

**College of Massage Therapists of Ontario
Board Meeting**

AGENDA

Date/Time: Tuesday, September 30, 2025 - 9:00 AM – 4:00 PM

Location: College Boardroom (In-Person)

Time	Item	Purpose	Item Lead
9:00 AM	1. Call to Order and Welcome 1.1 Land Acknowledgement		S. Adderley
	2. Declaration of Conflicts of Interest		S. Adderley
	3. Approval of September 30, 2025 Agenda	Decision	S. Adderley
	4. Consent Agenda 4.1 Board Meeting Minutes (June, 10 2025) 4.2 Actions Arising 4.3 Proposed 2026 Board and EC Meeting Schedule 4.4 2025 Q2 Committee Reports	Decision	S. Adderley
9:15 AM	5. Discipline Hearings Tariff Review	Decision	A. Peco
9:45 AM	6. By-Law No. 5 Amendment: Removal of Committee Reports from the Annual Report	Decision	R. Ahluwalia
9:55 PM	7. Amendments for Discharging Abusive Clients	Decision	B. Highgate Chair Quality Assurance Committee
10:25 AM	BREAK		
10:40 AM	8. Registrar's Report 8.1. Organizational Risk Register 8.2. 2025 Q2 Workplan & KPIs	Information Decision	M. Boon C. Eakins
11:10 AM	9. 2025 Q2 Financial Statements	Decision	R. MacArthur
11:40 AM	10. Client Relations Committee Report	Information	R. Van Vliet, Chair
12:00 PM	LUNCH		

Time	Item	Purpose	Item Lead
1:00 PM	11. Canadian Massage Therapy Council for Accreditation Presentation (CMTCA)	Information	C. Vulpe
1:30 PM	11.1 CMTCA Contract Renewal	Decision	M. Boon
1:35 PM	12. MCQ & OSCE Content Outline Approval for 2026	Decision	J. Mathers
1:45 PM	13. New Business		S. Adderley
	14. Items for Information 14.1. June 10, 2025 Board Meeting Evaluation Results 14.2. CMTO letter to Minister of Health 14.3. SML Grey Areas: The Licensing Racket 14.4. CMTO's Response to CPMF Questionnaire		S. Adderley
1:50 PM	BREAK		
2:00 PM	15. In-Camera Session Pursuant to Health Professions Procedural Code 7(2)(d) personnel matters or property acquisitions will be discussed.		S. Adderley
	16. Adjournment	Decision	S. Adderley

College of Massage Therapists of Ontario Board Meeting Minutes

Tuesday, June 10, 2025

In-person and Videoconference via Microsoft Teams

Public Member Attendees:

M. Gordon
B. Highgate
J. Mathers
J. Patel
H. Shears, Vice Chair (virtual)
C. Watt

Professional Member Attendees:

S. Adderley, Board Chair
L. Carnegie
T. Contois
C. Gollob
R. Libby
J. McGill
D. Oehring
R. Van Vliet
A. Van Zelst

Guests:

A. Dewar Gully, Tidal Equality
Dr. K. Liesch, Tidal Equality
T. Fearon, Chair Equity Diversity and Inclusion Committee
U. Paracha, Hilborn LLP
C. Roxborough, Registrar and CEO, College of Physiotherapists of Ontario
K. Schulz, Chair, College of Physiotherapists of Ontario

Staff Attendees:

M. Boon, Registrar & CEO
V. Browne, Director, Registration Services
B. Sumpton, Director, Professional Practice
A. Tannenbaum, Director, Professional Conduct
R. Ahluwalia, Director, Policy & Communications
M. Channapatna, Manager, Finance
A. Prabakaran, Manager, IT Applications
C. Eakins, Data Analyst
W. Mughal, IT Applications Support Specialist
F. Ng, Coordinator, Corporate Services

Recorder:

V. Patterson, Manager, Governance

45
46 *The Board Meeting was Livestreamed.*
47

48 1. Call to Order
49

50 S. Adderley, Board Chair, called the Board Meeting to order at 9:00 AM and welcomed
51 Livestream observers.
52

53 A roll call was conducted.
54

55 J. McGill provided the Land Acknowledgement to demonstrate recognition and respect for
56 Indigenous Peoples.
57

58
59 2. Declaration of Conflicts of Interest
60

61 Board members were asked to declare any conflicts of interest regarding any agenda items.
62

63 No conflicts of interest were declared.
64

65
66 3. Approval of the June 10, 2025 Agenda
67

68 **2025 June 10 - MOTION 1: J. Mathers / C. Gollob**
69

70 THAT the agenda of June 10, 2025 be adopted and approved by the Board as
71 presented.
72

CARRIED
73

74 4. Approval of the Consent Agenda
75

76 **2025 June 10 - MOTION 2: C. Watt / R. Van Vliet**
77

78 THAT the Consent Agenda of June 10, 2025 be adopted by the Board as
79 presented.
80

CARRIED
81

82 5. Draft 2024 Audited Financial Statements
83

84 M. Channapatna, Manager, Finance, presented on the internally restricted digital strategy
85 fund and the 2024 audited financial statements.
86

87 6. Draft Digital Strategy – Restricted Funds
88

89 **2025 June 10 – MOTION 3: L. Carnegie / A. Van Zelst**
90

91 THAT the Board approve the internally restricted digital strategy fund in the
92 amount of \$1 million.

93 CARRIED

94
95
96 **2025 June 10 – MOTION 4: T. Contois / C. Gollob**

97
98 THAT the Board approve the draft 2024 audited Financial Statements.

99 CARRIED

100
101 7. 2025 Q1 Financial Report

102
103 M. Channapatna, Manager, Finance presented the unaudited 2025 Q1 Statement of
104 Operations and Statement of Financial Position.

105
106 **2025 June 10 - MOTION 5: R. Libby / C. Watt**

107
108 THAT the Board approve the unaudited 2025 Q1 Statement of Operations and
109 Statement of Financial Position.

110 CARRIED

111
112 8. 2026 Annual Fee Review

113
114 M. Boon, Registrar & CEO, presented the Annual Fee Review for Board consideration.

115
116 **2025 June 10 - MOTION 6: L. Carnegie / A. Van Zelst**

117
118 THAT the Board approve holding fees unchanged for the 2026 fee renewal period.

119
120 CARRIED

121
122 *The Board recessed at 10:26 AM and reconvened at 10:45 AM.*

123
124
125 9. Space Planning Options - Update

126
127 M. Boon provided an update on the space planning options being considered.

128
129
130 10. Registrar's Report

131
132 10.1 M. Boon provided the registrar's report and the Organizational Risk Register.

133
134 10.2 C. Eakins, Data Analyst, provided a project summary update on the work plan and key
135 performance indicators.

137 **2025 June 10 - MOTION 7: M. Gordon / D. Oehring**

138
139 THAT the Board approve the Q1 2025 Workplan Project Summary, KPI and Strategic
140 Goals Dashboard.

141
142 **CARRIED**
143

144 11. Registration Committee Report
145

146 J. Mathers, Registration Committee Chair, presented the committee's Q1 report to the
147 Board.

148
149 *There was a lunch break at 12:00 PM during which H. Shears and J. Patel departed. The*
150 *Board reconvened at 1:00 PM.*
151

152
153 12. Regulatory College Speaker Series #1
154

155 To increase understanding of other professions and learn about the strategic priorities of
156 other regulatory colleges, Craig Roxborough, Registrar & CEO, College of Physiotherapists of
157 Ontario and Katie Schulz, PT and Board Chair presented to the Board.
158

159
160 *T. Fearon, Dr. K. Liesch and A. Dewar Gully of Tidal Equality joined the meeting at 1:40 PM*
161 *and departed at 2:40 PM.*
162

163
164 13. EDI Strategy
165

166 T. Fearon, Chair of the Equality, Diversity, and Inclusion (EDI) Committee presented a draft
167 EDI Strategy for Board approval.
168

169 **2025 June 10 - MOTION 8: C. Gollob / J. McGill**
170

171 THAT the Board approves the EDI Strategy as presented at the Board meeting of
172 June 10, 2025.

173 **CARRIED**
174

175 14. Accreditation Update
176

177 B. Sumpton, Director, Professional Practice, presented an update on the accreditation of
178 massage therapy schools.
179
180
181
182

183 15. Education Requirement for Exam Eligibility and Initial Registration Policy

184
185 J. Mathers asked the Board to approve the Education Requirement for exam eligibility and
186 initial registration policy.

187
188 **2025 June 10 - MOTION 9: R. Libby / R. Van Vliet**

189
190 THAT the Board approves amendments to the Education Requirement for Exam
191 Eligibility and Initial Registration Policy, as presented at the Board meeting of June 10,
192 2025, to take effect June 12, 2025.

193 **CARRIED**

194
195
196 **2025 June 10 - MOTION 10: C. Watt / L. Carnegie**

197
198 THAT the Board delegates the authority to approve any future updates or
199 amendments to the Educational Requirement for Exam Eligibility and Initial
200 Registration Policy to the Registration Committee.

201 **CARRIED**

202
203
204 16. Town Hall and College Tour Update

205
206 R. Ahluwalia, Director, Policy and Communications presented the Board with an update
207 from the CMTO 2025 Town Halls and College Tours.

208
209 17. New Business

210
211 No new business was before the Board.

212
213 18. Items of Information

214
215 The following items were before the Board:

- 216 • Bill 2 Proposed Regulations
- 217 • March 25, 2025 Board Meeting Evaluation Results
- 218 • Board Members Conflicts of Interest Declaration Forms

219
220 *C. Watt departed at 2:20 PM.*

221
222
223 19. Adjournment

224
225 **2025 June 10 - MOTION 11: B. Highgate / R. Van Vliet**

226
227 THAT the June 10, 2025 Board Meeting be adjourned.

228 **CARRIED**

229

230 The Board meeting was adjourned at 3:32 PM.

231

232

233

234 _____
S. Adderley, RMT

235 Board Chair

M. Boon

Registrar & CEO

DRAFT

Board Meeting

Action Items – Status Update

Meeting Date	Agenda Item	Action	Lead	Status	Comments
June 10, 2025					There were no actions arising noted from the June 10 Board Meeting.

BOARD BRIEFING NOTE – FOR DECISION

Date: September 30, 2025

From: Maureen Boon, Registrar & CEO
Vera Patterson, Manager, Governance

Re: Proposed 2026 Board and Executive Committee Meeting Schedule

Issue

The Board is asked to consider the proposed 2026 Board and Executive Committee Meeting Schedule – Appendix A.

Background

A proposed 2026 Board and Executive Committee Meeting Schedule is outlined in Appendix A.

1. A total of 10 days is allocated for Board meetings, inclusive of board education days and a new **in-person orientation day for all members**. The purpose of which is to build rapport and provide more dynamic and engaging learning experience that fosters clearer communication and a stronger sense of community.
2. Board meetings will be scheduled for March, June, September and December. To maximize engagement, Board members are **expected to attend all meetings in person**. A hybrid option will be made available as required.
3. The proposed dates of the Board meetings are as follows:
 - a. January 26
 - b. March 23 and 24
 - c. June 15 and 16
 - d. September 28 and 29
 - e. December 7 and 8.
4. The Executive Committee is scheduled for a total of 7 days, inclusive of Orientation, the auditor's evaluation and the CEO Performance Evaluation. Our practice has been to schedule full day Executive Committee meetings. However, this may be adjusted to half-day meetings when appropriate.

The 2026 Board and Executive Committee Activities Schedule will be developed once the Strategic Plan has been approved.

Draft Motion

THAT the Board approve the 2026 Board and Executive Committee Meeting Schedule.

[illegible]

EXECUTIVE COMMITTEE REPORT 2025 Q2 (April – June)

Committee Members: Sean Adderley, RMT, Chair
Howard Shears, Public Member, Vice Chair
Jalpa Patel, Public Member
Tammy Contois, RMT

Statement of Purpose:

The Executive Committee assists the Board with financial monitoring, strategic planning, governance and management of the Registrar/CEO.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Executive Committee met on May 14 and June 16, 2025.

2. ITEMS SENT TO THE BOARD FOR DECISION

The Executive Committee discussed the following items which were brought forward to the Board for approval.

- Recommendation to establish an internally restricted Digital Strategy Fund in the amount of \$1 million
- Draft 2024 audited Financial Statements
- Unaudited 2025 Q1 Statement of Operations and Statement of Financial Position
- Recommendation for a zero annual fee increase for 2026

3. ACTIONS

The Executive Committee took the following actions:

- Reviewed the 2024 draft Audited Financial Statements.
- Held an in-camera session with the Auditors to discuss the 2024 draft Audited Financial Statements.
- Reviewed and approved one Public and one Professional Member to attend CNAR
- Received an update on the Strategic Plan from consultant.

CLIENT RELATIONS COMMITTEE REPORT

2025 Q2 (April – June)

Committee Members: Ravara Van Vliet, RMT (Chair)
Jay Mathers, Public Member (Vice Chair)
Brian Highgate, Public Member
Sandra Mintz, RMT (Non-Board Member)

Committee Mandate:

The Client Relations Committee is responsible for all programs and measures relating to the relationship between registrants and clients, including programs designed to address and prevent sexual abuse of clients by registrants.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Committee met once on **May 28, 2025**.

2. ITEMS FOR INFORMATION

2.1 How the Professional Conduct Department Addresses Sexual Abuse Allegations by RMTs

Staff provided an in-depth overview of CMTO's trauma-informed approach to sexual abuse investigations, including:

- Intake/triage procedures under the *Regulated Health Professions Act* and *Massage Therapy Act*;
- Annual percentage of sexual abuse complaints received by CMTO;
- Use of voluntary undertakings and interim orders for registrants facing criminal charges; and
- Discussion of legal thresholds for interim orders and balancing public protection with registrant fairness.

2.2 Resources of Training to Support CRC

Staff inquired about additional resource or training needs for members. Key outcomes:

- Members expressed appreciation for existing onboarding materials and support

- Multiple regulatory colleges sought guidance on CMTO's Funding for Therapy program and policies
- Staff will formalize and automate distribution of new-member resource lists
- Committee endorsed including comparative data from other colleges in future discussions

2.3 Update on Funding Applications

Staff presented detailed quarterly metrics:

- 7 applications received year-to-date (3 in Q1)
- 2 eligible applicants currently delayed due to overlapping private insurance coverage
- Active focus on maintaining 20% cost recovery rate through payment plans
- Early engagement strategy with registrants showing positive outcomes

2.4 Updates on: Prevention of Sexual Abuse, Public Awareness Campaigns, and Communications Audit

Staff provided the Committee with updates on the following:

Sexual Abuse Prevention:

- Educator working group developing policy tools based on 2024 seminar data
- Fall 2025 seminar to address overrepresentation of male RMTs in allegations
- Complaint trend analysis underway to target prevention strategies

Public Awareness Content:

- Launched new public awareness video
- Good organic engagement via social media (3.21% click-through rate (CTR) YTD)
- Strong e-newsletters open and engagement rate (TouchPoint: 8%+ CTR and 70%+ open rate, Massage Matters: 5%+ CTR and 56%+ open rate YTD)
- Launched social media public advisories on illegal practitioners and news releases on investigations
- Supportive healthcare-focused messaging praised by stakeholders
- Published case studies increased registrant and client awareness of the college's Inquiries, Complaints and Reports process

Regulatory Documents Consolidation and Revision:

- A process to consolidate CMTO's regulatory documents, focusing on clarity and consistency
- Revising the standard for RMTs/MTs discharging abusive clients while maintaining public safety

Communications Audit:

- External auditor (Enterprise Canada) assessing strategy effectiveness

- Stakeholder surveys/benchmarking in progress (results Q4 2025)
- Focus areas: crisis readiness, brand alignment, outreach optimization

Registrar Outreach:

- 500+ attendees at Town Halls/College Tours covering abuse prevention
- Positive feedback from remote educators/students
- Virtual options being explored for broader accessibility

3. ITEMS FOR DECISION

None.

4. ITEMS SENT TO BOARD

None.

FITNESS TO PRACTISE COMMITTEE REPORT

2025 Q2 (April – June)

Committee Members: Jalpa Patel, Chair, Board Public Member
Bobbie Flint, Vice-Chair, non-Board Registrant Member
Sean Adderley, Board Registrant Member
Allie Bisset, non-Board Registrant Member
Lauren Carnegie, Board Registrant Member
Jennifer DaPonte, non-Board Registrant Member
Charles Gollob, Board Registrant Member
Matthew Gordon, Board Public Member
Tammy Contois, Board Registrant Member
Brian Highgate, Board Public Member
Robyn Libby, Board Registrant Member
Jay Mathers, Board Public Member
Jennifer McGill, Board Registrant Member
Dawn Oehring, Board Registrant Member
Howard Shears, Board Public Member
Ravara Van Vliet, Board Registrant Member
Ashley Van Zelst, Board Registrant Member
Carolyn Watt, Board Public Member

Committee Mandate:

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

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Fitness to Practise Committee held no meetings this quarter.

2. ITEMS FOR INFORMATION

2.1 Hearing Statistics

Hearings Data	
Hearings completed	0
Motions completed	0
Case conferences ¹ held	0
Referrals received	0

2.2 Decision Data

No decisions were issued in the quarter.

2.3 Quarterly Summary of Committee Activities

There was no activity in this quarter.

3. ITEMS SENT TO BOARD FOR DECISION

None.

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

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT 2025 Q2 (April – June)

Committee Members:

Carolyn Watt, Public Board Member
Tammy Contois, Professional Board Member
Ashley Van Zelst, Professional Board Member
Howard Shears, Public Board Member
Imelda Garce, Professional Non-Board Member
Krista Cranston, Professional Non-Board Member
Dawn Oehring, Professional Board Member
Nevenko Jeftic, Professional Non-Board Member
Jalpa Patel, Public Board Member
Rebecca Cleaveley, Professional Non-Board Member
Yvonne Marrello, Professional Non-Board Member
Karalyn Van Aken, Professional Non-Board Member
Simon Adeseko, Professional Non-Board Member
Sandra Cina, Professional Non-Board Member
James Johnson, Professional Non-Board Member

Committee Mandate:

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

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Inquiries, Complaints and Reports Committee is divided into three panels to accommodate the number of ongoing matters, as well as avoid any potential conflicts of

interest and accommodate the selection of Panel members (should the need arise for a discipline hearing).

Collectively, the Panels met six (6) times for videoconference meetings on April 11, April 16, May 5, May 23, June 4 and June 16. The Panels met four (4) times for ad-hoc meetings on April 1, April 3, April 8, and May 7.

2. ITEMS FOR INFORMATION

2.1 New Cases and Nature of Concerns

Complaints	Nature of Concerns	Registrar Report Investigations	Nature of Concerns
40	1 - Advertising 1 - Billing and Fees 2 - Communication 9 - Competence/Patient Care 0 - Harassment/Boundary Violations 4 - Intent to Mislead including Fraud 11 - Professional Conduct & Behaviour 1 - Record Keeping 11 - Sexual Abuse 0 - Unauthorized Practice 0 - Other	15	0 - Advertising 1 - Billing and Fees 0 - Communication 1 - Competence/Patient Care 0 - Harassment/Boundary Violations 1 - Intent to Mislead including Fraud 9 - Professional Conduct & Behaviour 0 - Record Keeping 3 - Sexual Abuse 0 - Unauthorized Practice 0 - Other

2.2 Sources of Information for Complaints, Registrar Report Investigations, and Incapacity Matters

Sources	Total
Public (e.g. clients, police, media)	38
Other RMT	4
Other health professionals	0
Insurance companies	1
Internal	9
Employers/Facility Operators	3
Self-reports	0
Quality Assurance Committee (QAC)	1
Staff Initiated	0
Other Colleges	0

Other	0
Total	56

2.3 Cases Completed by the ICRC and Outcomes

Complaints	Outcomes	Registrar Reports Investigations	Outcomes
23	1 - Referral to Discipline 4 - SCERP and Oral Caution 0 - Oral Caution 4 - SCERP 0 - Undertaking 3 - Advice/ Recommendation 11 - No Further Action 0 - Frivolous and Vexatious 0 - Other	17	3 - Referral to Discipline 3 - SCERP and Oral Caution 1 - Oral Caution 2 - SCERP 0 - Undertaking 7 - Advice/ Recommendation 1 - No Further Action

2.4 Current Incapacity Cases and Outcomes

New Cases	Cases Closed	Active Cases	Outcome
1	1	5	1 - Incapacity - No Further Action

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

New Cases	Cases Closed	Active Cases	Outcome
0	0	9	N/A

2.6 Current Active Cases

Active Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total Number of Cases
103	63	5	171

3. ITEMS SENT TO BOARD FOR DECISION

There were no items sent to Board for decision.

