computing. The policy measures include items such as password complexity and multi-factor authentication requirements. <p>In the event of a disaster or unauthorized data access, CMTO has an action plan in place to ensure continued operations, and a crisis communication plan to effectively communicate with, and inform affected partners.</p>	<p>Yes</p>
			<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	



Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

Benchmarked Evidence

College Response

The College fulfills this requirement:

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

CMTO actively monitors developments in the practice of Massage Therapy or the regulatory environment and tracks questions received by the Practice Specialist (who would receive feedback on policies, Standards of Practice and practice resources).

Additionally, CMTO has an online consultation function which allows the College to gather more input when developing new guidance. For example, in 2024 CMTO used this functionality to consult on:

- Draft guidance for collecting Personal Health Information

When CMTO updates guidance or provides a new direction, this would be guided by CMTO's [Practice Resource Framework](#) and [Practice Resource Development Process](#). However, a more immediate evaluation would be triggered if:

- Significant feedback was received (e.g., implementation concerns);
- There was a change to the practice of Massage Therapy; and/or
- There was a legislative change to the health profession regulatory environment.

CMTO is reviewing its process for updating policies and Standards of Practice in 2025.

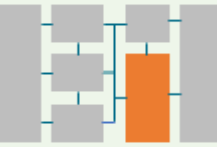
Met in 2023, continues to meet in 2024

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>The development of and updates to policies, Standards of Practice and practice resources is guided by CMTO's Practice Resource Framework. CMTO's Practice Resource Development Process outlines the steps taken from start to finish when developing or updating policies, Standards of Practice and practice resources. The Framework explains:</p> <ul style="list-style-type: none"> • Why CMTO would use a certain type of resource (e.g., regulation vs. a standard); • How CMTO prioritizes the development of practice resources; • The process for developing practice resources (including gathering research and soliciting feedback); and • How changes are communicated to RMTs/MTs and the public. <p>Other policies relevant to the practice of Massage Therapy that may fall outside of a practice resource are reviewed and updated by the appropriate committee and/or Board if applicable. Changes to policies are typically driven by changes to legislation and the regulatory environment, and by monitoring best practices.</p> <p>CMTO is reviewing its process for updating policies and Standards of Practice in 2025.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>In 2023 CMTO's Board approved the creation of an Equity, Diversity, and Inclusion Standing Committee. This Committee aims to create an inclusive environment for members of the public and RMTs/MTs interacting with the College and to support RMTs/MTs in providing care to diverse client populations. The Committee began its work in 2024, and it:</p> <ul style="list-style-type: none"> • Updated a CMTO EDI Questionnaire for applicants to Board and Committee roles to better understand the composition of its governance from an EDI perspective and support the Governance Committee's nomination process. • Selected an EDI consultant to support the development of an EDI strategy and workplan. The consultant brings expertise to identify barriers, recommend actionable strategies, and ensure CMTO's policies, guidelines, and standards promote equitable access, representation, and inclusion for registrants and clients. <p>CMTO's 2023-2025 Strategic Plan includes a goal around EDI, and CMTO has committed to:</p> <ol style="list-style-type: none"> 1. Embedding EDI into organizational programs and processes. 2. Publicly reporting on EDI progress. <p>Additionally, CMTO's Code of Ethics has a principle which requires RMTs/MTs to treat all clients with respect and dignity, including providing fair and equitable access and consistent quality care to all clients, free of discrimination based on the protected grounds and social areas outlined in the Ontario Human Rights Code.</p>	<p>Yes</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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	<p>Measure: 9.1 Applicants meet all College requirements before they are able to practice.</p>	
