



College of  
Massage  
Therapists of  
Ontario

# 2025 Annual Committee Reports



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# Executive Committee

## Executive Committee Mandate

The Executive Committee supports the Board with key responsibilities including financial monitoring, risk management, strategic planning, managing the Registrar/CEO's performance, and governance.

## Committee Members

- Sean Adderley, Chair
- Howard Shears, Public Member, Vice Chair
- Tammy Contois, RMT/MT
- Jalpa Patel, Public Member

## Summary of 2025 Accomplishments

- Auditor Evaluation
- Appointed the Auditor for 2025

**In 2025, the Committee oversaw the following items for the Board's approval:**

### Governance:

- By-law No. 8 request for circulation

### Strategy/Issue Management

- Development of the Strategic Plan

### Financial/Risk Management

- Organizational Risk Register
- Payroll audit
- 2024 Q4 financial report & preliminary year-end
- 2024 Draft audited financial statements

- 2025 Quarterly financial reports
- 2026 Annual fee review and
- 2026 Budget

**In 2025, the Committee oversaw the following items**

- Pre-audit communications
- Investment portfolio
- CPMF summary

**Registrar/CEO Oversight**

- Performance evaluation criteria; and
- Governance support and CEO's performance assessment process.

# Client Relations Committee

## Client Relations Committee Mandate

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

## Committee Members

- Ravara Van Vliet, RMT/MT, Chair
- Jay Mathers, Public Member, Vice Chair
- Brian Highgate, Public Member
- Sandra Mintz, RMT/MT, non-Board Member

## Summary of 2025 Accomplishments

- Met **3** times over the year.
- Received and reviewed **11** applications for funding for therapy/counselling.
- Approved **11** applications for funding for therapy/counselling.
- Modernized its Terms of Reference to ensure language consistency and alignment with CMTO's other governing documents.
- Held CMTO's third annual Prevention of Sexual Abuse Seminar on November 14, 2025, focusing on:
  - The disproportionate number of complaints against male RMTs/MTs;
  - Gender-based violence;
  - Male allyship; and
  - Professional obligations.
- Managed the annual "*Look Before You Book*" public awareness campaign in-house, achieving strong engagement metrics and demonstrating internal capacity.
- Maureen Boon, CMTO's Registrar and CEO presented to over 690 students at 20 college visits, and over 260 RMTs/MTs at 6 Town Halls, with sexual abuse prevention a key focus of both presentations.

- Amended CMTO regulations to allow RMTs/MTs to immediately discharge abusive clients, emphasizing practitioner safety and zero tolerance for abuse, which received media coverage from top media outlets.
- Conducted a comprehensive communications audit which led to incremental improvements, including simplifying language, writing in a more accessible tone, and a future shift in terminology to make Massage Therapy care more clinical.
- Provided guidance to other health regulators on best practices for administering funding for therapy/counselling programs and sexual abuse prevention policies.

# Fitness to Practise Committee

## **Fitness to Practise Committee Mandate**

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

## **Committee Members**

- All Board Members
- Jalpa Patel, Public Board Member, Chair
- Bobbie Flint, RMT/MT, non-Board Member, Vice Chair
- Allie Bisset, RMT/MT, non-Board Member
- Jennifer Da Ponte, RMT/MT, non-Board Member

## **Summary of 2025 Accomplishments**

- Received one referral, and the hearing in that matter is pending.
- One matter was resolved and closed.
- Provided Committee members with orientation and training to remain current on procedural and substantive issues relevant to incapacity proceedings.

# Inquiries, Complaints and Reports Committee

## **Inquiries, Complaints and Reports Committee Mandate**

The Inquiries, Complaints and Reports Committee (ICRC) investigates and disposes of complaints and reports related registrants' conduct and determines a course of action in accordance with legislation, which can include a referral to the Ontario Massage Therapists Discipline Tribunal for allegations of professional misconduct, directing remediation or taking no further action. The ICRC also has the authority to conduct inquiries for incapacity issues and can refer incapacity concerns to the Fitness to Practise Committee.

## **Committee Members**

- Carolyn Watt, Public Member, Chair
- Tammy Contois, RMT/MT, Vice Chair
- Simon Adeseko, RMT/MT, non-Board Member
- Sandra Cina, RMT/MT, non-Board Member
- Rebecca Cleaveley, RMT/MT, non-Board Member
- Krista Cranston, RMT/MT, non-Board Member
- Imelda Garce, RMT/MT, non-Board Member
- Neven Jeftic, RMT/MT, non-Board Member
- Jim Marinow, RMT/MT, non-Board Member
- Yvonne Marrello, RMT/MT, non-Board Member
- Dawn Oehring, RMT/MT
- Jalpa Patel, Public Member
- Howard Shears, Public Member
- Karalyn Van Aken, RMT/MT, non-Board Member
- Ashley Van Zelst, RMT/MT

## **Meetings**

In 2025, the Committee's work was completed by three Panels, each comprised of five Committee members. The Panels met 35 times over videoconference and eight times over email.

