

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

AGENDA

Date/Time: Tuesday, September 29, 2026 - 9:00 AM – 3:30 PM

Location: College Boardroom (In-Person)

Time	Item	Purpose	Item Lead
9:00 AM	1. Call to Order and Welcome a. Land Acknowledgement		S. Adderley
	2. Declaration of Conflicts of Interest		S. Adderley
	3. Approval of September 29, 2026 Agenda	Decision	S. Adderley
	4. Consent Agenda 4.1 June 9, 2026 Board Meeting Minutes 4.2 Q2 2026 Committee Reports 4.3 2027 Board and Executive Committee Meeting Schedule	Decision	S. Adderley
9:05 AM	5. Chair's Report to the Board 5.1 Appointment of Public Member to the EDI and EC Committees 5.2 RMTAO Proposal – Next Steps	Information	S. Adderley
9:15 AM	6. 2026 Q2 Financial Statements	Decision	M. Channapatna
9:25 AM	7. By-Law No. 7 and Schedule A: Proposed Fee Amendments - Consultation Feedback	Decision	R. MacArthur
9:35 AM	8. Compensation and Expense Guidelines: Proposed Updates	Decision	M. Boon
10:15 AM	9. Funding for Therapy Data	Information	A. Tannenbaum
10:45 AM	BREAK (15 mins)		

Time	Item	Purpose	Item Lead
11:00 AM	10. Regulatory College Speaker Series The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	Information	S. Cassman, Registrar & CEO and Ryan Chu, Deputy Registrar, CTCMPAO
11:45 AM	11. Registrar's Report 11.1 Organizational Risk Register	Information	M. Boon
12:00 PM	LUNCH		
1:00 PM	12. By-Law No. 2 and No. 6 re: Eligibility and Disqualification	Decision	A. Resnick / E. Richler
1:20 PM	13. By-Law No. 5, Schedule A: Proposal to change the name and amend the composition of the Client Relations Committee	Decision	A. Resnick
1:30 PM	14. By-Law No. 8: Reconsidering an Amendment re: Education Information on the Register	Decision	V. Browne
1:45 PM	BREAK (15 mins)		
2:00 PM	15. Ontario Massage Therapists Discipline Tribunal Report to the Board	Information	D. Wright, OMTDT Chair
2:15 PM	16. Refresher Course Policy Review	Decision	V. Browne
2:35 PM	17. 2027 Certification Examination Content Outlines	Decision	V. Browne
2:45 PM	18. Proposed Changes to the Quality Assurance Section of the General Regulation: Request for Circulation	Decision	B. Sumpton
3:00 PM	19. Accreditation 19.1 CMTCA Update	Information	B. Sumpton C. Vulpe, Executive Director CMTCA
3:15 PM	20. New Business		S. Adderley

Time	Item	Purpose	Item Lead
3:20 PM	21. Items for Information 21.1 Governance Policy Updates 21.2 June 9, 2026 Board Meeting Evaluation Survey Results	Information	S. Adderley
3:30 PM	Adjournment	Decision	S. Adderley

College of Massage Therapists of Ontario Board Meeting Minutes

Tuesday, June 9, 2026

In-person and Videoconference via Microsoft Teams

Public Member Attendees:

R. Cesario
J. DaSilva
M. Gordon
B. Highgate
J. Mathers
J. Patel (Virtual)
H. Shears, Vice Chair
C. Watt

Professional Member Attendees:

S. Adderley, Chair
L. Carnegie
T. Contois
J. Da Ponte
C. Gollob
R. Libby
D. Oehring
S. Wu

Guests:

B. MacKenzie, Managing Partner, Hilborn LLP
U. Paracha, Associate Partner, Hilborn LLP
C. Johnson, Manager, Hilborn LLP
E. Mathers, Chair, Registration Committee
K. Orr, Acting Director and CEO of the Registered Massage Therapists
Association of Ontario (RMTAO)
A. Kidd, Board Chair, RMTAO
S. Shipton, Board Vice Chair, RMTAO
C. Vulpe, Canadian Massage Therapy Council for Accreditation

Staff Attendees:

M. Boon, Registrar & CEO
V. Browne, Director, Registration Services
B. Sumpton, Director, Professional Practice
A. Tannenbaum, Director, Professional Conduct
R. MacArthur, Interim Director, Finance
A. Prabakaran, Manager, IT
M. Channapatna, Manager, Finance
C. Eakins, Data Analyst

S. Harris, Interim Director, Policy & Communications
S. Summerhill, Executive Assistant to the Registrar & CEO

Recorder: V. Patterson, Manager, Governance

The Board Meeting was Livestreamed.

1. Call to Order

The Chair called the meeting to order at 9:00 AM and B. Highgate offered a personal Land Acknowledgement.

2. Declaration of Conflicts of Interest

Board members were asked to declare any conflicts of interest regarding any agenda items. No conflicts of interest were declared.

3. Approval of the June 9, 2026 Agenda

2026 June 9 – MOTION 1: T. Contois / J. Da Ponte

THAT the agenda of June 9, 2026, be adopted and approved by the Board as presented.

CARRIED

4. Approval of the Consent Agenda

R. Libby requested that the minutes be removed from the consent agenda for discussion.

2026 June 9 – MOTION 2: R. Libby / R. Van Vliet

THAT the Consent Agenda of June 9, 2026 be adopted by the Board as presented.

CARRIED

R. Libby requested an update to the minutes to clarify that approval was given for an exploration of the rebrand and not the rebrand itself.

2026 June 9 – MOTION 3: C. Watt / L Carnegie

THAT the minutes of December 2, 2025 be approved as amended.

CARRIED

5. Proposal to Increase the Digital Strategy and Complaints and Discipline Restricted Funds

R. MacArthur, Interim Director of Finance requested the Board approve an increase to internally restricted funds by the following amounts: Digital Strategy Fund - \$1,000,000 and the Complaints and Discipline Fund - \$500,000.

The Board discussed the need for additional funding to support:

- Ongoing digital transformation initiatives, including a new Learning Management System, case management system, data infrastructure and cybersecurity enhancements.
- Increased complexity and cost associated with Complaints and Discipline proceedings.

Questions focused on future technology costs, cybersecurity planning and reserve fund management.

2026 June 9 – MOTION 4: T. Contois / D. Oehring

THAT the Board approve an additional \$1,000,000 to the internally restricted Digital Strategy Fund, and that the scope of the fund be expanded to include cybersecurity. Further, the Board approve an additional \$500,000 to the internally restricted Complaints and Discipline Fund.

CARRIED

6. Draft 2025 Audited Financial Statements

B. MacKenzie, U. Paracha and C. Johnston of Hilborn LLP presented the 2025 audited financial statements and summarized the audit process.

The auditors confirmed that CMTO was compliant with accounting standards for not-for-profit organizations, consistently applied accounting policies and that the audit opinion was clean.

The Board reviewed financial performance including:

- An operating surplus.
- Growth in registration revenue due to an increase in registration numbers.
- Increased complaints and discipline expenses resulting from more complex cases.
- Stable investment strategy.

Discussion included reserve funds, credit risk, future lease obligations and the unpredictability of discipline-related costs.

2026 June 9 – MOTION 5: M. Gordon / R. Cesario

THAT the Board approve the 2025 Audited Financial Statements as presented.

CARRIED

137 7. 2026 Q1 Financial Statements

138
139 M. Channapatna, Manager, Finance provided the Board with an overview of the Q1 2026
140 Financial Statements which highlighted a strong overall financial position with assets
141 continuing to exceed liabilities.
142

143 **2026 June 9 – MOTION 6: M. Gordon / H. Shears**

144
145 THAT the Board approve the 2025 Audited Financial Statements as presented.
146

147 **CARRIED**

148 8. 2027 Annual Fee Review – Multi-Year Plan

149
150 R. MacArthur presented an overview of the process staff underwent to develop the options
151 provided to the Executive Committee.
152

153 M. Boon, Registrar and CEO, presented the annual fee review and three-year financial
154 projection.
155

156 Discussion focused on financial sustainability, reserve levels, registrant affordability,
157 inflationary pressures, future staffing needs and the impact of maintaining stable fees.
158

159 **2026 June 9 – MOTION 7: J. Mathers / C. Gollob**

160
161 THAT the Board approve
162

- 163
 - No change to the General Certificate fee.
 - Reduction of the Inactive Certificate fee from \$457.50 to \$223.75 (25% of GC fee).
 - Reduction of the application fee from \$225 to \$150.
 - Elimination of the workshop fee (\$225 to \$0).
 - No change to compliance-related fees (late fees, reinstatement) remain unchanged

168
169 for circulation to registrants and other interested parties for consultation for 60
170 days.
171

172 **CARRIED**

173
174 9. By-Law No. 8: The Register and Registrant Information – Proposed Amendments for
175 Approval
176

177 V. Browne, Director of Registration, presented the results of consultation on two proposed
178 amendments to By-Law No. 8.
179

180 This included the Insurance Verification Amendment which would permit CMTO staff to
181 provide registration certificate numbers to health insurers for verification purposes received
182 strong support from registrants.

The proposal to remove Massage Therapy education information and graduation year from the public register received some support from registrants. After discussing public interest considerations, transparency, consumer choice, accreditation, practitioner experience and voluntary disclosure, the Board referred this proposal back to staff for further review.

2026 June 9 – MOTION 8: R. Libby / M. Gordon

THAT the Board approves amending *By-law No. 8: The Register and Registrant Information* to add a provision that permits CMTO staff to share a registrant's certificate of registration number with health insurance providers for the purpose of verifying an individual registrant's registration status, effective October 1, 2026.

CARRIED

2026 June 9 – MOTION 9

THAT the Board approves amending *By-law No. 8: The Register and Registrant Information* to remove Massage Therapy education and year of graduation from CMTO's public register, effective October 1, 2026.

WITHDRAWN

10. Acupuncture Education and Authorization – Proposed Policy Revision

E. Mathers, Chair, Registration Committee asked the Board to consider approving proposed revisions to the Acupuncture Education and Authorization Policy.

Revisions were intended to align with policy with the 2026-2030 Strategic Plan, improve clarity, accessibility and equity and ensure they remain fit for purpose.

The Board discussed program attestation requirements and review processes for approved education programs.

2026 June 9 – MOTION 10: C. Watt / L. Carnegie

THAT the Board approves the amended Acupuncture Education and Authorization Policy to take effect June 12, 2026

CARRIED

229 11. Exam Candidates Returning after three Previous Failures – Proposed Policy Revision

230
231 E. Mathers presented revisions to the policy governing examinations candidates returning
232 after three previous failures.

233
234 The revisions clarify requirements for obtaining a new Massage Therapy diploma, including
235 completion through a different educational institution and guidance regarding advanced
236 standing.

237
238 The Board discussed the rationale for requiring a second diploma from a new institution.

239
240 **2026 June 9 – MOTION 11: J. Mathers / T. Contois**

241
242 THAT the Board approves removing reference to Ministry-approved education
243 programs from the Examination Candidates Returning after Three Previous
244 Failures policy effective January 1, 2027.

245
246 **CARRIED**

247
248
249 12. Registered Massage Therapists Association of Ontario (RMTAO) Joint Provincial Project
250 Proposal

251
252 Kat Orr, Acting Director and CEO of the Registered Massage Therapists Association, along
253 with Board Chair Alex Kidd and Board Vice-Chair Susan Shipton presented a joint provincial
254 project proposal aimed at integrating Registered Massage Therapists into primary care
255 settings.

256
257 Discussion focused on evidence-based practice, public access to care, research outcomes,
258 governance, funding requirements, EDI considerations and alignment with provincial
259 healthcare priorities.

260
261 Board members asked questions regarding project governance, funding, statistical validity,
262 public protection and long-term sustainability.

263
264 The presentation was received for discussion.

265
266 13. Registrar's Report

267
268 M. Boon provided the Board with an overview of activities in the first quarter of 2026.

269
270 13.1 Risk Register

271 In compliance with the Management and Organizational Risk Policy, M. Boon provided the
272 Board with a Risk Register detailing current and emerging risks along with risk mitigation
273 measures.

275 14. Strategic and Operational Reporting

276
277 B. Sumpton, Director, Professional Practice, presented the strategic and operational report
278 to the Board for informational purposes.
279

280
281 15. Quality Assurance Committee Chair Report

282
283 B. Highgate, Chair of the Quality Assurance Committee presented the quarterly committee
284 report.
285

286 Highlights included approval of the 2027 risk-based assessment blueprint, updates on the
287 STRIVE Practice Profile, and planning for future Learning Management System
288 requirements.
289

290 The Board noted that 95% compliance rate for Practice Profile completion among eligible
291 registrants.
292

293
294 16. Accreditation Update

295
296 Along with B. Sumpton, C. Vulpe, Executive Director of the Canadian Massage Therapy
297 Council for Accreditation provided the Board with an update on the transition of Massage
298 Therapy programs to mandatory accreditation by January 1, 2027.
299

300 The Board received updates on accreditation progress, program participation, site visits and
301 national accreditation activities.
302

303 Discussion included impacts on students, labour mobility, and implications for programs not
304 accredited by the deadline.
305

306
307 17. New Business

308
309 There was no new business brought forward for discussion.
310
311

312 18. Items for Information

313
314 The Board received a number of items for information including:

- 315 • Proposed changes to the Quality Assurance section of the general regulation
- 316 • Governance Policy Updates
- 317 • March Board Meeting Evaluation Survey.

318 Minor revisions to the Anti-Harassment Policy were suggested and supported.
319
320

321 19. Adjournment

322
323 There being no further business, the meeting was adjourned at 2:58 pm.
324

325

326

327

328

329

330

331

S. Adderley, RMT
Board Chair

M. Boon
Registrar & CEO

EXECUTIVE COMMITTEE REPORT 2026 - Q2 (April - June)

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

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.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Executive Committee met on March 2nd and May 13th.

2. ITEMS SENT TO THE BOARD FOR DECISION

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

- Update: CMTO Website and Communications Content Refresh
- Initiative to Obtain a Spousal Exemption for Registrants
- 2026 Workplan and KPIs
- 2025 Unaudited Financials
- 2025 Audited Financial Statements
- Proposal to Increase the Digital Strategy and Complaints and Discipline Restricted Funds
- 2026 Q1 Financial Statements
- 2027 Annual Fee Review – Multi-Year Plan
- Compensation and Expense Guidelines for Professional Board and Committee Members

3. ACTIONS

The Executive Committee took the following actions:

- Reviewed the 2025 Year-End Investment Portfolio
- Discussed the 2027 Annual Fee Review
- Reviewed a refreshed cost recovery approach
- Discussed Meeting Preparation Time Reimbursement
- Reviewed the Executive Committee Meeting Evaluation
- Reviewed the Board Mentoring Program Feedback
- Approved updates to several Governance Handbook Policies

FITNESS TO PRACTISE COMMITTEE REPORT 2026 - Q2 (April – June)

Committee Members: Carolyn Watt, Chair, Public Board Member
Jennifer Da Ponte, Vice-Chair, RMT, Board Member
Sean Adderley, RMT, Board Member
Natalie Boot, non-Board Registrant Member
Lauren Carnegie, RMT, Board Member
Roberto Cesario, Public Board Member
Tammy Contois, RMT, Board Member
Judith DaSilva, Public Board Member
Charles Gollob, RMT, Board Member
Matthew Gordon, Public Board Member
Brian Highgate, Public Board Member
Robyn Libby, RMT, Board Member
Jay Mathers, Public Board Member
Jalpa Patel, Chair, Public Board Member
Theo Parusis, RMT, non-Board Member
Dawn Oehring, RMT, Board Member
Howard Shears, Board Public Member
Ravara Van Vliet, RMT, Board Member
Suzy Wu, RMT, Board 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 in this quarter.

2. ITEMS FOR INFORMATION

2.1 Hearing Statistics

Hearings Data	
Hearings completed	0
Motions completed	0
Case conferences ¹ held	2
Referrals received	0

2.2 Decision Data

No decisions were issued in the quarter.

2.3 Quarterly Summary of Committee Activities

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

	Registrant	Date(s) of Activity in the Quarter	Type of Activity	Status
1.	Registrant X	May 20, 2026	Case conference	Hearing pending
2.	Registrant X	June 12, 2026	Case conference	Hearing pending

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 2026 - Q2 (April – June)

Committee Members: Jay Mathers, Chair, Public Board Member
Ashley Van Zelst, Vice Chair, RMT, non-Board Member
Tammy Contois, RMT, Board Member
Krista Cranston, RMT, non-Board Member
Howard Shears, Public Board Member
Brooke Hamilton, RMT, non-Board Member
Dawn Oehring, RMT, Board Member
Rebecca Cleaveley, RMT, non-Board Member
Jalpa Patel, Public Board Member
Yvonne Marrello, RMT, non-Board Member
James Johnson, RMT, non-Board Member
Karalyn Van Aken, RMT, non-Board Member
Jennifer Da Ponte, RMT, Board Member
Simon Adeseko, RMT, non-Board Member
Dave Janveau, RMT, 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 ten (10) times for videoconference meetings on April 17 (two meetings on this date), April 27, May 20, May 29 (two meetings on this date), June 15, June 17, June 24 and June 30.

2. ITEMS FOR INFORMATION

2.1 New Cases and Nature of Concerns

Complaints	Nature of Concerns	Registrar Report Investigations	Nature of Concerns
33	0 - Advertising 0 - Billing and Fees 0 - Communication 8 - Competence/Patient Care 0 - Harassment/Boundary Violations 0 - Intent to Mislead including Fraud 12 - Professional Conduct & Behaviour 0 - Record Keeping 12 - Sexual Abuse 1 - Unauthorized Practice 0 - Other	10	0 - Advertising 0 - Billing and Fees 0 - Communication 0 - Competence/Patient Care 1 - Harassment/Boundary Violations 2 - Intent to Mislead including Fraud 4 - 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)	37
Other RMT	2
Other health professionals	0
Insurance companies	0
Internal	0
Employers/Facility Operators	2
Self-reports	0
Quality Assurance Committee (QAC)	4
Staff Initiated	0
Other Colleges	0
Other	0
Total	45

2.3 Cases Completed by the ICRC and Outcomes

Complaints	Outcomes	Registrar Reports Investigations	Outcomes
38	2 - Referral to Discipline 5 - SCERP and Oral Caution 0 - Oral Caution 5 - SCERP 2 - Undertaking to Resign 10 - Advice/ Recommendation 14 - No Further Action 0 - Frivolous and Vexatious	11	3 - Referral to Discipline 2 - SCERP and Oral Caution 1 - Oral Caution 2 - SCERP 1 - Undertaking to Resign 2 - Advice/ Recommendation 0 - No Further Action

2.4 Current Incapacity Cases and Outcomes

New Cases	Cases Closed	Active Cases	Outcome
2	1	8	1 – Accept Undertaking

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

New Cases	Cases Closed	Active Cases	Outcome
4	2	15	2 – Upheld Decision

2.6 Current Active Cases

Active Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total Number of Cases
121	66	8	195

3. ITEMS SENT TO COUNCIL FOR DECISION

There were no items sent to Council for decision.

ONTARIO MASSAGE THERAPISTS DISCIPLINE TRIBUNAL REPORT 2026 – Q2 (April - June)

Committee Members: David Wright, Chair, non-Board Public Member
 Bobbie Flint, Vice-Chair, RMT, non-Board Member
 Sean Adderley, RMT, Board Member
 Raj Anand, non-Board Public Member
 Lauren Carnegie, RMT, Board Member
 Roberto Cesario, Public Board Member
 Tammy Contois, RMT, Board Member
 Judith DaSilva, Public Board Member
 Jennifer Da Ponte, RMT, Board Member
 Charles Gollob, RMT, Board Member
 Matthew Gordon, Public Board Member
 Brian Highgate, Public Board Member
 Sherry Liang, non-Board Public Member
 Robyn Libby, RMT, Board Member
 Jim Marinow, RMT, non-Board Member
 Sophie Martel, non-Board Public Member
 Jay Mathers, Public Board Member
 Jennifer McGill, RMT, non-Board Member
 Dawn Oehring, RMT, Board Member
 Alpa Patel, RMT, non-Board Member
 Jalpa Patel, Public Board Member
 Jeanette Plante Bouffard, RMT, non-Board Member
 Jay Sengupta, non-Board Public Member
 Jennifer Scott, non-Board Public Member
 Howard Shears, Public Board Member
 Ravara Van Vliet, RMT, Board Member
 Carolyn Watt, Public Board Member
 Jayne Webster, RMT, non-Board Member
 Eric Wu, RMT, non-Board Member
 Suzy Wu, RMT, Board Member

Committee Mandate:

The Ontario Massage Therapists Discipline Tribunal (OMTDT) is responsible for hearing and determining allegations of professional misconduct or incompetence against registrants. The OMTDT also decides reinstatement applications from former registrants whose certificates were revoked following disciplinary proceedings.