	<p>DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9</p>	<p>Required Evidence</p> <p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>To meet CMTO's registration requirements, applicants must:</p> <ul style="list-style-type: none"> • Have completed a Massage Therapy education program not more than three years before the date of application; • Meet the requirements of the Language Fluency Policy. This policy was last updated in November 2024 to include: additional assessments accepted by the federal government for the purposes of immigration, include gender neutral language, and the acceptance of IELTS One-Skill Retake assessments; • Submit a vulnerable sector check. This policy was last updated in 2019 and was reviewed in 2023 (no changes were made); • Complete a refresher course if their education was completed more than three years before the date of application. The refresher course policy was updated to include a new jurisprudence program, flexible remote tutoring options and specified requirements for the different participant categories. The policy came into effect Jan 1, 2023; • Submit a letter of standing if they are already registered as a Massage Therapist in another jurisdiction where the profession is regulated. This process was updated in May 2020 to ensure that all relevant information is provided by other regulators; and • Pass the certification examinations. The content outlines for the examination are reviewed and approved by the Board annually. The 2025 content outlines were approved by the Board September 2024. <p>When reviewing its criteria and processes for determining whether an applicant meets its registration requirements, CMTO consults with other regulators to determine best practices. CMTO also keeps an internal listing of its policies that includes when they are up for review.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.				
		c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. Please briefly describe how the College identified currency and competency requirements. Please provide the date when currency and competency requirements were last reviewed and updated. Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. 		
		<p>CMTO's currency and competency requirements are outlined in the Registration Regulation. The Refresher Course and Practice Hours Requirement policies enable CMTO to operationalize the regulation. The Refresher Courses Policy was adopted in September 2004 and was updated in 2022. The Practice Hours Requirement Policy (formerly known as the Direct Client Care Policy) was adopted in September 2004 and amended in September 2024.</p> <p>The Registration Regulation, updated in July 2024, now states that to hold a General Certificate of Registration, RMTs/MTs must have practiced a minimum of 500 hours within the scope of practice of Massage Therapy within the previous three years in a regulated Canadian jurisdiction or completed a Refresher Course in the previous 15 months. Inactive registrants moving to a General Certificate must have been inactive for less than three years or completed a Refresher Course in the previous 15 months.</p> <p>CMTO monitors RMTs/MTs to ensure they meet currency and competency requirements through the registrant self-declaration at annual renewal. If a registrant holding a General Certificate does not meet the practice hours requirement, their class of registration is moved to Inactive and they are not authorized to practise.</p> <p>Inactive registrants moving to a General Certificate more than three years after becoming Inactive are automatically asked to complete a Refresher Course (per the Registration Regulation).</p>		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
Additional comments for clarification (optional)				