**ONTARIO MASSAGE THERAPISTS DISCIPLINE TRIBUNAL (OMTDT)
2025 Q2 (April – June)**

Committee Members: David Wright, non-Board Public Member (Chair since April 1)
Bobbie Flint, non-Board Registrant Member (Vice-Chair since April 1)
Sean Adderley, Board Registrant Member
Raj Anand, non-Board Public Member
Allie Bisset, non-Board Registrant Member
Lauren Carnegie, Board Registrant Member
Tammy Contois, Board Registrant Member
Jennifer DaPonte, non-Board Registrant Member
Charles Gollob, Board Registrant Member
Matthew Gordon, Board Public Member
Brian Highgate, Board Public Member
Sherry Liang, non-Board Public Member
Robyn Libby, Board Registrant Member
Jim Marinow, non-Board Registrant Member
Sophie Martel, non-Board Public Member
Jay Mathers, Board Public Member
Jennifer McGill, Board Registrant Member
Dawn Oehring, Board Registrant Member
Alpa Patel, non-Board Registrant Member
Jalpa Patel, Board Public Member
Jay Sengupta, non-Board Public Member
Jennifer Scott, non-Board Public Member
Howard Shears, Board Public Member
Ravara Van Vliet, Board Registrant Member
Ashley Van Zelst, Board Registrant Member
Carolyn Watt, Board Public Member
Jayne Webster, non-Board Registrant Member
Eric Wu, non-Board Registrant Member

Committee Mandate:

The Ontario Massage Therapists Discipline Tribunal is the Discipline Committee of the College, responsible for hearing and determining allegations of professional misconduct or incompetence against registrants.

SUMMARY OF ACTIVITIES

1. MEETING DATES

The OMTDT held a business meeting on April 10, 2025.

2. ITEMS FOR INFORMATION

2.1 Hearing Statistics

Hearings Data	
Hearings completed	9
Motions completed ¹	0
Pre-hearing/case management conferences	20
Referrals received	4

Hearing Type	Number Completed
Contested liability ² only	2
Contested penalty ³ and/or costs	1
Uncontested penalty and costs	1
Uncontested liability and penalty	5

2.2 Overview

A significant increase in both hearing and pre-hearing activity is observed, as compared to the previous quarter. The number of completed hearings rose from 6 in Q1 to 10 in Q2, and case management conferences nearly tripled from 7 in Q1 to 20 in Q2. Greater pre-hearing activity resulted from the Tribunal's shift to managing all its cases under the Health Professions Discipline Tribunals model, as well as from complex cases that require multiple case management meetings. Referral volume held relatively steady as compared to the previous quarter.

¹ Motion hearings are being distinguished from liability and penalty hearings since they are often shorter proceedings requiring fewer resources and less time to dispose of.

² During the *liability* phase of a hearing, the panel decides whether the registrant engaged in professional misconduct or incompetence.

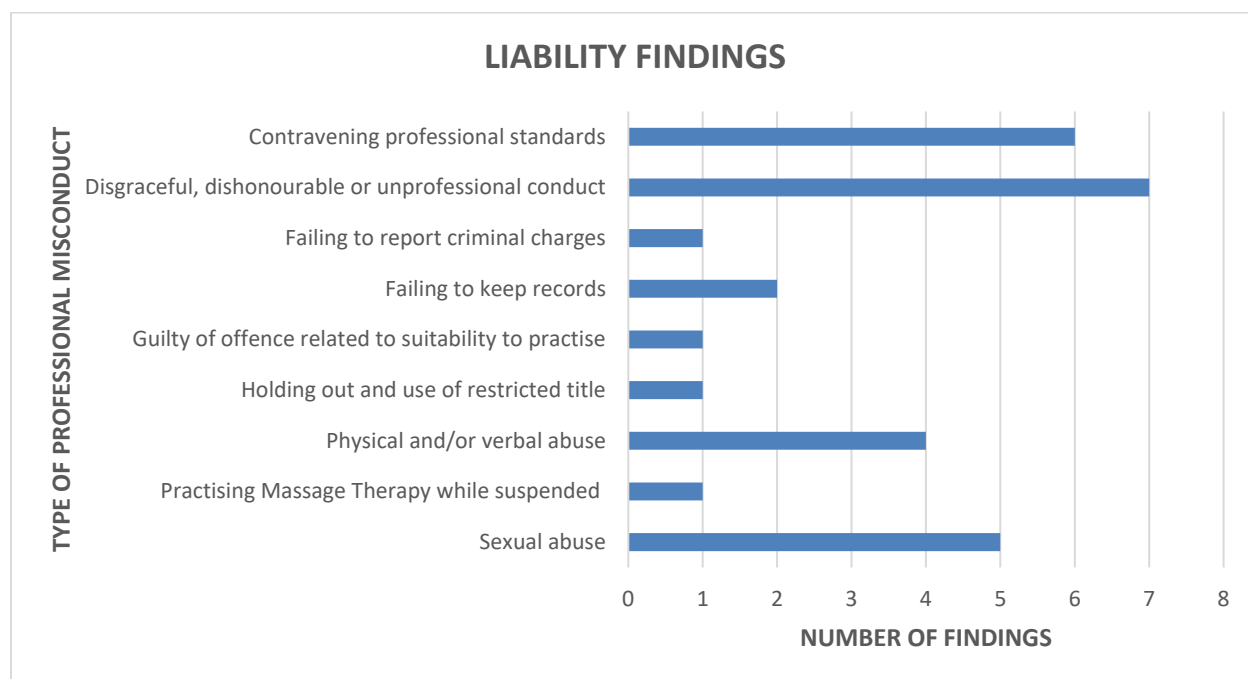
³ During the *penalty* phase of a hearing, panels may make one or more of the following orders: suspend or revoke a registrant's certificate of registration, impose specific terms, conditions and limitations, require the registrant to attend for a reprimand, etc. In appropriate cases, the panel may order a registrant to pay all or part of the College's costs. While costs are not part of penalty, they are considered at the penalty phase of the hearing.

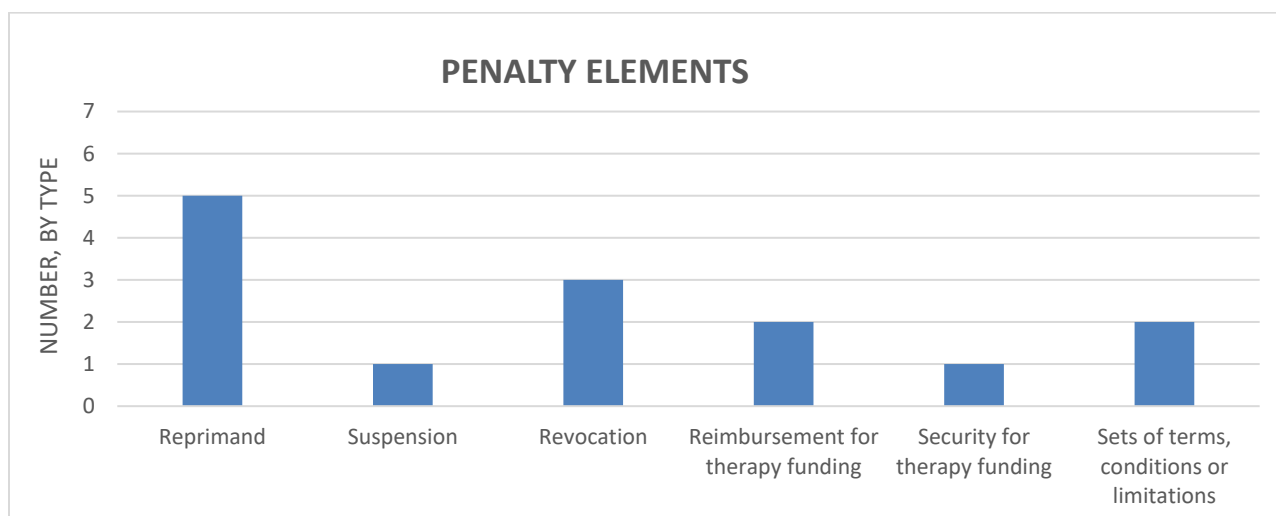
2.3 Decision Data

The Tribunal issued 8 decisions and reasons:

1. [*Ontario \(College of Massage Therapists of Ontario\) v. Sarkis*, 2025 ONMTDT 10 \(CanLII\)](#)
2. [*Ontario \(College of Massage Therapists of Ontario\) v. Pitts*, 2025 ONMTDT 11 \(CanLII\)](#)
3. [*Ontario \(College of Massage Therapists of Ontario\) v. Vranic*, 2025 ONMTDT 12 \(CanLII\)](#)
4. [*Ontario \(College of Massage Therapists of Ontario\) v. Reimer*, 2025 ONMTDT 13 \(CanLII\)](#)
5. [*Ontario \(College of Massage Therapists of Ontario\) v. Tiller*, 2025 ONMTDT 14 \(CanLII\)](#)
6. [*Ontario \(College of Massage Therapists of Ontario\) v. Epps*, 2025 ONMTDT 15 \(CanLII\)](#)
7. [*Ontario \(College of Massage Therapists of Ontario\) v. Cumberbatch*, 2025 ONMTDT 16 \(CanLII\)](#)
8. [*Ontario \(College of Massage Therapists of Ontario\) v. Hogan*, 2025 ONMTDT 17 \(CanLII\)](#)

A breakdown of the liability findings and penalty outcomes from the above-listed decisions is provided in the graphs below. Summaries of the decisions are available on CMTO's [website](#) and full-text versions of the decisions are reported on the Canadian Legal Information Institute (CanLII) [website](#).





Note: Most cases had more than one finding of professional misconduct and more than one penalty.

2.4 Quarterly Summary of Committee Activities

The table below lists activities related to pre-hearing/case management conferences, motions, hearings, and release dates of written reasons for decision.

	Registrant	Date(s) of Activity in the Quarter	Type of Activity	Status
1.	JE	April 4; May 13	Liability and penalty hearing; Reasons for decision issued	Closed
2.	Registrant S	April 8, 9; April 29, 30, May 2, 9, 15	Case management conferences; Liability hearing	Reasons for decision pending
3.	Registrant S	April 8, May 6	Case management conferences	Hearing pending
4.	Registrant W	April 10, 25, May 8, 29	Case management conferences	Hearing pending
5.	Registrant J	April 10	Case management conference	Hearing pending
6.	Registrant T	April 14; May 6; Various dates	Liability hearing; Reasons for liability decision issued; Written penalty hearing	Reasons for penalty decision pending
7.	Registrant W	April 15, 29, May 13; June 18	Case management conferences; Liability hearing	Hearing resumption to be scheduled
8.	Registrant C	April 15	Case management conference	Hearing pending
9.	Registrant S	April 28, June 10	Case management conferences	Hearing pending

10.	JP	April 28; May 29	Reasons for liability decision issued; Penalty hearing	Reasons for penalty decision pending
11.	Registrant M	April 28, May 27, June 27	Case management conferences	Hearing pending
12.	GAC	May 1; June 4	Liability and penalty hearing; Reasons for decision issued	Closed
13.	JH	May 7; June 30	Liability and penalty hearing; Reasons for decision issued	Closed
14.	Registrant Y	June 5	Case management conference	Hearing pending
15.	Registrant M	June 16	Case management conference	Hearing pending
16.	RA	June 24	Liability and penalty hearing;	Reasons for decision pending
17.	NS	June 26	Liability and penalty hearing;	Reasons for decision pending

3. ITEMS SENT TO BOARD FOR DECISION

None.

QUALITY ASSURANCE COMMITTEE REPORT

2025 Q2 (April – June)

COMMITTEE MEMBERS: Brian Highgate, Public Member (Chair)
Lauren Carnegie, RMT/MT
Sandra Fattibene, RMT/MT, non-Board Member
Brianne Lalande, RMT/MT, non-Board Member
Jianjiang Li, RMT/MT (Vice-Chair), non-Board Member
Robyn Libby, RMT/MT
Jennifer McGill, RMT/MT
Marvin Mohring, RMT/MT, non-Board Member
Dawn Ricica, RMT/MT, non-Board Member
Carolyn Watt, Public Member

Statement of Purpose:

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

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Quality Assurance Committee met the following times:

- On May 13, 2025, the Quality Assurance Committee held a Business Meeting. At this meeting, the Committee also finalized the new non-compliance process taking effect with 2025 Practice Profile and Be the Best You Can Be parts of STRiVE – the Quality Assurance Program.
- On June 11, 2025, a Quality Assurance Committee Panel met and reviewed a total of 44 matters, which included matters relating to the recently approved Practice Profile non-compliance process.

2. ITEMS FOR INFORMATION

2.1 STRiVE – Practice Profile

STRiVE – Practice Profile closed on March 31, 2025, with a compliance rate of 95.4%. The compliance rate increased since then to over 99% with any outstanding RMTs/MTs being directed to participate in a Practice Assessment.

2.2 Risk-based Practice Assessments

On June 3, 2025, RBA Practice Assessment opened. At end of day on June 30, 2025, a total of 102 Practice Assessments had been completed.

RMTs/MTs selected for Practice Assessment are provided with a first attempt at RBA Practice until August 12th. Commencing August 13th, relevant RMTs/MTs have another attempt at successfully completing their Practice Assessment.

3. ITEMS SENT TO THE BOARD FOR DECISION

No items were sent to the Board for decision in Q2.

REGISTRATION COMMITTEE REPORT 2025 Q2 (April – June)

Committee Members: Jay Mathers, Public Member (Chair)
Sean Adderley, RMT
Charles Gollob, RMT
Brian Highgate, Public Member
Kimberly Kane, RMT
Elisabeth Mathers, RMT
Ellen Scott, RMT

Committee Mandate:

The Registration Committee is responsible for developing policies and processes related to registration that are transparent, objective, impartial and fair. The Committee reviews applications that have been referred by the Registrar on a case-by-case basis to ensure that all applicants meet the requirements set out by the regulation. The Committee also provides oversight to the Certification Examinations.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

In Q2, the Registration Committee held business meetings on May 5th and June 30th. Additionally, a panel of the Registration Committee met on April 25th and June 6th to review applications for registration.

2. ITEMS FOR INFORMATION

2.1 Education Requirement for Exam Eligibility and Initial Registration

The Registration Committee approved the revisions to the Education Requirement for Exam Eligibility and Initial Registration Policy. These included updated terminology to refer to the Board instead of “Council,” removal of irrelevant information, and minor grammatical corrections.

2.2 Refresher Course Requirement at Initial Registration

The Registration Committee approved amendments to the Refresher Course Requirement at Initial Registration policy. These updates included a summary and use gender neutral language.

2.3 Emergency Class Supervision Policy

The Registration Committee approved the Supervision of Emergency Class Registrants policy which will come into effect if/when the Board or the Ministry of Health declares an emergency that requires CMTO to issue certificates in the Emergency Class of registration.

3. ITEMS SENT TO THE BOARD FOR DECISION

The Registration Committee recommended that the Board approve the Education Requirement for Exam Eligibility and Initial Registration policy, and delegate the authority to approve future updates of the Exam Eligibility and Initial Registration policy to the Registration Committee. These items were approved by the Board at their meeting of June 10, 2025.

4. ITEMS FOR PANEL DECISION

	Item	Summary	Decision
4.1	Application for registration	The applicant for registration did not consent with the Terms, Conditions and Limitations (TCLs) proposed by the Registrar	The Registrar was directed to issue a certificate of registration to the applicant with amended TCLs.
4.2	Recommendation for Terms, Conditions and Limitations (TCLs)	The Panel was asked to consider whether TCLs should be imposed on the registration of a current registrant applying to move from an Inactive to General Certificate.	The Panel determined it would be appropriate to impose TCLs on the registrant's General Certificate of Registration.

5. ITEMS FOR REGISTRATION COMMITTEE DECISION

	Item	Summary	Decision
5.1	Refresher Course- Category 3 Submission	Four applications for a Refresher Course for individuals who have not held a General Certificate for more than 15 years - Three former registrants wishing to re-apply for registration - One current registrant with an Inactive certificate wishing to move to a General certificate.	- The three former registrants must complete a new Massage Therapy diploma - The Inactive registrant must complete a Category 2 Refresher Course
5.2	Exemption to the current language fluency requirement	A Massage Therapy graduate requested an exemption to the Language Fluency Policy that was updated one day prior to their graduation.	The Committee approved the request.

EQUITY, DIVERSITY AND INCLUSION (EDI) COMMITTEE REPORT 2025 Q2 (April – June)

Committee Members: Tiffany Fearon, Public Member (Committee Chair)
Simisola Johnson, Public Member
Supriya Latchman, Public Member
Jalpa Patel, Public Board Member
Ashley Van Zelst, RMT, Board Member

Committee Mandate:

The Equity, Diversity, and Inclusion (EDI) Committee is a standing committee of the Board, appointed by the Board to support CMTO's commitment to promoting and upholding the principles of equity, diversity, and inclusion in its practices, policies, and programs by identifying and recommending to the Board projects and initiatives that support the Board's strategic focus on EDI.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

In Q2, the EDI Committee met in person on May 9 and online on June 18, 2025.

2. ITEMS FOR INFORMATION

2.1. EDI Strategy and Workplan

With the support of an EDI agency, Tidal Equality, the Committee finalized recommendations for an EDI Strategy for CMTO. The Committee then worked on developing a series of EDI initiatives for a 10-month workplan in support of the strategy.

3. ITEMS SENT TO THE BOARD FOR DECISION

At the Board meeting of June 10, 2025 the Board approved the EDI Strategy recommended by the EDI Committee.

GOVERNANCE COMMITTEE REPORT 2025 Q2 (April – June)

Committee Members: Kevin McCarthy, Public Governance Expert, Chair
Anne Resnick, Public Governance Expert, Chair
Kim Westfall-Connor, Past Board Professional Member
Marlene Kesler, Past Board Public Member
David Janveau, Non-Board Professional Member

Statement of Purpose:

The Governance Committee assists the Board in establishing, developing, and implementing modern governance processes, and selects committee members based on competencies and experience to ensure the effective functioning of the College Committees in the public interest.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

In Q2 the Governance Committee met on April 7, 2025. The following items were considered:

- Committee Appointment Decisions
- Performance Related Matter with Non-Board Member
- Governance Updates
- Eligibility and Disqualification Criteria for Board and Committee Members
- 2026 Governance Committee Composition and Recruitment Process
- 2025 Governance Committee Workplan

2. ITEMS SENT TO THE BOARD FOR DECISION

No items were sent to the Board for decision in Q2.

BOARD BRIEFING NOTE – FOR DECISION

Date: September 30, 2025

From: Angela Peco, Tribunal Counsel and Manager

Re: Discipline Hearings Tariff Review

Issue

The Board is asked to review and approve proposed changes to the discipline hearings tariff. The Ontario Massage Therapists Discipline Tribunal (Tribunal) has endorsed the new rates.

Public Interest

It is in the public interest to have an efficient and transparent tool for cost recovery in discipline matters. This is supported by the Board's periodic review of the discipline tariff rates.

Background

The Health Professions Procedural Code authorizes the Tribunal to order a registrant who has engaged in professional misconduct or who is incompetent to pay costs to the College. A registrant's payment of costs reimburses the College for expenses it has already incurred. These expenses can include legal costs and the cost of investigating and conducting the hearing in a matter. Costs are not a penalty.

In 2021, the Board adopted a tariff rate approach. The tariff rate is a monetary amount that reflects what it costs the College to hold a hearing. The amount is calculated by adding different expenses incurred on the hearing day. These can include panel member per diems, prosecution counsel fees and virtual hearing facilitation fees.

The tariff promotes efficiency because the College is not required to file evidence to prove these unavoidable hearing expenses when it seeks costs that are equal to or less than the tariff amount. Removing the need to prove actual expenses incurred leads to more streamlined hearings because it avoids the time and expense of preparing and filing evidence on costs. The publicly available tariff also promotes transparency and predictability in costs awards by informing registrants of the potential cost consequences.

Despite the adoption of a tariff, costs awards remain discretionary. The Tribunal has discretion in deciding whether to order costs, and when doing so, to consider factors that may lead it to

depart from the tariff rate. The tariff does not prevent the College from seeking costs above the tariff rate.

Status of CMTO's Tariff

The tariff was introduced in January 2021. The Board committed to reviewing the tariff every two years to ensure the amount remains an accurate reflection of hearing expenses.

A two-year review cycle ensures the rates are adjusted in a timely manner and that any decision to adjust rates is based on a large enough sample size of cases.