SUMMARY OF ACTIVITIES

1. MEETING DATES

OMTDT held a business meeting and received training on April 14, 2026.

2. ITEMS FOR INFORMATION

2.1 Hearing Statistics

Hearings Data	
Hearings completed	3
Motions completed ¹	0
Case management conferences	9
Referrals received	5

Hearing Type	Number Completed
Contested liability ²	1
Contested liability and penalty	1
Contested penalty ³ and/or costs	0
Uncontested liability and penalty	0
Uncontested penalty and costs	0
Uncontested reinstatement application	1

2.2 Overview

There was a decline in the number of hearings completed as compared to the previous quarter; however, unlike in Q1, most of the hearings were contested and therefore required more

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.

resources. This quarter also marked the completion of OMTDT's first reinstatement hearing, which resulted in the tribunal granting the former registrant's reinstatement application. Pre-hearing activity remained steady, with nine case management conferences held to assist the parties in narrowing issues and planning for the hearing. Referral activity increased from the previous quarter with 5 matters referred in Q2, which is in line with quarterly averages in recent years.

2.3 Decision Data

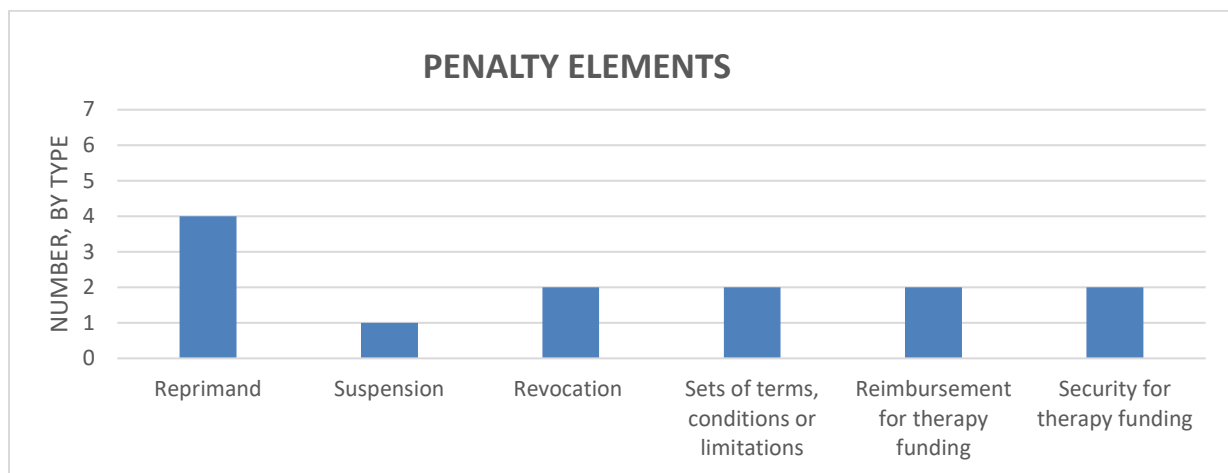
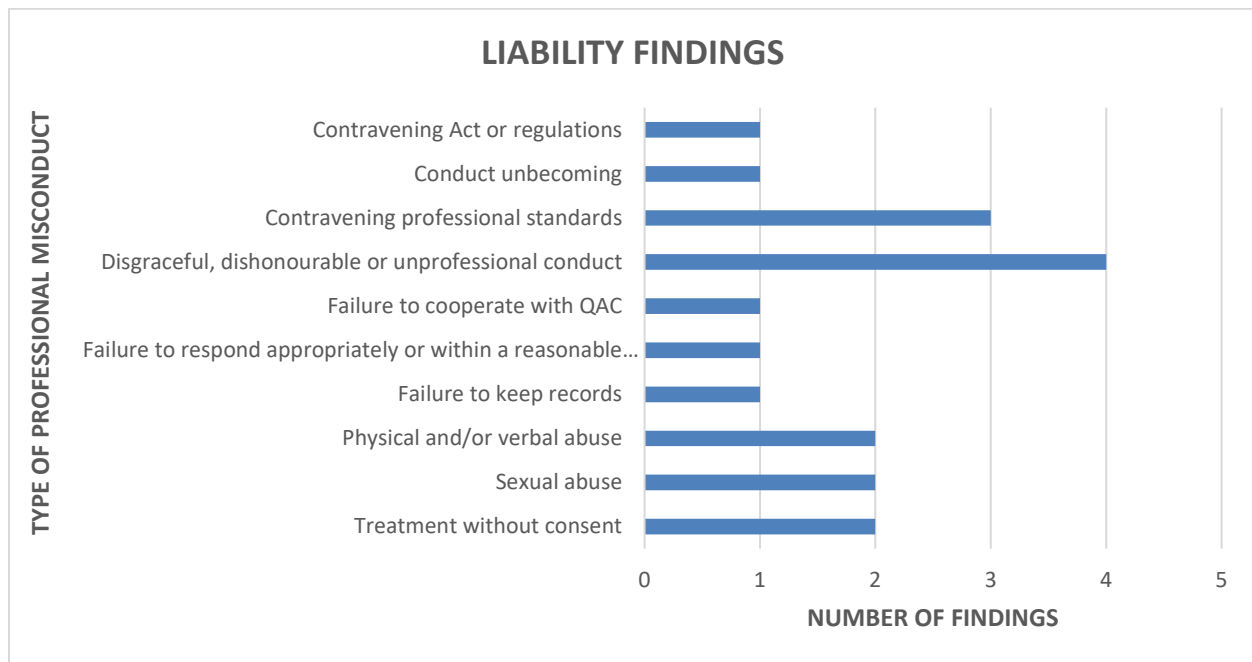
The Tribunal issued 7 decisions and reasons:

1. Unreported motion decision⁴
2. [*College of Massage Therapists of Ontario v. Batista*, 2026 ONMTDT 8](#)
3. [*College of Massage Therapists of Ontario v. Canhoto*, 2026 ONMTDT 9](#)
4. [*College of Massage Therapists of Ontario v. Zhang*, 2026 ONMTDT 10](#)
5. Unreported motion decision⁵
6. [*College of Massage Therapists of Ontario v. Wang*, 2026 ONMTDT 12](#)
7. [*College of Massage Therapists of Ontario v. Batista*, 2026 ONMTDT 13](#)

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](#).

⁴ This motion decision will be published on CanLII at a later date, pending the completion of the liability hearing.

⁵ This motion decision will be published on CanLII at a later date, pending the completion of the liability hearing.



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 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.	HB	April 2; May 15; June 3	Case management reasons; Liability and penalty hearing; Reasons for decision issued	Completed/closed
2.	Registrant S	April 2; April 2; May 4-6, 8	Motion decision issued; Case management conference; Liability hearing	Liability decision pending
3.	GC	April 7	Liability and penalty reasons issued	Completed/closed
4.	JZ	April 7	Liability and penalty reasons issued	Completed/closed
5.	Registrant S	April 14	Case management conference	Hearing scheduled
6.	FW	April 29	Liability and penalty reasons issued	Completed/closed
7.	Registrant W	May 7	Case management conference	Hearing scheduled
8.	Registrant K	May 15, 26, June 23	Case management conferences	Hearing pending
9.	Registrant N	May 22, June 3	Case management conferences	Hearing scheduled
10.	Registrant C	May 26	Case management conference	Hearing pending
11.	VB	June 17	Reinstatement hearing	Reasons for decision pending
12.	Registrant L	April 20; June 29, 30	Motion decision issued; Liability hearing	Liability hearing resumption pending

3. ITEMS SENT TO BOARD FOR DECISION

None.

PATIENT RELATIONS COMMITTEE REPORT 2026 - Q2 (April – June)

Committee Members: Ravara Van Vliet, Chair, RMT, Board Member
Jay Mathers, Vice Chair, Public Board Member
Brian Highgate, Public Board Member
Lingling Wang, RMT, non-Board Member

Committee Mandate:

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

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Committee met on **June 3, 2026**.

2. ITEMS FOR INFORMATION

2.1 Committee Orientation Survey Results

Staff presented the survey results from the Committee Orientation. All respondents strongly agreed that the orientation was the right length, materials were clear, questions were addressed and time was used well. Members asked for:

- A deeper dive into sections of the handbook (addressed in part through the updated Sexual Abuse Prevention Plan);
- More interactive discussion;
- Training on motions and voting (referred to Governance); and
- An interactive case study on an unusual funding request.

2.2 Update on Funding for Therapy and Counselling Program

Staff provided an update, noting that the program has remained stable:

- As of June 3, 2026, CMTO had received 11 applications, approved eight and declined none. The remaining three are in progress. Applications tend to arrive in clusters, so staff do not expect the year-end total to double.

- Ontario increased the OHIP rate for outpatient psychotherapy, raising the maximum funding per applicant from \$17,940 to \$20,470, effective April 1, 2026. The new maximum applies only to applicants who become eligible on or after that date and is not retroactive. Staff updated the website, policy and templates, and asked partner organizations for advance notice of future changes.

2.3 Review of Committee Terms of Reference

Staff presented an updated Committee Handbook that replaces "client" with "patient" throughout and reflects the committee's new name. Staff will circulate a further updated handbook once the Sexual Abuse Prevention Plan is finalized.

2.4 Prevention of Sexual Abuse Overview and Updates

Staff provided an overview of CMTO's prevention of sexual abuse initiatives and programs, including:

Updated Sexual Abuse Prevention Plan

- Staff presented a revised Sexual Abuse Prevention Plan, last updated in 2021-2022. The revision shortens and modernizes the plan and adds content on college visits and town halls, updated standards and the Code of Ethics, the jurisprudence program, the annual seminar, the new psychotherapy funding rate, the patient-focused poster, social media outreach and the Standard of Practice: Collecting Personal Information.
- Staff will consult ICRC, QAC, and Discipline Committee, and bring a final version to the Committee for approval in Q4.

2026 Prevention of Sexual Abuse Seminar

The fourth annual seminar will address sexual abuse of RMTs/MTs by patients, drawing on the RMTAO survey (73% harassed, 21% assaulted, 69% never trained). The event will be off-site, with about 50 attendees, mostly RMTs/MTs, and will take place on October 23, 2026.

Since 2019, the Practice team has received 398 contacts about inappropriate patient behaviour. Since 2022, CMTO has received three complaints about discharge, none resulting in a penalty. CMTO has never disciplined an RMT/MT for discharging an abusive patient. Despite this record, many RMTs/MTs fear discipline for discharging an abusive patient. The seminar aims to close this gap between perception and reality by clarifying discharge rules and RHPA obligations and offering role-play practice.

2.5 Public Awareness Campaigns Overview and Updates

Staff provided the committee with a preview of this year's campaign. For the first time, the

campaign will focus on patient-initiated sexual abuse of RMTs/MTs and reinforce that abuse in any direction is unacceptable.

2.6 Communications Updates

Staff provided updates on:

- Stakeholder engagement initiatives, including college visits (11 in 2026, reaching almost 500 students) and town halls (336 attendees, up from 2025);
- CMTO's involvement in the development of an intimate partner violence webinar for September 22, in response to a Domestic Violence Death Review Committee recommendation;
- Social media engagement, with a 6% average engagement rate, well above the nonprofit average; and
- The website refresh, with a request for proposals to be issued.

2.7 2026 PRC Work Plan

The updated 2026 PRC Work Plan was presented by staff and approved by the committee, including the addition of updating the Sexual Abuse Prevention Plan.⁴

2.8 Spousal Exemption Consultation

As of May 22, 2026, the public survey had received 2,965 responses, 93% from RMTs. Overall, 94% of respondents support the exemption.

3. ITEMS FOR DECISION

Sexual Abuse Prevention Plan: The Committee deferred approval. Staff will consult ICRC, Discipline, QA and SMT and bring a final version to the Committee for approval in Q4.

4. ITEMS SENT TO BOARD

None.

QUALITY ASSURANCE COMMITTEE REPORT 2026 – Q2 (April to June)

COMMITTEE MEMBERS: Brian Highgate, Chair, Public Board Member
Lauren Carnegie, RMT, Board Member
Sandra Fattibene, RMT, non-Board Member
Charles Gollob, RMT, Board Member
Brienne Lalande, RMT, non-Board Member
Jianjiang Li, Vice Chair, RMT, non-Board Member
Marvin Mohring, RMT, non-Board Member
Carolyn Watt, Public Board Member
Suzy Wu, RMT, Board Member
Amanda Young, RMT, non-Board Member

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.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

The Quality Assurance Committee met the following times:

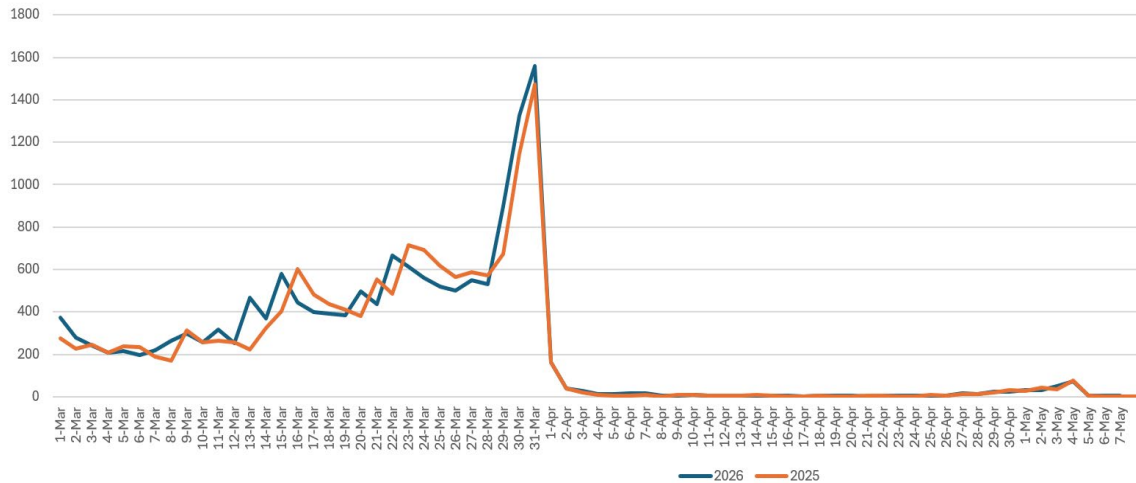
- A Quality Assurance Committee Business meeting was held on May 12, 2026.
- A Quality Assurance Committee Panel meeting was held on June 23, 2026, to review a total of 40 matters.

2. ITEMS FOR INFORMATION

2.1 STRiVE – Practice Profile

Practice Profile closed on March 31, 2026, with a compliance rate of 95.2%. The compliance rate increased to over 99% with outstanding RMTs/MTs being directed to participate in a Practice Assessment.

Practice Profile Comparison Graph for completions in 2026 and 2025



This was the final year of Practice Profile in its present form before merging with Be the Best You Can Be as part of the improvements anticipated for 2027 STRiVE.

2.2 Practice Assessments

On June 2, 2026, Risk-based Practice Assessment opened. At end of day on June 30, 2026, a total of 81 Practice Assessments had been completed.

RMTs/MTs selected for Risk-based Practice Assessment are provided with a first attempt at the Practice Assessment and, if unsuccessful, 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 2026 – Q2 (April - June)

Committee Members: Elisabeth Mathers, Chair, RMT, non-Board Member
Charles Gollob, Vice Chair, RMT, Board Member
Sean Adderley, RMT, Board Member
Brian Highgate, Public Board Member
Kimberly Kane, RMT, non-Board Member
Sandeep Kalirah, RMT, non-Board Member
Carolyn Watt, Public Board Member

Committee Mandate:

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

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

In Q2, the Registration Committee held two business meetings, on April 13 and May 11.

2. ITEMS FOR INFORMATION

None

3. ITEMS SENT TO THE BOARD FOR DECISION

3.1 Acupuncture Education and Authorization Policy

The Registration Committee recommended that the Board approve the amendments made to Acupuncture Education and Authorization policy incorporating recommendations from the Equity, Diversity and Inclusion (EDI) Committee.

3.2 Candidates Returning After Three Previous Failures Policy

The Registration Committee recommended that the Board approve the updated Exam Candidates Returning After Three Previous Failures Policy for immediate implementation, and approve the removal of references to the Ministry of Colleges, Universities, Research Excellence and Security from the policy effective January 1, 2027.

3.3 CMTO Refresher Course Policy

The Registration Committee recommended that the Board approve the updated CMTO Refresher Course Policy for immediate implementation, and authorize the Registration Committee to approve any future updates to the policy effective immediately.

4. ITEMS FOR REGISTRATION COMMITTEE DECISION

Item	Summary	Decision
Policy Review	The Registration Committee reviewed the Massage Therapy Graduates/Students Practising Without Being Registered Policy and considered replacing it with guidance in existing registration resources.	Approved in principle replacing the policy with comprehensive guidance in the CMTO Student Guide and the Certificate of Registration Policy.
Applications Review	Refresher Course – Category 3 Submission. A current registrant who has not held a General Certificate for more than 15 years requested to move from the Inactive class to the General Certificate class.	Decision: The registrant must complete a Category 2 Refresher Course before applying for a class change.
	Massage Therapy Education and Credentials Assessment (MTECA) Application The applicant requested an assessment to determine whether education completed in Alberta is equivalent to Massage Therapy education in Ontario.	Decision: The applicant's education and credentials were not deemed equivalent to a Massage Therapy program currently recognized by CMTO. The information submitted to demonstrate equivalency was insufficient.

EQUITY, DIVERSITY AND INCLUSION (EDI) COMMITTEE REPORT 2026 - Q2 (Apr - Jun)

Committee Members: Jalpa Patel, Chair, Public Board Member
Simisola Johnson, non-Board Public Member
Supriya Latchman, non-Board Public Member
Robyn Libby, RMT, Board Member

Committee Mandate:

The EDI Committee supports CMTO's strategic plan and commitment to promoting and upholding the principles of equity, diversity, and inclusion in its practices, policies, and programs.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

In Q2, the EDI Committee (EDIC) met online on June 22, 2026.

2. ITEMS FOR INFORMATION

2.1 Policy Review:

The EDIC reviewed the following guidance and offered recommendations to ensure they are clear, user-friendly, supportive of all users, and free from unintended barriers:

- Students and Graduates Practicing Prior to Registration: Student Guide and Certificate of Registration Policy
 - o Education Requirement for Exam Eligibility and Initial Registration Policy

The updated Education Requirement for Exam Eligibility and Initial Registration Policy will be shared with the Registration Committee for approval. The guidance related to practising prior to registration will be circulated for consultation with the massage therapy educator community. Following that consultation, the finalized guidance will be submitted to the Board for approval.

3. ITEMS SENT TO THE BOARD FOR DECISION

None.

GOVERNANCE COMMITTEE REPORT 2026 - Q2 (April - June)

Committee Members: Anne Resnick, Chair, non-Board Public Member
Anna Cantalini, RMT, non-Board Member
Bernadette Santiago, non-Board Public Member
Kim Westfall-Connor, RMT, non-Board Member

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.