² A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
		<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: No Action Plan Issued <p>CMTO's latest submission to the Office of the Fairness Commissioner was the 2023 Fair Registration Practices Report. No action plan was issued following the submission of this report.</p>
		Met in 2023, continues to meet in 2024
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
		Choose an item.
<p><i>Additional comments for clarification (if needed)</i></p>		

Measure:

10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence

College Response

a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).

Further clarification:

Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.

The College fulfills this requirement:

- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
 - Name of Standard
 - Duration of period that support was provided
 - Activities undertaken to support registrants
 - % of registrants reached/participated by each activity
 - Evaluation conducted on effectiveness of support provided
- Does the College always provide this level of support: **Yes**
If not, please provide a brief explanation:

Met in 2023, continues to meet in 2024

In 2024, CMTO included an e-learning module in the [Quality Assurance Program \(STRiVE\)](#) on four Standards of Practice and Regulation to be introduced in preparation for 2025 the Practice Profile and Practice Assessment. This module included discussion of the Standards and Regulation’ requirements and their application to practice. The final response rate for completion of those eligible by the end of 2024 was 98.5%. This process is followed on an annual basis.

To measure trends, identify gaps and assure continuous quality improvement, all aspects of STRiVE include surveys to foster ongoing engagement from both RMTs/MTs and assessors, referred to as Assessment Advisors. A general program evaluation is conducted in follow-up and reflected in an annual report. In addition, improvements, resources and new standards of practice or guidelines, are also promoted in [TouchPoint](#), CMTO’s e-newsletter, in announcements or other communications, including social media.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
		<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>
	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. Is the process taken above for identifying priority areas codified in a policy (Note: The information is reflected and updated on the CMTO website as the Quality Assurance focus changes annually, with frequent pre-, intra- and post- messaging for each part of STRIVE through various modes of communication.): Yes <i>If yes, please insert link to the policy. (in this case the information is reflected on the CMTO website).</i> <p>STRIVE uses the Standards of Practice as a foundation. The Quality Assurance Committee reviews and considers plans to evaluate areas of practice annually. The Blueprint to guide the design, development, implementation, and evaluation of STRIVE’s Risk-Based Assessment (RBA), along with a Decision Guide, are considered and approved annually by the Quality Assurance Committee for implementation. This includes areas of high risk for CMTO (e.g., prevention of sexual abuse, consent for sensitive areas) and identifies select topics of focus annually. With the framework implementation in 2023, 2024 marked the first year that all STRIVE components followed the intended timelines for Be the Best You Can Be, Practice Profile and Risk-based Practice Assessment. Be the Best You Can Be commences the STRIVE cycle to help prepare all RMTs/MTs for Risk-based Assessment (RBA) the following year. All eligible RMTs/MTs complete Practice Profile, while a much smaller number of RMTs/MTs are selected for Practice Assessment based on identified risk. The three components of Be the Best You Can Be, which introduces the content for the following year, include an E-Learning Module, Self-Assessment and Learning Plan.</p> <p>For 2024, the four Standards of Practice incorporated were:</p> <ol style="list-style-type: none"> Collaboration and Professional Relationships; Conflict of Interest; Consent; and Fees and Billing. <p>The Standards of Practice, along with the different STRIVE components, were discussed in TouchPoint, CMTO’s newsletter, announcements, and other scheduled communications throughout the year.</p> <p>RMTs/MTs selected for a Practice Assessment were encouraged to review the four select Standards of Practice and corresponding Standard Spotlights before completing a Pre-interview Assignment and connecting virtually with an Assessment Advisor to answer questions designed to assess the RMT’s/MT’s’ understanding and competence of identified requirements.</p>	Met in 2023, continues to meet in 2024
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> No - <i>Employers</i> Yes - <i>Registrants</i> Yes - <i>other stakeholders</i> Yes <p>CMTO launched Risk-based Assessment (RBA) developed by a team of experts in 2023, with input from the profession (an RBA Advisory Group).</p> <p>The Risk-based Assessment approach focuses on risks and supports of RMT’s/MT’s competence within their health profession. Each year, the Quality Assurance Committee reviews aggregate data, and is presented with a Blueprint for review and approval to guide the design, development, implementation, and evaluation of STRiVE’s Risk-Based Assessment (RBA). In addition, the Committee reviews and approves the Decision Guide to help support future analysis and selection for assessment based on identified risks for the next year (i.e., 2025).</p> <p>In terms of “right touch” regulation, this means applying regulatory tools (rules, consequences) for the areas of biggest risk, and using lesser regulatory tools, or taking no action, for areas of low risk. It also requires knowing what the highest risks are and focusing attention (and resources) there, while also acknowledging low risk areas and being comfortable doing nothing. Those selected for Practice Assessment have the highest amount of risk criteria.</p>	<p>Met in 2023, continues to meet in 2024</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2023, continues to meet in 2024</p>
		<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>

		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>As part of CMTO's Risk-based Assessment (RBA) - Practice Assessment process, selected RMTs/MTs are provided with two opportunities to complete the Practice Assessment, which consists of a Pre-Interview Assignment, followed by a virtual Semi-Structured Interview with an assessor (referred to as an Assessment Advisor). If the RMT/MT is unsuccessful at the first attempt at the Practice Assessment, they are provided with another opportunity with a different Assessment Advisor.</p> <p>If the second Practice Assessment is not satisfactory, the Quality Assurance Committee will review the Practice Assessment report and determine the next steps. The Quality Assurance Committee (QAC) is provided with a general framework and guidance as to the assessment outcomes and how to address identified gaps in knowledge, skill or judgment following the assessment. Where gaps are identified, the QAC will consider the evidence provided, along with any additional submissions provided by the RMT/MT, and will then determine appropriate remedial activities, including timelines, and any follow-up assessments (i.e., reassessments) where warranted. The QAC will always consider risk to the public in its decision making. The intent is to direct remediation activities that are proportionate to the risks identified, along with the RMT's/MT's's demonstrated self-governability.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
			Choose an item.