The Board completed its first review in 2022, increasing the tariff rate for a one-day hearing from \$6,950 to \$8,778. It also introduced a tariff rate of \$5,852 for a half-day hearing. These rates have been in effect since January 1, 2023.

An itemized list of expenses for the current full-day rate is set out below. The half-day rate represents two-thirds of the full-day rate.

In 2024, the Board deferred its next scheduled review by a year given its pending decision about the extent of CMTO's participation in the Health Professions Discipline Tribunals (HPDT), which was expected to impact vendor selection decisions and lead to the removal of some fees and the addition of others.

Proposed Changes

As part of its second tariff review, the Board is now asked to consider the following changes to the full-day and half-day rates, effective January 1, 2026:

- a) A reduction in the full-day rate from \$8,778 to \$8,015, based on the following list of expenses:

Proposed Full Day Rate for 2026 and 2027	Expense
Panel member per diems and HPDT hourly fees ¹	\$ 2,993
Virtual facilitation, recording and livestreaming ²	\$ 1,808
Prosecution counsel	\$ 3,164
Witness attendance allowance ³	\$ 50
Total:	\$ 8,015

¹ Public member per diems are paid by the Government of Ontario.

² The Code requires oral evidence to be recorded and transcripts to be available to the parties and the public.

³ If a witness is summonsed, they are entitled to an attendance allowance of \$50/day.

- b) A reduction of the half-day rate from \$5,852 to \$5,110, based on the following list of expenses:

Proposed Half-Day Rate for 2026 and 2027	Expense
Panel member per diems and HPDT hourly fees	\$ 1,946
Virtual facilitation, recording and livestreaming	\$ 1,356
Prosecution counsel	\$ 1,808
Total:	\$ 5,110

The changes are attributed to:

- a) The inclusion of a new panel chair rate to reflect the HPDT hourly rate for the experienced adjudicators;
- b) The removal of independent legal counsel fees since those services are no longer being provided under the HPDT model;
- c) An update to the virtual facilitation fee to reflect new vendor rates and an expanded suite of services that supports the current and expected future use of virtual hearings; and
- d) Adjustments for inflation to the HPDT hourly rate and prosecution counsel rates.

Draft Motion

THAT the Board approve the revised full-day and half-day tariff rates, effective January 1, 2026.

Next Steps

If the new rates are approved, Tariff A of the HPDT Rules of Procedure will be amended to reflect the new rates.

BOARD BRIEFING NOTE – FOR DECISION

Date: September 30, 2025

From: Ron Ahluwalia, Director, Policy and Communications

Re: By-law No. 5 Amendment - Removal of Committee Reports from Annual Report

Purpose:

To obtain approval for amendments to [By-law No. 5: Committees of the College](#), removing the requirement for committee reports to be included as a part of the Annual Report.

Background:

CMTO's Annual Report is a public-facing document. It promotes, year over year, CMTO's regulatory effectiveness to clients, RMTs/MTs, the Ministry of Health, and the general public. It showcases measurable public protection activities and CMTO initiatives that advance its strategic priorities, and also contains an annual report from each CMTO Committee. Annual Reports are a [Regulated Health Professions Act](#) (RHPA) mandatory requirement:

- *"Each College shall report annually to the Minister on its activities and financial affairs."*

Committee Reports are a legislative requirement under the RHPA:

- *"Each committee named in subsection 10 (1) shall monitor and evaluate their processes and outcomes and shall annually submit a report of its activities to the Council in a form acceptable to the Council."*

However, inclusion of the Committee Reports in the Annual Report is a Board directive. This requirement is set out in [By-law No. 5: Committees of the College, Section 10](#):

- *"(A) The Chair of a committee shall be responsible for providing regular written reports to the Board on the activities of the committee, as required by the Board.*
- *(B) Each committee shall annually submit a report summarizing the committee's activities to the Board, for inclusion in the Annual Report of the College."*

Draft Motion:

THAT the Board approve the amendments to By-law No. 5 as set out in **Appendix A**.

Rationale:

- Current challenges to the Annual Report's effectiveness include:
 - Routine administrative details included in Committee Reports (e.g., meeting frequency), while important to the Board, dilutes the report's public-facing purpose; and
 - The inclusion of these reports decreases the audience's connection and understanding of the College's achievements, milestones, and highlights.
- Publishing Committee Reports as standalone documents, not part of the Annual Report directly addresses these issues while enhancing strategic value by:
 - Refocusing the Annual Report exclusively on public protection impact and regulatory achievements; and
 - Placing Committee Reports on a dedicated page of CMTO's website, becoming standalone reports that highlight governance details, and simplifying public access to information about Committee activities.
- Other HPRO Colleges (e.g. [College of Nurses](#) (22 pages), [College of Registered Psychotherapists](#) (29 pages)) do not include Committee Reports in their Annual Reports, allowing for a shorter report that focuses on advancements in protecting the public interest, and instead provide Committee Reports in public-facing Board packages.
- To improve the effectiveness of the Annual Report and Committee Reports staff recommends separating them, which requires an amendment to [By-law No. 5](#). This will:
 - Enable the Annual Report to be focused on the direct accomplishments of CMTO, the growth and development of the profession, and propelling a focused public narrative on CMTO's achievements, accomplishments, and outcome; and
 - Improve audience understanding and engagement with the College's achievements, milestones, and highlights by more clearly showcasing the leadership and work of our committees.

Next Steps

Upon approval, staff will implement these changes for CMTO's 2025 Annual Report. Committee reports will not be included in the Annual Report, but will be published on their own dedicated page on the CMTO website.

Appendix A – Proposed Amendments to the following:

Document	Current Section	Proposed Revisions	Notes
By-law No. 5, Section 10 (B)	<i>(B) Each committee shall annually submit a report summarizing the committee's activities to the Board, for inclusion in the Annual Report of the College.</i>	(B) Each committee shall annually submit a report summarizing the committee's activities to the Board. for inclusion in the Annual Report of the College	Deleting the struck-out sentence

BOARD BRIEFING NOTE – FOR DECISION

Date: September 30, 2025

From: Brian Highgate, Chair, Quality Assurance Committee
Ron Ahluwalia, Director, Policy and Communications

Re: Amendments for Discharging Abusive Clients

Purpose:

To obtain approval for amendments to the *Code of Ethics, Standard of Practice: Client-Centred Care*, and adding a definition of Abusive Client Behaviour to CMTO's Standard of Practice Glossary to address regulatory misalignment and provide Registered Massage Therapists/Massage Therapists (RMTs/MTs) with an easier way to discharge abusive clients.

Background:

Currently, RMTs/MTs may discharge an abusive client if they comply with rules that exist in three different documents:

<u>Massage Therapy Act - Professional Misconduct Section</u>	"Professional Misconduct is: 13. Discontinuing professional services that are needed unless, i. the client requests the discontinuation, ii. alternative services are arranged, iii. the client is given a reasonable opportunity to arrange alternative services, or iv. the client is abusive or there is a real or perceived threat to the member, and the member has made all reasonable attempts to arrange alternative services."
<u>Standard of Practice: Client-Centred Care</u>	"Only discontinue providing care to a client if the discharge process has been documented in the client's file and: ...d) the client is abusive or is a real or perceived threat to the RMT and the RMT has made all reasonable attempts to arrange alternative services"
<u>Code of Ethics</u>	"Principle 2: 5. To fulfill the goal of treating all clients with respect and dignity, Massage Therapists: provide clients with advance notice and a referral when discharging them from care". "Principle 4: 9. To fulfill the goal of being responsible and accountable, Massage Therapists: recognize their right to refuse care to clients who: a. sexualize or attempt to sexualize the therapeutic relationship; b. physically abuse or threaten to abuse the Massage Therapist; or c. are unable or unwilling to provide payment for care requested;"

- Currently, if a client is abusive toward an RMT/MT, the above regime requires that an RMT/MT is expected to arrange alternative services and refer the client (who is known to be abusive) to a peer before discharging them and discontinuing professional services.
- Such referrals may be traumatizing to an RMT/MT experiencing abuse, and may work to perpetuate a cycle of abuse if the client is directly referred to another RMT/MT.
- CMTO acts in the public interest, and it is not in the public interest for standards and regulatory obligations to place RMT/MT safety as subordinate to the perceived needs of an abusive client.
- In cases where a client who is abusive toward an RMT/MT still requires Massage Therapy care, the requirement to make “all reasonable attempts” to arrange alternative services can be satisfied by referring the client to CMTO's public register, rather than to a specific RMT/MT.
- Updating language in the *Code of Ethics* and *Standard of Practice: Client-Centred Care* to align with the *Massage Therapy Act* will make it clearer for RMTs/MTs, and create consistent discharge processes.
 - On August 26, 2025, Quality Assurance Committee (QAC) passed a motion approving amendments to the *Code of Ethics* and the *Standard of Practice: Client-Centred Care*, and adding a definition of abusive client behaviour to CMTO's Standard of Practice Glossary.
 - The proposed changes brought forward can be found in **Appendices A and B**. QAC recommended that Board approves these amendments.
 - Executive Committee was informed of these changes at its September 10, 2025, meeting.

Rationale:

- CMTO is aware that clients abusing RMTs/MTs is an issue:
- Between November 2019 and March 2025, Professional Practice received 456 inquiries about refusing care to a client; 319, or 70%, were related to client behaviour. This included sexual advances or sexual violence towards an RMT/MT, self-gratification during treatment, expressions of romantic interest, abusive behaviour (e.g. verbal, emotional, psychological), as well as fraud.
- In a [2021-22 survey conducted by the Canadian Massage Therapy Alliance](#):
 - 432 Massage Therapists out of 538 surveyed (80.3%) reported experiencing sexual harassment by a client
 - 120 (22.3%) reported experiencing sexual assault.
- For several years, CMTO has heard concerns directly from registrants around sexual abuse and personal safety, and this change is intended to address these issues.
- In early September CMTO shared a survey on behalf of RMTAO via email to all RMTs/MTs and shared it on social media. The survey's goal is to better understand the experiences of sexual assault and harassment towards RMTs/MTs and Massage Therapy students in Ontario. Once this survey closes, more evidence on this topic will be available.

- This change advances CMTO’s strategic goal of Regulatory Excellence because RMTs/MTs who feel safe and empowered at work are better positioned to offer the high quality and ethical care the public expects. This change also advances the strategic goal of Sexual Abuse Prevention, as it supports and empowers RMTs/MTs to reasonably respond to abusive behaviour while continuing to live up to the high standards of conduct already in place for them.

Draft Motion:

THAT the Board approve the amendments to the *Code of Ethics* and the *Standard of Practice: Client-Centred Care* as presented in **Appendix A**, and a definition of abusive client behaviour be added to the Standard of Practice Glossary as presented in **Appendix B**.

Next Steps

- Amendments will be communicated to registrants and the public, making them aware of this change across multiple platforms.
- Updated versions of the *Code of Ethics*, *Standard of Practice: Client-Centred Care*, and the Standard of Practice Glossary will be posted to CMTO’s website.

Appendix A: Proposed Changes to the *Code of Ethics* and *Standard of Practice: Client-Centred Care*

Document	Current Clause	Proposed Updated Clause
<i>Code of Ethics</i>	Principle 2: 5. provide clients with advance notice and a referral when discharging them from care;	Principle 2: 5. provide clients with advance notice and a referral before discharging them from care except in the case of an abusive client;
<i>Code of Ethics</i>	Principle 4: 9. recognize their right to refuse care to clients who: a. sexualize or attempt to sexualize the therapeutic relationship; b. physically abuse or threaten to abuse the Massage Therapist; or c. are unable or unwilling to provide payment for care requested;	Principle 4: 9. must only discontinue providing care that is needed to a client if the discharge process has been documented in the client's file and: a. the client requests discontinuation; or b. alternative services are arranged, or the client is given reasonable opportunity to arrange alternative services; or c. the client is unable or unwilling to provide payment; or d. the client is abusive toward the RMT/MT or poses a real or perceived threat, and the RMT/MT has referred the client to CMTO's Public Register.
<i>Standard of Practice: Client-Centred Care</i>	RMTs must: 15. Only discontinue providing care to a client if the discharge process has been documented in the client's file and: a. treatment is no longer needed; or b. the client requests the discontinuation; or c. alternative services are arranged; or d. the client is abusive or is a real or perceived threat to the RMT and the RMT has made all reasonable attempts to arrange alternative services; or e. the client is given reasonable opportunity to arrange alternative services	RMTs/MTs must: 15. Only discontinue providing care that is needed to a client if the discharge process has been documented in the client's file and: a. the client requests discontinuation; or b. alternative services are arranged, or the client is given reasonable opportunity to arrange alternative services; or c. the client is unable or unwilling to provide payment; or d. the client is abusive toward the RMT/MT or poses a real or perceived threat, and the RMT/MT has referred the client to CMTO's Public Register.

Appendix B: Standard of Practice Glossary Definition of Abusive Client Behaviour Toward an RMT/MT

Abusive Client Behaviour Toward an RMT/MT: Any act or threat that compromises an RMT's/MT's safety, dignity, or professional boundaries, including:

Physical: Unwanted acts causing pain, injury, or fear of physical harm (e.g., hitting, pushing, threatening force).

Sexual: Unwanted sexual acts/behaviors, including sexualization of the therapeutic relationship (e.g., sexual remarks, non-consensual touch, sexualizing treatment).

Verbal/Psychological: Language or behavior that demeans, intimidates, or harms the RMT's/MT's mental well-being (e.g., threats, insults, humiliation, racist, sexist and discriminatory remarks).

BOARD BRIEFING NOTE

Date: September 19, 2025

From: Maureen Boon, Registrar & CEO

Re: Registrar's Report

The Registrar's Report includes updates on the following areas since March 2025:

- A Governance and Regulatory Landscape
- B Registrar Objectives
- C Organizational Risk Register

A: GOVERNANCE AND REGULATORY LANDSCAPE

1 Labour Mobility

The Ministry of Health has continued its focus on labour mobility for both health and non-health professions.

As of Right provisions will be expanded from the original 4 professions (doctors, nurses, lab techs and respiratory therapists) to an additional 16 professions. These provisions are not yet in place but are expected soon. Professions not included in the expansion: massage therapists, chiropractors, homeopaths, kinesiologists, naturopaths, psychotherapists, and TCM practitioners.

As of Right provisions enable practitioners registered in other provinces to begin work in Ontario immediately as long as they indicate an intention to meet the registration requirements within 6 months.

As a reminder, CMTO currently registers massage therapist applicants from the 4 regulated provinces within 10 days.

On September 1, the Ontario government announced the removal of interprovincial barriers for workers in other regulated professions, including engineers, architects and electricians. This will allow them to start work within 10 days of having their credentials confirmed by their regulator.

2 Expansion of Scopes of Practice

The Government of Ontario [announced](#) they are consulting to expand the scopes of practice for a

wide range of regulated health professionals. Consultations are taking place regarding:

- Granting optometrists authority to perform minor surgical procedures in the office under local anesthesia, use laser therapy to manage cataracts and glaucoma, order diagnostic tests and independently treat open-angle glaucoma
- Granting psychologists with specialized training and education in psychopharmacology authority to prescribe certain medications, such as antidepressants, for the management and treatment of mental health conditions and addictions, as well as order and interpret select diagnostic tests such as urinalysis and blood work
- Granting several regulated health professionals the authority to order and perform certain diagnostic imaging procedures, such as x-rays, MRIs and CTs, including dental hygienists, denturists, speech-language pathologists, physiotherapists, chiropractors and chiropodists
- Additionally, asking the Ontario College of Pharmacists to propose changes that would allow pharmacists to assess and prescribe for an additional 14 ailments.

RMTs are not included in this announcement and there are no changes to the scope of practice. However, this initiative signals government priorities with respect to the expansion of scopes of practice to improve efficiencies in primary health care, reduce hospital pressures, and provide more timely care.

B: REGISTRAR OBJECTIVES

1 Strategic Leadership/Engagement

Massage Therapy Schools

As part of the goal to present to all 31 massage therapy schools prior to the accreditation requirement in 2027, 11 presentations have been completed and an additional 9 are scheduled by year-end.

Presentations to schools focus on the role of the CMTO, registration processes and sexual abuse prevention. The goal is to de-mystify the CMTO, reinforce the importance of professionalism and communicate our focus on setting students up for success throughout their massage therapy careers.

HPRO

HPRO work has focused on As of Right provisions, CPMF feedback and the potential for a Red Tape Reduction submission that would reduce reliance on LGIC public members on the Discipline Committee.

FOMTRAC

FOMTRAC is moving ahead with its project to update the Competency Profile. Funding has been secured from multiple organizations and work is underway to establish a Steering Committee and Development Committee. Further updates will be provided once available.

CLEAR presentation

On September 16, 2025, I participated on a panel presentation to CLEAR with David Wright and Dionne Woodward of the Health Professions Discipline Tribunal (HPDT) and Margaret Drent of the College of Speech Language Pathologists of Ontario.

This virtual presentation provided an overview of the structure and development of the HPDT. I provided the perspective of the CMTO in terms of our reasons for joining the pilot, the Board's decision-making process and outcomes to date.

2 Financial Stewardship/Risk Management

- Work over the past quarter has been focused on completion of the payroll review, onboarding the new Interim Director of Finance and lease renewal conversations with potential partners, legal counsel and our real estate agent.

3 People Leadership/Culture

- Culture building remains a priority with a focus on connection, collaboration and process improvement as well as purposeful in-person attendance.
- At a retreat in June, management training focused on building resilience, leadership skills and team building, with good feedback from the management team.

4 Governance

- With the new Governance Manager in place, work has focused on recruiting new non-board committee members for both the Governance Committee and EDI committee, as well as district elections and recruiting non-board committee members.
- The application process has been streamlined and there has been good interest in both board and non-board positions.

C: ORGANIZATIONAL RISK REGISTER

The purpose of the organizational risk register (attached) is for the Board to receive an overview of the critical organizational risks. Ultimately, the Board should be assured that all critical risks have been identified and that there is a plan in place to address them.

ORGANIZATIONAL RISK REGISTER – September 2025

Public Interest: This report serves the public interest by ensuring the CMTO identifies and manages risks that may impact its ability to fulfill its regulatory functions.

Risks are considered in 7 key areas: Strategy, Governance/Oversight, Government/External, Communications/Engagement, Financial Management, HR, Technology. Only those risks that require action are reported below, and information about mitigation strategies is included.

Risks	Category	Description	Likelihood	Impact	Status	Action or Mitigation
1 Public appointments	Governance/Oversight	Operating with fewer than the full complement of public members (8) compromises CMTO's ability to conduct regulatory work, particularly Discipline Committee hearings.	5	5	At 6 public members ¹ , one of whose appointment expires in September, CMTO is 2 short of the full complement required to conduct CMTO work.	Letter sent to the Minister's Office on June 23, describing the Ontario Massage Therapists Discipline Tribunal (OMTDT), its benefits, and statistics explaining why CMTO requires a full complement of publicly appointed Board members. No response to date, although GR firm has followed up.
2 High profile registrant matter	Communications/Engagement	Criminal charges or discipline cases can create reputational or financial risk	5	5	Several registrants with criminal charges or convictions relating to sexual abuse.	Revised approach includes interim suspensions or Terms Conditions and Limitations for some criminal matters, which demonstrates our commitment to ensuring public protection at the earliest stage possible.

¹ <https://www.pas.gov.on.ca/Home/Agency/273>

Risks	Category	Description	Likelihood	Impact	Status	Action or Mitigation
						In 2025, the investigations department has initiated investigations into 9 registrants who have been charged criminally (7 regarding sexual assault, 2 regarding voyeurism).
3 Financial Controls	Financial Management	Ensuring financial controls in place pursuant to Hillborn recommendations.	3	4	Financial policies are being reviewed and updated. 11 of 20 policies have been revised.	Hillborn payroll review has been conducted and recommendations to be implemented by year end (see separate note).
4 Cyber-security	Technology	Potential compromise to confidential information or operations.	3	5	Stable	Threat Risk Assessment (TRA) recommendations have been implemented. Cybersecurity awareness training, including phishing tests, continues, with good results.
5 System Performance	Technology	Database performance interrupted or reduced	4	4	Stable	No unplanned system downtimes reported in 2025. Continued active vendor management and issue resolution.
6 Regulatory Change	Governance/ Oversight	Potential changes to oversight of Massage Therapy in Ontario	1	5	No indication this is a government priority.	Government currently focused on tariffs and trade, including newly expanded As of Right provisions.
7 Insurance	Government/ External	Changes relating to employer benefits coverage and auto insurance could have an impact on RMTs and the public.	2	4	No change	Staff presented to the Group Claims Working Group of the Canadian Life and Health Insurance Association. Topics included receipts for massages performed by students, advocacy for further regulation of massage therapy across

Risks	Category	Description	Likelihood	Impact	Status	Action or Mitigation
						Canada, and CMTO as a willing partner in preventing insurance fraud Staff will continue to monitor developments.
8 Artificial Intelligence (AI)	Strategy/Technology	Use of AI by Registrants when required to provide reflection or share knowledge, skill or judgement.	4	2	No change	Staff will continue to monitor developments.