SUMMARY OF COMMITTEE ACTIVITIES

1. MEETING DATES

In Q2 the Governance Committee met on May 7th. The following items were considered:

- Eligibility and Disqualification Criteria re: Complaints
- By-Law No. 5: Proposal to Amend the name and Composition of the Client Relations Committee
- District 7: Proposal to change
- Elections Campaigning Policy
- Equity, Diversity and Inclusion Feedback on the Board Application

2. ITEMS SENT TO THE BOARD FOR DECISION

- Eligibility and Disqualification Criteria re: Complaints (September meeting)
- By-Law No. 5: Proposal to Amend the name and Composition of the Client Relations Committee (September meeting)

2027 PROPOSED BOARD AND EXECUTIVE COMMITTEE MEETING SCHEDULE

MEETINGS	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
Board												
Board Orientation 9:00 - 5:00	Jan 25 (Mon)											
All Chair Training (Virtual 9-12)		Feb 8 (Mon)										
Board Education Day In Person 12:00 - 5:00			Mar 29 (Mon)			June 7 (Mon)			Sep 27 (Mon)			Dec 6 (Mon)
Board Meeting Day In Person 9:00 - 3:30			Mar 30 (Tues)			June 8 (Tues)			Sep 28 (Tues)			Dec 7 (Tues)
Executive Committee												
Orientation Virtual 9:00 - Noon	Jan 20 (Wed)											
Meeting Virtual 9:00 - 3:30			Mar 1 (Mon)		May 19 (Wed)				Sep 8 (Wed)		Nov 17 (Wed)	
CEO Performance Evaluation		Feb 17 & Feb 18										

BRIEFING NOTE – FOR INFORMATION

To: Board

Date: September 29, 2026

From: Sean Adderly, Board Chair

Re: Appointment of Public Members to the Equity, Diversity and Inclusion Committee and Executive Committee

Purpose

To inform the Board of the appointments made on an urgent basis to the Equity, Diversity and Inclusion (EDI) Committee and the Executive Committee following the resignation of Jalpa Patel from the Board.

Background

Jalpa Patel resigned from her position on the Board effective September 10th, 2026. At the time of her resignation, she served as Chair of the EDI Committee.

The resignation created two immediate governance considerations. The EDI Committee was left without a Chair, creating a leadership gap and a need to ensure continuity of the Committee's work. In addition, the resignation affected the composition of the Executive Committee. Without the timely appointment of a replacement publicly appointed member, the Executive Committee would become un-constituted and unable to conduct business.

Under the College's governance framework, the Governance Committee is responsible for considering and recommending appointments to Board committees. However, in this circumstance, the timing and urgency of the vacancies required immediate action before the matter could proceed through the usual Governance Committee recommendation process.

Authority and Urgency

CMTO's By-Law No. 4 (Section 4) provides the Executive Committee with authority to exercise the powers of the Board between meetings of the Board, subject to the limitations established in the by-laws. The Executive Committee is also responsible for addressing and acting on matters requiring immediate attention between regular meetings of the Board.

The circumstances arising from the resignation constituted a matter requiring immediate attention. In particular, the EDI Committee had been left without a Chair, while the Executive Committee itself was at risk of becoming un-constituted if a replacement publicly appointed member was not appointed promptly.

Although the Governance Committee would ordinarily consider and recommend committee appointments, waiting for the matter to proceed through the regular process and be considered at a subsequent meeting would have created a governance risk.

Accordingly, the Executive Committee acted while it remained properly constituted and able to exercise its authority and approved the appointments on an urgent basis. This action ensured continuity of governance and avoided the risk that the Executive Committee would itself become un-constituted before a replacement could be appointed.

Appointments

The Executive Committee approved the following appointments on an urgent basis:

EDI Committee: Appointment of Jalpa Patel, as a non-Board public member, to the EDI Committee and as Chair of the EDI Committee.

Executive Committee: Appointment of Jay Mathers, a publicly appointed member to the Executive Committee.

The appointments addressed the immediate vacancies and ensured that the respective committees could continue to fulfill their mandates without interruption.

Rationale for the Appointments

Jalpa Patel indicated a willingness to remain serving as Chair of the EDI Committee for the remainder of 2026. The committee composition allows for 1-3 non-Board public appointees to serve on the committee which had 2 non-Board public members. Appointing Jalpa as a non-Board public committee member falls well within the compositional limits.

Jay Mathers has previously served on the Executive Committee as well as Chair of the Board. Of the few publicly appointed Board members who did not express an interest in being an Executive Committee member in 2027, it was determined that Jay possessed the foundational knowledge and skills required to fill the vacant position on the Executive Committee.

These actions were reported to the Governance Committee on September 14th and are now being reported to the Board.

BRIEFING NOTE – FOR DISCUSSION

To: Board

Date: September 29, 2026

From: Maureen Boon, Registrar & CEO

Re: RMTAO Demonstration Project Request: Update

Purpose

The Board is provided with an update and response to the Registered Massage Therapists' Association of Ontario's (RMTAO) Demonstration Project Request.

Background

2023

- The RMTAO conducted a Primary Care Demonstration Pilot Project involving integrating 2 RMTs into primary care sites, with positive results. 115 patients participated in the program over the course of a year.

2024

- The RMTAO released a report on the findings of the pilot project.

2025

- The RMTAO raised the idea of CMTO support for an expansion to this project at a regular meeting of the CMTO and RMTAO Chairs/Vice Chairs.

2026

- January: The RMTAO sent a formal letter to CMTO (**Appendix A**) expressing concerns about CMTO's financial position. The letter requested \$1.2 million in funding to expand its Primary Care Demonstration Project, which would embed 8 RMTs in clinics across Ontario, where they would work alongside healthcare teams to address patients' pain and chronic health conditions.
- February: A detailed proposal, budget and supporting documents were received from the RMTAO on February 25, 2026 (**Appendix B**).
- March:
 - Executive Committee Meeting: The Executive Committee considered the request, in

principle, and determined that it did not have sufficient information to recommend this to the Board for decision. It was agreed that the proposal would be discussed at the Board's March educational meeting. Staff were also asked to look into the potential of a revamped research fund program.

- Board Educational session: The proposal was considered at the Board Educational session at which time concerns were expressed about project governance, the amount of the request and alignment with CMTO's regulatory mandate. However, given CMTO had not formally responded to the proposal, and the Board had not heard from the RMTAO directly, the RMTAO was invited to present the proposal to the Board.
- June:
 - The RMTAO presented the proposal to the Board. In response to Board questions, the RMTAO confirmed that it expected CMTO to fund most of the project and it would not be in a position to proceed with the project until 2027.
- September:
 - The Executive Committee considered the RMTAO's request in light of the Board's feedback.
 - Based on the educational session and presentation in June, the Executive Committee felt the Board's views were clear – its concerns about funding, accountability and alignment with CMTO's mandate had not been resolved.
 - Accordingly, a letter (attached below) was sent to the RMTAO expressing its thanks for the proposal and presentation, indicating that the Board was not prepared to proceed with the proposal in its current form, but that there was support for the overall objectives. The letter reconfirms the commitment to working together and proposes a meeting in the fall.
 - The Executive Committee also discussed the potential for a revamped research fund program and directed staff to develop a proposal, including research and funding criteria, for 2027.

Attachments

5.2a - Letter from RMTAO dated January 15, 2026

5.2b – RMTAO Funding Proposal received February 25, 2026

September 21, 2026

Alex Kidd
Board Chair
Registered Massage Therapists' Association of Ontario
1243 Islington Ave #704, Etobicoke, ON M8X 1Y9

Re: RMTAO January 2026 Letter and February 25, 2026 Demonstration Project Proposal

Dear Alex,

Thank you for your January 2026 letter and for the detailed proposal submitted on February 25, 2026 regarding the expansion of the Primary Care Demonstration Project. The Board appreciated the RMTAO's presentation in June and the opportunity to ask questions about the proposal.

The Board recognizes the importance of the objectives underlying the proposal. CMTO supports efforts that reinforce Massage Therapy as a regulated, clinical health profession, encourage integration with interprofessional health care teams, and improve access to Massage Therapy for patients who may otherwise face barriers to receiving care. These objectives are broadly consistent with CMTO's 2026–2030 Strategic Plan priority of strengthening trust in Massage Therapy as a health profession and positioning Massage Therapy as a core component of health care.

After careful consideration, however, CMTO is not prepared to proceed with the project as proposed. The Board's concern is not with the value of exploring the role of Massage Therapy in primary care, but with the funding model, governance, accountability, and alignment with CMTO's regulatory mandate as set out in the current proposal.

As a regulator, CMTO must ensure that any use of registrant funds clearly supports its public interest mandate, risks to the public and strategic priorities. The existence of a surplus does not mean that funds are available to support the work of other organizations or that they should be directed toward general projects, even where those projects may be worthwhile. CMTO's financial planning must ensure that the College has sufficient resources to fulfill its statutory regulatory responsibilities, maintain appropriate reserves, respond to unanticipated expenses, and remain financially sustainable over the long term.

The RMTAO also asked CMTO to consider a reduction in registrant fees. At its June meeting, the Board completed its annual financial review and approved the following changes to 2027 fees: the General Certificate fee remains unchanged for a third consecutive year, the Inactive Certificate fee is reduced from \$457.50 to \$223.75, the initial application fee is reduced from \$225 to \$150, and the

workshop fee is eliminated. These amendments were circulated to registrants for a 60-day consultation and will go to the Board for final approval at the September 29, 2026 meeting.

Although the CMTO will not be moving forward with the proposal in its current form, it remains interested in maintaining a constructive relationship with the RMTAO and in exploring whether there are other ways to advance shared objectives. There may be opportunities to discuss alternative approaches that support the clinical identity of Massage Therapy, promote appropriate integration into health care settings, and improve access for patients, while also respecting the distinct roles of the regulator and the professional association.

CMTO would welcome a meeting this fall with the Board Chairs, Board Vice Chairs, the RMTAO Executive Director, and the Registrar & CEO to discuss these matters further. We also value the work our organizations have done together on important issues, including preventing and responding to the sexual abuse of RMTs, and hope to continue that collaborative approach where our respective mandates appropriately align.

Thank you again for bringing this proposal forward and for engaging with the Board. We look forward to continuing the conversation.

Yours sincerely,

A handwritten signature in cursive script that reads "Sean Adderley".

Sean Adderley, RMT
Board Chair
College of Massage Therapists of Ontario
cc: CMTO Board of Directors



Registered Massage Therapists'
Association of Ontario

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RMTAO.com

RMTFind.com

January 15, 2026

Maureen Boon
Registrar and CEO, College of Massage Therapists of Ontario
Maureen.boon@cmta.com

RE: Use of CMTA Surplus for Evidence-Based Care in the Public Interest

Dear Maureen Boon,

I am writing on behalf of the Registered Massage Therapists' Association of Ontario (RMTAO) to express my concern regarding the College of Massage Therapists of Ontario (CMTA) surplus, which stood at over \$1.5 million year-to-date as June 30, 2025. This is approximately \$700,000 above the budgeted surplus and has resulted in an accumulated surplus of \$14.9 million. This significant amount and the growth at which it is accumulating presents a unique opportunity for the CMTA to further its mandate of protecting the public interest by investing in the safety, effectiveness, and accessibility of Massage Therapy care in Ontario.

While we appreciate the importance of financial stability, the current scale of the surplus has not escaped the notice of the RMTAO membership. We urge the College to consider how these funds might be better reinvested into initiatives that directly align with the CMTA's mission, ensuring that registrant contributions are being utilized to their fullest potential.

To support the College's commitment to evidence-informed practice, the RMTAO would like to propose a \$1.2 million Demonstration Project to integrate Registered Massage Therapists (RMTs) into eight additional primary care sites across the province. This initiative builds upon a self-funded pilot at CommunitiCare, formerly West Toronto Community Health Centre (WTCHS). An independent review of that pilot by the Nous Group identified clear public benefits: 81% of participants reported reduced pain, 61% reduced their reliance on pain medication, and 60% required fewer visits to their physician or nurse practitioner.

While these results are highly promising, the Nous Group emphasized that moving from a pilot to a sustainable provincial model requires more objective, clinically validated data. The proposed Demonstration Project is designed to meet this requirement by implementing the report's formal recommendations, including:

- **Clinical Validation:** Requiring RMTs to use agreed-upon assessment tools, such as the Global Rating of Change (GROC) and the Patient-Specific Functional Scale (PSFS), to provide facts and measurements independent of personal bias.
- **Evidence-Based Protocols:** Utilizing best-practice literature to determine ideal treatment courses for specific conditions, ensuring the public receives the most efficient and effective care.
- **Targeted Resource Allocation:** Identifying the conditions where massage therapy has the greatest objective impact to ensure public resources are used effectively.

This project serves the public interest by providing the rigorous data needed to advocate for the permanent inclusion of massage therapy within provincial primary care teams. By securing a place for RMTs within the broader publicly funded system, we can significantly improve health outcomes and provide Ontarians with more efficient access to care. This integration ensures that massage therapy is delivered according to the CMTO's Standards of Practice within a publicly funded, accessible, and multidisciplinary system.

Furthermore, we encourage the CMTO to consider a reduction in registrant fees. This adjustment would allow the College to maintain a robust operating budget while ensuring that its reserve levels remain proportionate to the actual costs of regulating the profession.

We would value the opportunity to present a detailed research proposal for this initiative to the College. By working together on this research, we can provide the clinical evidence necessary to fulfill our shared goal of enhancing the safety and accessibility of massage therapy for all Ontarians. Please let us know when it might be convenient to discuss this further.

Sincerely,



Michael Feraday
Executive Director and Chief Executive Officer
Registered Massage Therapists' Association of Ontario



Advancing Public Trust: A Joint Provincial Demonstration Project for RMT Integration in Primary Care

Contents

Executive Summary	2
Organizational Information: The RMTAO	3
Problem Statement: Bridging the Equitable Care Gap in Primary Health	3
Proposed Solution: A Province-Wide Demonstration Project.....	4
Project Description	4
Site Selection: Equity, Diversity, and Inclusion (EDI)	5
Clinical Integration Model	5
Governance: A Proposed Framework for Collaboration.....	6
Methodology: Clinical Evidence and Operational Framework.....	7
Health System and Equity Data Collection	7
Standardized Data Sharing and Collaboration	7
Categorical Analysis for Systemic Change	8
Evaluation Plan and Outputs	8
Provincial Demonstration Project: Proposed Budget	9
Risk Management and Data Privacy	10
Regulatory and Legislative Shifts	10
Conclusion	11
Appendices.....	11



Executive Summary

This proposal outlines a joint arrangement between the College of Massage Therapists of Ontario (CMTO) and the Registered Massage Therapists' Association of Ontario (RMTAO) to launch a Provincial RMT Integration Demonstration Project. Budgeted at \$1,223,425.39, this initiative will embed Registered Massage Therapists into eight interprofessional primary care sites across Ontario to establish a data-driven blueprint for the profession's future. Purposefully designed as a shared strategic vehicle, the project helps the CMTO fulfill its 2026–2030 Strategic Plan and its foundational belief that "massage therapy is built on trust." By collaborating as partners to set high, clear standards, we aim to ensure that every person seeking care feels confident they are in the hands of a qualified professional, while simultaneously addressing the "uneven positioning" of RMTs alongside other healthcare professionals. Despite being regulated under the RHPA, a lack of professional parity continues to limit the public's access to this core component of healthcare.

The foundation for this provincial expansion is rooted in the success of the 2023 West Toronto Community Health Centre pilot, which demonstrated transformative impacts: over 80% of patients reported significant pain reduction and functional improvement, while more than 60% reduced their reliance on pain medication and required fewer visits to their Physician or Nurse Practitioner. However, that pilot also highlighted a systemic gap, as 90% of patients found this level of care "virtually inconceivable" outside of a publicly funded model. This Joint Venture seeks to move beyond localized success to provide a standardized, scalable roadmap for the province, utilizing evidence-informed protocols and clinically validated tools—such as the Numeric Pain Rating Scale and the Patient-Specific Functional Scale—to deliver definitive outcomes. To ensure the highest level of regulatory neutrality and financial transparency, the RMTAO proposes that the initiative be governed through a collaborative framework where the CMTO and RMTAO share strategic oversight. We envision this joint arrangement as a way to ensure the project remains a distinct, independent asset—one that provides a permanent roadmap for regulated, non-pharmaceutical pain management. By working together in this capacity, we can ensure all Ontarians benefit from a healthcare system that is more integrated, collaborative, and equitable.

This Provincial Demonstration Project will generate independent, policy-grade evidence regarding the integration of Registered Massage Therapists within interprofessional primary care teams. Using validated outcome tools and independent third-party audit oversight, the project will quantify clinical impact, opioid stewardship, system efficiency, and health equity gains. The initiative is designed to inform regulatory and policy decision-making while maintaining governance clarity.



Organizational Information: The RMTAO

As a member-driven, not-for-profit association, the Registered Massage Therapists' Association of Ontario (RMTAO) has served as the authoritative voice of the profession since 1936. Over nine decades of continuous operation, we have fostered the professional growth and high standards of care that Ontarians expect, building deep-rooted trust across the healthcare community and the institutional knowledge necessary to navigate complex regulatory landscapes. Beyond our mandate to advocate for the profession, the RMTAO possesses a unique infrastructure specifically suited to the success of this provincial rollout. We have a long-standing reputation for executing complex initiatives with precision, characterized by expertise in resource allocation, stakeholder engagement, and rigorous outcome reporting.

Our capability is best evidenced by the 2023 Primary Care Integration Pilot, where we successfully managed the design and execution of a landmark project that integrated RMTs into collaborative medical models across Toronto. This work involved coordinating multiple healthcare disciplines and managing clinical timelines to evaluate the impact of massage therapy on patient outcomes. This work was independently validated by Nous Group, an international management consultancy with deep expertise in health policy and evaluation, ensuring that the resulting data is both credible and highly impactful for the future of Ontario's healthcare system.

Problem Statement: Bridging the Equitable Care Gap in Primary Health

The 2023 pilot established a transformative precedent, proving that when RMTs are integrated into primary care, 81% of patients experience significant pain reduction and 60% are able to decrease their reliance on pain medication. However, these successes also exposed a stark reality: for 88% of the patients served, access to such regulated care is "virtually inconceivable" outside of a publicly funded model. This creates a systemic exclusion where high-need populations across Ontario are denied a clinical intervention that has already proven its ability to reduce Physician and Nurse Practitioner burden and pharmacological dependency.

Currently, this level of integrated care remains a localized anomaly rather than a provincial standard. Despite high demand for non-pharmaceutical pain management, the lack of a province-wide framework keeps the profession "unevenly positioned"ⁱ within the broader healthcare system. Without the expanded infrastructure of an eight-site demonstration project, we lack the robust, clinically validated objective data required to move from



anecdotal success to permanent provincial health policy. This project is the necessary next step to ensure that the "missing piece of treatment" identified in Toronto becomes a scalable reality for all Ontarians.

Proposed Solution: A Province-Wide Demonstration Project

To move beyond a localized success story, this proposal suggests a Joint Provincial Demonstration Project to implement and evaluate at eight primary care sites Province wide. This project will leverage the "lessons learned" from WTCHS to:

- **Standardize Workflows:** Implement the referral pathways (including those for complex conditions like post-surgical lymphedema and neurological issues) that were pioneered in Toronto.
- **Objective Evaluation:** Deploy the clinically validated assessment tools (e.g., NPRS, PSFS) identified as a recommendation in the pilot review to provide the CMTO with definitive, objective outcomes.
- **Equitable Scaling:** Ensure that the 88% of Ontarians who currently face financial barriers to RMT care can access this "missing piece of treatment" as part of a holistic, publicly funded primary care team.
- **Generate Provincial Data:** Evaluate the clinical outcomes and cost-efficiencies of this model to provide the CMTO and the Ministry of Health with a definitive "blue-print" for future healthcare integration.

Project Description

The heart of this initiative is the direct integration of Registered Massage Therapists into eight interprofessional primary care teams across Ontario. This province-wide demonstration project is a structured effort to implement and evaluate RMT care within publicly funded Community Health Centres (CHCs) and primary care teams, specifically targeting patients who currently face significant financial barriers to massage therapy.

By embedding RMTs into these collaborative environments, the project is designed to generate the robust, objective data required to inform future provincial policy across three critical areas:

- **Clinical Outcomes:** To move beyond anecdotal success, every site will utilize clinically validated assessment tools—such as the **Numeric Pain Rating Scale (NPRS)** and **Patient-Specific Functional Scale (PSFS)**. This allows the partnership to track objective improvements in patient function and pain with scientific rigor.
- **Health System Efficiency:** The project will quantify the "diversion effect" on the broader system. Building on pilot data where 61% of patients reduced pain



medication and two-thirds saw their doctor less often, the partnership will evaluate the reduction in opioid reliance and the decrease in "unneeded" Physician and Nurse Practitioner visits.