		<i>Additional comments for clarification (optional)</i>						
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.								
	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="758 495 2198 548" style="width: 80%;">The College fulfills this requirement:</td> <td data-bbox="2198 495 2580 548" style="width: 20%; text-align: center;">Yes</td> </tr> <tr> <td colspan="2" data-bbox="758 548 2580 1372"> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>CMTO’s Compliance Office tracks remediation activities mandated by Committees across the College or undertaken by an RMT/MT. Completion of directed activities and outcomes are monitored and enforced using internal tracking tools including:</p> <ul style="list-style-type: none"> • Assigned activity date; • Next action date(s); • Completion deadline(s); • Actual completion date (where applicable); and • Source/Committee that assigned the activities. <p>CMTO determines that an RMT/MT has demonstrated the required knowledge, skill and judgment following one or more of the listed remedial activities by:</p> <ul style="list-style-type: none"> • Follow-up and/or reassessment to ensure directed changes in practice have occurred or to compare scoring to a previous assessment in a specific area of practice where the RMT/MT had an insufficient score; • Review of reflective paper/submission relevant to assigned activities; • Workshop completion and subsequent knowledge test; and • Submission of a certificate of completion from an approved consultant/course provider. <p>Terms, conditions or limitations imposed by the Quality Assurance Committee, remediation directed by the Inquiries, Complaints and Reports Committee, and most College-directed undertakings are posted on the Public Register.</p> </td> </tr> <tr> <td data-bbox="758 1372 2198 1416" style="text-align: center;"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2198 1372 2580 1416" style="text-align: center;">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>CMTO’s Compliance Office tracks remediation activities mandated by Committees across the College or undertaken by an RMT/MT. Completion of directed activities and outcomes are monitored and enforced using internal tracking tools including:</p> <ul style="list-style-type: none"> • Assigned activity date; • Next action date(s); • Completion deadline(s); • Actual completion date (where applicable); and • Source/Committee that assigned the activities. <p>CMTO determines that an RMT/MT has demonstrated the required knowledge, skill and judgment following one or more of the listed remedial activities by:</p> <ul style="list-style-type: none"> • Follow-up and/or reassessment to ensure directed changes in practice have occurred or to compare scoring to a previous assessment in a specific area of practice where the RMT/MT had an insufficient score; • Review of reflective paper/submission relevant to assigned activities; • Workshop completion and subsequent knowledge test; and • Submission of a certificate of completion from an approved consultant/course provider. <p>Terms, conditions or limitations imposed by the Quality Assurance Committee, remediation directed by the Inquiries, Complaints and Reports Committee, and most College-directed undertakings are posted on the Public Register.</p>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
The College fulfills this requirement:	Yes							
<ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>CMTO’s Compliance Office tracks remediation activities mandated by Committees across the College or undertaken by an RMT/MT. Completion of directed activities and outcomes are monitored and enforced using internal tracking tools including:</p> <ul style="list-style-type: none"> • Assigned activity date; • Next action date(s); • Completion deadline(s); • Actual completion date (where applicable); and • Source/Committee that assigned the activities. <p>CMTO determines that an RMT/MT has demonstrated the required knowledge, skill and judgment following one or more of the listed remedial activities by:</p> <ul style="list-style-type: none"> • Follow-up and/or reassessment to ensure directed changes in practice have occurred or to compare scoring to a previous assessment in a specific area of practice where the RMT/MT had an insufficient score; • Review of reflective paper/submission relevant to assigned activities; • Workshop completion and subsequent knowledge test; and • Submission of a certificate of completion from an approved consultant/course provider. <p>Terms, conditions or limitations imposed by the Quality Assurance Committee, remediation directed by the Inquiries, Complaints and Reports Committee, and most College-directed undertakings are posted on the Public Register.</p>								
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.							

			<i>Additional comments for clarification (if needed)</i>
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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>File a Complaint webpage - Describes the complaints process, potential outcomes and supports available to complainants. The page also includes audio guides that explain the complaints process in Arabic, Cantonese, French, Mandarin, Punjabi, Spanish and Tagalog. The page includes a link to the online complaint form. PDF copies are provided on request.</p> <p>Funding for Therapy and Counselling webpage - Describes the process to access funding for sexual abuse complainants. The page details the eligibility criteria and provides instructions on applying. The Funding for Therapy and Counselling Policy was updated in 2022 to streamline program administration and enhance fairness, transparency, and consistency for those who wish to access the program.</p> <p>When a complaint is received, staff assess whether more information is needed from the complainant before notifying the RMT/MT of the complaint. Depending on the nature of the allegations, the Inquiries, Complaints and Reports Committee may, at its discretion, appoint an investigator. Alternatively, CMTO may instead allow the RMT/MT an opportunity to respond and then return the matter to the Inquiries, Complaints and Reports Committee for disposition.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		Choose an item.	