<i>Likelihood</i> Result	<i>Impact</i> Result	Risk Level/Is Action Required?
1	# (any number)	Acceptable risk level: No action/discussion required
2	# (any number)	Acceptable risk level: No action/discussion required
3	3	Acceptable risk level: No action/discussion required
3	4-5	Acceptable risk level, but: Given the somewhat higher <i>Impact</i> result, will be discussed by the Senior Management Team to ensure comfort level with “Acceptable risk level: no action/discussion required”
4	2-5	Potential risk level of concern: - Discussion by Senior Management Team re need for action - A lower <i>Impact</i> result may mean no action required - A higher <i>Impact</i> result likely to require action
5	2-5	Potential risk level of concern: - Discussion by Senior Management Team re need for action - A lower <i>Impact</i> result may mean no action required - A higher <i>Impact</i> result likely to require action



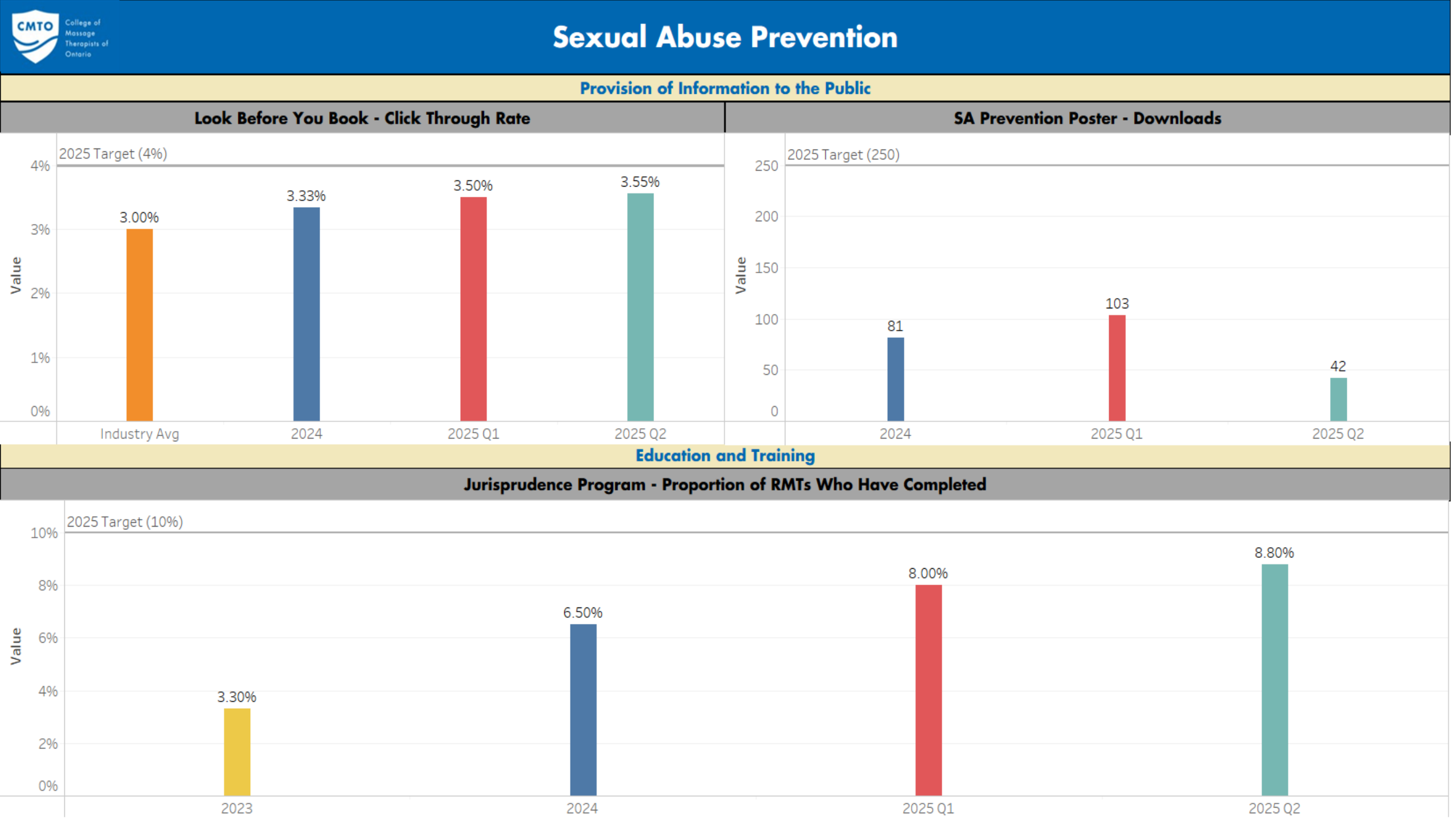
College of
Massage
Therapists of
Ontario

2025 Q2 Project Summary and KPIs Report



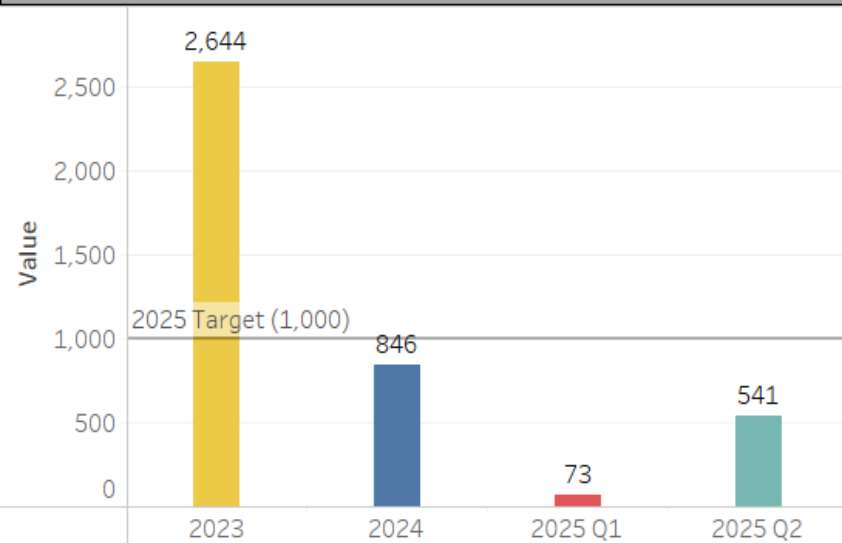
CMTO KPIs and Strategic Goals Dashboards - Q2 2025

Project / Goal	Status – Q2 2025
Sexual Abuse Prevention	
1) Launch Sexual Abuse Prevention Communication Strategy (Programs, Seminar, Content)	TBC – Q4 2025
2) Sexual Abuse Case Management Strategy	TBC – Q4 2025
Engagement and Partnerships	
3) Enhance Engagement with Public, Students, Educators (Programs and Accreditation)	TBC – Q4 2025
4) Conduct Communications Audit	TBC – Q4 2025
Regulatory Excellence	
5) Consolidation of Policies & Standards of Practice (Accessibility on Website)	TBC – Q4 2025
6) Develop Strategic Plan	TBC – Q4 2025
7) Implement Investigations Process Improvements (Risk analysis, Consistent Decision Making and Efficiencies)	TBC – Q4 2025
8) Digital Strategy Prioritization/Implementation Roadmap	TBC – Q4 2025
9) Improve Remediation Strategy	TBC – Q3 2025
Equity, Diversity and Inclusion	
10) Develop 3-year EDI Strategy	Completed
11) Develop and Implement 12-Month EDI Workplan	TBC – Q3 2025

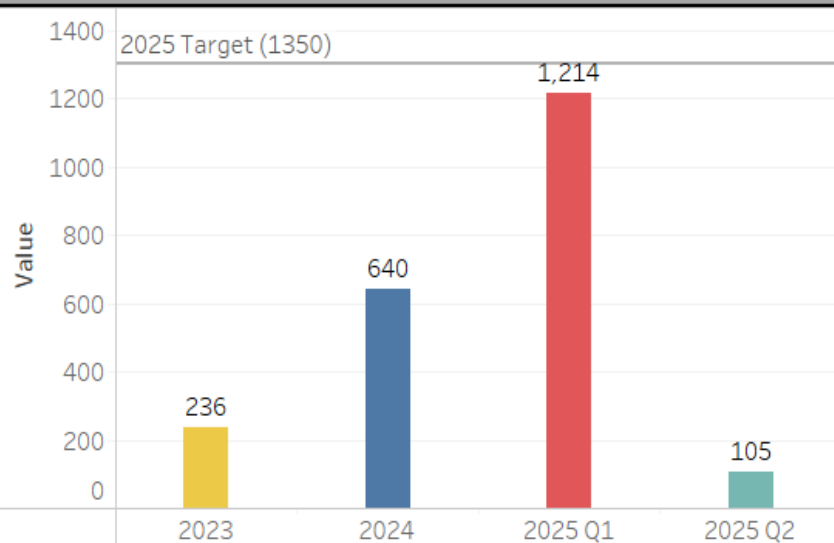


Engagement Strategy

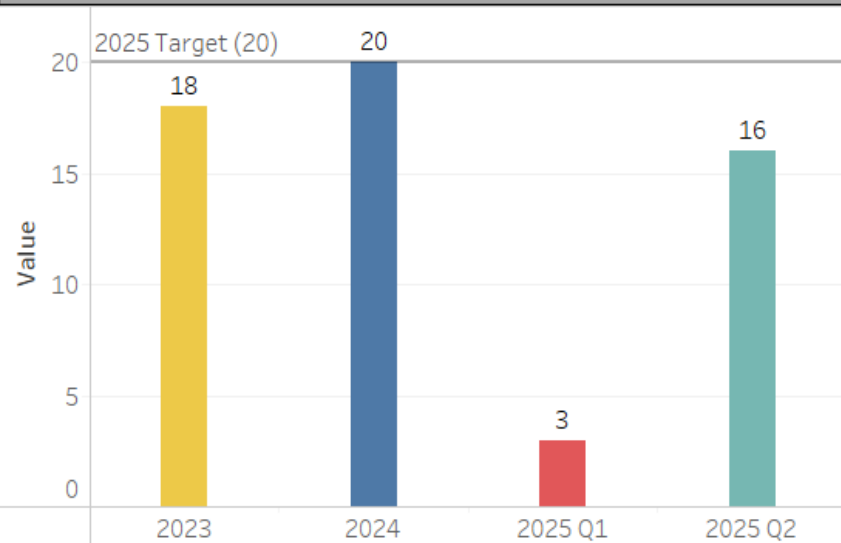
of People Reached



of Consultations Responses

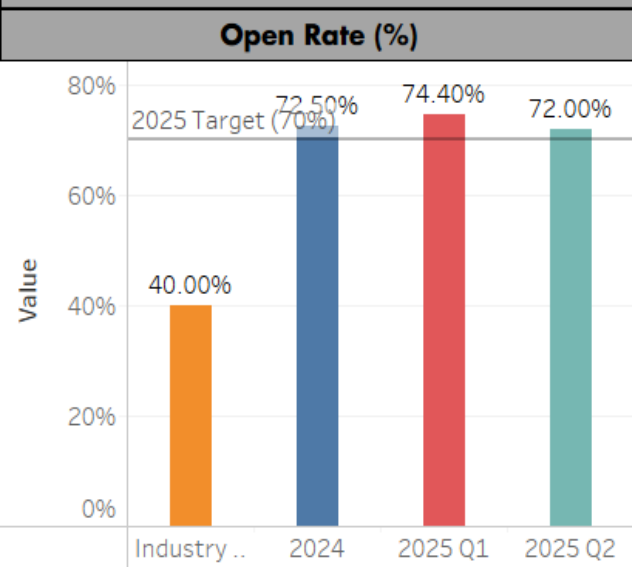


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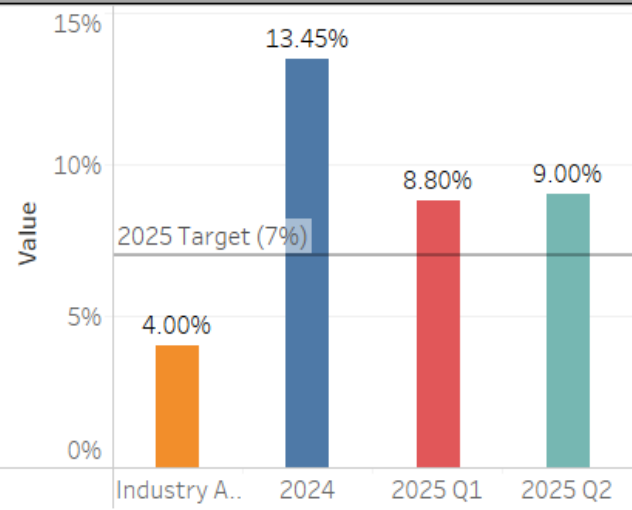


Newsletters/Campaigns

TouchPoint

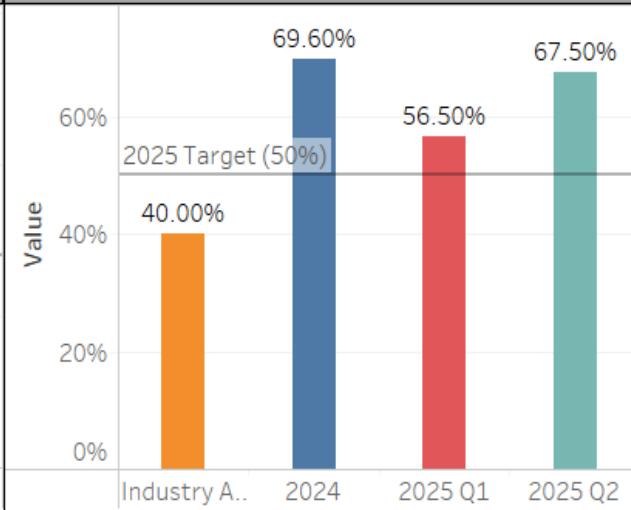


Click Through Rate (CTR) (%)

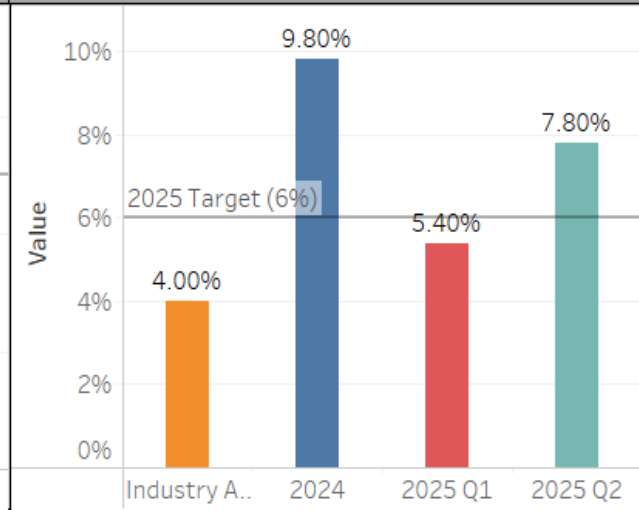


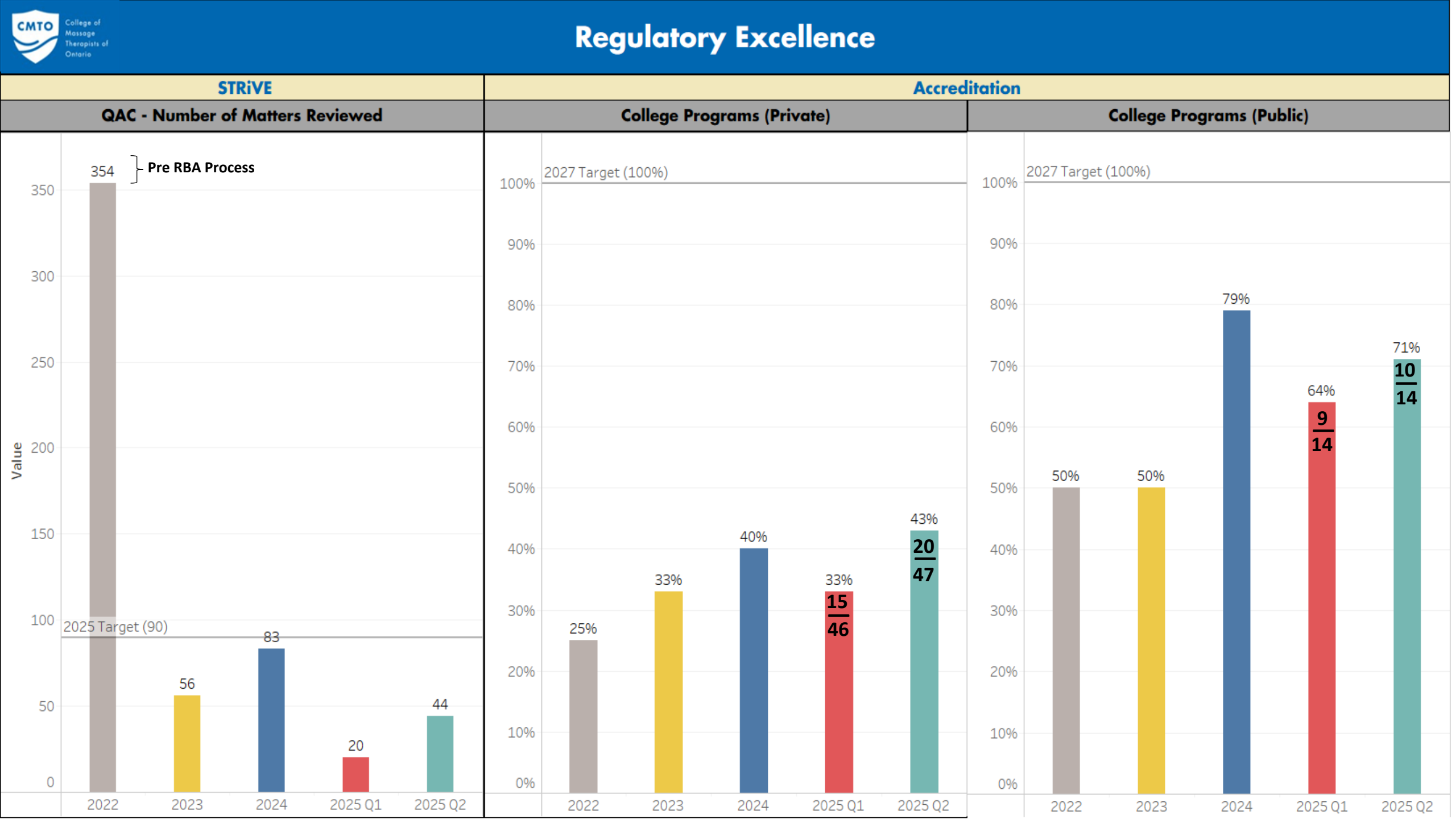
Massage Matters

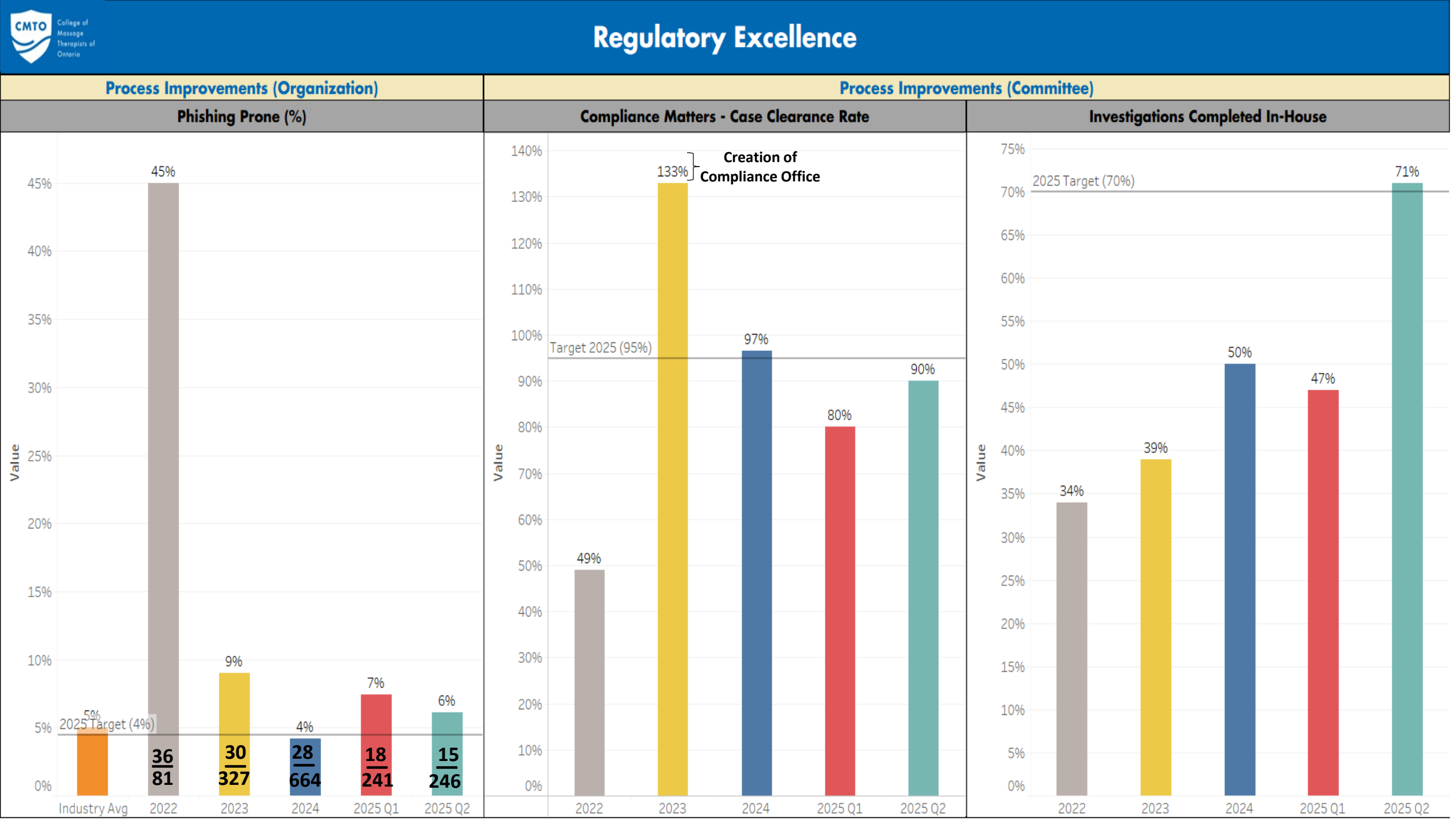
Open Rate (%)