- **Provider Satisfaction:** Beyond patient outcomes, the project evaluates how RMT integration mitigates the clinical burden on overstretched primary care providers by offering a viable, regulated, non-pharmaceutical treatment alternative for complex pain management.

Site Selection: Equity, Diversity, and Inclusion (EDI)

In direct alignment with the CMTO's Five-Year Strategic Plan, this project is rooted in the priority of strengthening the commitment to equity, diversity, and inclusion. We recognize that barriers to care are not only financial or geographical but are often systemic.

- **Adherence to CMTO EDI Standards:** The project team will consult with and strictly adhere to the CMTO's evolving EDI policies and strategies. This ensures that our site selection and patient intake processes identify and dismantle barriers to access, representation, and inclusion for both patients and the RMTs (registrants) delivering care.
- **Targeting Underrepresented Populations:** Beyond geographical "care deserts," we will prioritize sites serving diverse and marginalized communities (including Indigenous populations, newcomers, and those in lower-socioeconomic brackets) who have historically been excluded from regulated massage therapy.
- **Promoting Registrant Representation:** We will work to ensure that the RMTs recruited for these eight sites reflect the diversity of the communities they serve, fostering a culturally safe environment for all patients.
- **Existing Interprofessional Infrastructure:** Selection will favor sites with established rehabilitation services (Physiotherapy, Occupational Therapy, Kinesiology). From a public protection standpoint, this infrastructure provides a safety net: it ensures that RMTs are not working in isolation but are part of a collaborative clinical circle that can monitor patient progress and safety in real-time.

Clinical Integration Model

The project adopts a "staged referral" model developed during the 2023 pilot to ensure RMTs are utilized as specialized team members rather than generalists.

- **Direct Referrals:** Primary Care Providers (PCPs), Nurse Practitioners, and other interprofessional health providers will refer patients directly to the on-site RMT.



- **Targeted Conditions:** Treatment will focus on high-impact areas where the pilot showed the greatest benefit, including musculoskeletal pain, neurological conditions (e.g., stroke recovery, MS), and specialized care like Manual Lymphatic Drainage (MLD) for lymphedema/edema.
- **Standardized Treatment Courses:** Based on pilot recommendations, the project will move away from fixed short-term sessions to evidence-informed treatment courses (e.g., 8+ sessions for chronic or complex conditions) to maximize therapeutic impact. This aligns with the CMTO’s goal, under the Strategic Priorities “Professional Conduct and Accountability” and “Clear, Fair, and Effective Regulation” to uphold professional requirements through consistent processes, and set clear expectations for high-quality care and professional conduct.

Governance: A Proposed Framework for Collaboration

To ensure the project maintains the financial independence and regulatory neutrality required for a high-impact partnership, the RMTAO proposes that the initiative be established through a Joint arrangement between the CMTO and the RMTAO. We envision a governance model that facilitates shared oversight while respecting the distinct mandates of both the College and the Association:

- **Proposed Financial Stewardship:** We suggest that project funds be administered through a dedicated, restricted account. This approach would ensure the project maintains a distinct financial identity, separate from the RMTAO’s general operational books, providing the transparency and independence necessary for a joint initiative.
- **A Collaborative Strategic Advisory Council (SAC):** We propose the formation of a joint SAC to oversee the project’s progress. We specifically invite the CMTO to help shape the composition of this council; for instance, the inclusion of a representative from the **CMTO EDI Committee** would be invaluable in ensuring the project’s implementation is continuously viewed through an equity and inclusion lens.
- **Shared Accountability:** Under this proposed model, the project leadership team (including the RMT Lead and Project Manager) would be accountable to the Joint Strategic Advisory Council. This structure is intended to ensure that the project’s outcomes serve both the public interest mandate of the regulator and the professional standards of the association.



Methodology: Clinical Evidence and Operational Framework

To establish a definitive clinical blueprint for RMT integration, this project utilizes a standardized, evidence-informed protocol designed to capture objective data while maintaining interprofessional continuity.

Multidimensional Assessment Battery

Every participant will be evaluated at Initial Intake, Mid-point (Session 4), and Discharge. This multidimensional approach ensures data triangulation, validating that physical improvements align with functional gains and patient perception.

- **Impairment – Numeric Pain Rating Scale (NPRS):** Quantifies the exact degree of pain reduction, moving beyond the 2023 pilot binary “less pain” metric to specific intensity tracking.
- **Function – Patient-Specific Functional Scale (PSFS):** Measures "life impact" by tracking a patient’s ability to perform daily activities, demonstrating how RMT care enables participation in broader rehabilitation.
- **Perception – Global Rating of Change (GROC):** Validates clinical scores against the patient’s global perception of change, ensuring quality of life is the primary indicator of success.

Health System and Equity Data Collection

To provide the Ministry and the CMTO with systemic evidence, the project team will collect additional key metrics at intake and discharge:

- **Medication & Opioid Stewardship:** RMTs will record current pain medication/opioid status at intake and track adjustments at discharge to measure the project's impact on pharmacological reliance.
- **Anonymized Demographic Intake:** In alignment with CMTO EDI priorities, we will collect anonymized data on insurance status, income barriers, and postal codes to measure our reach into "care deserts" and underserved communities.
- **Health Resource Utilization:** Sites will track the frequency of Physician and Nurse Practitioner follow-up visits for musculoskeletal complaints during the RMT treatment course to quantify "diversion" and system-relief effects.

Standardized Data Sharing and Collaboration

Building on the "lessons learned" from the West Toronto pilot, the project team will prioritize information continuity within the "circle of care" through two primary pathways:



- **EMR Integration and Training:** Where technologically viable, the project will seek to integrate findings directly into the host site's EMR. RMTs will be trained to input standardized scores, ensuring visibility for the entire primary care team.
- **Alternative Collaboration Pathways:** If direct EMR integration is unfeasible, the RMTAO will provide primary care teams with secure access to RMT assessment summaries and progress notes to ensure real-time patient safety monitoring.
- **Interprofessional Feedback Loop:** At the project's conclusion, all participating Physician and Nurse Practitioner will complete a Provider Impact Survey to evaluate the qualitative reduction of their clinical burden.

Categorical Analysis for Systemic Change

Data will be tracked across the five clinical pillars established in the pilot: Musculoskeletal, Neurological, Chronic Pain, Systemic, and Lymphedema/Edema. This categorical tracking will identify which conditions yield the highest return on investment for the public health system, providing the empirical evidence needed to move toward fully government-funded primary care integration.

Evaluation Plan and Outputs

The evaluation of this demonstration project will utilize a mixed-methods approach to determine the clinical efficacy, cost-effectiveness, and regulatory safety of integrating RMTs into primary care. Following the conclusion of the project, the project team will conduct a comprehensive analysis to provide the CMTO and the Ministry of Health with a final Provincial Integration Report. This document will report on:

1. **Clinical Impact Analysis:** We will aggregate results from the NPRS, PSFS, and GROC tools to determine 1) the Success Rate (percentage of patients achieving a Minimal Clinically Important Difference) and 2) Condition-Specific Efficacy across the five clinical pillars (Musculoskeletal, Neurological, Chronic Pain, Systemic, and Lymphedema/Edema) to refine future referral guidelines.
2. **Health System Efficiency:** We will quantify the "diversion effect" by analyzing correlations between RMT intervention and systemic relief, specifically measuring the reduction in pharmacological reliance (opioid/analgesic stewardship), the optimization of Physician and Nurse Practitioner capacity through reduced return visits, and the improvement of patient flow across broader multidisciplinary rehabilitation waitlists.
3. **Regulatory and Equity Evaluation:** Analyzing systemic barriers to care identified across the eight sites and evaluating the efficacy of the "Circle of Care" communication model in maintaining patient safety and professional accountability.



- 4. Reporting and Knowledge Dissemination:** To ensure transparency and scalability, the project will conclude with an Independent Third-Party Audit (modelled on the 2023 Nous Group review), the creation of a "Best Practices Toolkit" for Ontario Health Teams, and formal Stakeholder Briefings to support the business case for permanent provincial funding.

The project will produce several permanent assets (Outputs) to ensure long-term sustainability:

- 1. Final Evaluation Report:** A comprehensive evidence base to support the business case for permanent, government-funded RMT integration across Ontario.
- 2. RMT Integration Training Module:** A regulatory-compliant orientation program for registrants entering interprofessional teams, ensuring high standards of safety and collaborative charting.
- 3. EDI Strategies Whitepaper:** Actionable findings on promoting access and representation for both patients and registrants within the public health system.

By the project's conclusion, the CMTO will possess a proven, data-backed model that protects the public interest by establishing a standardized pathway for regulated, non-pharmaceutical pain management within the broader healthcare system. While this initiative prioritizes access for underserved populations, the resulting framework provides a permanent, scalable roadmap for the evolution of the profession, ensuring all Ontarians can benefit from a more integrated and collaborative approach to massage therapy.

Provincial Demonstration Project: Proposed Budget

Provincial Demonstration Project: Proposed Budget

The total investment for this Joint Venture is \$1,223,425.39. To ensure maximum transparency and regulatory neutrality, the budget is structured into four functional pillars, with over 70% of total funding dedicated directly to clinical labor.

Pillar	Description	Total
1. Clinical Service Delivery & On-Site Labor	Direct compensation for 8.0 FTE Registered Massage Therapists, including 30% benefits and clinical supplies/PPE.	\$862,519.12



Pillar	Description	Total
2. Joint Project Management & Oversight	Dedicated leadership (2.0 FTE roles) for site onboarding, workflow design, and Strategic Advisory Council reporting.	\$223,600.00
3. Digital Infrastructure & Data Analysis	Secure hardware, software, and IT support for PHIPA-compliant data collection and analysis.	\$129,306.27
4. Operational Administration	General administrative costs including scheduling, mailings, and program materials.	\$8,000.00
Project Total		\$1,223,425.39

Risk Management and Data Privacy

The Joint Venture leverages the RMTAO's 90-year operational history while maintaining a "low-risk" profile for the CMTO:

- **Static IP Whitelisting:** Restricting access to sensitive data to verified, secure physical locations.
- **Secure VPN Gateways:** Creating an encrypted "tunnel" for data to prevent unauthorized access.

Regulatory and Legislative Shifts

The healthcare landscape in Ontario is subject to evolving provincial directives, amendments to the Regulated Health Professions Act (RHPA), and updates to the Massage Therapy Act. To mitigate the risk of project obsolescence, the RMTAO employs a proactive strategy centered on legislative monitoring and established government relations. As the primary advocate for the profession, we maintain a constant "early-warning" pulse on Queen's Park and the Ministry of Health, often engaging in stakeholder consultations long before legislation is formally tabled. This allows us to "future-proof" our project designs,



ensuring they remain compliant with upcoming standards. Our project management methodology is intentionally agile and iterative; should a significant regulatory shift occur (such as changes to the Scope of Practice or new Quality Assurance requirements from the CMTO) our leadership team is prepared to pivot project deliverables to ensure they remain relevant and legally sound. This adaptability is further bolstered by our standing access to legal and policy experts specializing in Ontario health regulation, ensuring that all project outputs consistently adhere to the highest levels of regulatory integrity.

Conclusion

The ultimate goal of this joint Provincial Demonstration Project is to transform the landscape of Ontario's healthcare system by establishing Registered Massage Therapy as a standard, government-funded component of primary care teams. This initiative is the practical application of the CMTO's foundational belief that "massage therapy is built on trust." By generating the objective data required to support a permanent shift in provincial health policy, the CMTO and RMTAO will move RMTs from the periphery to the center of the interprofessional circle, ensuring they are no longer "unevenly positioned" but are recognized as essential partners in the delivery of safe, clinical care.

Through this initiative, the project will provide the definitive evidence-base required to bridge the gap between proven clinical benefit and permanent provincial policy. We are committed to a future where every Ontarian, regardless of socioeconomic status, can access the expertise of an RMT within a collaborative, publicly funded "circle of care."

We thank the College of Massage Therapists of Ontario for considering this application. We look forward to the possibility of working together to advance the profession, protect the public interest, and ensure that the future of massage therapy in Ontario is one of integration, equity, and trust.

Appendices

1. NOUS group study (to be added once PDFd) and Power Point
2. Pilot Project Videos
 - a. [RMTAO - The Pilot Project on Vimeo](#)
 - b. [A Patient's Story 3: RMTAO Pilot Project on Vimeo](#)
3. Letter of Support, Alliance for Healthy Communities (to be added once PDFd)
4. Detailed Budget

¹ CMTO Strategic Plan, 2026-2030



[Skip to Content](#)

BRIEFING NOTE – FOR DECISION

To: Board

Date: September 29, 2026

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

Re: 2026 Q2 Financial Statements

Background

Each quarter, the Executive Committee and Board are provided with updates on financial performance, trends, and emerging challenges. The unaudited 2026 Q2 year-to-date (YTD) financial statements include:

Appendix A: Statement of Operations

A summary of revenues and expenses for the period ended June 30, 2026, compared to the year-to-date budget. Overall, there is a surplus of \$1,853,423 as of Q2, representing a positive variance of \$737,204 compared to the budgeted YTD Q2 surplus. Year-to-date variances greater than \$50,000 and 10% are explained in the attached report.

Appendix B: Statement of Financial Position

The financial position as of June 30, 2026 (unaudited), compared to the Statement of Financial Position as of June 30, 2025. Variances greater than \$50,000 and 10% are explained in the attached report.

Draft Motion:

THAT the Board approve the unaudited 2026 Q2 Statement of Operations and Statement of Financial Position as presented.

Appendix A: Statement of Operations (Unaudited)

APPENDIX A

College of Massage Therapists of Ontario Statement of Operations (Unaudited) Q2 2026 Financial Report

	2026 FY Budget	2026 YTD Budget	2026 YTD Actual	Budget V Actual 2026 YTD	Variance %	Notes**
Revenues						
Registration fees	\$ 15,707,435	\$ 7,867,118	\$ 7,820,472	\$ (46,645)	-1%	NM
Other Income	\$ 127,574	\$ 65,148	\$ 59,550	\$ (5,598)	-9%	NM
Investment income	\$ 693,555	\$ 346,778	\$ 411,199	\$ 64,422	19%	(1)
	\$ 16,528,564	\$ 8,279,043	\$ 8,291,221	\$ 12,178	0%	
Expenses						
Board and committees	\$ 451,656	\$ 165,231	\$ 151,608	\$ 13,624	8%	NM
Investigations, Prosecutions and Compliance	\$ 2,001,587	\$ 999,993	\$ 653,379	\$ 346,614	35%	(2)
Hearings	\$ 560,810	\$ 275,280	\$ 113,994	\$ 161,286	59%	(3)
Quality Assurance	\$ 336,310	\$ 134,072	\$ 102,385	\$ 31,687	24%	(4)
Communications	\$ 128,000	\$ 33,000	\$ 34,559	\$ (1,559)	-5%	NM
Salaries and Benefits	\$ 8,501,354	\$ 4,200,177	\$ 4,011,748	\$ 188,428	4%	(5)
Consulting Fees	\$ 223,954	\$ 117,200	\$ 101,858	\$ 15,342	13%	(6)
Professional Fees	\$ 142,200	\$ 66,102	\$ 104,978	\$ (38,876)	-59%	(7)
Rent and Operating Costs	\$ 602,313	\$ 320,352	\$ 320,662	\$ (309)	0%	NM
Office and General	\$ 817,739	\$ 183,591	\$ 191,359	\$ (7,769)	-4%	NM
IT & Project	\$ 1,066,674	\$ 428,112	\$ 402,346	\$ 25,766	6%	NM
Contributions to National Initiatives	\$ 333,480	\$ 166,740	\$ 187,218	\$ (20,478)	-12%	(8)
Amortization - Capital Assets	\$ 156,643	\$ 72,974	\$ 61,704	\$ 11,270	15%	(9)
	\$ 15,322,719	\$ 7,162,825	\$ 6,437,798	\$ 725,026	10%	
Surplus/(Deficit)	\$ 1,205,845	\$ 1,116,219	\$ 1,853,423	\$ 737,204	66%	

*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

2026 Q2 C & D costs =\$ 706,029

Cost recovery offset = \$52,650

Appendix A: Statement of Operations

Note	Financial Statement Line Item	Variance \$ Increase/ (Decrease)	Variance % + Fav, - Unfav	Explanation
(1)	Investment income	\$64,422	19%	Overall investment-related revenue exceeded budget, primarily driven by stronger-than-expected investment income. This favorable variance was partially offset by lower deposit interest revenue resulting from declining interest rates.
(2)	Investigations, Prosecutions and Compliance	\$346,614	35%	The favorable variance is primarily due to fewer contested prosecution cases than anticipated in the first half of the year, resulting in lower external legal fee expenditures. While more proceedings are scheduled for the summer and fall months and legal spending is expected to increase later in the year, costs have remained below budget to date.
(3)	Hearings	\$161,286	59%	A significantly lower than projected number of discipline referrals, which were expected to result in more hearing events, has led to greater variances in adjudicator per diems and hearing facilitation costs. Additional contributing factors include less frequent use of the appointed counsel program due to there being fewer contested hearings with self-represented registrants, and less frequent use of interpreters than in previous years.
(4)	Quality Assurance	\$31,687	24%	Favorable timing variance, as Practice Assessments and related costs are scheduled to occur in July/August and other STRiVE-related content costs have not yet been incurred. Legal and postage costs associated with outcomes are also below budget, driven by fewer matters and outcomes occurring than originally anticipated.
(5)	Salaries and Benefits	\$188,428	4%	Salary and benefits costs are favorable to budget by \$188K YTD is mostly due delay to start of new roles. Delayed start dates also reduced pension expenditures, while professional development spending was underutilized. These savings were partially offset by higher casual staffing costs and increased CPP and EI expenses during the first half of the year.

Note	Financial Statement Line Item	Variance \$ Increase/ (Decrease)	Variance % + Fav, - Unfav	Explanation
(6)	Consulting Fees	15,342	13%	The \$15K variance is primarily driven by timing differences and is expected to decrease over the coming quarters as planned activities are completed and related costs are incurred.
(7)	Professional Fees	-\$38,876	-59%	An unfavorable variance is primarily due to costs associated with a HPARB review of a Registration Committee decision, as well as legal fees incurred in relation to new lease negotiations.
(8)	Contributions to National Initiatives	-\$20,478	-12%	Unfavorable variance primarily attributable to the 2026 FOMTRAC fee, which was not included in the original budget.
(9)	Amortization - Capital Assets	\$11,270	15%	The favorable variance is primarily due to no new capital asset acquisitions during the period, resulting in lower capital asset expenses.