		<p>complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p><i>Additional comments for clarification (optional)</i></p>
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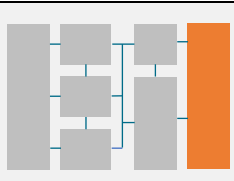
		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>Upon final disposition, CMTO sends a survey to complainants and RMTs/MTs to gather feedback on the process. The survey asks the participants whether they found CMTO's complaints process information clear and useful and poses questions about other aspects of their experience during the complaints process. The feedback is reviewed by staff regularly and shared with the Inquiries, Complaints and Reports Committee annually to consider how CMTO can improve the complaints process.</p>	<p>Yes</p>
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>In 2024, the College responded to 99.6% of inquiries from the public within five business days.</p>	<p>Met in 2023, continues to meet in 2024</p>
			<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. • All complaints are acknowledged within 14 days of receipt. This acknowledgement includes an information sheet about the complaints process and, if applicable, information and an application for CMTO's Funding for Therapy and Counselling Program. • Within three business days, staff respond to questions about the complaints and reports process. • Investigators who conduct interviews with the complainant are trained to explain and answer questions about CMTO's complaints process, including providing the complainant with information about CMTO's Funding for Therapy and Counselling Program. • Each complainant is assigned a single contact at CMTO, so the complainant always speaks to the same person when questions arise. If a sexual abuse matter is referred to the Discipline Committee, the Manager of Prosecutions contacts the complainant to explain the Discipline Committee process and answer questions. • Staff and Board/Committee Members undergo regular training by experts in sexual abuse prevention. This training ensures that those involved with complaints or reports relating to sexual abuse have current knowledge of CMTO's responsibilities around sexual abuse and understand the impact of sexual abuse on clients. Staff communicating directly with individuals who may have been sexually abused are trained to carry out this work in a sensitive manner, which includes receiving trauma-informed investigation training. • If necessary, Investigators will conduct interviews outside of business hours to accommodate complainant/witness schedules. • Interpreter and translation services are available as requested/required. <p>Where appropriate, investigators and staff use video calls for complainant interviews.</p>	<p>Met in 2023, continues to meet in 2024</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>		
	<p>a. Provide details about how the</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>

		<p>College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>In addition to the supports outlined in question 11.1 (c.) above, CMTO ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process through:</p> <ul style="list-style-type: none"> • Prompt responses to all parties to the complaint. • Regular status update letters to complainants/RMTs/MTs as required under legislation explaining the current status of the investigation. • Frequent scheduling updates to hearing participants, including complainants. • Offers for technical tests before virtual hearings (including an assessment of hardware and software needs, a review of videoconference platform functionalities). • Testimonial accommodations for complainants/vulnerable witnesses as part of trauma-informed hearing practices (e.g., in cases where the registrant is self-represented, a lawyer is appointed to cross-examine a vulnerable client on behalf of the registrant; the use of Zoom screen configurations to create a comfortable environment by enabling a witness to choose which participants they can see). • Offering interpretation services as necessary to hearing participants.
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>

			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. Please provide the year when it was implemented OR evaluated/updated (if applicable). CMTO uses a risk score calculator used by staff for all complaints and reports received. Risk scoring is done when a matter is received and as new information becomes available. The score is based on the nature of the allegations, whether the RMT/MT has a history of other concerns or complaints, and specified aggravating/mitigating factors. The score produces a number from 1 to 10, which is categorized as “low”, “medium” or “high risk”. The Inquiries, Complaints and Reports Committee (ICRC) uses the Advisory Group for Regulatory Excellence (AGRE) risk assessment tool to assess the risk of matters that have been investigated. The ICRC reviews the AGRE risk assessment tool annually. The tool results in a score that is categorized as “no risk/minimal risk”, “low risk”, “moderate risk” and “high risk”. These categories correspond to potential outcomes for ICRC's consideration. CMTO also has an interim orders guidance document that states criteria for identifying and prioritizing high-risk matters. The document assists the ICRC in its consideration of whether to impose an interim order and the type of interim order to impose.	Met in 2023, continues to meet in 2024
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		Additional comments for clarification (optional)		