## Number of New Complaints/Reports Cases by Type

Type	Number of New Complaints/Reports
Sexual abuse	61
Intent to mislead, including fraud	20
Communication	14
Professional conduct & behaviour	46
Competence / patient care	40
Unauthorized practice	5
Billing and fees	6
Record keeping	6
Advertising	3
Harassment/boundary violations	0
Other	0
<b>Total</b>	<b>201</b>

## Incapacity Cases

New Cases Received in 2025	Cases Disposed of in 2025	Details
7	4	1 – Referral to Fitness to Practise 1 – Accept UT 2 – No Further Action

## Requests for Review of Complaints to the Health Professions Appeal and Review Board (HPARB)

New HPARB Reviews in 2025	HPARB Reviews Completed in 2025	Details
4	3	3 – Uphold ICRC Decision

## Decisions: Complaints and Registrar's Reports

Type	Number of Decisions
Specified Continuing Education or Remediation Program (SCERP)	21
Advice	33
Referral to discipline	20
No further action	71
SCERP with an oral caution	19
Undertaking/Agreement – resign and never reapply	7
Oral caution	3
Undertaking/Agreement – Remediation	2
Frivolous and vexatious/moot	1
<b>Total</b>	<b>177</b>

# Ontario Massage Therapists Discipline Tribunal

## Ontario Massage Therapists Discipline Tribunal Mandate

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

## Tribunal Members

1. All Board Members
2. David A. Wright, non-Board Public Member, Chair
3. Bobbie Flint, RMT/MT, non-Board Member, Vice-Chair
4. Raj Anand, non-Board Public Member
5. Allie Bisset, RMT/MT, non-Board Member
6. Jennifer DaPonte, RMT/MT, non-Board Member
7. Shayne Kert, non-Board Public Member
8. Sherry Liang, non-Board Public Member
9. Sophie Martel, non-Board Public Member
10. Amy McElroy, RMT/MT, non-Board Member
11. Alpa Patel, RMT/MT, non-Board Member
12. Jay Sengupta, non-Board Public Member
13. Jennifer Scott, non-Board Public Member
14. Eric Wu, RMT/MT, non-Board Member

## Summary of 2025 Accomplishments

- The tribunal issued 36 decisions in 2025. Despite this high volume and the increasing complexity of files, all reasons were released within time standards. This ensured that parties received decisions in a timely manner.
- The tribunal exceeded its goal of closing at least as many cases as it opened, obtaining a clearance rate of 145% in a year in which 20 cases were opened and 29 were closed. This result shows that the tribunal is keeping up with its incoming caseload.

- The tribunal provided regular professional development opportunities to its members, offering training on effective group deliberations, decision-writing, and substantive changes stemming from the adoption of the HPDT Rules of Procedure.
- Through continued participation in the Health Professions Discipline Tribunals (HPDT), adjudicators attended HPDT's Annual Conference and participated in mock hearing deliberations.

## Hearings

Type	
Contested	10
Uncontested	15
<b>Total</b>	<b>25</b>

## Cases Open in 2025, by Primary Allegation

Type	
Sexual abuse	35
Unauthorized practice	1
Intent to mislead, including fraud	6
Professional conduct and behaviour	7
Competence / Patient care	1
Record keeping	0
Communication	0
Harassment/boundary violations	0
Other	0
<b>Total</b>	<b>50</b>

## Findings of Misconduct from 29 Closed Matters

Type	
Conduct unbecoming	1
Disgraceful, dishonourable and unprofessional conduct	19
Falsifying records or documents	7
Convicted of an offence relevant to suitability to practise	2
Contravening professional standards	18
Sexual abuse	8

## Penalty Outcomes from 29 Closed Matters

Type	
Reprimands	22
Suspensions	10
Revocations	11
Terms, conditions or limitations	10
Reimbursement for therapy funding	9
Security for therapy funding	8

## Discipline Decisions

Decisions and reasons issued in the 29 matters closed in 2025 are listed below. On occasion, two or more discipline matters related to the same registrant are heard at the same hearing. In these cases, a single decision is issued that sets out the outcome for multiple matters. In other cases, more than one decision is issued related to the same registrant if the hearing proceeds in multiple phases.