Click Through Rate (CTR) (%)







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BOARD BRIEFING NOTE – FOR DECISION

Date: September 30, 2025

From: Robyn MacArthur, Interim Director, Finance
Mala Channapatna, Manager, Finance

Re: 2025 Q2 Financial Statements

Background:

Each Quarter, Executive Committee and the Board are provided with updates, noting trends, financial activity and challenges. The unaudited 2025-Q2 Year to Date (YTD) financial statements presented include:

Appendix A: Statement of Operations

A summary of revenues and expenses for the quarter ended June 30, 2025 compared to the quarter's budget. Overall, there is a surplus of \$1,522,613 in YTD Q2; a positive variance of \$698,938 over the YTD Q2 budgeted surplus. Year-to-date variances greater than \$50,000 and 10% are explained in the attached.

Appendix B: Statement of Financial Position

The financial position as at 2025-Q2 (Unaudited) compared to 2024-Q2 Statement of Financial Position. Variances greater than \$50,000 and 10% are explained in the attached.

Draft Motion:

THAT the Board approve the unaudited 2025-Q2 Financial Report as presented.

Appendix A: Statement of Operations (Unaudited)

College of Massage Therapists of Ontario Statement of Operations (Unaudited) 2025 Q2 Financial Report

	A	B	C	D=B-C	E=D/B	
	2025 FY Budget	2025 YTD Budget	2025 YTD Actual	Variance (\$) Increase/ (Decrease)	Variance % + Fav, - Unfav*	Notes**
Revenues						
Registration fees	\$ 14,880,775	\$ 7,440,387	\$ 7,479,555	\$ 39,168	1%	NM
Other Income	\$ 221,008	\$ 110,506	\$ 91,213	\$ (19,293)	-17%	(1)
Investment income	\$ 604,230	\$ 302,118	\$ 313,891	\$ 11,773	4%	NM
	\$ 15,706,013	\$ 7,853,011	\$ 7,884,659	\$ 31,648	0.4%	
Expenses						
Board and committees	\$ 339,299	\$ 142,762	\$ 143,896	\$ 1,134	1%	NM
Investigations, Prosecutions and Compliance	\$ 1,769,400	\$ 885,296	\$ 1,046,941	\$ 161,645	18%	(2)
Hearings	\$ 477,201	\$ 238,608	\$ 157,196	\$ (81,412)	-34%	(3)
Quality assurance	\$ 464,372	\$ 216,029	\$ 134,951	\$ (81,078)	-38%	(4)
Communications	\$ 118,000	\$ 58,998	\$ 25,575	\$ (33,423)	-57%	(5)
Salaries and benefits	\$ 8,029,713	\$ 4,014,866	\$ 3,536,874	\$ (477,992)	-12%	(6)
Consulting fees	\$ 495,800	\$ 247,898	\$ 112,024	\$ (135,874)	-55%	(7)
Professional fees	\$ 84,544	\$ 55,410	\$ 56,622	\$ 1,212	2%	NM
Rent and operating costs	\$ 642,178	\$ 321,090	\$ 306,115	\$ (14,975)	-5%	NM
Office and general	\$ 1,417,239	\$ 541,104	\$ 471,541	\$ (69,563)	-13%	(8)
Contributions to National Initiatives	\$ 467,870	\$ 233,935	\$ 306,110	\$ 72,175	31%	(9)
Amortization - capital assets	\$ 146,678	\$ 73,340	\$ 64,202	\$ (9,138)	-12%	(10)
Amortization - intangible assets	\$ -	\$ -	\$ -	\$ -		
	\$ 14,452,294	\$ 7,029,336	\$ 6,362,046	\$ (667,290)	-9%	
Surplus/(Deficit)	\$ 1,253,719	\$ 823,675	\$ 1,522,613	\$ 698,938	85%	

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

**NM= not material

Q2 2025 C & D costs =1,089K

Cost recovery offset \$43,305

Appendix A: Variances to Budget Notes

Note	Financial Statement Line Item	Variance \$ Increase/ (Decrease)	Variance % + Fav, - Unfav	Explanation
(1)	Other Income	(\$19,293)	-17%	Unfavorable variance due to decrease in Rental income from Sublease
(2)	Investigations, Prosecutions and Compliance	\$161,645	18%	An unfavourable variance of \$183K was driven by higher-than-expected costs in investigations and prosecutions, partially offset by a \$21K favourable variance in compliance due to increased cost recovery.
(3)	Hearings	(\$81,412)	-34%	Favourable variance driven by lack of activity before the Fitness to Practise Committee, deferred ILC costs due to a postponed hearing, less frequent use of the appointed counsel program, and lower external training costs.
(4)	Quality assurance	(\$81,078)	-38%	Favourable variance due to timing differences, with Practice Assessments starting in Q2 with the majority in Q3. Additional STRIVE and project-related expenses are expected in Q3 and later in the year.
(5)	Communications	(\$33,423)	-57%	Favorable variance due to contingency funds reserved for media training and issue response. Outreach and social media costs are expected to rise in the second half of the year with planned events and promotional activities.
(6)	Salaries and Benefits	(\$477,992)	-12%	The favourable position is mainly due to new hires starting only at the end of Q2, and the RRSP benefit beginning after three months. Approximately \$90K in CPP and EI costs offset this, as those contributions are front-loaded in the first two quarters. Additionally, professional development and some benefits expenses are expected to be incurred in the second half of the year.
(7)	Consulting Fees	(\$135,874)	-55%	Favorable variance is due to timing: the projects will be started later in the year eg., comms audit and strategic plan will be happening in Q3 and Q4
(8)	Office and general	(\$69,563)	-9%	Favorable variance is due timing; some projects do not start and expenses will be incurred later in the year.
(9)	Contributions to National Initiatives	\$72,175	31%	The budget for this item is allocated annually, and the full payment was made in Q2. This timing results in a favourable variance in earlier quarters and will balance out over the year as no further payments are expected.
(10)	Amortization - capital assets	(\$9,138)	-12%	Favourable variance due to underspend in Capital assets purchases in 2024

Appendix B: Statement of Financial Position as at June 30, 2025 (with June 30, 2024 comparative)

College of Massage Therapists of Ontario Statement of Financial Position As at Jun 30, 2025

	June 30, 2025	June 30, 2024	Variance \$	Variance %	Notes**
ASSETS					
Current assets					
Cash	\$ 14,251,804	\$ 10,837,430	\$ 3,414,373	24%	(1)
Investments***	\$ 8,590,574	\$ 8,538,270	\$ 52,304	1%	(2)
Prepaid expense	\$ 473,033	\$ 300,026	\$ 119,417	40%	(3)
Total current assets	\$ 23,315,411	\$ 19,675,726	\$ 3,639,685	16%	
Non current assets					
Capital assets	\$ 331,725	\$ 386,421	\$ (54,695)	14%	(4)
Intangible assets	\$ -	\$ -	\$ -	0%	NM
Total non current assets	\$ 331,725	\$ 386,421	\$ (54,695)	14%	
TOTAL ASSETS	\$ 23,647,136	\$ 20,062,146	\$ 3,584,990	18%	
LIABILITIES					
Current liabilities					
Accounts payable and accrued liabilities	\$ 1,366,128	\$ 2,436,726	\$ (1,070,599)	44%	(5)
Deferred registration and exam fees	\$ 7,330,126	\$ 7,052,517	\$ 277,610	-4%	(6)
Total current liabilities	\$ 8,696,254	\$ 9,489,243	(\$792,989)	7%	
Deferred lease inducements	\$ 20,091	\$ 33,487	\$ (13,396)	-67%	(7)
TOTAL LIABILITIES	\$ 8,716,345	\$ 9,522,730	(\$806,385)	-9%	
NET ASSETS					
Invested in capital and intangible assets	\$ 331,725	\$ 386,421	-\$ 54,695	-16%	(8)
Internally restricted for complaints and discipline	\$ 1,500,000	\$ 1,500,000	\$ -	-	NM
Internally restricted for national initiatives	\$ 25,921	\$ 25,921	\$ -	-	NM
Internal restriction-Digital Strategy	\$ 1,000,000	\$ -	\$ 1,000,000	-	(9)
Unrestricted	\$ 12,073,145	\$ 8,627,075	\$ 3,446,070	-40%	(10)
	\$ 14,930,791	\$ 10,539,416	\$ 4,391,375	29%	
TOTAL LIABILITIES AND NET ASSETS	\$ 23,647,136	\$ 20,062,146	\$ 3,584,990	15%	
			\$ 0		

**NM = not material

***Includes long-term investments with maturities > Mar 31, 2026. All investments are liquid and can be sold at any time.

Appendix B: Statement of Financial Position Notes: Variances vs. Prior Year

Note #	Financial Statement Line Item	Variance \$	Variance %	Explanation
(1)	Cash	\$3,414,373	24%	Cash balance higher compared to 2024 due to prior years surplus on hand.
(2)	Investments***	\$52,304	1%	The investment value has appreciated
(3)	Prepaid expense	\$119,417	40%	Prepaid expenses are higher this year due to prepayments for Emburse and other annual application subscriptions
(4)	Capital assets	(\$61,196)	16%	Decrease due to amortization of assets purchased between Q2 of 2024 and Q2 2025 exceeding new purchases.
(5)	Accounts payable and accrued Liabilities	(\$1,070,599)	44%	The variance is due to a reduction in C and ID accruals of \$(1.35M), along with cost savings from reducing external investigator use and hiring an internal investigation team. This is partially offset by a \$277K increase in Accounts Payable, resulting from streamlining the payment process.
(6)	Deferred registration and exam fees	\$277,610	-4%	The favourable variance is attributed to higher registration revenue accumulated in 2025 compared with 2024 (growth in numbers of RMTs)
(7)	Deferred lease inducements	(\$13,396)	-67%	This relates to the recognition of annual lease inducements.
(8)	Invested in capital and intangible assets	(\$54,695)	-16%	Decrease due to amortization of assets purchased between Q2 of 2024 and Q2 2025 exceeding new purchases.
(9)	Internal restriction - Digital Strategy	\$1,000,000	0%	This was approved as restricted funds for the Digital strategy in Q4 2024
(10)	Unrestricted	\$3,446,070	-40%	Unrestricted funds increased largely due to prior year surplus and current year surplus

Appendix C: Activity and Internal Controls Report

Description:	No.	Completed By	Reviewed By	Authorized By	Date Completed
Bank Reconciliation	1	Snr Fin Analyst	Manager, Finance	Manager, Finance	3-Jul-25
Cash Flow Report	1	Manager, Finance	CEO	CEO	4-Jul-25
Revenue Reconciliation	N/A	Snr Fin Analyst	Manager, Finance	Manager, Finance	3-Jul-25
Statutory Payroll and EHT Remittances	13	ADP	Manager, Finance	Manager, Finance	Bi-Weekly
Cyber Security training	2	IT Manager	CEO	CEO	26-Jun-25
Insurance coverages:					
HIROC Liability and Crime	1	Manager, Finance	Manager, Finance	CEO	10-Jan-25
HIROC 1st Party Cyber	1	Manager, Finance	Manager, Finance	CEO	15-Jul-25
HIROC Travel Accident	1	Manager, Finance	Manager, Finance	CEO	16-Jun-25
HIROC property Liability	1	Manager, Finance	Manager, Finance	CEO	14-Jul-25

BOARD BRIEFING NOTE – FOR DECISION

Date: September 30, 2025

From: M. Boon, Registrar & CEO

Re: Canadian Massage Therapy Council for Accreditation (CMTCA) Contract Renewal

Issue

The Board is asked to approve the renewal of the CMTCA contract for 2026.

Background

CMTO has long been a supporter of the accreditation standards and process of the Canadian Massage Therapy Council for Accreditation (CMTCA) and has contributed funding since 2019 to support the CMTCA to maintain its financial stability.

Following the Registration Regulation changes that came into effect on July 1, 2024, accreditation with CMTCA will be required for a massage program to be approved for the purposes of registration with CMTO, effective January 1, 2027.

CMTCA is seeking to have the contract with CMTO renewed for another year (2025) to support continuous quality improvement and best practices in massage therapy education through accreditation.

Draft Motion

THAT CMTO commits to a one-year contract with CMTCA.



BOARD BRIEFING NOTE – FOR DECISION

Date: September 30, 2025

From: Jay Mathers, Chair, Registration Committee

Re: MCQ and OSCE Content Outline Approval for 2026

Issue

CMTO's two certification examinations, the Multiple-Choice Question (MCQ) exam and Objectively Structured Clinical Evaluation (OSCE), are a requirement for registration and must reflect current practice in Massage Therapy. The Board is being asked to approve the 2026 examination content outlines.

Public Interest

It's in the public interest that the certification examinations are a fair and valid assessment of competence. For this reason, the content outlines that identify the content areas covered by each exam are reviewed and approved on an annual basis.

Background

The MCQ and OSCE certification examinations are developed and administered by Prometric on behalf of CMTO. The Registration Regulation under the *Massage Therapy Act, 1991* stipulates that the examinations must be "set or approved by the College."

The national [*Inter-Jurisdictional Practice Competencies and Performance Indicators \(PC/PIs\)*](#) for *Massage Therapists at Entry-to-Practice* document provides the foundation for the content of the MCQ and OSCE. In this document, the competencies have been divided into three functional areas: Professional Practice, Assessment and Treatment. The content outlines identify how much of each exam is dedicated to each functional area. For example, in 2025, 38% of the OSCE assesses Treatment competencies.

Content Outline Review

The certification examination content outlines are reviewed on an annual basis by Prometric subject matter experts to ensure the content is current, fair, valid, reliable and defensible. The outlines may be updated if, for example, there is a change to the PCs/PIs for the profession. Prometric's recommendation is shared with the Registration Committee, and the Registration Committee reviews that information before making a recommendation to the Board.

Content Outlines for 2026

The Content Development Team at Prometric reviewed the 2025 MCQ and OSCE content outlines and has recommended that no changes be made for 2026.

The Registration Committee reviewed Prometric's recommendation and several outcome data points related to the examinations, including information showing that the number of new registrants, and conduct related to new registrants, have remained stable for the past few years. Following their review, the Committee made a motion recommending that the Board approve the 2026 MCQ and OSCE Content Outlines.

The proposed 2026 content outlines, in both English and French, are attached as Appendix A.

Draft Motion

THAT the Board approve the 2026 Certification Examination content outlines effective January 1, 2026.

Next Steps

If approved, the 2026 Content Outlines will be posted to CMTO's website and shared with all of Ontario's Massage Therapy education programs.

Appendix A:

2026 MCQ Content Outlines (English)
2026 MCQ Content Outlines (French)
2026 OSCE Content Outlines (English)
2026 OSCE Content Outlines (French)



CMTO's Multiple Choice Examination (MCQ) Content Outline 2026

The [2016 Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice \(PC/PIs\)](#) document provides the foundation for the College of Massage Therapists of Ontario (CMTO) Certification Examinations and, accordingly, the examination content outlines. While based on the PC/PIs, the context of CMTO's Certification Examinations is such that the layout and numbering for the examination content outlines differ from that of the PC/PIs document.

The MCQ content outline is organized into 4 content areas, each comprising a percentage of the total items contained in each test form:

- **Professional Practice:** **18% of items**
- **Assessment:** **25% of items**
- **Treatment:** **42% of items**
- **Clinical Science:** **15% of items**

1. Professional Practice (18%)

- 1.1. Utilize communication effectively.
 - 1.1.1. Employ effective questioning techniques.
- 1.2. Utilize medical terminology.
 - 1.2.1 Knowledge of medical terminology.
- 1.3. Comply with federal and provincial requirements.
 - 1.3.1. Knowledge of relevant provincial and federal requirements.
- 1.4. Comply with regulatory requirements.
 - 1.4.1. Knowledge of the mandate and roles of a regulatory body.
 - 1.4.2. Knowledge of CMTO requirements (e.g., Policies, Standards of Practice, Position Statements, etc.,).
 - 1.4.3. Differentiate between the role of a regulatory body and that of a professional association.
 - 1.4.4. Knowledge of quality assurance requirements.
- 1.5. Maintain comprehensive practice records.

- 1.5.1. Knowledge of professional practice documentation requirements.
 - 1.5.2. Knowledge of security, confidentiality and access requirements for records.
- 1.6. Apply standard hygiene and infection control precautions.
 - 1.6.1. Knowledge of standard hygiene practices.
 - 1.6.2. Knowledge of standard precautions of infection control.
- 1.7. Utilize research and professional literature.
 - 1.7.1. Understand research processes.
- 1.8. Ensure sound practice management.
 - 1.8.1. Knowledge of billing procedures.
- 1.9. Maintain informed client consent throughout assessment and treatment.
 - 1.9.1. Knowledge of the purpose of informed consent.
 - 1.9.2. Knowledge of the components of informed consent.
- 1.10. Obtain explicit consent prior to assessment and treatment of sensitive body areas.
 - 1.10.1. Knowledge of potential sensitive areas.
- 1.11. Recognize and address the power differential in the client-therapist relationship.
 - 1.11.1. Knowledge of what constitutes abuse in the client-therapist relationship.
 - 1.11.2. Explain the therapist's responsibility for managing the client-therapist relationship (e.g., prevention of sexual, emotional, and financial abuse).
- 1.12. Recognize and address transference and countertransference.
 - 1.12.1. Knowledge of the characteristics and implications of transference and countertransference.

2. Assessment (25%)

- 2.1. Obtain comprehensive case history.
 - 2.1.1. Knowledge of the components of a comprehensive case history.
- 2.2. Integrate findings of other healthcare practitioners.
 - 2.2.1. Incorporate assessment findings of other healthcare practitioners into assessment planning.
- 2.3. Apply knowledge of commonly-occurring conditions to assessment.
 - 2.3.1. Identify indications for assessing client, based on presenting symptoms and conditions.
 - 2.3.2. Knowledge of safety considerations and adaptation of assessments for client, based on presenting symptoms and conditions.
- 2.4. Modify assessments based upon emerging findings.
 - 2.4.1. Adapt assessments based on findings.
- 2.5. Perform vital signs assessment.
 - 2.5.1. Identify indications, safety considerations for and the components of performing vital signs assessment.
 - 2.5.2. Differentiate between normal and abnormal findings.