<p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>		
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). 	
	<p>CMTO collaborated with other colleges through a Health Profession Regulators of Ontario (HPRO) Working Group to develop a formal policy on sharing information with third parties, which CMTO has adopted. When applicable, CMTO also shares Professional Conduct information with other regulatory bodies and the police, as permitted under legislation. Where a registrant of another College is being investigated for the same alleged professional misconduct, CMTO seeks to conduct a joint investigation. CMTO shared information with several police units about RMTs/MTs subject to a CMTO investigation, police investigations and/or criminal charges. CMTO also engages in media relations with law enforcement to ensure accuracy in news releases, including collaborating through information sharing when needed. Where CMTO has not yet received a formal complaint resulting from a criminal matter, CMTO provides the police with a letter for criminal complainants that explains CMTO's investigation process.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>		



Measure:
 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.

DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT

STANDARD 14

Required Evidence	College Response	
a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>CMTO’s Board approves annual Key Performance Indicators (KPIs) that align with its Strategic Plan. KPIs are reported to the Board quarterly. An example of CMTO’s KPIs can be found on pages 102-105 of the December 2024 Board Package.</p> <p>The following KPIs were selected to track CMTO’s performance against the strategic goal of Sexual Abuse Prevention:</p> <ul style="list-style-type: none"> • Look Before You Book – Click Through Rate • Sexual Abuse Prevention Poster – Downloads • Jurisprudence Program – Proportion of RMTs/MTs Who Have Completed <p>The following KPIs were selected to track CMTO’s performance against the strategic goal of Engagement and Partnerships:</p> <ul style="list-style-type: none"> • Number of People Reached • Number of Consultation Responses • Number of Events • TouchPoint Open Rate (%) • TouchPoint Click Through Rate (%) • Massage Matters Open Rate (%) • Massage Matters Click Through Rate (%) 	Met in 2023, continues to meet in 2024

			<p>The following KPIs were selected to track CMTO’s performance against the strategic goal of Regulatory Excellence:</p> <ul style="list-style-type: none"> • Quality Assurance Committee – Number of Matters Reviewed (STRiVE related) • Matters Referred to the Health Professions Discipline Tribunals Pilot • Number of College Programs (Private) • Number of College Programs (Public) • Phishing Prone (%) • Compliance Matters – Case Clearance Rate (%) • Investigations Completed In-House (%) <p>The selected KPIs are directly tied to CMTO’s strategic objectives, as they measure progress in key areas such as sexual abuse prevention, engagement and partnerships, and regulatory excellence. For example, KPIs like "Look Before You Book – Click Through Rate" and "Sexual Abuse Prevention Poster – Downloads" reflect public awareness and engagement with critical safety initiatives, while "Number of Consultation Responses" and "TouchPoint Open Rate" gauge stakeholder involvement and communication effectiveness. These metrics provide actionable insights into how well CMTO is meeting its strategic goals, ensuring accountability and continuous improvement in its regulatory and public protection mandates.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<p><i>Additional comments for clarification (if needed)</i></p>												
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<table border="1"> <tr> <td data-bbox="758 548 2136 609">The College fulfills this requirement:</td> <td data-bbox="2136 548 2567 609">Met in 2023, continues to meet in 2024</td> </tr> <tr> <td colspan="2" data-bbox="758 609 2567 722"> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. </td> </tr> <tr> <td colspan="2" data-bbox="758 722 2567 763">Board receives a quarterly update on the items below. These items can be found in the December 2024 Board meeting package:</td> </tr> <tr> <td colspan="2" data-bbox="758 763 2567 966"> <ul style="list-style-type: none"> Workplan report, which details progress towards achieving yearly corporate projects (pages 100-101); Key performance indicators (pages 102-105); The Registrar's Report, which covers activities related to the CEO performance criteria that are not covered in any other quarterly report (pages 94-97); Financial report (pages 29-34); and Organizational Risk Register, which helps CMTO identify and manage risks that may impact its ability to fulfill its regulatory functions (pages 106-110). </td> </tr> <tr> <td data-bbox="758 966 2136 1026"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2136 966 2567 1026">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="758 1026 2567 1414"> <p><i>Additional comments for clarification (if needed)</i></p> </td> </tr> </table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. 		Board receives a quarterly update on the items below. These items can be found in the December 2024 Board meeting package:		<ul style="list-style-type: none"> Workplan report, which details progress towards achieving yearly corporate projects (pages 100-101); Key performance indicators (pages 102-105); The Registrar's Report, which covers activities related to the CEO performance criteria that are not covered in any other quarterly report (pages 94-97); Financial report (pages 29-34); and Organizational Risk Register, which helps CMTO identify and manage risks that may impact its ability to fulfill its regulatory functions (pages 106-110). 		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	<p><i>Additional comments for clarification (if needed)</i></p>	
The College fulfills this requirement:	Met in 2023, continues to meet in 2024														
<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. 															
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<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.														
<p><i>Additional comments for clarification (if needed)</i></p>															