Appendix B: Statement of Financial Position as at June 30, 2026 (with June 30, 2025 comparative)

APPENDIX B

College of Massage Therapists of Ontario
Statement of Financial Position
As at June 30, 2026

	June 30, 2026	June 30, 2025	Variance \$	Variance %	Notes**
ASSETS					
Current assets					
Cash	\$ 16,961,852	\$ 14,247,304	\$ 2,714,549	19%	(1)
Accounts Receivable	\$ -	\$ 4,500	\$ (4,500)	-100%	(2)
Investments***	\$ 8,912,392	\$ 8,590,574	\$ 321,818	4%	(3)
Prepaid expenses	\$ 465,691	\$ 473,033	-\$ 7,342	-2%	NM
Digital Strategy	\$ 294,359	\$ -	\$ 294,359	100%	(4)
Total current assets	\$ 26,634,294	\$ 23,315,411	\$ 3,318,883	14%	
Non current assets					
Capital assets	\$ 298,587	\$ 331,725	\$ (33,138)	-10%	(5)
Total non current assets	\$ 298,587	\$ 331,725	-\$ 33,138	-10%	
TOTAL ASSETS	\$ 26,932,881	\$ 23,647,136	\$ 3,285,745	14%	
LIABILITIES					
Current liabilities					
Accounts payable and Accrued liabilities	\$ 1,253,334	\$ 1,366,128	\$ (112,794)	-8%	(6)
Deferred registration and exam fees	\$ 7,644,293	\$ 7,330,126	\$ 314,166	4%	(7)
Total current liabilities	\$ 8,897,627	\$ 8,696,254	\$201,372	2%	
Deferred lease inducements	\$ 6,668	\$ 20,091	\$ (13,424)	-67%	(8)
TOTAL LIABILITIES	\$ 8,904,294	\$ 8,716,345	\$187,949	2%	
NET ASSETS					
Invested in capital and intangible assets	\$ 298,587	\$ 331,725	-\$ 33,138	-10%	(9)
Internally restricted for complaints and discipline	\$ 2,000,000	\$ 1,500,000	\$ 500,000	33%	(10)
Internally restricted for national initiatives	\$ 169,624	\$ 172,020	-\$ 2,396	-1%	NM
Internal restriction-Digital Strategy	\$ 2,000,000	\$ 1,000,000	\$ 1,000,000	100%	(11)
Unrestricted	\$ 13,560,376	\$ 11,927,046	\$ 1,633,330	14%	(12)
	\$ 18,028,587	\$ 14,930,791	\$ 3,097,796	21%	
TOTAL LIABILITIES AND NET ASSETS	\$ 26,932,881	\$ 23,647,136	\$ 3,285,745	14%	

**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

Note	Financial Statement Line Item	Variance \$ Increase/ (Decrease)	Variance % + Fav, - Unfav	Explanation
(1)	Cash	\$ 2,714,549	19%	Cash balance higher compared to 2025 due to prior years surplus on hand.
(2)	Accounts Receivable	\$ (4,500)	100%	There are no receivable balances outstanding in the current year.
(3)	Investments***	\$ 321,818	4%	Investments show a favorable variance of \$322K, driven by growth in the investment portfolio, bringing the balance close to prior year-end levels.
(4)	Digital Strategy	\$ 294,359	100%	This represents the amount spent YTD on Digital Strategy initiatives that will be transferred to the Restricted Fund at Year End.
(5)	Capital assets	\$ (33,138)	-10%	This variance is due to no new assets added in 2025 and therefore no depreciation.
(6)	Accounts payable and Accrued liabilities	\$ (112,794)	-8%	The \$113K decrease in Accounts Payable reflects the timing of invoice processing and payments, resulting in lower outstanding payables and accrued liabilities at the end of Q2.
(7)	Deferred registration and exam fees	\$ 314,166	4%	The favorable variance is attributed to higher registration revenue accumulated in 2026 compared to 2025, reflecting an increase in numbers of RMT's.
(8)	Deferred lease inducements	\$ (13,424)	-67%	This variance relates to the annual recognition of lease inducements, as our current lease is approaching its end and the remaining inducements are now minimal.

Note	Financial Statement Line Item	Variance \$ Increase/ (Decrease)	Variance % + Fav, - Unfav	Explanation
(9)	Invested in capital and intangible assets	\$ (33,138)	-10%	This variance is due to no new assets added in 2025 and therefore no depreciation.
(10)	Internally restricted for complaints and discipline	\$ 500,000	33%	The variance reflects the establishment of an additional \$500K restricted reserve during the 2025 year-end process.
(11)	Internal restriction-Digital Strategy	\$ 1,000,000	100%	Approval of an Additional \$1.0M in 2026 Funding for Digital Strategy Expenditures.
(12)	Unrestricted	\$ 1,633,330	14%	Unrestricted funds increased largely due to prior year surpluses and the 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-26
Cash Flow Report	1	Manager, Finance	CEO	CEO	10-Jul-26
Revenue Reconciliation	N/A	Snr Fin Analyst	Manager, Finance	Manager, Finance	3-Jul-26
Statutory Payroll and EHT Remittances	13	ADP	Manager, Finance	Manager, Finance	Bi-Weekly
Cyber Security training	2	IT Manager	CEO	CEO	26-Jun-26
Insurance coverages:					
HIROC Liability and Crime	1	Accounting Specialist	Manager, Finance	CEO	19-Dec-25
HIROC Travel Accident	1	Accounting Specialist	Manager, Finance	CEO	3-Jul-26
HIROC Terrorism	1	Accounting Specialist	Manager, Finance	CEO	27-Jul-26
HIROC property Liability	1	Accounting Specialist	Manager, Finance	CEO	17-Jul-26

BRIEFING NOTE – FOR DECISION

To: Board

Date: September 29, 2026

From: Maureen Boon, Registrar & CEO
Robyn MacArthur, Interim Director, Finance

Re: By-Law No. 7 and Schedule A: Proposed Fee Amendments - Consultation Feedback

Purpose

In June 2026, the Board considered the fees for 2027 and decided to:

- Make no changes to the General Certificate (GC) fee,
- Reduce the Inactive (IN) certificate fee,
- Reduce the initial application fee, and
- Eliminate the workshop fees.

The Board asked that their decisions be incorporated as amendments into By-law No. 7 and its Schedule A and circulated to registrants for comment. The Board is being asked to review the consultation feedback and approve the amendments for implementation.

Background

CMTO must set fees that enable it to deliver its mandate of public protection and regulatory oversight while at the same time maintaining fiduciary responsibility and proportionality. Fees are reviewed annually by the Board.

CMTO's EDI strategic priorities include financial resilience and sustainability in the profession. On June 9, 2026, the Board directed staff to circulate the following proposed amendments for consultation:

- The Inactive Fee is reduced from \$457.50 to \$228.75 (25% of GC fee);
- The Initial application fee is reduced from \$225 to \$150;
- The Workshop fee is eliminated (\$225 to \$0); and
- Registrants were informed that the GC fee and all other fees set out in By-law No. 7 would remain unchanged.

The proposed amendments were circulated, via a Qualtrics survey, for 60 days (July 2 to August 31, 2026) as required by section 94(1) of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991*.

Consultation Results

There were 618 individuals who responded to the survey:

- 94% of respondents were RMTs/MTs. The remaining respondents were applicants, students, or members of the public;
- 603 respondents answered the question on whether they supported the amendments and 15 did not;
- 521 (86% of the 603 who answered) supported the amendments;
- 82 (14%) opposed the amendments; and
- 335 of 521 supporting respondents (64%) and all 82 opposing respondents left written comments.

Comments from Respondents in Support of the Amendments

The percentages below are of the 335 supporting respondents who commented:

- 119 (36%) commented on the General Certificate or annual fee, most framing their support of the current amendment as conditional on that fee being reduced next (however, this was not within scope of the consultation);
- 61 (18%) commented specifically on the inactive fee reduction, welcoming it as a way for registrants to maintain registration during a temporary absence from practice rather than resigning and re-entering at greater cost; and
- 44 (13%) welcomed the reduced application fee as meaningful support for new graduates, who carry the combined cost of tuition, examinations, and an unpaid interval before they are able to register.

Comments from Respondents in Opposition to the Amendments

The percentages below are of all 82 respondents who opposed the amendments.

- 53 (65%) said the General Certificate fee should have been reduced instead, or in addition, and this was the dominant reason for opposition.
- 19 (23%) framed the issue as fairness, noting that registrants in good standing who fund the majority of CMTO's revenue will receive no benefit from the proposed change.
- 11 (13%) said any reduction should apply across all fee categories rather than to two.
- 10 (12%) compared CMTO's fees to lower annual fees at other Ontario health regulatory colleges, and a smaller number questioned the use of the surplus.

Analysis

Support for the circulated amendments is strong and consistent across every respondent group. Nothing in the feedback undermines the amendments as drafted.

Supporters and opponents alike asked for the General Certificate fee to be reduced, making it the most common theme across the consultation as a whole. However, this is outside the scope of what was circulated and does not impact whether the circulated amendments should proceed. The 2028 fee will be set by the Board at its meeting in May/June of 2027, as is the usual process.

Recommendation

Due to the general support of the proposed amendments, staff recommend that the Board approve the proposed amendments to By-Law No. 7 and Schedule A, effective January 1, 2027.

Next Steps

Conditional upon approval:

- Staff will notify registrants of the consultation outcome and publish a summary of the feedback received.

Draft Motion

THAT the Board approve the amendments to By-Law No. 7: Fees for Registration, Examinations and Other Activities of the College, and Schedule A: Miscellaneous Fee Schedule, as set out in Appendix A effective January 1, 2027.

Attachments

7.1 - Appendix A - Draft Proposed Amendments, By-Law No. 7 and Schedule A (Lined Copy)



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

Fees for Registration, Examinations and Other Activities of the College

Interpretation

1. Singular and Plural / Gender

In these and all by-laws of the College, the singular shall include the plural, the plural shall include the singular, and any pronouns shall include all genders.

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

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

3. Calculating Time

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

4. Statutory Holidays

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

Definitions

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

- (A) "**Act**" means the *Massage Therapy Act, 1991*, and includes the regulations made under it;
- (B) "**By-laws**" means all by-laws of the College;
- (C) "**Board**" means the Council established under section 5 of the *Massage Therapy Act, 1991*;
- (D) "**Code**" means the *Health Professions Procedural Code*, which is Schedule 2 of the *RHPA*;
- (E) "**College**" means the College of Massage Therapists of Ontario (CMTO);
- (F) "**Emergency**" certificate means a certificate of registration of the emergency class issued by the Registrar;
- (G) "**General**" certificate means a certificate of registration of the general class issued by the Registrar;
- (H) "**Inactive**" certificate means a certificate of registration of the inactive class issued by the Registrar;
- (I) "**Registrant**" means a person or health profession corporation registered with the College, as the case may be;
- (J) "**Registrar**" means the Registrar and Chief Executive Officer of the College, or in the case of the absence or inability of the Registrar, the Deputy Registrar of the College and/or includes a person appointed as Acting Registrar by the Board;
- (K) "**RHPA**" means the *Regulated Health Professions Act, 1991*, including its associated regulations and the *Code*.

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

Board Prescribed Fees

6. The Board may prescribe, waive, or revoke any fee to be paid to the College by a Registrant or any other person.

Registration Fees

7. The fee for an application for the issuance of a certificate of registration of any class is ~~\$225~~ \$150 in 202~~3~~7 and in subsequent years, this amount will be subject to an increase of not more than the annual inflation rate rounded to the nearest dollar.
8. The initial fee to issue a general certificate of registration and the annual fee for a general certificate of registration shall be:
 - (A) \$897 for 2023 and in subsequent years, the Board shall annually review the fees and where the Board deems it appropriate, in any one or more years, this amount may be subject to an increase of not more than \$75 each year; or
 - (B) For new Registrants in their first year of eligibility for registration, a percentage of the fee payable for the class of certificate for which the applicant is applying that corresponds to the number of months remaining in the calendar year, calculated from the date the applicant submitted their completed application form; or
 - (C) When the applicant is moving from the inactive class to the general class, the fee shall be the difference between the two fees.
9. The initial fee to issue an inactive certificate to a Registrant and the annual fee for an inactive certificate of registration shall be ~~50~~25% of the fee for a general certificate of registration.
10. In addition to the amounts set out in sections 8 and 9, any outstanding balance owing to the College in respect of any decision made by a committee and any fees payable under this by-law, will be added to and included in the annual fees.
11. Every Registrant shall pay an annual fee to the College by December 31, 2018, for the fees owing for 2019, and by November 1 in each subsequent year for the fees owing for the following year.

Certificate of Authorization – Professional Corporations

12. The initial fee to issue a Certificate of Authorization - Professional Corporations is \$200.
13. The annual renewal fee for a Certificate of Authorization – Professional Corporations is \$200.

Late Fees

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

Reinstatement Fees

15. The fee for reinstatement of a certificate of any class that had been suspended for failure to pay a fee either prescribed by the Regulations or required by the by-laws is the amount of the fees and penalties outstanding plus the reinstatement fee of \$300.
16. An applicant requesting a hearing pursuant to the *Code* of the *RHPA*, to consider reinstatement of his or her certificate of registration shall pay a fee of \$600.

Elections

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

Administrative Fees

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

Miscellaneous Fees

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

Power to Waive a Fee

20. The Registrar may waive all or a portion of any fee or penalty where they consider it appropriate to do so.
21. A Registrant's obligation to pay a fee or penalty continues regardless of whether:
- (A) The College fails to send a notice with respect to the fee or penalty; or
 - (B) The Registrant fails to receive notice of a fee or penalty.
22. Any fee or penalty charged or imposed by the College not paid by a Registrant shall be included as part of a Registrant's next renewal fee. If a Registrant fails to pay a penalty or a fee, or a part thereof, set out in the by-laws:
- (A) The Registrar shall give the Registrant notice if the College intends to suspend the Registrant; and
 - (B) The Registrar may suspend the Registrant's certificate of registration or certificate of authorization for failure to pay the fee or penalty within 30 days after notice is given.
23. The Miscellaneous Fee Schedule forms part of this by-law.

Administration

24. This By-Law shall be administered by the Registrar.

Effective Date

25. This By-Law comes into force on the day enacted.

Enacted July 7, 2000

Amended September 2004, February 2005, September 2006, May 2007, November 2008, May 2010, May 2015, May 2018, September 2018, May 2019, December 31, 2020, September 2021, August 2022, September 2023, September 2026



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

Miscellaneous Fee Schedule

Quality Assurance Program

1. Practice Re-assessment: \$282.50
2. Practice Assessment ordered as a result of a failure to comply with the Quality Assurance Program: \$282.50
3. Fee for re-scheduling Practice Assessment less than one (1) week from date of assessment: \$282.50
4. Follow-up Administrative fee for non-compliance with the Quality Assurance Program: \$100

Registration

5. Replacement certificate of registration: \$50
6. Non-Sufficient Funds (NSF) fee (cheque or credit card): \$45
7. Letter of Standing/Confirmation of registration: \$50
8. Application fee for Massage Therapy Education and Credential Assessment: \$100
9. Assessment fee for Massage Therapy Education and Credential Assessment: \$850

Workshops

~~10. CMTO Workshops: \$225~~

Enacted July 7, 2000

Amended October 2005, August 2008, July 2010, May 2015, February 2017, June 2018, January 2021, January 2023, September 2026

BRIEFING NOTE – FOR DECISION

To: Board

Date: September 29, 2026

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

Re: Compensation and Expenses Guidelines: Proposed Updates

Issue

The Board is asked to review and approve the updated Compensation and Expenses Guidelines, which include increased per diems, a new stipend for Board and Committee Chairs and changes to preparation time. If approved, these updates will be effective January 1, 2027 and apply to Professional Board and non-Board Committee Members and except where expressly noted, exclude publicly appointed members as their remuneration falls outside the jurisdiction of the College.

Background

While some provisions of CMTO's Compensation and Expenses Guidelines were updated in December 2020, the per diem rate for professional and non-Board committee members has not changed since 2015.

Staff are recommending four key policy revisions that are outlined below:

1. Increasing per diem rates;
2. New Stipend for Board and Committee Chairs;
3. Fractional Day Preparation Rates;
4. Automatic Payment

In addition to the above, **Appendix A** includes recommended updates to expenses such as mileage, meal allowances, etc. The proposed updates are based on guidance from the Canada Revenue Agency, the actual cost of meals, etc.

The proposed updates to the Compensation and Expenses Guidelines would ensure the College continues to remunerate its members fairly and competitively, apply best governance practices and streamline processes.

In light of the disparity between Lieutenant-Governor-in-Council (LGIC) appointees and other members of CMTO's Board and Committees, staff are also recommending sending a letter to the province requesting that the government consider increasing the rate for LGIC members.

The Executive Committee considered the proposed policy revisions at its May 13th meeting where it approved recommending the proposed revisions to the Board.

Proposed Policy Revisions

1. Increasing Per Diem Rates

TABLE 1 compares CMTO per diem rates to those of five other Ontario Health Regulatory Colleges of similar size. CMTO's Chair and professional member rates are slightly lower than other colleges. CMTO is an outlier in that it does not have a rate specific to the Vice-Chair position (it is the same as the professional member rate).

Some Colleges' per diems are significantly higher than CMTO's (i.e. RCDSO/CPSO) and have not been included in the table.

TABLE 2 contains proposed revised per diem rates for CMTO's Board and Committees.

TABLE 1

College	Board / Committee Chair	Board Vice Chair	Professional Member
CMTO	\$375	\$275	\$275
Midwives	\$400	\$350	\$300
Psychotherapists	\$390 ¹	\$342	\$294
Chiropractists	\$350	\$325	\$300
Dieticians	\$400	\$350	\$300

TABLE 2

	Board / Committee Chair	Board Vice Chair	Professional and non-Board Committee Member
Current Rate	\$375	\$275	\$275
Proposed Rate	\$415	\$375	\$315
Increase	10.7%	36.4%	14.6%

¹ The College of Registered Psychotherapists of Ontario has an equitable rate [\$487.50 (chair); \$427.50 (Vice); \$367.50 (member)] for 'equity deserving members' to remunerate their meeting attendance. The regular rate is used to calculate prep time.

Financial Impact

The proposed changes will cost approximately \$18,000.

Recommendation

It is recommended that the Board approve per diem increases for professional members as detailed in **TABLE 2** to encourage individuals to take on leadership positions on the Board and Committees and maintain consistency with other Colleges within the health regulatory space.

2. Stipend for Board and Committee Chairs

The Executive Committee is recommending an annual stipend of \$7,500 for the CMTO Board Chair, and a ½ day stipend for Committee Chairs for each meeting in which they fulfill the Chair role. This stipend would apply to the Vice Chair if/when they are asked to take on the Chair role in the Chair's absence.

Providing a stipend to those in governance leadership positions (Board and Committee Chairs) reflects the responsibilities of the roles and reduces administrative burden for them.

A) Board Chair

Many regulators have a stipend for the Board Chair in addition to per diem and expenses. The stipend recognizes the additional duties of that role and eliminates the need for the Chair to track routine meetings, shorter calls and emails. Additional duties for the Chair include:

- Playing a leading role in supporting and encouraging Board member participation in the College;
- Establishing a positive board culture;
- Overseeing CEO Performance;
- Approving quarterly and annual reports;
- Setting agendas;
- Mentoring and developing members;
- Resolving conflicts;
- Ensuring information flow between the College and the Board;
- Signing official documents;
- Acting as a key voice in times of crisis management;
- Meeting with the Registered Massage Therapists' Association of Ontario and other key stakeholders; and
- Attending bi-weekly meetings with the Registrar.

TABLE 4 shows the annual Chair stipend for four health colleges in Ontario:

TABLE 4

College	Annual Stipend Amount
Dentists	50,000
Midwives	30,000
Psychotherapists	9,480
Chiropractists	3,500

Financial Impact

The proposed changes will cost \$7,500.

Recommendation

It is recommended that the Board approve an annual stipend of \$7,500 for the CMTO Board Chair. This amount is based on past claims from the current Chair and recognizes Board Chair duties not captured by per diems.

B. Committee Chair (RMT or Non-Board Public)

Similar to the Board Chair, the Committee Chair role has additional responsibilities, including:

- Meeting with staff;
- Supporting Committee members;
- Setting agendas;
- Approving quarterly Committee reports; and
- Providing Committee member feedback to the Governance Committee.

These Chair tasks can be time-consuming and administratively burdensome for the Committee Chair to track.

Financial Impact

The proposed changes will cost approximately \$3,500.

Recommendation

It is recommended that the Board approve a ½ day stipend for Committee Chairs for each meeting in which they fulfill the Chair role to compensate them for the additional responsibilities of their role.

This stipend would also apply to the Board Vice-Chair when fulfilling the Chair role.

3. Fractional Day Preparation Rates

Preparation time is the time spent by Board and Committee members preparing for a meeting. Currently, it is remunerated on an hourly basis and at the end of each meeting, Committee members discuss the number of hours they spent preparing.

It is proposed to move to a fractional day for reimbursing preparation time. The proposal to divide preparation time into quarter-days, half-days, three-quarter days, and full days is shown below in **TABLE 6**.

This approach enhances transparency and fairness for members. Rather than focusing on the specific number of hours individuals spend on meeting preparation, discussions would focus on identifying the appropriate daily fraction. This shift could reduce some of the tension inherent in the discussion process, allowing members to come to consensus more quickly and easily.

Ultimately, the determination of preparation time submitted will remain at the discretion of the Chair.