- 2.6. Perform postural assessment.
 - 2.6.1. Identify indications, safety considerations for and the components of performing postural assessment.
 - 2.6.2. Differentiate between normal and abnormal findings.
- 2.7. Perform palpatory assessment.
 - 2.7.1. Identify indications, safety considerations for and the components of performing palpatory assessment.
 - 2.7.2. Differentiate between normal and abnormal findings.
- 2.8. Perform gait assessment.
 - 2.8.1. Identify indications, safety considerations for and the components of performing gait assessment.
 - 2.8.2. Differentiate between normal and abnormal findings.
- 2.9. Perform range of motion assessment.
 - 2.9.1. Identify indications, safety considerations for and the components of performing range of motion assessment.
 - 2.9.2. Differentiate between normal and abnormal findings.
- 2.10. Perform muscle length assessment.
 - 2.10.1. Identify indications, safety considerations for and the components of performing muscle length assessment.
 - 2.10.2. Differentiate between normal and abnormal findings.
- 2.11. Perform muscle strength assessment.
 - 2.11.1. Identify indications, safety considerations for and the components of performing muscle strength assessment.
 - 2.11.2. Differentiate between normal and abnormal findings.
- 2.12. Perform joint play assessment.
 - 2.12.1. Identify indications, safety considerations for and the components of performing joint play assessment.
 - 2.12.2. Differentiate between normal and abnormal findings.
- 2.13. Perform neurological assessment.
 - 2.13.1. Identify indications, safety considerations for and the components of performing neurological assessment.
 - 2.13.2. Differentiate between normal and abnormal findings.
- 2.14. Perform appropriate special tests.
 - 2.14.1. Identify indications, safety considerations for and the components of performing special tests.
 - 2.14.2. Identify the purpose of the selected test.
 - 2.14.3. Knowledge of how the selected test affects the involved tissues.
- 2.15. Interpret findings and formulate clinical impression / differential diagnosis.
 - 2.15.1. Formulate a clinical impression / differential diagnosis.
- 2.16. Recognize conditions requiring urgent medical attention and respond accordingly.
 - 2.16.1. Recognize presentations of common urgent medical conditions.

- 2.16.2. Knowledge of appropriate responses to urgent medical events.
- 2.17. Recognize conditions requiring non-urgent medical attention and respond accordingly.
 - 2.17.1. Knowledge of presentations that require non-urgent medical care.
 - 2.17.2 Knowledge of appropriate responses to non- urgent medical events.

3. Treatment (42%)

Treatment Principles

- 3.1. Incorporate relevant assessment data, research evidence, and clinical experience into development of a client centered treatment plan.
 - 3.1.1. Knowledge of considerations that guide treatment planning, including principles of massage.
 - 3.1.2. Formulate an individualized treatment plan.
- 3.2. Select treatment components based on indications and safety considerations.
 - 3.2.1. Relate treatment components to indications and safety considerations.
- 3.3. Treat consistent with treatment plan.
 - 3.3.1. Knowledge of health sciences related to client symptoms and conditions.
 - 3.3.2. Knowledge of common clinical presentations.
 - 3.3.3. Apply treatment modalities and techniques based on commonly-occurring\ symptoms and conditions.
- 3.4. Employ draping.
 - 3.4.1. Knowledge of appropriate draping for treatment.
- 3.5. Guide client in self care.
 - 3.5.1. Select self care based upon desired outcomes.
 - 3.5.2. Knowledge of how to instruct client in self care.

Massage Techniques

- 3.6. Perform effleurage, including knowledge of:
 - 3.6.1. Components, indications, safety considerations, effects, and outcomes of effleurage.
- 3.7. Perform stroking, including knowledge of:
 - 3.7.1. Components, indications, safety considerations, effects, and outcomes of stroking.
- 3.8. Perform petrissage, including knowledge of:
 - 3.8.1. Components, indications, safety considerations, effects, and outcomes of petrissage.
- 3.9. Perform skin rolling, including knowledge of:
 - 3.9.1. Components, indications, safety considerations, effects, and outcomes of skin rolling.
- 3.10. Perform vibration, including knowledge of:

- 3.10.1. Components, indications, safety considerations, effects, and outcomes of vibration.
- 3.11. Perform percussive techniques, including knowledge of:
 - 3.11.1. Components, indications, safety considerations, effects, and outcomes of percussive techniques.
- 3.12. Perform rocking and shaking, including knowledge of:
 - 3.12.1. Components, indications, safety considerations, effects, and outcomes of rocking and shaking.
- 3.13. Perform frictioning, including knowledge of:
 - 3.13.1. Components, indications, safety considerations, effects, and outcomes of frictioning.
- 3.14. Perform muscle stripping, including knowledge of:
 - 3.14.1. Components, indications, safety considerations, effects, and outcomes of muscle stripping.
- 3.15. Perform muscle approximation, including knowledge of:
 - 3.15.1. Components, indications, safety considerations, effects, and outcomes of muscle approximation.
- 3.16. Perform Golgi tendon organ techniques, including knowledge of:
 - 3.16.1. Components, indications, safety considerations, effects, and outcomes of Golgi tendon organ techniques.
- 3.17. Perform lymphatic drainage techniques, including knowledge of:
 - 3.17.1. Components, indications, safety considerations, effects, and outcomes of lymphatic drainage techniques.
- 3.18. Perform trigger point techniques, including knowledge of:
 - 3.18.1. Components, indications, safety considerations, effects and outcomes of trigger point techniques.
- 3.19. Perform fascial / myofascial techniques, including knowledge of:
 - 3.19.1. Components, indications, safety considerations, effects, and outcomes of fascial / myofascial techniques.
- 3.20. Perform joint mobilization techniques, including knowledge of:
 - 3.20.1. Components, indications, safety considerations, effects, and outcomes of joint mobilization techniques.

Therapeutic Exercise

- 3.21. Perform and direct client in stretching.
 - 3.21.1. Knowledge of components, indications, safety considerations, procedures, effects, and outcomes of stretching techniques.
 - 3.21.2. Knowledge of how to instruct client in different types of stretching.
- 3.22. Perform and direct client in range of motion exercises.
 - 3.22.1. Knowledge of indications, safety considerations, procedures, effects, and outcomes of range of motion exercises.

- 3.22.2. knowledge of how to instruct client in range of motion exercises.
- 3.23. Direct client in strengthening exercises.
 - 3.23.1. Knowledge of indications, safety considerations, procedures, effects, and outcomes of strengthening exercises.
 - 3.23.2. Knowledge of how to instruct client in different types of strengthening exercises.
- 3.24. Direct client in cardiovascular exercises.
 - 3.24.1. Knowledge of indications, safety considerations, procedures, effects, and outcomes of cardiovascular exercises.
 - 3.24.2. Knowledge of how to instruct client in different types of cardiovascular exercises.
- 3.25. Direct client in proprioception exercises.
 - 3.25.1. Knowledge of indications, safety considerations, procedures, effects, and outcomes of proprioception exercises.
 - 3.25.2. Knowledge of how to instruct client in different types of proprioception exercises.

Thermal Applications

- 3.26. Perform and direct client in heat applications.
 - 3.26.1. Knowledge of indications, safety considerations, effects, and outcomes of heat applications.
 - 3.26.2. Knowledge of how to instruct client in heat applications.
- 3.27. Perform and direct client in cold applications.
 - 3.27.1. Knowledge of indications, safety considerations, effects, and outcomes of cold applications.
 - 3.27.2. Knowledge of how to instruct client in cold applications.
- 3.28. Perform and direct client in contrast applications.
 - 3.28.1. Knowledge of indications, safety considerations, effects, and outcomes of contrast applications.
 - 3.28.2. Knowledge of how to instruct client in contrast applications.

4. Clinical Sciences (15%)

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

Appendix

Items throughout the MCQ require candidates to demonstrate knowledge of the etiology, pathophysiology and clinical manifestations of the conditions listed in the Appendix.

A1 Common clinical conditions that present as variables of:

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

A2 Conditions with multi-factorial considerations:

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

A3 Stages of life:

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

A4 Neurological conditions:

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

A5 Orthopedic conditions:

- a Conditions of the bone and periosteum
- b Conditions of the muscles and tendons
- c Conditions of the fascia
- d Conditions of the skin and connective tissue

- e Conditions of the synovial joints, cartilage, ligaments, and bursa
- f Systemic myofascial and orthopedic conditions

A6

Post-surgical conditions:

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

A7

Systemic conditions:

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

L'aperçu du contenu 2026 de l'ECM de l'Ordre

Le document des [compétences professionnelles interprovinciales et indicateurs de performance des massothérapeutes au niveau de l'entrée dans la profession 2016](#) (CPIs/IPs) constitue la base pour les examens de certifications de l'Ordre des massothérapeutes de l'Ontario et, par conséquent, l'aperçu du contenu des examens de certification. Tout en étant basé sur les CPIs/IPs, le contexte des examens de Certification est tel que la configuration/mise en page et le système de numérotation des aperçus des contenus de l'Ordre diffère du document des CPIs/IPs.

L'aperçu du contenu de l'ECM est réparti en 4 domaines de contenu, chacun comprenant un pourcentage du total des éléments contenus dans chaque formulaire d'essai :

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

1. Exercice de la profession (18%)

- 1.1 Utiliser les communications écrites efficacement.
 - 1.1.1. Employer des techniques efficaces d'interrogation.
- 1.2 Utiliser la terminologie médicale.
 - 1.2.1 Démontrer la connaissance des termes médicaux
- 1.3 Observer les exigences fédérales et provinciales.)
 - 1.3.1. Démontrer une connaissance des exigences provinciales et fédérales pertinentes.
- 1.4 Observer les exigences réglementaires.
 - 1.4.1 Démontrer une connaissance du mandat et des rôles d'un organisme de réglementation.

- 1.4.2 Démontrer une connaissance des exigences réglementaires (politiques, normes d'exercice, énoncés de position, etc.)
 - 1.4.3 Faire la distinction entre le rôle d'un organisme de réglementation et celui d'une association professionnelle.
 - 1.4.4 Démontrer une connaissance des exigences du programme d'assurance de la qualité.
- 1.5 Tenir des dossiers professionnels complets.
 - 1.5.1 Démontrer une connaissance des aspects de l'exercice professionnel qui exigent de la documentation.
 - 1.5.2 Démontrer une connaissance des exigences en matière de sécurité, de confidentialité et d'accès concernant les dossiers.
- 1.6 Appliquer les précautions standard d'hygiène et de contrôle de l'infection.
 - 1.6.1 Démontrer une connaissance des pratiques standard d'hygiène.
 - 1.6.2 Démontrer une connaissance des précautions pour contrôler l'infection.
- 1.7 Utiliser la littérature scientifique et professionnelle.
 - 1.7.1 Démontrer une connaissance du processus de recherche.
- 1.8 Assurer une bonne gestion des pratiques.
 - 1.8.1 Démontrer une connaissance des procédés de facturation
- 1.9 Maintenir le consentement éclairé du client tout au long de l'évaluation et du traitement.
 - 1.9.1 Démontrer une connaissance du but du consentement éclairé.
 - 1.9.2 Démontrer une connaissance des composantes du consentement éclairé.
- 1.10 Obtenir le consentement explicite avant l'évaluation et le traitement de régions sensibles du corps.
 - 1.10.1 Démontrer une connaissance des régions sensibles potentielles.
- 1.11 Reconnaître et gérer la différence des pouvoirs dans la relation client et thérapeute.
 - 1.11.1 Démontrer une connaissance de ce qui constitue un abus dans la relation client-thérapeute.
 - 1.11.2 Expliquer la responsabilité du thérapeute dans la gestion de la relation client-thérapeute (exemple : la prévention de l'abus sexuel, émotionnel et financier).
- 1.12 Reconnaître et gérer le transfert et le contre-transfert.
 - 1.12.1 Démontrer une connaissance des caractéristiques et des problèmes découlant du transfert et du contre-transfert.

2. Évaluation (25%)

- 2.1 Obtenir l'histoire complète du cas.
 - 2.1.1 Démontrer une connaissance des composantes d'une histoire complète de cas.
- 2.2 Intégrer les conclusions d'autres praticiens de la santé.

- 2.2.1 Incorporer les résultats des évaluations effectuées par d'autres praticiens de la santé dans la planification de l'évaluation.
- 2.3 Appliquer dans l'évaluation les connaissances de troubles communs.
 - 2.3.1 Identifier les indications pour évaluer les clients en se basant sur les symptômes et les troubles qu'ils présentent.
 - 2.3.2 Démontrer une connaissance des considérations relatives à la sécurité et de l'adaptation des évaluations des clients en se basant sur les symptômes et les troubles qu'ils présentent.
- 2.4 Modifier les évaluations en fonctions des résultats qui émergent.
 - 2.4.1 Adapter les évaluations en fonction des résultats.
- 2.5 Exécuter l'évaluation des signes vitaux.
 - 2.5.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation des signes vitaux.
 - 2.5.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.6 Effectuer l'évaluation de la posture.
 - 2.6.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de la posture.
 - 2.6.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.7 Effectuer l'évaluation de palpation.
 - 2.7.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de palpation.
 - 2.7.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.8 Effectuer l'évaluation de la démarche.
 - 2.8.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de la démarche.
 - 2.8.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.9 Effectuer une évaluation de l'amplitude articulaire.
 - 2.9.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation des amplitudes articulaire.
 - 2.9.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.10 Effectuer une évaluation de la longueur musculaire.
 - 2.10.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de la longueur musculaire.
 - 2.10.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.11 Effectuer une évaluation de la force musculaire.
 - 2.11.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de la force musculaire.
 - 2.11.2 Faire la distinction entre les résultats normaux et anormaux.
- 2.12 Effectuer une évaluation de jeu articulaire.
 - 2.12.1 Identifier les indications et les considérations relatives à la sécurité et les composantes de l'évaluation de jeu articulaire.

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

3. Traitement (42%)

Principes de traitement

- 3.1 Intégrer les données pertinentes d'évaluation, les preuves scientifiques et l'expérience clinique dans l'établissement d'un plan de traitement centré sur le client ou la cliente.
 - 3.1.1 Démontrer une connaissance des considérations qui guident la planification du traitement incluant les principes de massothérapie.
 - 3.1.2 Formuler un plan de traitement individualisé.
- 3.2 Sélectionner les composantes du traitement en fonction des indications et des considérations relatives à la sécurité.
 - 3.2.1 Faire le lien entre les composantes du traitement et les indications et les considérations relatives à la sécurité.
- 3.3 Traiter en suivant le plan de traitement.
 - 3.3.1 Démontrer une connaissance des sciences de la santé liées aux symptômes et troubles du client.
 - 3.3.2 Démontrer une connaissance des troubles communs.
 - 3.3.3 Appliquer les modalités et techniques de traitement en intégrant les connaissances des troubles communs.

- 3.4 Employer le drapage
 - 3.4.1 Démontrer une connaissance du drapage approprié pour le traitement.
- 3.5 Montrer au client comment prendre soin de lui.
 - 3.5.1 Sélectionner les soins auto-administrés en fonction des résultats souhaités.
 - 3.5.2 Démontrer une connaissance d'enseigner les soins que le client doit accomplir.

Techniques de massage

- 3.6 Exécuter l'effleurage, incluant la connaissance des :
 - 3.6.1 Composantes, indications, considérations en matière de sécurité, effets et résultats de l'effleurage.
- 3.7 Exécuter le glissement « stroking », incluant la connaissance des :
 - 3.7.1 Composantes, indications, considérations en matière de sécurité, effets et résultats du glissement « stroking ».
- 3.8 Exécuter le pétrissage, incluant la connaissance des :
 - 3.8.1 Composantes, indications, considérations en matière de sécurité, effets et résultats du pétrissage.
- 3.9 Exécuter la technique pincer-rouler, incluant la connaissance des :
 - 3.9.1 Composantes, indications, considérations en matière de sécurité, effets et résultats de la technique pincer-rouler.
- 3.10 Exécuter les vibrations, incluant la connaissance des :
 - 3.10.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des vibrations.
- 3.11 Exécuter les techniques de percussion, incluant la connaissance des :
 - 3.11.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques de percussion.
- 3.12 Exécuter les bercements et les ébranlements, incluant la connaissance des :
 - 3.12.1 Composantes, indications, considérations en matière de sécurité, effets et résultats du bercement et de l'ébranlements.
- 3.13 Exécuter les frictions, incluant la connaissance des :
 - 3.13.1 Composantes, indications, considérations en matière de sécurité, effets et résultats de la friction.
- 3.14 Exécuter le « stripping » musculaire, incluant la connaissance des :
 - 3.14.1 Composantes, indications, considérations en matière de sécurité, effets et résultats du « stripping » musculaire.
- 3.15 Exécuter l'approximation musculaire, incluant la connaissance des :
 - 3.15.1 Composantes, indications, considérations en matière de sécurité, effets et résultats de l'approximation musculaire.
- 3.16 Exécuter les techniques de relâchement de l'organe tendineux de Golgi, incluant la connaissance des :

- 3.16.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques de relâchement de l'organe tendineux de Golgi.
- 3.17 Exécuter les techniques de drainage lymphatique, incluant la connaissance des :
 - 3.17.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques de drainage lymphatique.
- 3.18 Exécuter les techniques de traitement de point myalgique, incluant la connaissance des :
 - 3.18.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques de déclenchement de point myalgique.
- 3.19 Exécuter les techniques fasciales ou myofasciales, incluant la connaissance des :
 - 3.19.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques fasciales ou myofasciales.
- 3.20 Exécuter les techniques de mobilisation articulaire, incluant la connaissance des :
 - 3.20.1 Composantes, indications, considérations en matière de sécurité, effets et résultats des techniques de mobilisation articulaire.

Exercices thérapeutiques

- 3.21 Exécuter des étirements et guider client pour les faire.
 - 3.21.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats de l'étirement.
 - 3.21.2 Démontrer la connaissance nécessaire pour guider le client à effectuer différents types d'étirements.
- 3.22 Exécuter des exercices d'amplitude articulaire et guider le client pour les faire.
 - 3.22.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, procédures des effets et des résultats des exercices d'amplitude articulaire.
 - 3.22.2 Démontrer la connaissance nécessaire pour guider le client à effectuer différents types d'exercices d'amplitude articulaire.
- 3.23 Guider le client ou client pour effectuer des exercices de renforcement.
 - 3.23.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats des exercices de renforcement.
 - 3.23.2 Démontrer la connaissance nécessaire pour guider le client à effectuer différents types d'exercice de renforcement.
- 3.24 Guider le client ou client pour effectuer des exercices cardiovasculaires.
 - 3.24.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats des exercices cardiovasculaire.
 - 3.24.2 Démontrer la connaissance nécessaire pour guider le client à effectuer différents types d'exercices cardiovasculaires.
- 3.25 Guider le client ou client pour effectuer des exercices de proprioception.

- 3.25.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats des exercices de proprioception.
- 3.25.2 Démontrer la connaissance nécessaire pour guider le client à effectuer différents types d'exercice de proprioception.

Applications thermiques (chaud/froid)

- 3.26 Exécuter des applications de chaleur et guider le client pour le faire.
 - 3.26.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des effets et des résultats des applications de chaleur.
 - 3.26.2 Démontrer une connaissance nécessaire pour guider le client à effectuer des applications de chaleur.
- 3.27 Exécuter des applications de froid et guider le client à le faire.
 - 3.27.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des effets et des résultats des applications de froid.
 - 3.27.2 Démontrer une connaissance nécessaire pour guider le client à effectuer des applications de froid.
- 3.28 Exécuter des applications de contraste et guider le client à le faire.
 - 3.28.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des effets et des résultats des applications de contraste.
 - 3.28.2 Démontrer une connaissance nécessaire pour guider le client à effectuer des applications de contraste.

4. Sciences Cliniques (15 %)

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

Annexe

Les éléments de l'ECM exigent que les candidats démontrent une connaissance de l'étiologie, de la physiopathologie et des manifestations cliniques des troubles énumérées en annexe.