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>At its February 7, 2024, the Board reviewed the organizational risk register (pages 34-36) and discussed the risk of CMTO’s Board continuing to operate at/near minimum number of public members, which can lead to risks conducting CMTO business and Discipline Committee hearings. As a result of this discussion, CMTO increased communication with the Ontario Government to request timely reappointments and additional public members. The Board also discussed updated regulations (Registration Regulation and the Professional Misconduct Section of the General Regulation, both in the Massage Therapy Act, 1991).</p> <p>In July 2024, updates to the Registration Regulation and the Professional Misconduct Section of the General Regulation both took effect.</p> <p>In December 2024, CMTO was appointed an additional public member, bringing its total to six—two short of the allowed maximum of eight.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	Yes
Measure: 14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>The board receives the reports noted below that describe CMTO’s performance against its strategic goals. The Board meeting package is posted to CMTO’s website and is available for the public to access. The reports noted below are from the December 2024 Board meeting package.</p> <ul style="list-style-type: none"> The Registrar's Report (pages 94-97); A workplan update (pages 100-101); and Key performance indicators (pages 102-105). 	Met in 2023, continues to meet in 2024

			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

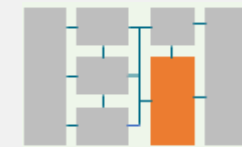
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
Type of QA/QI activity or assessment:	#	
i. STRiVE – Risk-based Assessment Practice Profile <i>(Including the Standards of Practice Quiz)</i>	14,347	
ii. STRiVE – Risk-based Assessment (RBA) Practice Assessments (completed in 2024)	479	
iii. STRiVE – Be the Best You Can Be E-Learning Module	15,082	
iv. STRiVE – Be the Best You Can Be Self- Assessment	15,082	
v. STRiVE – Be the Best You Can Be Learning Plan	15,082	
vi. Non-RBA Practice Assessments (completed in 2024)	13	
<p><i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i></p>		

Additional comments for clarification (if needed)

In 2024, the timing of STRiVE followed the appropriate timelines for the first time since the introduction of Risk-based Assessment (RBA) and the launch of Practice Assessment the previous year. The details are noted below.

- For 2024 Practice Profile, a total of 14,347 RMTs/MTs completed, which included RMTs/MTs in both General and Inactive Class. This reflects a compliance rate of 99.9% of those eligible (14,043 of 14,057 in General Class)
- For 2024 Practice Assessment, a total of 479 Practice Assessments were completed (General Class only), with 437 completing the first attempt and 42 also completing a second attempt.
- For 2024 Be the Best You Can Be, a total of 15,082 RMTs/MTs completed, which included RMTs/MTs in both General and Inactive Class. This reflects a compliance rate of 98.5% of those eligible (14,750 of 14,979 in General Class).

Table 2 – Context Measures 2 and 3

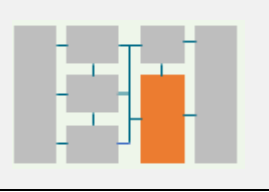
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2024	14,347	99.9%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	36	62%	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.
<u>NR</u>			
Additional comments for clarification (if needed)			
For CM 2, this number includes the Risk-based Assessment (RBA) for both Practice Profile and the Standards of Practice Quiz (SOPQ), along with resulting Practice Assessments.			
For CM3, this number refers to 36 registrants (0.25% of the 14,347 registrants who participated in the QA Program in 2024) directed to remediation by the QA Committee in 2024. These cases were part of 58 registrants reviewed by the Committee, which included follow-up assessments resulting in no further action.			