TABLE 6

Length of Preparation	Per Diem Applied	Per Diem Rate
>5.5 hours	Full Day	\$315
>4 ≤ 5.5 hours	$\frac{3}{4}$ Day	\$247.50
>2 ≤ 4 hours	$\frac{1}{2}$ Day	\$180
≤ 0.5 - ≤ 2 hours	$\frac{1}{4}$ Day	\$90

Financial Impact

The proposed changes will cost approximately \$21,000.

Recommendation

It is recommended that preparation time be remunerated using a fractional system in Table 6, and that Committee Chairs remain responsible for approving how much preparation time is appropriate for each meeting.

4. Automatic Payment

Board and non-Board committee members are currently required to submit a request for remuneration of meeting expenses via Emburse. This is true even when there are no additional out-of-pocket expenses, such as for travel or accommodation.

Staff maintain a tracker of Board and Committee meetings that are eligible for a per diem. The tracker is used to cross-reference and approve claims. The current system:

- Is administratively burdensome for Board and Committee members as well as staff; and
- Results in per diems being routinely remunerated well outside of the quarter in which they were incurred.

An automated approach to reimbursing per diems and meeting preparation time would reduce the burden and facilitate timely reimbursement. It would also:

- Align the budget assumptions and actuals more consistently; and
- Allow the College to better predict financial needs.

Recommendation

It is recommended that the College adopt an automated approach to per diems and preparation time whereby members are automatically paid bi-weekly for these entitlements. Members would no longer be required to submit claims through Emburse for per diems or preparation time. Out of pocket expenses such as reimbursements for travel or hotel would be submitted with receipts through Emburse.

Other Expenses

As noted above, **Appendix A** includes recommended updates to expenses such as mileage, meal allowances, etc. The proposed updates are based on guidance from the Canada Revenue Agency, the actual cost of meals, etc.

Recommendation

It is recommended that all of the updated additional expenses in Appendix A be approved to ensure the expense reimbursement for Board and Committee work continues to be fair and appropriate.

Lieutenant Governor in Council Members

The Ministry of Health (the Ministry) sets the per diem and prep time rates for all Lieutenant Governor in Council (LGIC) members at regulatory colleges. LGIC Board members are paid \$150.00 per day with Vice Chairs receiving \$175.00 and Board Chairs \$225.00 per day. This rate has not been raised for many years.

This creates a disparity in the payment of public and professional members, one that will be further increased by the proposed increases recommended above. (Note that the disparity between public and professional members at some Colleges is significantly more than at CMTO, with professional members being paid several times the public member rate.)

When the matter raising the per diem for LGIC appointees has been raised with the Ministry, they have cited budget concerns and emphasized that LGIC members are performing a voluntary public service and the rates are not intended to be compensation.

LGIC appointees play a critical role in the work of CMTO. They are required to sit on the Board, Committees, and the Discipline Tribunal. CMTO has a high volume of cases requiring LGIC appointees to commit an average of 50 days each year, including approximately 8 hearing days

per public member (not inclusive of preparation time). This level of time commitment can be challenging for existing public members and also may make this role out of reach for members of the public who would like to participate but can't afford to at the current per diem rate.

Recommendation

It is recommended that CMTO send a letter to the Ministry of Health requesting that the Ministry consider increasing the rate for LGIC members to bring them more in line with the rates provided to non-LGIC Board and Committee members.

Draft Motions:

1. Increasing per diem rates;

THAT the Board approve per diem rates as outlined as follows:

- Board/Committee Chair: \$415/day
- Board Vice Chair: \$375/day
- Professional and Non-Board Public Members: \$315

2. Stipend for Board and Committee Chairs;

THAT the Board approve an annual stipend of \$7,500 for the CMTO Board Chair and a ½ day stipend for committee Chairs for each meeting in which they fulfill the Chair role.

3. Fractional Day Preparation Rates;

THAT preparation time and be remunerated using a fractional system as outlined in **TABLE 6**, and Committee Chairs remain responsible for approving how much preparation time is appropriate for each meeting.

4. Automatic Payment

THAT the Board approve staff implementing an automatic payment process for meeting attendance per diems and preparation time.

5. Other amendments to the Compensation and Expenses Guidelines

THAT the Board approve revisions to Appendix A for implementation January 1, 2027.

6. Letter to the Ministry of Health

THAT the Board approve staff sending a letter to the Ministry of Health asking that they consider increasing the per diem rate for LGIC appointees to bring it more in line with the rates provided to non-LGIC Board and Committee members.

Attachment:

8.1 - Appendix A – Compensation and Expenses Guidelines

Compensation and Expenses Guidelines for Professional Board and Committee Members

Purpose

This Compensation and Expenses Policy outlines the remuneration, expense reimbursement, and associated conditions for the compensation, expense reimbursement, and support available to professional members of the Board and non-Board committees of the College of Massage Therapists of Ontario (CMTO). It ensures consistency, transparency, and fairness in recognizing members' related expenses incurred while performing authorized CMTO duties.

Scope

This policy applies to:

- All Professional Members of the Board.
- Non-Board Professional and Public Members appointed to committees.
- The Board Chair and committee chairs.
- Public Board Members, only when attending conferences on behalf of CMTO, and subject to Ministry of Health pre-approval.

General Principles

- Participation on the Board and committees is a voluntary public service.
- Per diems are provided as token compensation and do not reflect market or professional compensation rates.
- Out of pocket expense claims must be submitted via Emburse within 60 days of being incurred.¹
- All fiscal claims for reimbursable expenses incurred in the previous year must be submitted by January 15th of the following year.
- Per diems are taxable under the *Income Tax Act*. Members must complete Federal and Ontario TD1 forms to receive remuneration.
- CMTO issues T4 slips for per diem payments.
- Public Members are reimbursed by the Ministry of Health, with exception for pre-approved conference expenses.

¹ Per diem and approved preparation time claims are generated by CMTO staff and exempt from member submission through Emburse.

Rate Schedule

Per Diem Rates by Role and Meeting Length

Role	Full Day (3.5 hrs +)	1/2 Day < 3.5 hrs)	Hourly (≤ 0.5 hrs)
Board Chair & Committee Chair*	\$415	\$207.50	\$59.29
Board Vice Chair	\$350	\$175	\$50
Professional Board Member & Non-Board Professional/Public Committee Members	\$315	\$157.50	\$45

**Includes the Vice-Chair of the OMTDT when acting as Chair.*

Additional Rates and Maximum Allowable Amounts

Claim Type	Rate	Maximum
Preparation Time	As noted	\$315
Decision Writing and Review	\$45/hour	
Travel Time	A full day per diem): travel > 50 km and more than 3.5 hours. A half day per diem): travel > 50 km and less than 3.5 hours.	\$300
Meals**	Breakfast: \$20.50 Lunch: \$30.00 Dinner: \$50.00	As per meal rates
Mileage	\$0.73/km	N/A

**Listed meal rates are before tax and tip. If travelling in the US, the listed rates are the same but in US funds.

Per Diem Eligibility

Meeting Attendance

- Per diems will be issued for attendance at approved CMTO activities, including properly constituted Board, Committee, and Panel meetings, orientation, training, mentoring, and conferences attended on behalf of CMTO.
- Per diem payments for meeting attendance are based on the scheduled meeting length, as outlined in the Per Diem Rate Schedule above.
- A maximum of one full day per diem may be claimed per calendar day.
- Where a meeting concludes earlier than scheduled, members will be remunerated based on the original scheduled meeting duration.

Ad hoc Meetings or Calls with CMTO Staff, Board, or Non-Board Members

- Ad hoc meetings or calls with CMTO staff or other Board or non-Board members that occur outside of scheduled Board, Committee, or Panel meetings, are covered by the ½ day per diem allotted to committee Chairs.
- Ad hoc meetings led by the Board Chair are covered under the Chair stipend unless pre-approved.

Travel Time

- Where travel is required the day before or after a meeting due to distance (greater than 50 km one way), an expense may be claimed for travel time.
- A \$300 expense may be claimed where travel exceeds 3.5 hours one way.
- A \$200 expense may be claimed where travel is 3.5 hours or less one way.

Preparation Time

Board and non-Board committee members are expected to arrive fully prepared to engage in College business. Preparation may include one or more of the following key activities:

- Reviewing the agenda
- Reviewing the meeting package
- Identifying discussion points
- Formulating questions
- Contacting the Chair for clarification

Compensation

- Preparation time is compensated based on Chair approval and generally should not exceed the length of the meeting (i.e. preparation for a ½ day meeting should not exceed a ½ day. In the event of extreme circumstances, the Chair may overrule this provision)
- Preparation time is capped at a maximum of one full day per diem per calendar day.

Exceptions

Due to the complexity of matters before the ICRC and the lengthy prep time required, members may be compensated up to a full day per diem for preparation, regardless of the length of the meeting.

Decision Writing

- All decision writing and review time is compensated at the hourly rate, in accordance with the Rate Schedule.
- For uncontested hearings, claims should not exceed a half-day per diem equivalent.
- For contested hearings, claims should not exceed a full day per diem equivalent. Members are encouraged to combine all decision writing and/or review time into a single claim per hearing. When submitting a claim, members must include the case name and file number.

Hourly rate

Board and non-Board Committee members are required to use the hourly rate to calculate compensation for the various administrative activities which occur during the year including:

- Onboarding (computer set up, systems training etc.)
- Quarterly Cybersecurity training
- Decision Writing / Review

Meeting Cancellations

Remuneration is generally contingent upon active participation in College business. The College recognizes that on occasion, individuals may experience a loss of income due to the short-notice cancellation or adjournment of meetings or hearings. While every effort is made to minimize such disruptions, the College does not guarantee full compensation for lost income or inconvenience.

- If an individual is invited or required to attend a College meeting or statutory committee hearing for which a per diem would normally be payable, and the College cancels or adjourns the event with less than 2 business days' notice, the individual will be remunerated as outlined in this policy.
- If an individual has completed preparation for a meeting, hearing or related matter that is subsequently cancelled, they may request remuneration for preparation time.

Expense Reimbursement

The College will reimburse for authorized, necessary, and reasonable expenses incurred while conducting official College business. Receipts are required in support of all expense claims.

Expenses for entertainment and personal services are not eligible for reimbursement.

Travel

Board and non-Board members are expected to choose the most economical, practical, and direct travel options. Exceptions (e.g. special accommodations) may be requested.

Modes of Travel

- Air (economy class or the most economical fare inclusive of required baggage)
- Train
- Personal vehicle
 - Basic insurance (liability + property damage) is required.
 - CMTO does not cover insurance deductibles or additional coverage premiums.
 - 407 ETR tolls may be reimbursed when justified (e.g., peak travel times).
- Public transportation
- Taxi or ride-sharing service

Travel Reimbursement

Mode	Reimbursement
Air	As per receipt
Train	As per receipt
Personal vehicle	Mileage rate as per Rate Schedule
Parking	As per receipt
Taxi / ride-sharing service	As per receipt
Public transportation	Regular fare (no receipt required)

Travel Insurance

- CMTO covers the expense of trip cancellation insurance.
- The College carries travel insurance for Board members travelling on CMTO official business.
- The policy provides for loss of life and disability.

Personal Travel Extensions

- Additional expenses for personal travel extensions are not reimbursable.

Accommodations

Accommodation expenses are eligible when travel exceeds 50 km one way to and from the meeting or event.

- Members must book fully refundable accommodations at the lowest available rate.
- Members are encouraged to consult College staff for hotels offering CMTO corporate rates or applicable group/convention rates.
- Private accommodations (e.g., staying with a friend or relative) may be claimed at \$50/night, with the host's name and address provided.

Note: Accommodation expenses will not be reimbursed if they result from choosing a more expensive travel method (e.g. driving when flying would avoid the need for accommodation).

Meals

- Meal expenses may be reimbursed when incurred while conducting CMTO business, provided meals are not already supplied as part of a meeting, workshop, or event.
- If a meal is provided, reimbursement will not be issued for an alternative meal purchased.
- Reimbursement is based on the meal rates set out in the Rate Schedule (updated annually per CRA guidelines).
- Each receipt must be itemized and reflect a single meal, inclusive of tax and tip.
- Claims must reflect actual expenses incurred and are not allowances.
- Alcoholic beverages are not eligible for reimbursement.

Conferences

- Conference registration fees are paid directly by CMTO.
- Travel, accommodation, and meal expenses are reimbursed when incurred, in accordance with this policy.

Dependent Care

Members may be reimbursed for dependent care if the following conditions are met:

- No family member is available to provide care.
- The dependent is not already in care (e.g. school, program) during the meeting time.
- The caregiver is not employed by or living with the member (e.g. nanny, friend).
- Only care-related expenses are eligible (not food, lodging etc.).

“Dependent” includes any individual who relies on the member for wellbeing due to age, disability or economic status.

Board Chair Compensation and Expenses

The Board Chair must abide by the College’s Compensation and Expense Policy and may claim for time and expenses as outlined below. Activities not listed may be covered under the stipend.

- Attendance at official CMTO meetings (e.g. Board and Executive meetings) in the capacity of Board Chair
- Attendance at events as a representative of the College
- Conference expenses
- Performance management oversight of Registrar & CEO
- Training related to the Board Chair position

Board Chair Stipend

In recognition of the time the Board Chair spends preparing for meetings, meeting with staff, and participating in check-in calls with Board members, the following stipend applies:

The Board Chair will receive an annual stipend of \$7,500 to be disbursed in equal monthly payments. This stipend covers time spent in ad hoc meetings with the Registrar and staff, as well as check-in calls with Board members.

Time covered by this stipend is not eligible for additional per diem compensation unless pre-approved by the Office of the Registrar.

Committee Chair Compensation

All Committee Chairs are paid a 1/2 day per diem for each committee business or panel meeting held, calculated at the Chair rate. This payment covers time spent managing meetings including check in calls with committee members, committee planning meetings with staff and reviewing quarterly and annual reports.

This per diem is in addition to any prep time the committee as a whole is entitled to for reviewing material required to prepare for the meeting.

Board Vice Chair Compensation

The Vice-Chair rate may be claimed when an individual is acting in the capacity of Board Vice-Chair, including but not limited to:

- Annual Chair training;
- Board preparation /meeting walk-throughs with staff; and
- Other duties performed in the Vice-Chair role.

Committee Chair Compensation

The Committee Chair rate may be claimed only under the following conditions:

- The individual has chaired a committee meeting, and not when they attend as a committee member;
- The individual has conducted work directly related to committee activities or meetings with staff in their capacity as Chair; and
- The individual has attended training specifically for Chairs.

Note: IT-related training should be claimed at the Professional Board Member rate, not the Chair rate.

Automatic Processing

CMTO Staff will directly issue per diems and preparation time remuneration on a bi-weekly basis consistent with CMTO's finance and accounting payment schedule.

Automatic Processing Governance

Auto-processed preparation time will only be paid where Chair approval has been formally documented.

Payroll generated per diems are deemed “submitted” when processed by Finance.

Auto processed payments are subject to the same tax, withholding and payroll documentation requirements as manually processed per diems.

Responsibility and Review

The Executive Committee is responsible for monitoring compliance, reviewing concerns, and updating this policy at least every three years or sooner if needed, to ensure continued relevance and compliance with CMTO By-laws and best practices.

BRIEFING NOTE – FOR INFORMATION

To: Board

Date: September 29, 2026

From: Andrea Tannenbaum, Director, Professional Conduct

Re: Funding for Therapy Data

Purpose

To provide information to the Board about the CMTO's Funding for Therapy and Counselling Program (the "Program") including the background of the Program and data related to CMTO's liabilities under the Program.

Background

Under the *Regulated Health Professions Act, 1991*, all health regulatory colleges in Ontario are required to have a Funding for Therapy and Counselling Program. The Program was introduced by the government to ensure that the harms caused by sexual abuse were addressed by the professions in a concrete way. The Program is available to any patient who has alleged sexual abuse by a Registered Massage Therapist/Massage Therapist (RMT/MT) and does not require a finding of guilt to be accessed. For further clarity, an individual is eligible for funding if they were a patient of an RMT/MT and any of the following apply:

- An individual makes a formal complaint alleging sexual abuse;
- A report was made alleging sexual abuse, and an investigator has been appointed;
- The Ontario Massage Therapists Discipline Tribunal (OMTDT) found that the RMT/MT committed sexual abuse;
- The RMT/MT admits to sexual abuse;
- The RMT/MT was convicted under the Canadian Criminal Code of sexual assault; and
- There is evidence presented to the Patient Relations Committee of a reasonable belief that the RMT/MT sexually abused the patient.

The maximum funding available to an applicant is determined by law¹ and is equivalent to the amount that OHIP would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist. The maximum amount is currently \$20,470 per person and is accessible over

¹ O. Reg 59/94 Funding for Therapy or Counselling for Patients Sexually Abused by Members

a five-year period. [Of note: this amount has increased steadily over the past several years, as initially the Program maximum was around \$16,000 per person].

If an individual has private insurance, that amount will be subtracted from the total provided by CMTO for therapy/counselling services.

Given the significant volume of sexual abuse complaints and reports that are submitted to CMTO, the CMTO runs one of the larger Funding for Therapy Programs among health regulatory Colleges in Ontario. The cost of the Program has remained consistent on an annual basis (~\$140,000); however it may not always be predictable due to the following:

- a) CMTO cannot control, or accurately predict, how many sexual abuse complaints or reports will be filed in a given year;
- b) The funds are accessible over a five-year period, however there is no way to predict when or if an applicant will access the funds;
- c) Funds paid out under the Program are not always recovered. Funds can only be recovered if an RMT/MT signs an Undertaking to Resign and Never Reapply, which contains terms related to reimbursement, or if there is a finding of sexual abuse at the OMTDT and the order includes reimbursement terms; however
- d) CMTO has limited authority to collect funds when an RMT/MT is non-compliant with an order and/or undertaking.

The following information is provided in response to questions from the Board.

Funding for Therapy and Counselling Program: Activity Summary

	2024	2025	2026 Q2
Applications Received	13	11	13
Applications Not Approved	0	0	0
Applicants Accessing Funds	57	48	42
Eligible Applicants who have not Exhausted Funds	78	79	79
Funds Accessed by Patients	\$176,279	\$154,058	\$69,125
Funds Reimbursed by Registrants	\$32,841	\$44,382	\$4,964
Net Costs of Program	\$143,438	\$109,676	\$64,161
Recuperation %	19%	29%	7%

Data Observations:

- Applications to the program have been consistent over the past few years.
- Not every patient who is informed about the program applies to the program
 - In 2024, approximately 30% of eligible patients applied to the Program
 - In 2025, approximately 20% of eligible patients applied to the Program
 - In the first half of 2026, approximately 46% of eligible patients applied to the Program
- The number of applicants accessing funds is less than the eligible individuals who have not exhausted the maximum funds because some individuals are approved but are not currently actively accessing the funds given the 5-year time period (this could be because they are not seeking therapy or because they have private benefits that cover what they require in terms of therapy). There is no expectation that the applicants access funds at a specific interval. The funds may be accessed based on the applicant's needs.
- The cost of the Program is approximately \$140,000 per year.
 - Of note – 2025 was an outlier year as the College recuperated more funds than usual due to the onset of a project which was intended to clear the backlog and utilize additional strategies for recuperation. We continue to use these strategies in our efforts to collect the reimbursement for funding for therapy.
- If every eligible patient who made a sexual abuse complaint each year applied for funding under the Program, CMTO's total liability would be approximately \$1.228 million (60 patients x \$20,470). Given the past three years' worth of data, this is unlikely. However, it may be worthwhile to consider restricting funds for an outlier scenario. This will be considered as part of CMTO's annual financial review.

Next Steps:

- Program data will continue to be tracked and reported to the Board; and
- Liability relating to the program will be considered as part of CMTO's annual financial review.

BRIEFING NOTE – FOR INFORMATION

To: Board

Date: September 29, 2026

From: Maureen Boon, Registrar & CEO

Re: Registrar's Report

The Registrar's Report includes updates on the following areas since May 2026:

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

A: GOVERNANCE AND REGULATORY LANDSCAPE

1. Newly Regulated Healthcare Professions in Quebec and Nova Scotia

Quebec

[In June 2026, the Quebec government announced](#) its intention to regulate Kinesiologists, Paramedics and Clinical Perfusionists, and Osteopaths. Consultation prior to the announcement was limited, but consultation is planned with professional regulators, associations and system partners, after which the government plans to integrate:

- Kinesiologists under the Occupational Therapy regulator
- Clinical Perfusionists and Paramedics under the Inhalation Therapy regulator; and
- Osteopaths under the Chiropractor regulator

The government chose integration instead of creating new regulatory bodies because of the overlap between some of the professions, rapid implementation, and collaborative opportunities between healthcare professionals. The implementation date has not yet been confirmed.