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

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

A2 Troubles assortis de considérations multifactorielles :

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

A3 Stades de la vie:

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

A4 Troubles neurologiques:

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

A5 Troubles orthopédiques:

- a Troubles de l'os et du périoste

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

A6 Troubles post-chirurgicaux:

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

A7 Troubles systémiques:

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



CMTO's Objectively Structured Clinical Evaluation (OSCE) Content Outline 2026

The [2016 Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice \(PC/PIs\)](#) document provides the foundation for the College of Massage Therapists of Ontario (CMTO) Certification Examinations and, accordingly, the examination content outlines. While based on the PC/PIs, the context of CMTO's Certification Examinations is such that the layout and numbering for the examination content outlines differ from that of the PC/PIs document.

The OSCE content outline is organized into 5 content areas, each comprising a percentage of the total tasks required across the OSCE and are assessed within one or more stations:

▪ 1. Professional Practice	23% of tasks	Assessed in Stations 1, 2, 4, 5, 6, 7
▪ 2. Client History	13% of tasks	Assessed in Station 2
▪ 3. Assessment	25% of tasks	Assessed in Stations 3, 4
▪ 4. Treatment	24% of tasks	Assessed in Stations 5, 6, 7
▪ 5. Therapeutic Exercise	15% of tasks	Assessed in Stations 1, 7

1. Professional Practice (23%)

- 1.1. Utilize communication effectively.
 - 1.1.1 Employ effective questioning techniques.
- 1.2. Comply with federal and provincial requirements.
 - 1.2.1. Knowledge of relevant provincial and federal requirements.)
- 1.3. Comply with regulatory requirements.
 - 1.3.1. Knowledge of CMTO requirements (e.g., Policies, Standards of Practice, Position statements, etc.,)
- 1.4. Maintain informed client consent throughout assessment and treatment.
 - 1.4.1. Obtain informed consent prior to performing assessment, treatment, and reassessment.

2. Client History (13%)

- 2.1. Obtain comprehensive case history.
 - 2.1.1. Interview client to obtain case history and their desired treatment goals.
- 2.2. Integrate findings of other healthcare practitioners.
 - 2.2.1 Incorporate assessment findings of other healthcare practitioners into

assessment planning.

3. Assessment (25%)

- 3.1. Select assessments incorporating knowledge of client history, safety considerations, emerging findings, and evidence.
 - 3.1.1. Select appropriate assessment procedures.
 - 3.1.2. Perform assessment.
- 3.2. Modify assessments based upon emerging findings.
 - 3.2.1 Adapt assessments based on findings.
- 3.3. Perform palpatory assessment.
 - 3.3.1 Identify indications, safety considerations for and the components of performing palpatory assessment.
 - 3.3.2. Demonstrate palpatory assessment.
- 3.4. Perform range of motion assessment.
 - 3.4.1. Identify indications, safety considerations for and the components of performing range of motion assessment.
 - 3.4.2. Demonstrate range of motion assessment.
- 3.5. Perform muscle length assessment.
 - 3.5.1. Identify indications, safety considerations for and the components of performing muscle length assessment.
 - 3.5.2. Demonstrate muscle length assessment.
- 3.6. Perform muscle strength assessment.
 - 3.6.1. Identify indications, safety considerations for and the components of performing muscle strength assessment.
 - 3.6.2. Demonstrate muscle strength assessment.
- 3.7. Perform neurological assessment.
 - 3.7.1. Identify indications, safety considerations for and the components of performing neurological assessment.
 - 3.7.2. Demonstrate neurological assessment.
- 3.8. Perform appropriate special tests.
 - 3.8.1. Identify indications, safety considerations for and the components of performing special tests.
 - 3.8.2. Identify the purpose of the selected test.
 - 3.8.3. Demonstrate special tests.
- 3.9. Interpret findings and formulate clinical impression / differential diagnosis.
 - 3.9.1. Formulate a clinical impression / differential diagnosis.

4. Treatment (24%)

- 4.1. Incorporate relevant assessment data, research evidence, and clinical experience into development of a client centered treatment plan
 - 4.1.1. Formulate an individualized treatment plan by relating treatment components to indications, safety considerations and presenting conditions

listed in the appendix.

- 4.2. Treat consistent with treatment plan.
 - 4.2.1. Demonstrate knowledge of health sciences related to client symptoms and conditions.
 - 4.2.2. Describe clinical presentations of commonly occurring conditions.
 - 4.2.3. Apply treatment modalities and techniques incorporating knowledge of commonly-occurring conditions.
- 4.3. Employ draping.
 - 4.3.1. Drape and undrape client for treatment.
- 4.4. Guide client in self care.
 - 4.4.1. Select self care based upon desired outcomes.
 - 4.4.2. Instruct client in self care.
- 4.5. Perform effleurage
 - 4.5.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of effleurage.
 - 4.5.2. Incorporate effleurage into treatment.
- 4.6. Perform stroking
 - 4.6.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of stroking.
 - 4.6.2. Incorporate stroking into treatment.
- 4.7. Perform petrissage
 - 4.7.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of petrissage.
 - 4.7.2. Incorporate petrissage into treatment.
- 4.8. Perform skin rolling
 - 4.8.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of skin rolling.
 - 4.8.2. Incorporate skin rolling into treatment.
- 4.9. Perform vibration
 - 4.9.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of vibration.
 - 4.9.2. Incorporate vibration into treatment.
- 4.10. Perform percussive techniques
 - 4.10.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of percussive techniques.
 - 4.10.2. Incorporate percussive techniques into treatment.
- 4.11. Perform rocking and shaking
 - 4.11.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of rocking and shaking.
 - 4.11.2. Incorporate rocking and shaking into treatment.
- 4.12. Perform friction

- 4.12.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of friction.
 - 4.12.2. Incorporate friction into treatment.
- 4.13. Perform muscle stripping
 - 4.13.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of muscle stripping.
 - 4.13.2. Incorporate muscle stripping into treatment.
- 4.14. Perform trigger point techniques
 - 4.14.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of trigger point technique
 - 4.14.2. Incorporate trigger point techniques into treatment.
- 4.15. Perform fascial / myofascial techniques.
 - 4.15.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of fascial / myofascial techniques.
 - 4.15.2. Incorporate fascial / myofascial techniques into treatment.
- 4.16. Perform joint mobilization techniques.
 - 4.16.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of joint mobilization techniques.
 - 4.16.2. Incorporate joint mobilization techniques into treatment.

5. Therapeutic Exercise (15%)

- 5.1. Perform and direct client in stretching
 - 5.1.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of stretching.
 - 5.1.2. Direct client in stretching.
 - 5.1.3. Incorporate different types of stretching into treatment.
- 5.2. Perform and direct client in range of motion exercises.
 - 5.2.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of range of motion exercises.
 - 5.2.2. Direct client in range of motion exercises.
 - 5.2.3. Incorporate range of motion exercises into treatment.
- 5.3. Direct client in strengthening exercises
 - 5.3.1. Demonstrate knowledge of components, indications, safety considerations, effects and outcomes of strengthening exercises.
 - 5.3.2. Direct client in strengthening exercises.

Appendix

Tasks throughout the OSCE require candidates to demonstrate knowledge of the etiology, pathophysiology and clinical manifestations of the conditions listed in the Appendix.

A1 Common clinical conditions that present as variables of:

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

A2 Conditions with multi-factorial considerations:

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

A3 Stages of life:

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

A4 Neurological conditions:

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

A5 Orthopedic conditions:

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

A6 Post-surgical conditions:

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

A7

Systemic conditions:

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

L'aperçu du contenu 2026 de l'ECOS de l'Ordre

Le document des [compétences professionnelles interprovinciales et indicateurs de performance des massothérapeutes au niveau de l'entrée dans la profession 2016](#) (CPIs/IPs) constitue la base pour les examens de certifications de l'Ordre des massothérapeutes de l'Ontario et, par conséquent, l'aperçu du contenu des examens de certification. Tout en étant basé sur les CPIs/IPs, le contexte des examens de Certification est tel que la configuration/mise en page et le système de numérotation des aperçus des contenus de l'Ordre diffère du document des CPIs/IPs.

L'aperçu du contenu de l'ECOS est reparti en 5 domaines de contenu, chacun comprenant un pourcentage du total des tâches requises dans l'ensemble de l'ECOS et évalués dans une ou plusieurs stations :

1. Exercice de la profession	23% de l'examen	Évalué aux stations 1, 2, 4, 5, 6, 7
2. Antécédents médicaux du client	13% de l'examen	Évalué à la station 2
3. Évaluation	25% de l'examen	Évalué aux stations 3, 4
4. Traitement	24% de l'examen	Évalué aux stations 5, 6, 7
5. Exercices thérapeutiques	15% de l'examen	Évalué aux stations 1, 7

1. Exercice de la profession (23%)

- 1.1 Utiliser les communications efficacement.
 - 1.1.1 Employer des techniques efficaces d'interrogation
- 1.2 Observer les exigences fédérales et provinciales.
 - 1.2.1 Démontrer une connaissance des exigences provinciales et fédérales pertinentes.
- 1.3 Observer les exigences réglementaires.
 - 1.3.1 Démontrer une connaissance des exigences réglementaires de l'Ordre (politiques, normes d'exercice, énoncés de position etc.)

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

2. Antécédents médicaux du client (13%)

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

3. Évaluation (25%)

- 3.1 Sélectionner et exécuter les évaluations en intégrant les connaissances de l'histoire du client ou cliente, les considérations relatives à la sécurité et les preuves.
 - 3.1.1 Sélectionner les processus d'évaluation appropriés.
 - 3.1.2 Exécuter une évaluation.
- 3.2 Modifier les évaluations en fonction des résultats qui émergent.
 - 3.2.1 Adapter les évaluations en fonction des résultats.
- 3.3 Effectuer l'évaluation de la palpation.
 - 3.3.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour évaluer la palpation.
 - 3.3.2 Faire une démonstration de l'évaluation de la palpation.
- 3.4 Effectuer une évaluation de l'amplitude articulaire.
 - 3.4.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour évaluer l'amplitude articulaire.
 - 3.4.2 Faire une démonstration de l'évaluation de l'amplitude articulaire.
- 3.5 Effectuer une évaluation de la longueur musculaire.
 - 3.5.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour évaluer la longueur musculaire.
 - 3.5.2 Faire une démonstration de l'évaluation de la longueur musculaire.
- 3.6 Effectuer une évaluation de la force musculaire.
 - 3.6.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour évaluer la force musculaire.
 - 3.6.2 Faire une démonstration de l'évaluation de la force musculaire.
- 3.7 Effectuer une évaluation neurologique.
 - 3.7.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour effectuer une évaluation neurologique.
 - 3.7.2 Faire une démonstration de l'évaluation neurologique.
- 3.8 Effectuer les tests spéciaux appropriés.

- 3.8.1 Identifier les indications et les considérations relatives à la sécurité et les composantes pour effectuer les tests spéciaux.
 - 3.8.2 Identifier le but du test sélectionné.
 - 3.8.3 Faire la démonstration du test sélectionné.
- 3.9 Interpréter les résultats et formuler une impression clinique ou un diagnostic différentiel.
 - 3.9.1 Formuler une impression clinique ou un diagnostic différentiel.

4. Traitement (24%)

- 4.1 Intégrer les données pertinentes d'évaluation, les preuves scientifiques et l'expérience clinique dans l'établissement d'un plan de traitement centré sur le client.
 - 4.1.1 Formuler un plan de traitement individualisé pour le client, en faisant le lien entre les composantes du traitement, les indications, les considérations relatives à la sécurité et les symptômes et les troubles *présentés dans l'annexe*.
- 4.2 Traiter en suivant le plan de traitement.
 - 4.2.1 Démontrer une connaissance des sciences de la santé liées aux symptômes et troubles du client.
 - 4.2.2 Décrire les présentations cliniques des troubles communs indiqués dans l'annexe.
 - 4.2.3 Appliquer les modalités et techniques de traitement en intégrant les connaissances des troubles communs.
- 4.3 Employer le drapage.
 - 4.3.1 Draper et découvrir le client comme il se doit pour le traitement.
- 4.4 Montrer au client ou client comment prendre soin de lui.
 - 4.4.1 Sélectionner les soins auto-administrés en fonction des résultats souhaités.
 - 4.4.2 Enseigner les soins que le client ou client doit accomplir.
- 4.5 Exécuter l'effleurage
 - 4.5.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats de l'effleurage.
 - 4.5.2 Intégrer l'effleurage dans le traitement.
- 4.6. Exécuter le glissement « stroking ».
 - 4.6.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats de l'effleurage.
 - 4.6.2 Intégrer le glissement « stroking » dans le traitement.
- 4.7 Exécuter le pétrissage.
 - 4.7.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats du pétrissage.
 - 4.7.2 Intégrer le pétrissage dans le traitement.
- 4.8 Exécuter la technique du pincer-rouler.
 - 4.8.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats de la technique du pincer-rouler.

- 4.8.2 Intégrer la technique du pincer-rouler dans le traitement.
- 4.9 Exécuter les vibrations.
 - 4.9.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des vibrations.
 - 4.9.2 Intégrer les vibrations dans le traitement.
- 4.10 Exécuter les techniques de percussion.
 - 4.10.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des percussions.
 - 4.10.2 Intégrer les percussions dans le traitement.
- 4.11 Exécuter les bercements et les ébranlements.
 - 4.11.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des bercements et des ébranlements.
 - 4.11.2 Intégrer les bercements et les ébranlements.
- 4.12 Exécuter les frictions.
 - 4.12.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des frictions.
 - 4.12.2 Intégrer les frictions dans le traitement.
- 4.13 Exécuter le « stripping » musculaire.
 - 4.13.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats dès le « stripping » musculaire.
 - 4.13.2 Intégrer le « stripping » musculaire dans le traitement.
- 4.14 Exécuter les techniques de traitement de point myalgique.
 - 4.14.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des techniques de traitement de point myalgique.
 - 4.14.2 Intégrer les techniques de traitement de point myalgique dans le traitement.
- 4.15 Exécuter les techniques fasciales ou myofasciales.
 - 4.15.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des techniques fasciales ou myofasciales.
 - 4.15.2 Intégrer les techniques fasciales ou myofasciales dans le Traitement.
- 4.16 Exécuter les techniques de mobilisation articulaire.
 - 4.16.1 Démontrer une connaissance des composantes, des indications, des considérations en matière de sécurité, des effets et des résultats des techniques de mobilisation articulaire.
 - 4.16.2 Intégrer les techniques de mobilisation articulaire dans le traitement.

5. Exercices thérapeutiques (15%)

- 5.1 Exécuter des étirements et guider le client à les faire.
 - 5.1.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats de l'étirement.
 - 5.1.2 Guider le client à effectuer des étirements.
 - 5.1.3 Intégrer différents types d'étirements dans le traitement.
- 5.2 Exécuter des exercices d'amplitude articulaires et guider le client à les faire.
 - 5.2.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats des exercices d'amplitude articulaires.
 - 5.2.2 Guider le client à effectuer des exercices d'amplitude articulaires.
 - 5.2.3 Intégrer différents types d'exercices d'amplitude articulaires dans le traitement.
- 5.3 Exécuter des exercices de renforcement et guider le client à les faire.
 - 5.3.1 Démontrer une connaissance des indications, des considérations en matière de sécurité, des procédures, des effets et des résultats exercices de renforcement.
 - 5.3.2 Guider le client à effectuer des exercices d'amplitude articulaires.

Annexe

Les tâches tout au long de l'ECOS exigent que les candidats démontrent une connaissance de l'étiologie, de la physiopathologie et des manifestations cliniques des troubles énumérées en annexe.

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

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

A2 Troubles assortis de considérations multifactorielles :

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

A3 Stades de la vie:

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

A4 Troubles neurologiques:

- a Troubles du système nerveux central
- b Troubles du système nerveux périphérique

- c Troubles neurologiques
généraux

A5 Troubles orthopédiques:

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

Troubles post

A6 chirurgicaux:

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

A7 Troubles systémiques:

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

BOARD BRIEFING NOTE – FOR INFORMATION

Date: September 30, 2025

From: Vera Patterson, Manager, Governance

Re: June 10, 2025 Board Meeting Evaluation Results

Purpose:

Following each Board meeting, members submit an evaluation. The June 10, 2025 meeting survey received responses from all 15 members who attended.

Results:

Overall, the meeting was productive. All agenda items were successfully addressed. The following summary highlights responses that reinforce current practices and identify opportunities for improvement.

Adequacy of time to review meeting materials (4.6/5)

- “It would be nice to have an additional weekend to prepare, but there was sufficient time to prepare.”

Adequacy of Background Information (4.5/5)

- “This is true, but I wonder why the presentations are just re-reading the materials. Does this offer additional value? Does this mean that board members don't read the materials knowing that they will be presented at the meeting?”
- “Presenters were organized and well informed”
- “Very interesting.”

Time was used effectively and were appropriately focused (4.5/5)

- “Time was not used for board discussions. There were no discussions. This board needs to improve their questioning of staff and discussion with each to demonstrate the reasons for making the decisions they make.”
- “A break in the afternoon may be helpful to keep everyone attentive. Most people are, but a long day and hot room is difficult.”

There was a positive climate of trust and respect (4.6/5)

My peer participants appeared prepared for the meeting (4.4/5)

- “Some members were noticeably disconnected throughout the day”
- “With little input from the board it is hard to say whether people came prepared. There were opportunities to participate but few takers”
- “It seemed to me that some of the questions and discussions led me to believe that the materials had not been read”
- “Most members were prepared. I had ample opportunity to speak. Having board members self evaluate may help”

The Chair was effective in allowing all views to be heard (4.6/5)

- “The chair could be more effective in facilitating discussions at the Board meeting”
- “The Chair was solid and did their best to promote discussion”
- “Good job!”

Additional comments

- “I would like to see Board members alert and engaged”
- “Having more time allocated for the College of Physiotherapists could have been beneficial”
- “...I thought the presentation was fantastic”



June 23, 2025

Hon. Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3

Sent via email to: Sylvia.Jones@ontario.ca

Minister Jones,

RE: Protecting Ontario Patients from Sexual Abuse in the Practice of Massage Therapy

On behalf of the College of Massage Therapists of Ontario (CMTO), we would like to congratulate you on your re-appointment as Deputy Premier and Minister of Health. We look forward to working with you and your Ministry as we continue to fulfill our legislative mandate to regulate the practice of Massage Therapy in Ontario, protecting the public interest and ensuring patients receive effective, safe, and ethical care.

We are also writing to seek your assistance in a matter of growing urgency. As we shared in our previous correspondence from November 27, 2024, CMTO requested that the full complement of public members be appointed to the CMTO Board (“the Board”) to ensure that the College has the governance capacity needed to fulfill its public interest mandate. **At present, this requires the appointment of two (2) additional public members to the Board, preferably with 3-year terms.**

CMTO greatly appreciates the efforts taken to date by your office for the timely appointment of public members to the Board in response to this concern, including the appointment of an additional public member, Matthew Gordon. Nevertheless, there is an urgent need to resolve the remaining shortfall in appointed public members to meet our significant obligations to protect the public interest.

Due to CMTO’s high number of discipline cases, the College requires the full complement of eight (8) Board members appointed to full terms to prevent conflicts and quickly and efficiently resolve matters.

The College currently operates without a full complement of public members – six (6) of the maximum eight (8), as set under the *Massage Therapy Act, 1991*. This is one of the lowest ratios of filled appointments of any regulated health college in Ontario, despite CMTO being the fourth largest regulatory health college in Ontario with over 16,000 registrants. Under the *RHPA*, three board members are required to serve on a disciplinary panel, with at least two of these being public members.

This directly impacts our ability to address urgent disciplinary demands. For example, CMTO:

- Has the most sexual abuse disciplinary investigations of any regulated health college in Ontario;
- Has the fifth highest number of complaints/investigations of any regulated health college, with sexual abuse making up 24% of those matters (the most of any college);



- Held 38.5 hearing days in 2024; and
- Issued the second highest number of disciplinary decisions of any regulated health college in 2024.

CMTO's public members are currently expected to spend approximately 79 days per year on College activities, one of the highest commitments of all regulatory health colleges in Ontario. Appointing the full complement of eight (8) public members is urgently needed to reduce the unsustainable time burden on our existing six (6) members. This is critical for retaining experienced public members, and ensuring the available roles are viable for qualified candidates. Currently:

- CMTO held 38.5 hearing days in 2024, each of which requires two (2) public members;
- This results in approximately 13 hearing days per public member;
- Preparation, deliberations, and decision-review time are in addition to hearing days; and
- A full complement of public members would reduce the time members spend on hearings by 25%, lowering their current commitment of 79 days.

CMTO continues to explore opportunities to partner with other regulatory health colleges to implement best practices to bring enhanced efficiency to our discipline process and facilitate more responsive disciplinary proceedings. Nevertheless, the need for these additional public members is acute and creates a significant burden for our current public members.