- [Arango, Rolando](#)
- [Biller, Warren](#)
- [Chahal, Harman](#)
- [Cheung, Mable](#)
- [Cumberbatch, Gail-Anne](#)
- [Epps, Jason](#)
- [Feng, Jian Feng](#)
- [Garcia, German](#) (Penalty)
- [Gullia, Devinder](#) (Penalty)
- [Hogan, Joshua](#)
- [Mathew, Kurian](#)
- McCann, Jennifer
- [Mosher, Jeffery](#)
- [Murray, Brian](#)
- [Pitts, Jeffrey](#) (Merits), [Pitts, Jeffrey](#) (Penalty)
- [Registrant C](#)
- [Registrant S](#)
- [Registrant Z](#)
- [Reimer, Pamela](#) (Merits), [Reimer, Pamela](#) (Penalty)
- [Saloum, Nidal](#)
- [Sarkis, Michel](#)
- [Semenuk, Christopher](#) (Merits), [Semenuk, Christopher](#) (Penalty)
- [Shah, Nijay](#)
- [Tiller, Geoffrey](#) (Merits), [Tiller, Geoffrey](#) (Penalty)
- [Vranic, Zdenko](#) (Merits), [Vranic, Zdenko](#) (Penalty)
- [White, Justin](#)
- [Wu, Wan Hua \(Annie\)](#)
- [Yang, Jun](#)

# Quality Assurance Committee

## Quality Assurance Committee Mandate

The Quality Assurance Committee is responsible for overseeing the development and implementation of a Quality Assurance Program in accordance with the *Regulated Health Professions Act, 1991* and College regulations.

## Committee Members

- Brian Highgate, Public Member, Chair
- Jianjiang Li, RMT/MT, non-Board Member, Vice Chair
- Lauren Carnegie, RMT/MT
- Sandra Fattibene, RMT/MT, non-Board Member
- Brianne Lalande, RMT/MT, 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

## Summary of 2025 Accomplishments

- Recommended the draft Standard of Practice: *Collecting Personal Health Information from Clients* to the Board for approval.
- Reviewed proposed changes related to discharging abusive clients.
- Recommended the *Code of Ethics* and the *Standard of Practice: Client-centred Care* to the Board for decision.
- Approved the Quality Assurance Policies consolidation to guide and support STRiVE – the Quality Assurance Program.
- Reviewed and approved the 2026 Practice Assessment Decision Guidelines for implementation outlining the decision rules for selecting RMTs/MTs for 2026 Practice Assessment.
- Supported the hosting of three virtual webinars focused on sharing information about popular practice questions, and guidance to help students in their initial registration.

## STRiVE Update

- Practice Profile closed on March 31, 2025, with a compliance rate of 95.4%. The compliance rate increased to over 99% with outstanding RMTs/MTs being directed to participate in a Practice Assessment.
- The compliance rate for RMTs/MTs required to complete Be the Best You Can Be at the October 31st deadline was 87.5% and increased to 96.9% by the end of 2025.
- The Program adapted the Practice Assessment scheduling function to allow for easier appointment choice.
- The Program incorporated feedback from the profession into Standards of Practice Quiz (SOPQ) content. Thus, facilitating more opportunities for reflective practice and helping RMTs/MTs apply the quiz content to their practice experience.

## 2025 Risk-Based Assessment (RBA) Practice Assessment Outcomes

**Note:** These include 2025 RBA Practice Assessments conducted on or before December 31, 2025

RMTs/MTs selected for 2025 RBA Practice Assessment are provided two attempts at the Practice Assessment. If they are unsuccessful in their first attempt, RMTs/MTs have a second attempt at successfully completing their Practice Assessment. Those unsuccessful at the second attempt require Quality Assurance Committee review.

	# of Practice Assessments
<b>Total RBA Practice Assessments Conducted</b>	<b>440</b>
First attempt at RBA Practice Assessment	408
Second Attempt at RBA Practice Assessment	32
<b>Required Quality Assurance Committee Review (Second Attempt Unsuccessful)</b>	<b>5</b>

Of the 440 Practice Assessments, only 5 required Quality Assurance Review. All others required No Further Action.

## 2025 Quality Assurance Committee Matters Reviewed and Outcomes

**Note:** These include outcomes and follow-up from 2024 RBA Practice Assessments, where matters were reviewed by the Quality Assurance Committee.

Other Practice Assessments/Reassessments	Number of Practice Assessments
2025 Practice Assessments (Following Practice Profile Non-Compliance)	<b>24</b>
Other Practice Assessments/Reassessments	<b>5</b>
<b>Required Quality Assurance Committee Review</b>	<b>2</b>
<p>Of the 29 Other Practice Assessments/Reassessments, only 2 required Quality Assurance Review. All other 27* required No Further Action.</p>	

**Note:** The tables below include outcomes of those matters that required Quality Assurance Committee review but excludes the Practice Assessments/ Reassessments and “No Further Action” outcomes referenced in the tables above.