Nova Scotia

In May 2026, the Nova Scotia Chiropractic and Naturopathic Regulator (NSCNR) began regulating Naturopaths. Chiropractors have been regulated in the province since 1972, and the Nova Scotia government decided their regulatory body was well-equipped to co-regulate Naturopaths. The Board consists of Chiropractors, Naturopaths, and public members. There are currently 215 Chiropractors and 83 Naturopaths registered under the NSCNR. Both professions have private-practice models, and treatment is not covered under the province's publicly funded healthcare system.

Why It Matters

Both provinces chose to consolidate new professions into existing regulators rather than create new bodies. Quebec cited overlap between professions, faster implementation, and collaboration. Nova Scotia cited cost, since a standalone Naturopathic regulator was not financially viable for approximately 85 registrants. Consolidation is emerging as the default approach where a profession is small, private-pay, and adjacent to one already regulated.

Although some of these updates pertain to Massage-Therapy-adjacent (e.g., touch-based) professions, Massage Therapy is not regulated in either province despite years of advocacy and lobbying by professional associations. However, the titles “Massage Therapist” and “Registered Massage Therapist” have been protected in Nova Scotia since 2019.

2. MCURES Oversight of Private Career College Training

A recent Auditor General of Ontario report identified gaps in the Ministry of Colleges, Universities, Research Excellence and Security’s (MCURES) oversight of private career colleges offering commercial truck-driver training. The report found that, as of March 2025, 25% (54 of 216) of registered colleges offering entry-level truck-driver training had never been inspected. In undercover testing, two colleges delivered only 59.5 and 81 hours, respectively, of the required 103.5 hours of training. MCURES had just eight inspectors responsible for overseeing all 595 registered private career colleges in Ontario, rather than only those offering truck-driver training.

Why It Matters

Currently, all Massage Therapy education programs recognized by MCURES meet the requirements for registration with CMTO. As of January 1, 2027, CMTO will have the authority to approve Massage Therapy programs for registration and will be requiring programs to be accredited with the Canadian Council for Massage Therapy Accreditation. This audit points to the same capacity challenge at a larger scale, reinforcing that CMTO taking on this responsibility directly is best for the public interest.

3. Joint Webinar on Intimate Partner Violence

CMTO is co-hosting a webinar on the Intimate Partner Violence in response to a report from the Domestic Violence and Death Review Committee with 19 other Ontario health regulatory colleges. As of September 14, 2026, 5,432 people from 20 colleges have registered to attend. CMTO registrants account for 488 of these, the fourth highest number of any college. This is an important collaborative initiative.

B: REGISTRAR OBJECTIVES

1 Strategic Leadership/Engagement

FOMTRAC (Federation of Massage Therapy Regulatory Authorities of Canada)

- FOMTRAC continues to focus on oversight of the Massage Therapy Competency Framework

Modernization Project. The competency framework sets out the essential knowledge, skills, attitudes and behaviours required to practice safely and effectively. The framework informs curricula, the entry to practice exam, and accreditation standards. The project is expected to be completed in 2027, and updates are available on the FOMTRAC [website](#).

- I have been elected Chair of FOMTRAC for an additional year.

HPRO (Health Profession Regulators of Ontario)

- HPRO continues to work on regulatory collaboration, including a series of educational sessions for all regulatory staff.
- I have been elected Chair of HPRO for an additional year.

CMTCA (Canadian Massage Therapy Council for Accreditation)

- The CMTCA has developed a National Exam Exploration Committee (NEEC), the purpose of which is to begin discussions about the potential for a national exam. The Committee, membership of which is not yet confirmed, is expected to begin meeting in the fall.

2 Financial Stewardship/Risk Management

Cybersecurity

In July, Cyology Labs conducted an internal network penetration test of CMTO systems in order to determine exposure to, and resilience against, a targeted attack. CMTO has a cyber threat risk assessment done every 2-3 years. It involves simulating a malicious actor (person or program) to see whether it's possible to penetrate CMTO's defences and what the impact might be.

Overall, compared to organizations of similar network size and complexity, CMTO is above average in securing its network resources and data.

In 14 areas evaluated, 2 high and 2 medium risks were identified. The high-risk areas have been addressed and the other risk areas/issues will be addressed as part of our ongoing cybersecurity program.

The company also conducted phishing testing (separate from our ongoing program). As a reminder, there are 2 levels of protection against phishing: our external, technical defences and the behaviour of users. The testing showed that it was difficult to penetrate our external controls and few users responded to phish emails. Cyology indicates CMTO is very secure in its response to phishing attacks.

Auditor RFP

To fulfil its fiduciary duty to ensure the responsible use of resources, the Executive Committee directed staff to release an RFP for auditor services for the 2026 fiscal year. The EC is scheduled to meet in-person with the firms on September 30th.

3 People Leadership/Culture

The recruitment for the new Director, Digital and Information Strategy is underway with plans to have the position filled prior to the implementation date of the organizational restructure on December 1.

Organizational culture discussions have focused on change management, preparing for the office move and the changes in reporting relationships.

4 Governance

Governance Committee

The Governance Committee is bringing proposed by-law revisions to the September Board meeting on the following 2 issues:

- eligibility and disqualification provisions; and
- proposal to change the name of the Client Relations Committee to the Patient Relations Committee and amend the composition of the committee.

The Governance Committee is also considering governance modernization relating to the definition of districts, with a potential proposal to move to province-wide elections.

CMTO Elections

Interest in CMTO's 2027 Board elections in Districts 2, 5, and 7 has been strong, as have non-Board committee applications.

During the nominations period, CMTO published 11 social media posts, 13 e-blasts, and 2 TouchPoint articles promoting the elections. The application process itself was also modernized last year, moving to a new system that made applying more accessible and streamlined for candidates.

The volume of candidates appears to reflect a combination of increased promotion, improved application experience, and broader engagement across the profession driven by Town Halls, College Visits, and outreach events. This year, direct encouragement from current Board members Sean Adderley and Dawn Oehring, provided Communications staff with quotes to promote elections to RMTs.

Compared to previous election cycles, the average number of candidates per district in 2027 is 3.7, the highest in five years. This continues a general upward trend from 2.7 candidates per district in 2026, 3.0 in 2025, 2.25 in 2024, and 1.7 in 2023. Non-Board RMT applicant numbers followed a similar pattern, reaching a five-year high of 61 in 2027, up from 51 in 2026 and 33 in 2023.

Nominations by district:

- **District 2:** 2 candidates
 - Current representative: Dawn Oehring (not eligible to run again as she has served the maximum number of terms allowed)
- **District 5:** 3 candidates

- Current representative: Tammy Contois
- **District 7:** 5 candidates
 - Current representative: Ravara Van Vliet

5 Space Update

CMTO took possession of the space in July and renovations are largely complete. The technology and furniture installs are in progress. There has been considerable work done on planning, as well as finalizing occupancy agreements, insurance, internet and various other issues.

There will be a blackout period at 1867 Yonge from October 1 to November 15 to enable furniture moves and space decommissioning. During this period, the College will be **closed to walk-in visitors**, and staff will not have access to the existing office while the move is underway. We anticipate our first day in the new office at 175 Bloor St. East will be November 16.

The Board will have an opportunity to see the new office at its meeting on December 7.

6 Digital Strategy Update

CMTO continues to advance its digital strategy to modernize core systems, strengthen reporting capabilities, and improve operational efficiency. Significant progress has been made, including the completion of the centralized reporting and analytics platform, the commencement of LMS implementation and the completion of requirements and process analysis activities for future database and case management system modernization initiatives.

	Description	Status
1. Learning Management System	This platform supports STRiVE. A new LMS will modernize education delivery and enhance the user experience.	A vendor has been selected and implementation is underway. Configuration and integration activities are progressing to ensure the new platform meets CMTO's operational and educational requirements.
2. Database Review	This system supports the public register.	Current state assessment, process mapping, and requirements gathering have been completed.
3. Enterprise Reporting and Analytics Platform	Cloud based centralized storage of data enabling better data analysis and reporting.	Phase 1 has been completed. CMTO now has automated data integration and centralized reporting capabilities, providing more timely, reliable and accessible organizational insights.
4. Case Management System	Used by Investigations, Prosecutions and Hearings.	Requirements gathering and process analysis have been completed to support future system modernization efforts.

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.

Attachments:

11.1 - Organizational Risk Register

11.1a – Dbplus - Employer Financial Liability-FAQ

ORGANIZATIONAL RISK REGISTER – September 2026

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.

Risk Categories: Reputational, Financial, Regulatory, Human Resources, Technological, System

Risk	Category	Description	Likelihood	Impact	Status	Action or Mitigation
1 High profile registrant matter	Reputational	Criminal charges, discipline cases or Human Rights appeals of process may undermine public confidence.	5	5	8 registrants charged in 2026 ¹ Several complex registration matters	Continued use of interim suspensions or Terms Conditions and Limitations for criminal matters, to ensure public protection. Review and update of exam accommodation processes.
2 Financial Controls	Financial	Ensuring financial controls are in place pursuant to Hilborn recommendations.	3	4	Financial policies are being reviewed and updated.	Financial policies will be brought to the Board at its December 2026 meeting.
3 Financial Scrutiny	Reputational	Attention to the surplus/fee discussion.	5	3	Consultation on the proposed fee by-law has concluded.	Consultation results are summarized in a separate briefing note. Results will also be considered by the board as part of the fee setting process in 2027.

¹ As of August 12, 2026. By comparison, 9 registrants were charged criminally in 2025.

Risk	Category	Description	Likelihood	Impact	Status	Action or Mitigation
4 Defined Benefit Pension Program	Financial	Potential employer liability should plan wind up.	1	4	Transition from group RRSP to defined benefit pension program in October 2026.	See attached employer liability statement from DBPlus. CMTO must make contributions but is not responsible for disbursements.
5 Cyber-security	Technological	Potential compromise to confidential information or operations.	3	5	Stable	Independent testing validated the effectiveness of CMTO's cybersecurity program and confirmed a security posture that is stronger than many comparable organizations. The assessment identified two high-risk vulnerabilities, which were addressed immediately. Additional findings and recommendations will be addressed through CMTO's ongoing cybersecurity program.
6 System Performance/ Thentia Stability	Technological	Potential instability of the enterprise system provider may affect database performance and operational continuity.	5	5	System stable. Thentia ownership transitioning to Espresso Capital Ltd.	1. Thentia has confirmed system stability, data security and ability to meet contract terms. 2. Continued discussions with Thentia leadership.
7 Artificial Intelligence (AI)	Technological	Registrant use of AI when required to demonstrate reflection or professional judgment may affect assessment integrity.	4	2	Increased evidence of use of AI	As part of CMTO's AI Program, a Governance, Risk, and Compliance workshop is underway to strengthen the College's AI framework and lay the groundwork for AI policies, standards, and governance.
8 Staffing	Human Resources	Staffing gaps impact ability to deliver on workplan.	5	5	Turnover rate to be reported at year end.	Restructure will be effective December 1. Recruitment for new Director underway.

Risk	Category	Description	Likelihood	Impact	Status	Action or Mitigation
9 Organizational Change	Human Resources	Upcoming office move and co-location may create uncertainty and affect staff engagement.	1	3	Planning underway for office relocation and co-location.	Change-management/communication plan in place.

Watch List: These items are low risk but will be monitored.

Risk	Category	Description	Status
10 Massage Therapy Program Accreditation	System	Some programs may not be successful, leading to disruption in the sector.	Programs are in the process of making applications and scheduling site visits. Four programs did not achieve full accreditation following site visits earlier this year. A small number of programs may still not achieve full accreditation by the end of 2026.
11 Massage Therapy Coverage	System	Economic factors may affect public/employee access to MT. Changes to employer benefits coverage or auto insurance may impact RMTs and the public.	No change.
12 Entry to Practice Exam	Regulatory	Exam may require reconsideration once accreditation is a requirement. Potential move towards a national exam. Security of the exam requires ongoing monitoring. Cheating incidents are likely to continue and require response.	Preliminary discussions internally, at FOMTRAC and as part of the CMTCA Committee exploring this issue.
13 Massage Therapy Oversight	Regulatory	Potential changes to the oversight of Massage Therapy in Ontario.	No indication that this is a government priority.



Employer liability under DBplus

What is an employer's financial liability under DBplus?

As a participating employer in DBplus, the only contractual liability relating to benefits accrued under DBplus will be to remit contributions at the rate and within the timeframe agreed upon between the employer and the CAAT Board of Trustees.

Employer contribution requirements

The Participation Agreement requires the participating employer to:

- make all required employer contributions to the Plan in respect of their participating members, and
- calculate, withhold, and remit all participating member contributions,

in accordance with the terms of the Plan, the Employer Manual, and applicable laws. The Plan terms set out the contribution rates applicable to the employer and participating members consistent with the terms agreed upon. Additionally, the Participation Agreement states that the employer has no obligation to provide benefits to participating members or make contributions to the Plan except as expressly contemplated by the Participation Agreement, the Plan, and applicable laws.

No forced increase to contribution rates

To provide employers with additional comfort and protection, the Participation Agreement states that were there to ever be a unilateral change in contribution rates by CAAT, the employer may immediately cease participation in the Plan.

No financial liability when Plan is less than 100% funded

The DBplus terms set out fixed employer contribution rates and provide that in the event of a funding deficiency, future benefit accruals shall be temporarily altered – not contributions. Thus, funding for benefits accrued under DBplus is limited to the fixed contribution rates agreed to by the parties.

Further, benefits already earned in DBplus can never be reduced while the Plan is ongoing. The CAAT Pension Plan is not a target benefit plan and cannot reduce accrued pensions (including enhancements that have been granted), except in the highly unlikely event of a total Plan wind-up.

No financial liability if the Plan ever winds up

In the highly unlikely event of a total Plan wind-up (which would require virtually all participating employers to cease participating, including the 24 Ontario Community Colleges that are required to participate) and there was a funding deficiency, then benefits accrued under DBplus could be reduced, as legislation does not permit jointly sponsored pension plans like CAAT to go back to members or employers seeking additional contributions.

BRIEFING NOTE – FOR DECISION

To: Board

Date: September 29, 2026

From: Anne Resnick, Chair, Governance Committee

Re: By-Law No. 2 and No. 6 re: Eligibility and Disqualification

Issue

The Governance committee is recommending changes to the threshold for eligibility and disqualification.

The Board is asked to approve proposed changes to By-Law No. 2: Election of Members to the Board and No. 6: Non-Board Members as recommended by the Governance Committee.

Proposed amendments:

- Lower the threshold for ineligibility and disqualification;
- Clarify the review/disqualification process; and
- Address the inherent risk in having a registrant who is running for election or serving on the Board for whom CMTO receives a serious complaint which does not result in criminal charges.

Background

Currently it is possible to have a registrant running for election or serving on the Board (including sitting on the ICRC or OMTDT) when there is a criminal charge or serious complaint about them. The Governance Committee has been considering ways to reduce reputational risk in the unlikely event this occurs.

Initial drafts of proposed amendments were presented to the Board at its December 2, 2025 meeting for discussion purposes.

Eligibility

Currently, members are only ineligible if there is a referral to the Discipline Tribunal or there is a criminal conviction. The proposed changes would make members ineligible if there is an interim order, undertaking or criminal charge.

Rationale

Lowering the threshold from referral to the Discipline Tribunal ensures that ineligibility is only triggered after review of an issue (by the ICRC for interim orders or undertakings and by the policy in the case of a criminal charge).

This means that registrants will not be able to run for election and that registrants and members of the public will not be able to be appointed as non-Board committee members if they have an interim order, undertaking or criminal charge.

Disqualification

The disqualification provisions set out the process for removing a board or committee member when a significant issue is raised. The proposed revisions ensure that the Board retains the ability to review any potential disqualifications and confirms the governance framework.

Rationale

Discussion at both the Board and Committee levels emphasized:

- The need to ensure procedural fairness, including notice and an opportunity to be heard;
- Recognition that criminal charges are not findings of guilt and vary widely in seriousness and relevance;
- The importance of clearly distinguishing regulatory decision-making from criminal law standards; and
- Support for using interim, risk-based measures (e.g., undertakings or interim orders where concerns arise but final outcomes are pending).

Analysis

In consultation with legal counsel, the Committee has developed new proposed amendments which introduce greater clarity, flexibility and defensibility by:

- Adding new eligibility criteria before someone can be elected/appointed; and
- Clarifying the disqualification process: certain criteria require disqualification, and certain criteria involve discretion (i.e., shall be disqualified vs. may be disqualified)
 - In all cases dealing with potential disqualification or sanction, the outcome is not automatic, and a process must be followed (going first to Executive, and then to the Board if needed).

This approach aligns with regulatory best practices by emphasizing proportionality, graduated response and defensible discretion.

Proposed Review and Decision-Making Process

The revised proposal removes the automatic disqualification process and provides clearer direction to the Board on when disqualification is required vs. when it may be considered.

1. Initial review
Preliminary assessment of information affecting eligibility or continued service.
2. Notification
Notice to the affected individual with an opportunity to respond where appropriate.

3. Executive Committee Review
Risk-based assessment and consideration of interim measures.
4. Decision
Determination regarding eligibility, interim action, or referral.
5. Board Review (if required)
Escalation of significant or high-risk matters.
6. Final Decision
Documented decision with rationale.

Rationale

The proposed amendments:

- Strengthen eligibility and disqualification requirements while avoiding rigid automatic outcomes;
- Enhance fairness, transparency and accountability in decision-making; and
- Mitigate organizational and reputational risk through earlier intervention tools.

Motion

THAT the Board approve the proposed amendments to By-Laws No. 2 and No. 6 as presented and that the amendments are effective immediately.



**College of Massage Therapists of Ontario
By-Law No. 2**

Election of Members to the Board

Interpretation

1. Singular and Plural / Gender

In these and all by-laws of the College, the singular shall include the plural, the plural shall include the singular, and any pronouns shall include all genders.

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

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

3. Calculating Time

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

4. Statutory Holidays

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

Definitions

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

- (A) "**Act**" means the *Massage Therapy Act, 1991*, and includes the regulations made under it;
- (B) "**Academic Board Member**" means an elected Board member who meets the eligibility requirements outlined in section 14;
- (C) "**Appointed Board Member**" means a person appointed to the Board by the Lieutenant Governor in Council;
- (D) "**Board**" means the Council established under section 5 of the *Massage Therapy Act, 1991*;
- (E) "**Board Meeting**" means a meeting of the Board;
- (F) "**Board Member**" means an elected or appointed member of the Board;
- (G) "**By-laws**" means all by-laws of the College;
- (H) "**Code**" means the *Health Professions Procedural Code*, which is Schedule 2 of the *Regulated Health Professions Act, 1991*;
- (I) "**College**" means the College of Massage Therapists of Ontario (CMTO);
- (J) "**Committee**" means a committee established under section 10 of the *Code* or a committee established under these by-laws;
- (K) "**Committee Meeting**" means a meeting of any committee but does not include a hearing or a meeting of a panel of a committee;
- (L) "**Committee Member**" means a member of a committee;
- (M) "**Elected Board Member**" means a registrant of the College elected to the Board in accordance with these by-laws, and includes an Academic Board Member;
- (N) "**Electoral District of a Registrant**" or a "registrant's electoral district" means the electoral district to which the registrant has been assigned in the Register of the College, and is the district in which the registrant principally practices, or, if the registrant holds an inactive certificate of registration, is the district in which the registrant principally resides, or if the registrant is eligible to vote as an academic member, the academic district;
- (O) "**Professional Association**" means an organized group of registrants or interested parties who promote and advocate for the interests of the profession, but does not include an educational institution whose sole purpose is to educate;
- (P) "**Registrant**" means a person or health profession corporation registered with the College, as the case may be;
- (Q) "**Registrar**" means the Registrar and Chief Executive Officer of the College, or in the case of the absence or inability of the Registrar, the Deputy Registrar of the College and/or includes a person appointed as Acting Registrar by the Board;
- (R) "**RHPA**" means the *Regulated Health Professions Act, 1991*, including its associated regulations and the *Code*.