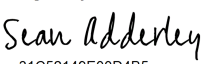
We appreciate your attention to this matter. As the regulatory body for Massage Therapy, we remain committed to fulfilling our mandate in protecting the public interest.

Sincerely,

Signed by:

D650629F2DDB430...

Maureen Boon
Registrar and CEO

Signed by:

31C52149E00D4B5...

Sean Adderley, RMT
CMTO Board Chair



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

sml-law.com/resources/grey-areas/

Book Review: “The Licensing Racket” – Part 1

Erica Richler

May 2025 - No. 302

Rebecca Haw Allensworth of Vanderbilt Law School has published a thought-provoking book on professional regulation (licensing) in the United States: *The Licensing Racket: How We Decide Who is Allowed to Work & Why it Goes Wrong* (Cambridge: Harvard University Press, 2025). While the approach in the US is different in several respects from that in Canada, there are lessons in her book for regulators in this country.

Allensworth argues that the licensing system in the US is broken and needs fixing. Relying on a systematic review of licensing bodies in the US, and illustrating her findings through real world examples, she presents two major themes in the book. First, licensing creates barriers, often unnecessary, to entering the profession and these barriers result in a monopoly. Second, licensing creates systemic challenges for regulatory boards to adequately protect the public.

Barriers to Entry

Allensworth begins by describing the broad scope of licensing in the US, estimating that about 20 percent of workers cannot practice

their occupation without a licence. She also provides an analysis of the theory of professional regulation (e.g., to address information asymmetry) and its economic impact (e.g., licensing reduces the number of providers, resulting in scarcity of services, and creates a premium for the cost of services) resulting in marginalized communities having difficulty in accessing the services.

She describes licensing boards as private professional associations “dressed up in governmental clothing.” The majority of board members are from the profession, often recently retired from serving in the professional association. They are funded by licensing fees which are often kept too low to properly fund their activities. Being practising members of the profession means that they generally do not have regulatory expertise (that a state bureaucrat would usually possess). Government oversight of the regulator, while possible, is often perfunctory. She observed repeated instances when board members let down their guard and viewed licensees as their “constituents” or “stakeholders.”

In attending board meetings and reviewing board decisions, Allensworth observed a pattern of boards applying strict entry standards but not going nearly far enough in disciplining dangerous practitioners. “It may be hard to get into the club of the professionally licensed, but once you’re in, you’re in.”

Entry standards achieve three rewards for members of licensed occupations: reduced competition (but increased compensation); increased prestige (sometimes called credibility, legitimacy, or identity); and control and autonomy over their work. Once regulation is achieved, entry requirements (e.g., amount of education, hours of experience, and fees) only “ratchet” one way, which is up.

Barriers to entry take various forms:

One overlooked barrier raised by licensing is the bureaucratic thicket that must be traversed to get a license. An applicant has to learn all the rules and deadlines in her state, obtain official documents from testing companies, educational institutions, and sometimes courts, all in the proper notarized format and by the sometimes draconian deadlines.

Other barriers include inappropriately strict educational, language proficiency, and criminal record requirements.

These barriers have contradictory implications. They generally provide an advantage to privileged demographics (e.g., white males) but also provide an opportunity for less privileged demographics (e.g., racialized women) to achieve economic advances if they can obtain a licence.

The focus on barriers to entry (vs. protection of the public) was reinforced by statistical analysis. For the professions reviewed (health professions were excluded for this aspect of the analysis) complaints about

service quality or safety were much more likely to come from the public than from other licensees. In contrast, complaints about unlicensed practice were much more likely from licensees than from the public. Also, the likelihood of enforcement action against those practising without a licence was significantly higher than that against licensees for quality or safety concerns.

The discussion regarding turf wars (“dressed up in health and safety concerns”) will ring familiar to Canadian regulators. “Unsurprisingly, most turf wars are less about safety and more about exclusivity.” Allensworth describes the tactics used by various professions to expand turf (e.g., teach it in school) or resist encroachments upon turf (e.g., enforce title protection, issue cease and desist letters). Innovation is discouraged by turf battles.

Some of Allensworth’s extended illustrations are particularly informative. For example, in a chapter about the COVID pandemic, she describes how the turf war between physicians and nurses revealed barriers that led to real world consequences. The death rate in jurisdictions that had fewer restrictions on nurses, especially nurse practitioners, was materially lower than jurisdictions with more rigid rules.

As noted, Allensworth makes the important point that boards composed largely of part-time practitioners may be familiar with the profession but often have little regulatory expertise. However, for many Canadian regulators, this gap is at least partially filled by staff and organizations of regulators. Allensworth’s observation is that US boards often address this gap by relying on professional associations (e.g., to draft standards), taskforces dominated by professional groups, adopting private industry standards of practice, using testing organizations often affiliated with advocacy organizations, and deferring to professional educational institutions that benefit from high

educational and continuing education requirements.

Our sense is that Canadian regulators need to resist the complacency she describes as existing in US licensing boards. However, there are several differences between the US context, as outlined by Allensworth, and the Canadian experience which may, at least partially, address the concerns. For example:

- Canada appears to have fewer regulated professions and occupations per jurisdiction than many US states. Most Canadian jurisdictions have fewer than 50 such regulators, rather than hundreds.
- Most Canadian jurisdictions have made a concerted effort to separate professional regulators from associations. Membership in a professional association is generally voluntary, and they usually have fewer numbers than their regulatory counterparts.
- While licensure still exists for many professions in Canada, legislatures are increasingly using other regulatory mechanisms such as title protection, or a narrower list of restricted acts, which reduces the monopolistic effect of professional regulation.
- While there are exceptions, at least some third-party providers of

regulatory-related services such as examinations and registration candidate assessments, are either affiliated with the regulator or independent of professional associations and advocacy organizations.

- Many Canadian regulators are beginning to adopt some form of competency-based selection for their boards or councils, and some have higher proportions of public appointees to boards and discipline committees than those in the US as described by Allensworth.
- Many regulators have independent oversight bodies such as appeal boards and fairness commissioners. Some even have superintendents. At a minimum, there is a government department to whom they report and need approval for most major policy regulations or by-laws. In addition, there are judicial appeals and reviews available, which seem to be relied upon regularly (although the latter is likely also accessible in the US).

In part 2 of this article, we will look at the second theme of Allensworth's book, ineffective public protection. We will also review some reforms that she proposes.

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Book Review: “The Licensing Racket” – Part 2

Erica Richler

June 2025 - No. 303

As noted in part 1 of this article, Rebecca Allensworth of Vanderbilt Law School has published a thought-provoking book on professional regulation (licensing) in the United States.

In part 1 we looked at the first major theme of the book: that licensing creates barriers (often unnecessary), to entering the profession and those barriers protect the resulting monopoly. In part 2 we begin by looking at the second major theme of the book: that licensing creates systemic challenges for regulatory boards to adequately protect the public.

Systemic Challenges to Protecting the Public

Allensworth describes the theory of licensure as follows:

The arrangement between society and the professions is often described as the “grand bargain”. For its part, society agreed to leave the professions alone from governmental

interference and to confer a high degree of trust and esteem on their members. In exchange, the professions agreed to regulate themselves in the public’s interest, to police their own, and keep us safe. ... Every day, we hold up our end of the bargain by giving state licensing boards nearly unfettered autonomy over their professions.

Allensworth argues that licensing boards all too frequently do not uphold their side of the bargain. She does not fault the individuals involved and says: “the failures of our professional licensing system are utterly banal.” She adds: “I also learned that the typical board member is well-meaning and of high integrity; I did not meet a single board member who did not take seriously his or her obligation to the people of the state of Tennessee” (the state that was the focus of her research). The problem is the system.

Returning to an earlier point, Allensworth says that the lack of board member expertise also applies to the discipline process where these board members must adjudicate at

formal, legalistic, hearings. This, and relying primarily on consumer complaints to initiate the process, having insufficient funding for the process, and the existence of extensive delays caused, in part, by board-member availability all contribute to inadequate protection of the public from harmful licensees. Several disturbing examples of “too little, too light” discipline are provided to illustrate this concern.

In Chapter 7 the author provides a poignant discussion of patently inadequate disciplinary sanctions. Using several examples related to opioid dispensing and sexual abuse, particularly by physicians, she postulates two systemic causes of this outcome. The first is the emotional identification by professional board members with their colleagues facing discipline: “None of us are perfect.” Using the “4D” model, licensees are viewed as engaging in misconduct because they are “dated, duped, disabled, or dishonest.” However, due to their professional culture, background, and lack of training, professional board members are extremely reluctant to conclude that the licensee was dishonest. Allensworth argues that “the real workhorse of the 4D model is “disabled”, meaning that regulators apply an “illness model” to discipline (especially for health profession regulators, who are already inclined towards the “recovering and repairing” mindset).

The second systemic cause is the role of professional associations and other groups that advocate for the profession’s interests. Allensworth is critical of regulators’ dependence on private professional health programs (i.e., programs that facilitate or provide treatment for professionals with mental health and addiction issues) that are often closely aligned with professional groups and which have little oversight. She also reiterates that advocacy groups have significant influence on regulatory standards making and policy development.

Allensworth also suggests that those with a disciplinary history are all too often not removed from the profession. She reports that licensees who have been disciplined are thirty times more likely to be disciplined again than licensees who have a clean record (p. 109). Disciplined licensees tend to practice with the most vulnerable of populations, such as: in privately run or underfunded institutions; in programs serving rural, low-income people; as court-appointed public defenders; with incarcerated populations; and in cash-based solo practice. She also suggests that there is a “professional caste system” in which regulators may permit unethical or less competent licensees to continue to practice in underserved communities (i.e., questionable care is better than no care at all).

Chapter 9 of the book describes the interplay between professional licensing and the criminal justice system. In some cases, criminal proceedings were initiated by authorities who recognized the limitations of the licensing system for such things as unjustifiable drug dispensing and sexual assault. However, criminal courts are generally not equipped to handle concerns about the quality of practice. In addition, the involvement of the criminal process often dissuades regulators from taking early action (to ensure a fair trial for the practitioner but also to obtain a “free ride” with respect to investigating and proving the allegations). Allensworth concludes that having two accountability systems is often worse than having just one.

The differences between the US and Canadian complaints and discipline system are subtle but may mitigate some of the concerns in the US noted by Allensworth:

- Most Canadian regulators have separate discipline committees. Boards rarely conduct the hearings themselves. There is also a movement in Canada to increase the independence of discipline tribunals

from the board and ensure enhanced public and legal representation on them. Where there is not a lawyer on the panel, most discipline tribunals retain experienced independent legal counsel to advise them.

- Many Canadian jurisdictions have mandatory revocation laws for health care practitioners who commit sexual abuse of patients.
- Canada's public health system, together with its social service structure may reduce (but certainly does not eliminate) the possibility of "fallen" practitioners to continue harming the public without regulatory oversight.
- Many regulators in Canada do not rely solely on client complaints to identify concerns. Inspection regimes, quality assurance programs, and mandatory reporting requirements are more prevalent for Canadian regulators than the US licensing boards described by Allensworth.
- While not universal, there appears to be a higher degree of transparency required of Canadian regulators than required in the US. Increasingly, Canadian regulators publicly post inspection results and significant complaints outcomes, as well as disciplinary findings.

Proposed Solutions

In her conclusion, Allensworth makes some recommendations for less licensing and for more effective licensing where it remains necessary:

- Eliminate licensing requirements for occupations and professions except where the public protection rationale is compelling.
- Consider alternative models of regulation, such as codified regulation, like the inspection of

premises measured against objective requirements (not a vague code of ethics) administered directly by the government.

- Enable inter-state mobility of licensees.
- Ensure adequate resources for boards to fulfill their mandate.
- Move to competency-based selection of board members who are adequately compensated so that they can devote the necessary time to their work, with non-licensees constituting a majority.
- Increase transparency including live-streamed board meetings, accessible complaint making procedures, public access to outcomes during various stages of the complaints and discipline process, and discipline hearings conducted with trained panel members (including lawyers) with only one licensee on the panel.
- Consider having independent disciplinary tribunals.
- Increase training for board and discipline panel members.
- Introduce hearing procedure and sanctioning guidelines for discipline findings.
- Consider national licensure.

Allensworth uses the UK example of the General Medical Council as one regulator that has incorporated many of these reforms. A key component of the UK regulatory system not referenced in the book is the Professional Standards Authority, which provides scrutiny of, and the right to appeal, inadequate disciplinary outcomes (among other things).

We suggest that the various frameworks for professional regulation across Canadian jurisdictions and professions provide additional models for comparison for those interested in studying regulatory reform.

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BOARD BRIEFING NOTE – FOR INFORMATION

Date: September 10, 2025

From: Ron Ahluwalia, Director, Policy and Communications

Re: CMTO's Response to the College Performance Measurement Framework (CPMF) Questionnaire

Purpose

To inform the Board about CMTO's responses to the Ministry of Health's (MOH) request for feedback on its annual CPMF questionnaire.

Background

- The [CPMF](#) is a measurement tool developed by MOH in collaboration with regulatory health colleges to encourage accountability, transparency, and oversight by assessing key performance indicators as defined and delineated by MOH.
- Colleges provide MOH with an annual CPMF Report (e.g. [CMTO's 2024 CPMF Report](#)) based on a standard set of measures in the following areas such as governance, resources, information management, and regulatory policies.
- Examples of reporting areas include how Colleges achieve standards; performance related data; and performance improvement activities. Reports from each college allow for comparisons and benchmarking within the health college regulatory space.
- In August, MOH asked Colleges to respond to a questionnaire about the efficacy and functionality of the CPMF tool. Below is a summary of CMTO's response (for detailed responses, see [Appendix A: CPMF Survey Response](#)).
- CMTO's responses to the MOH questionnaire are an opportunity to advance our strategic goal of regulatory excellence. Simpler, contextualized, and clearer reporting will allow CMTO—and indeed all health regulatory colleges—to act in the public interest in a more responsive way.

Summary of CMTO's Response

The CPMF tool supports regulatory excellence but would benefit from some improvements:

- Streamline presentation, introduce clearer language and an online fillable form versus Word/Excel documents;
- A webpage link to all 26 CPMF reports to enhance benchmarking and comparison;

- Opportunity to report on additional metrics not mentioned in the tool to demonstrate areas of regulatory excellence/leadership
- Improved communication about how MOH uses the information submitted by Colleges
- Avoid duplicative reporting requirements through other channels (e.g., the Office of the Fairness Commissioner)
- One-size-fits-all approach fails to account for reasonable differences between professions,
- Improve reporting consistency across all Colleges to ensure measures reported supported accountability and transparency;
- Increased opportunities for contextualization of a College's approach and perspective, to support comparative metrics and public utility of the document.



Appendix A: CMTO's Response to the CPMF Questionnaire

1. Does the CPMF continue to support the College's goals to meet regulatory excellence? Why, or why not? Please provide details.

- As acknowledged by HPRO, CPMF promotes monitoring key performance indicators to help identify areas of positive change. CMTO believes certain elements of CPMF prevent adequate benchmarking (discussed below).
- CMTO is independently committed to regulatory excellence by implementing many leading practices not reflected in the CPMF like introducing an equity, diversity and including (EDI) questionnaire for applicants to Board and Committee positions to enhance understanding of governance composition using an EDI lens.
- CMTO also exceeds many of CPMF's benchmarks like introducing a Board mentoring program, and an **annual** third-party evaluation of Council effectiveness versus evaluation every **three** years as per CPMF's recommendations.
- CPMF's one-size-fits-all approach fails to account for reasonable differences between professions, such as the risks in Massage Therapy compared to a profession that has fewer complaints/investigations.
- CPMF requests responses to certain measures, e.g., risk management approaches and financial reserve levels, as though all Colleges approach these important metrics the same way. CPMF would benefit from greater opportunities for contextualization of a College's approach and perspective, which would support comparative metrics and public utility of the document.
- As HPRO stated in their response, the tool should use a plain language approach and focus indicators on governance, not operations. Additionally, the tool requires clarification of its purpose and intended audience to serve both public and Ministry needs effectively.

2. What activities has the College been engaged in during the past four years, that are not reported on in the CPMF but should be considered for inclusion? Are there regulatory best practices that the College has been engaged in that could be recommended to the CPMF Working Group.

- Public Awareness campaigns. For example, CMTO's "Look Before You Book" initiative educated thousands of Ontarians on verifying practitioner credentials through the public register, but there is not a measure where this fits, despite directly advancing public protection. Other initiatives include videos, social media campaigns, email blasts, *Massage Matters* publication that are not explicitly reported on in CPMF.
- In March 2025, CMTO's Discipline Committee became known as the Ontario Massage Therapists Discipline Tribunal, where legally trained adjudicators are assigned to discipline cases. This increases independence between the Committee and the Board and enhances procedural fairness and consistency across cases.



- CMTO has engaged in governance reform through the introduction of an independent Governance Committee, appointed chair/vice-chair roles, and staggered the appointment process to ensure continuity and future planning.
- In support of public protection, CMTO hosted its second annual Prevention of Sexual Abuse Seminar in November 2024, using a trauma-informed lens to inform Massage Therapy educators about strategies for preventing sexual abuse of clients.
- CMTO's Funding for Therapy and Counselling Program provides survivors of sexual abuse with assistance. CMTO's program may be of interest to other Colleges dealing with a high rate of sexual abuse cases.
- To its Quality Assurance Program, CMTO added a risk-based approach to its assessment of registrants to support professional competency. It assists registrants with identifying any knowledge gaps along with steps and strategies to address challenges.
- It would be beneficial to create opportunity for Colleges to identify their own leading practices on which to report.

3. Does the College have any recommended changes to the format of the tool, besides the addition or removal of evidence/measures?

- CPMF needs an easier way to fill the tool out, ideally through an online form. The current Word Document version is not user-friendly due to formatting issues. It is also difficult to work with the current tool across different college departments.
 - An online fillable form would result in more consistent formatting across each college's submission and could help support a public dashboard since each individual response from each college would be isolated for the Ministry.
- A webpage that has a link to every CPMF report, and a public dashboard to compare all colleges:
 - An interactive web page would be useful, where every measure could easily be compared amongst all 26 colleges because every college is reporting on the same measures.
 - This could be done by selecting measure(s), and College(s), and the website produces a report with those measures. This would support benchmarking across regulatory colleges.
- Streamline the presentation and content of the report itself to improve clarity and lead to a simplified reporting and review process. At approximately 90 pages, the current format is difficult to read unless you know what you are looking for, and takes a considerable amount of time to complete
 - CMTO already summarizes the CPMF Report for clarity and simplification purposes to share with Board and Committees.



4. Are there any other recommendations you have to improve the CPMF tool?

- The utility of the CPMF tool could be communicated more clearly to the Colleges. It is unclear how these responses are being used and how the reports are reviewed.
 - The Ministry could review the reports and provide feedback to each college or use them to compare each college against the average results.
- As HPRO stated in their response, evaluating the CPMF against other reporting requirements (e.g. HPDP, Fairness Commissioner) to avoid duplication would be useful, as well as incorporating feedback from the Citizen Advisory Group about what content and format would be helpful to the public.
 - For example, CMTO suggests including periodic registration reports (number of applications submitted, approved for various application paths) as part of CPMF's data metrics instead of a separate report.
- Eliminate the ability to use "NR: Non-reportable: Results are not shown due to < 5 cases (for both number of incidences and percentages). This may include 0 reported cases" in the Context Measures sections.
 - This makes benchmarking challenging, if not impossible. For example, we often want to see how we compare to other colleges in terms of sexual abuse investigations and/or hearings and decisions.
 - Often, colleges only have 20-30 total complaints and investigations a given year. For example, if four of the complaints were related to sexual abuse, that would be 20% of the complaints for the year. That is significant. However, the current model allows a college to write NR, which likely results in inaccurate benchmarking.
- Improve reporting consistency across Colleges to ensure most measures are reported to support increased accountability and transparency. Some Colleges (do not report on certain measures, and if they report the information elsewhere, maybe a link to the source would be helpful).
 - From CMTO's perspective, this prevents Colleges from being able to benchmark data, because while everyone is expected to report on the same measures, some Colleges do not report on each one.
- Table 6 – Context Measure 10 – Standard 12, which shows outcomes by decision type and nature of decision is hard to make use of because there are so many data points, and because of the NR issue noted above. You could group decision outcomes by:
 - No further action/advice
 - Remediation (oral caution, SCERP)
 - Referral to Discipline
 - Other (and require Colleges to disclose what the other outcomes were)