No Further Action (following remedial activities)	<b>10</b>
Specified Continuing Education or Remediation Program (SCERP)	<b>0</b>
Recommendations or Remedial Activities	<b>6</b>
Terms, Conditions and Limitations	<b>1</b>
Other (deferrals, notices, acknowledgements)	<b>20</b>

**Referrals to the Inquiries, Complaints and Reports Committee (ICRC)**

Professional Misconduct (non-compliance)	<b>8</b>
Incapacity of Incompetence	<b>0</b>

# Registration Committee

## Registration Committee Mandate

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

## Committee Members

- Jay Mathers, Public Member, Chair
- Elisabeth Mathers, RMT/MT, Vice Chair
- Sean Adderley, RMT/MT
- Charles Gollob, RMT/MT
- Brian Highgate, Public Member
- Kimberly Kane, RMT/MT, non-Board Member
- Ellen Scott, RMT/MT, non-Board Member

## Summary of 2025 Accomplishments

- Reviewed and approved amendments to the following policies:
  - Language Fluency Policy
  - Vulnerable Sector Check Policy
  - Refresher Course Policy
- Approved the new Supervision of Emergency Class Registrants Policy.
- Recommended revisions to the Education Requirement for Exam Eligibility and Initial Registration Policy for Board for approval.
- Recommended the 2026 Certification Examination Content Outlines for Board approval.
- Reviewed the Temporary Registration or International and National Events in Ontario policy and made a recommendation to rescind that will be shared with the Board for approval.
- Reviewed quarterly Certification Examination Reports.

## Quick Stats

<b>Total Initial Registrants</b>	<b>1,047</b>
General Certificate	1,043
Inactive Certificate	4

## Panel Decisions - Applications for Registration

<b>Reason for Referral</b>	<b>Number of Referrals</b>	<b>Outcome</b>
Registrar concerns that the applicant does not demonstrate that they will practise Massage Therapy with decency, honesty, integrity, and in compliance with the law	2	Direct the Registrar to refuse to issue a Certificate of Registration: 2
Review of Registrar's proposal to impose terms, conditions and limitations (TCLs) on the applicant's certificate of registration.	3	Approve proposed TCLs: 3

## Other Decisions

Category 3 Refresher Course Decisions	Complete Category 2 Refresher Course: 1 Complete a new Massage Therapy diploma: 3
Exemption to the amended language fluency requirement	Approved: 1

## Requests for Review of Decisions to the Health Professions Appeal and Review Board (HPARB)

HPARB Review Requests	HPARB Reviews Completed in 2025
1	0

# Equity, Diversity and Inclusion Committee

## Equity, Diversity and Inclusion (EDI) Committee Mandate

The EDI Committee will assist the Board in developing and implementing an EDI strategy to support CMTO's strategic plan and commitment to promoting and upholding the principles of equity, diversity, and inclusion in its practices, policies, and programs.

## Committee Members

- Tiffany Fearon, non-Board Public Member, Chair
- Simisola Johnson, non-Board Public Member
- Supriya Latchman, non-Board Public Member
- Jalpa Patel, Public Member
- Ashley Van Zelst, RMT/MT

## Summary of 2025 Accomplishments

- Developed CMTO's first EDI strategy for approval by the Board.
- Developed a proposed list of short-term and longer term initiatives in support of the EDI strategy.
- Reviewed the following policies with an EDI lens:
  - CMTO Board EDI Policy
  - Accessibility and Accommodation Policy
  - Vulnerable Sector Check Prior to Registration Policy
  - Language Fluency Policy
- Updated CMTO's EDI Commitment Statement.
- Completed training to guide equitable thinking and decision-making.
- Proposed updates to the EDI Committee Terms of Reference.

# Governance Committee

## Governance Committee Mandate

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.

## Committee Members

- Kevin McCarthy, non-Board Public Member, Chair
- Anne Resnick, non-Board Public Member, Vice Chair
- David Janveau, RMT/MT
- Marlene Kesler, non-Board Public Member
- Kim Westfall-Connor, RMT/MT

## Summary of 2025 Accomplishments

- Reviewed Statements of Intent for Board Chair and Vice Chair positions.
- Reviewed non-Board selection criteria and processes for appointing applicants to non-Board Committees.
- Evaluated non-Board applications and recommended the 2026 committee slate to the Board.
- Recommended updates to the Governance Committee Terms of Reference for Board approval to provide compositional flexibility.
- Recommended updates to the Equity, Diversity and Inclusion Committee Terms of Reference for Board approval to reflect current and anticipated duties and responsibilities; and to provide compositional flexibility.
- Reviewed applications for the EDI and Governance Committee, interviewed candidates and selected the final committee members for CMTO's Board approval.
- Recommended the Board approve by-law changes to permit individuals contracted to CMTO to serve on committees provided there is no conflict of interest.