Table 3 – Context Measure 4

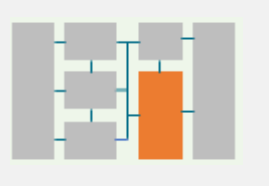
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 4. Outcome of remedial activities as at the end of CY 2024:**			<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	17	47%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	19	53%	
<p>NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.</p> <p>Additional comments for clarification (if needed).</p> <p>-</p>			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	6	5%	NR	NR
II. Billing and Fees	NR	NR	NR	NR
III. Communication	15	12%	NR	NR
IV. Competence / Patient Care	23	18%	NR	NR
V. Intent to Mislead including Fraud	16	13%	5	9%
VI. Professional Conduct & Behaviour	21	17%	38	72%
VII. Record keeping	NR	NR	NR	NR
VIII. Sexual Abuse	36	28%	8	15%
IX. Harassment / Boundary Violations	NR	NR	NR	NR
X. Unauthorized Practice	NR	NR	NR	NR
XI. Other <please specify>	NR	NR	NR	NR
Total number of formal complaints and Registrar’s Investigations**	126	100%	53	100%

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: College Method If a College method is used, please specify the rationale for its use: The denominator for CM9 I to VI is CM6 (total complaints brought forward to ICRC in the reporting period) The denominator for CM9 VII is CM6 (total complaints brought forward to ICRC in the reporting period) and CM7 (total number of ICRC matters brought forward as a result of a Registrar's Investigation in the reporting period).		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	170	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	103	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024	53	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR
II. Formal complaints that were resolved through ADR	NR	NR
III. Formal complaints that were disposed of by ICRC	129	76%
IV. Formal complaints that proceeded to ICRC and are still pending	6	4%
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	32	12%	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024							
Distribution of ICRC decisions by theme in 2024*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	NR	NR	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR	NR	NR	NR
III. Communication	7	5	NR	NR	NR	NR	NR
IV. Competence / Patient Care	10	8	NR	NR	NR	NR	NR
V. Intent to Mislead Including Fraud	10	6	7	9	NR	NR	NR
VI. Professional Conduct & Behaviour	16	23	7	5	NR	NR	NR
VII. Record Keeping	NR	NR	NR	NR	NR	NR	NR
VIII. Sexual Abuse	13	8	NR	11	7	22	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR	NR	NR	NR

X. Unauthorized Practice	NR	NR	NR	NR	NR	NR	NR
XI. Other <please specify>	NR	NR	NR	NR	NR	NR	NR

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2024.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.

[NR](#)

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

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Table 7 – Context Measure 11

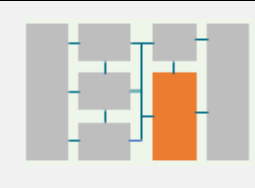
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2024	471	<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2024	540	
Disposal		
<i>Additional comments for clarification (if needed)</i> CMTO investigates numerous criminal matters related to sexual abuse. The College holds its investigation in abeyance until the court matter is concluded to ensure our investigation process does not interfere with criminal court proceedings. The above calculation excludes any time from when the RMT/MT was charged until the criminal matter was concluded.		

Table 8 – Context Measure 12

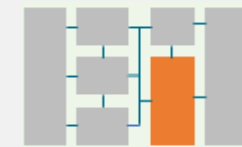
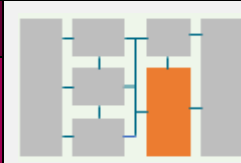
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2024	244	
II. A contested discipline hearing in working days in CY 2024	623	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> -		

Table 9 – Context Measure 13

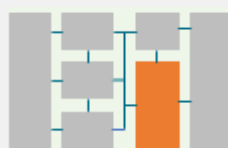
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	14	
II. Incompetence	NR	
III. Fail to maintain Standard	18	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	5	
VI. Dishonourable, disgraceful, unprofessional	26	
VII. Offence conviction	7	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	2	
XII. False or misleading document	2	
XIII. Contravene relevant Acts	1	

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	17	
II. Suspension	6	
III. Terms, Conditions and Limitations on a Certificate of Registration	6	
IV. Reprimand	20	
V. Undertaking	NR	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>		
Additional comments for clarification (if needed)		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)