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

Electoral Districts

6. The Board shall consist of:

- (A) Six to nine elected Board members elected from any combination of the following electoral districts (with necessary modifications by the Registrar to ensure that the entire province is covered and that there is no overlap of districts):
- i. **District 1**, composed of the territorial districts of Kenora, Rainy River, Thunder Bay, Cochrane, Algoma, Manitoulin, Sudbury and Timiskaming;
 - ii. **District 2**, composed of the territorial district of Nipissing, the counties of Renfrew, Hastings, Prince Edward, Frontenac and Lanark, the united counties of Lennox and Addington, Leeds and Grenville, Prescott and Russell, Stormont, Dundas and Glengarry and the regional municipality of Ottawa-Carleton, excluding the postal codes that are in District 3;
 - iii. **District 3**, composed of the district municipality of Muskoka, the territorial district of Parry Sound, the counties of Haliburton, Peterborough, Northumberland, the City of Kawartha Lakes and the regional municipalities of Durham and York, and postal codes beginning with K0K, K0L, LOG, excluding the postal codes that are in District 5;
 - iv. **District 4**, composed of City of Toronto west from Yonge Street excluding the postal codes that are in District 9;
 - v. **District 5**, composed of the counties of Simcoe, Dufferin, Wellington, Halton and Peel, and postal codes beginning with L0K, N0B, excluding the postal codes that are in District 3;
 - vi. **District 6**, composed of the counties of Grey, Bruce, Huron, Perth, Oxford, Elgin, Kent, Middlesex, Lambton and Essex, excluding the postal codes that are in District 5;
 - vii. **District 7**, composed of academic members;
 - viii. **District 8**, composed of the counties of Waterloo, Hamilton-Wentworth, Brant, Haldimand-Norfolk and Niagara, excluding the postal codes that are in District 5; and
 - ix. **District 9**, composed of the City of Toronto east from Yonge Street and postal codes beginning with M2M, M2N, M2P, M4N, M4P, M4S, M4T, M4W, M4Y, M5B, M5C, M5E.
- (B) At least five and no more than eight Board members appointed by the Lieutenant Governor in Council.

Voting Eligibility

7. A registrant is eligible to vote in an election for the Board if, on the date of the election, the registrant:
 - (A) i. Principally practises Massage Therapy in the electoral district; or
 - ii. If the registrant is not engaged in the practice of Massage Therapy, principally resides in the electoral district; or
 - iii. Meets the eligibility requirements for an academic member set out in section 14(A);
 - (B) Is not in default of payment of any prescribed fees;
 - (C) Is not in default of completing and returning any form required by the regulations or by-laws; and
 - (D) Is the holder of a general, emergency or inactive certificate of registration.

Dates of Elections

8. Elections to the Board shall take place as follows:
 - (A) For districts 2, 5 and 7, one Board member each in 2023, and every third year thereafter.
 - (B) For districts 3, 4 and 8, one Board member each in 2024, and every third year thereafter;
 - (C) For districts 1, 6 and 9, one Board member each in 2025, and in every third year thereafter; and

Timing of Board Member Elections

9. Elections of members to the Board shall be held on a date to be set by the Registrar, which election date must be before the last Board meeting in the fiscal year. The date of the election shall be the deadline for the receipt of ballots.
10. The Board may redefine:
 - (A) The geographic area of each electoral district; and
 - (B) The number of elected Board members for each electoral district, to create balanced representation amongst the electoral districts.

Term of Office for Elected Board Members

11. The term of office of an elected Board member is three years, beginning on January 1 in the fiscal year after the member was elected until their successor takes office in accordance with these by-laws.
12. A Board member may serve more than one term. However, no person may be elected to the Board for more than nine consecutive years.

Eligibility for Election of Board Members (Non-Academic)

13. A registrant shall be eligible for election to the Board (other than as an Academic Board Member) if the registrant:
 - (A) By the deadline for the receipt of the nomination:
 - i. Principally practises Massage Therapy in the electoral district; or
 - ii. If the registrant is not engaged in the practice of Massage Therapy, principally resides in the electoral district;
 - iii. Does not qualify to run for election as an Academic Board Member; and
 - iv. Is the holder of a general or inactive certificate of registration;
 - (B) Was not within the last two years:
 - i. An elected representative, director or officer or employee of, or a party to a contractual relationship to provide services to, the Registered Massage Therapists' Association of Ontario or similar professional association; or
 - ii. An appointed committee Chairperson or member of a committee of the Registered Massage Therapists' Association of Ontario or similar professional association, such that it is reasonable to expect that a real or apparent conflict of interest may arise;
 - (C) Has not been employed by the CMTO within the previous two years;
 - (D) Is not in default of payment of any prescribed fees;
 - (E) Is not in default of completing and returning any form required by the regulations or by-laws;
 - (F) Is not in default of any obligation to the College under a regulation, including the Quality Assurance regulation, or by-law;

- (G) Is not the subject of any disciplinary or incapacity proceedings;
- (H) The registrant's certificate of registration has not been subject to a term, limitation or condition other than one prescribed by regulation;
- (I) Has not been revoked pursuant to any order that may have been issued by the Discipline Committee;
- (J) A period of at least six years has elapsed since:
 - i. The registrant complied with all aspects of any order that may have been issued by the Discipline Committee or Fitness to Practise Committee;
 - ii. The registrant's certificate of registration has been suspended pursuant to any order that may have been issued by the Discipline Committee;
- (K) Has not been disqualified by the Board as a Board member or committee member in the preceding six years;
- (L) Has successfully completed the College's training program relating to the duties, obligations and expectations of Board and Committee members prior to the date of nomination;
- (M) Has not been found guilty of an offence that is relevant to their suitability to serve on the Board, unless the finding was reversed on appeal, or a pardon or record suspension has been granted in respect of the finding;
- (N) Is not the subject of a current interim order made by the Inquiries, Complaints or Reports Committee;**
- (O) Does not have a notation on the register of an undertaking provided to the College in relation to a matter involving the registrant's conduct or capacity;**
- (P) Is not the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) that is outstanding; and**
- (Q) Does not have a conflict of interest to serve on the Board or has agreed to remove any such conflict of interest before taking office.**

Eligibility for Election of Academic Board Members

14. A registrant is eligible for election to the Board as an Academic Board Member if, on the date of election, the registrant:
- (A) Has maintained at least 12 student contact hours per week, through classroom teaching, academic advising and/or curriculum development, in a Massage Therapy school or program, recognized in Ontario, during each of the previous three years;
 - (B) Did not have a financial interest in the educational institution in the last 12 months;
 - (C) Was not within the previous two years:
 - i. An elected representative, director or officer or employee of, or a party to a contractual relationship to provide services to, the Registered Massage Therapists' Association of Ontario or similar professional association; or
 - ii. An appointed committee Chairperson or member of a committee of the Registered Massage Therapists' Association of Ontario or similar professional association, such that it is reasonable to expect that a real or apparent conflict of interest may arise;
 - (D) Has not been employed by the CMTO within the previous two years;
 - (E) Is not in default of payment of any prescribed fees;
 - (F) Is not in default of completing and returning any form required by the regulations or by-laws;
 - (G) Is not in default of any obligation to the College under a regulation, including the Quality Assurance regulation, or by-law;
 - (H) The registrant's certificate of registration has not been subject to a term, limitation or condition other than one prescribed by regulation;
 - (I) Is not the subject of any disciplinary or incapacity proceedings;
 - (J) Has not been revoked pursuant to any order that was issued by the Discipline Committee;
 - (K) A period of at least six years has elapsed since:
 - i. The registrant complied with all aspects of any order that may have been issued by the Discipline Committee or Fitness to Practise Committee;
 - ii. The registrant's certificate of registration has been suspended pursuant to any order that may have been issued by the Discipline Committee;
 - (L) Has not been disqualified by the Board from being a Board member or committee member in the preceding six years;

- (M) Has successfully completed the College's training program relating to the duties, obligations and expectations of Board and Committee members prior to the date of nomination;
 - (N) Has not been found guilty of an offence that is relevant to their suitability to serve on the Board, unless the finding was reversed on appeal, or a pardon or record suspension has been granted in respect of the finding;
 - (O) **Is not the subject of a current interim order made by the Inquiries, Complaints or Reports Committee;**
 - (P) **Does not have a notation on the register of an undertaking provided to the College in relation to a matter involving the registrant's conduct or capacity;**
 - (Q) **Is not the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) that is outstanding; and**
 - (R) **Does not have a conflict of interest to serve on the Board or has agreed to remove any such conflict of interest before taking office.**
15. No registrant shall simultaneously be:
- (A) A candidate for Academic Board Member and a candidate for Board Member in another electoral district; or
 - (B) An Academic Board Member and a candidate for Board Member in another electoral district, unless the Academic Board Member's term will end by the date that the other elected term begins.
16. No candidate for Board Member shall be a candidate in more than one electoral district during an election.

Conducting the Election

17. The Registrar shall supervise and administer the election of candidates and, in carrying out that duty may:
- (A) Appoint returning officers and scrutineers;
 - (B) Establish a deadline for the receiving of ballots;
 - (C) Establish procedures for the processing and counting of ballots;
 - (D) Provide for the notification of all candidates and registrants of the results of the election; and
 - (E) Provide for the destruction of the ballots following an election and any recounts.

Election Procedure/Nominating

18. At least 60 days before the date of the election, every registrant who is eligible to vote, shall be notified of the date, time, and place of the election and the nomination procedure.

Nomination Procedure

19. A nomination of a candidate for election as a Board Member shall:

- (A) Be in writing;
- (B) Be given to the Registrar at least 40 days before the date of the election;
- (C) Be signed by the candidate and bear the names and signatures of at least 5 registrants, one of whom shall be the registrant nominating the candidate and who is eligible to vote in the electoral district in which the election is to be held and 4 of whom shall be eligible to vote in any electoral district;
- (D) For an Academic Board Member, be signed by the candidate and bear the names and signatures of at least two registrants eligible to vote in electoral district 7, one of whom shall be the registrant nominating the candidate; and
- (E) Include a one-page biographical note and a statement indicating how they meet the Board Member competencies and intend to fulfill their role and responsibilities.

20. A candidate may withdraw their nomination for election to the Board and shall advise the Registrar in writing not more than five days after the close of nominations.

Acclamation

21. If a position in an electoral district is not contested, the Registrar shall declare the candidate elected by acclamation.

Election Procedure

22. At least 30 days before the date of an election, the Registrar shall send to every registrant eligible to vote in an electoral district in which an election is to take place a list of the candidates in the electoral district, a ballot form and an explanation of the voting procedure (or equivalent if ballots are supplied electronically).

23. Voting for candidates for election to the Board shall be by secret ballot, using the ballot forms supplied by the Registrar (or equivalent if ballots are supplied electronically).

24. Each registrant shall be entitled to vote once for each Board position up for election in the electoral district in which, at least 30 days before the date of an election, the registrant principally practises or, if the registrant is not engaged in the practice of Massage Therapy, the registrant principally resides; unless the registrant meets the eligibility requirements for an Academic Board Member set out in section 7, at least 30 days before the date of the election, in which case the registrant is only entitled to vote once for each Board position up for election in electoral district 7.
25. Where there is a tie in an election of members to the Board, the Registrar shall break the tie by lot.
26. A candidate may require a recount of the ballots by giving a written request to the Registrar no more than 10 days after the date of an election and paying the fee prescribed by the Registrar.
27. The Registrar shall hold the recount no more than 10 days after receiving a candidate's request. The candidate requesting the recount and the candidate previously declared the winner (or a designate of each) shall be entitled to be present at the recount.
28. If the outcome of the recount changes the election results:
 - (A) The candidate requesting the recount shall be refunded the recount fee paid; and
 - (B) The candidate who has now received the most votes on the ballot shall be declared elected.
29. If the recount of the votes on the ballot results in a tie, the Registrar shall resolve the deadlock by lot.
30. Where an issue arises with respect to the recount that is not governed by these by-laws, the Registrar shall resolve the dispute in a fair and democratic manner.
31. The results of an election shall not be declared invalid solely on the basis of a minor irregularity.

32. The Registrar shall report the results of the election to the Board and the registrants.

Extraordinary Circumstance

33. If, for whatever reason, the election cannot be held in the time or manner intended, the Registrar may delay or extend the election so as to hold the election in a fair and democratic manner.

Grounds for Disqualifying or Sanctioning an Elected Board Member or Committee Member

34. The Board shall disqualify an elected Board Member or a committee member from sitting on the Board or a committee, as the case may be, if the Board Member or committee member:

- (A) **No longer holds a certificate of registration;**
- (B) **Becomes an elected representative, director or officer or employee of, or a party to a contractual relationship to provide services to, the Registered Massage Therapists' Association of Ontario or similar professional association;**
- (C) **Becomes an appointed committee Chairperson or member of a committee of the Registered Massage Therapists' Association of Ontario or similar professional association, such that it is reasonable to expect that a real or apparent conflict of interest may arise;**
- (D) **Becomes employed by the CMTO;**
- (E) Is found by a panel of the Discipline Committee to be incompetent or to have committed an act of professional misconduct; or
- (F) Is found by a panel of the Fitness to Practise Committee to be incapacitated.

35. The Board may disqualify an elected Board Member or committee member from sitting on the Board or a committee, as the case may be, if the Board Member or committee member:

- (A) Breaches section 36 of the *RHPA* or the by-laws of the College that require Board Members or committee members to preserve the confidentiality of information disclosed during the course of their duties as a Board Member or committee member;
- (B) **Is in default of payment of any prescribed fees;**
- (C) **Is in default of completing and returning any form required by the regulations or the by-laws;**

- (D) Is in default of any obligation to the College under a regulation, including the Quality Assurance regulation, or by-law;**
- (E) Becomes the subject of any disciplinary or incapacity proceeding;**
- (F) Has a term, condition or limitation placed on their certificate of registration other than one prescribed by regulation;**
- (G) Becomes the subject of a current interim order made by the Inquiries, Complaints or Reports Committee;**
- (H) Has a notation on the register of an undertaking provided to the College in relation to a matter involving the registrant's conduct or capacity;**
- (I) Becomes the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) that is outstanding;**
- (J) Is found guilty of an offence that is relevant to their suitability to serve on the Board;
or**

(K) Subject to the discretion of the Board to excuse the conduct:

- i. Fails to attend any two of three consecutive regular meetings of the Board;
- ii. Fails to attend any two of three consecutive regular meetings of a committee of which they are a member;
- iii. Fails to attend a hearing or proceeding, or part thereof, of a panel on which they sit;
- iv. Fails, in the opinion of the Board, to discharge their duties to the College, including, but not limited to, by being in a conflict of interest or otherwise being in breach of a College by-law, regulation, the *RHPA* or the College's governance policies including the Board and Committee Member Code of Conduct; or
- v. Acts or behaves in a manner that, in the opinion of the Board, could reasonably be seen to bring disrepute to the reputation of the Board or the College.

36. An elected Board Member who is disqualified from sitting on the Board ceases to be a member of the Board, and their seat becomes vacant upon their disqualification.

Grounds for Disqualifying or Sanctioning an Appointed Board Member

37. (A) The Board shall request the Public Appointments Secretariat to disqualify and remove an Appointed Board Member from the Board if the Appointed Board Member:

- i. Becomes a registrant;
- ii. Becomes an elected representative, board member, director, officer or employee of, or enters into a contractual relationship to provide services to the Registered Massage Therapists' Association of Ontario or a similar professional organization;
- iii. Becomes an appointed committee Chairperson or member of a committee of the Registered Massage Therapists' Association of Ontario or similar professional association, such that it is reasonable to expect that a real or apparent conflict may arise; or

(B) The Board may request the Public Appointments Secretariat to disqualify and remove an Appointed Board Member from the Board if the Appointed Board Member:

- i. Breaches section 36 of the *RHPA* or the by-laws of the College that require committee members to preserve the confidentiality of information obtained in the course of their duties as a Board Member or committee member;
- ii. Subject to the discretion of the Board to excuse the conduct:
 - (a) Fails to attend any two of three consecutive regular meetings of the Board;
 - (b) Fails to attend any two of three consecutive regular meetings of a committee of which they are a member;
 - (c) Fails to attend a hearing or proceeding, or part thereof, of a panel on which they sit;
 - (d) Fails, in the opinion of the Board, to discharge their duties to the College, including, but not limited to, by being in a conflict of interest or otherwise being in breach of a College by-law, regulation, the *RHPA* or the College's governance policies including the Board and Committee Code of Conduct; or
 - (e) Acts or behaves in a manner that, in the opinion of the Board, could reasonably be seen to bring disrepute to the reputation of the Board or the College.

Process for Disqualifying or Sanctioning a Board Member and Committee Member

38. The following process shall be used to disqualify or sanction an elected Board member, committee member or appointed Board member (the "Subject Member").
- (A) Where a Board member or the Registrar believes that the College should consider the disqualification or sanction of the Subject Member, the Board Member or Registrar shall advise the Executive Committee in writing;
 - (B) The Executive Committee shall provide the Subject Member with:
 - i. Notice of the concerns in writing; and
 - ii. Thirty days to respond in writing to the Executive Committee.
 - (C) The Executive Committee shall, based on a majority vote, make a preliminary determination on the facts and report those facts and the determination to the Subject Member, the Registrar, and to the Board;
 - (D) If the Executive Committee determines that no further action is warranted, the matter will be reported to the Board for information. If the Executive Committee is of the view that further action may be required of the Board, the issue will be placed on the agenda for the next Board meeting for discussion and a determination. The Subject Member will be advised of the date of the Board meeting, and will be provided with the opportunity to make written and/or oral submissions to the Board, should they wish to do so;
 - (E) The Board shall determine, by a 2/3 majority vote, the relevant facts and, if appropriate, disqualify, request the disqualification of or sanction the Subject Member;
 - (F) Sanctions may include:
 - i. Censure of the Subject Member;
 - ii. Removal of the Subject Member from any committee on which they sit; and
 - iii. Any other sanction that the Board deems appropriate, including disqualification or removal from the Board.
 - (G) In determining the appropriate sanction the Board should be guided by the principle that the primary purpose of sanctions is to protect the College and to change behaviour that could be potentially harmful to the College;
 - (H) A resolution shall be required to disqualify or sanction the Subject Member;

- (I) If the issue of the Subject Member's disqualification or sanction is put on the agenda for a Board meeting in accordance with paragraph (D) above, the Subject Member shall be temporarily suspended as a Board Member or committee member until a final decision by the Board has been rendered, or the Public Appointments Secretariat has removed the appointed Board member, as the case may be;
- (J) Before any debate is had or vote is taken by the Board, the Board shall consider whether the public should be excluded from all or part of the meeting in accordance with the *Code*;
- (K) If the Subject Member is disqualified or removed as a Board Member or committee member, the College shall act as if a vacancy had been created as a result of a resignation; and
- (L) A Subject Member who has been disqualified ceases to be a Board Member and a member of all committees. In the case of an Appointed Board Member who has been disqualified as a committee member, the Board shall request the Public Appointments Secretariat to disqualify and remove the Appointed Board Member.

Temporary Suspension of a Board Member or Committee Member

- 39. A Board Member or committee member who becomes the subject of a disciplinary or incapacity proceeding (including, in the case of an elected Board Member, one which originates at any time after the deadline for receipt of nominations), shall not serve on the Board or on any committee until a final decision in the disciplinary or incapacity proceeding (including any appeal) has been rendered.
- 40. An elected Board Member and/or a committee member who, after having been provided with an opportunity to rectify a failure in their obligations to the College:
 - (A) Remains in default of any fee, charge or order for costs owing to the College;
 - (B) Fails to submit to the College all required forms and documents; or
 - (C) Remains in default of any obligation to the College under a regulation, including the Quality Assurance regulation, or by-law;**

shall not serve on the Board or any committee until the failure is remedied or the elected Board member and/or committee member is disqualified.

Filling Vacancies

41. If an elected Board Member's seat becomes vacant during the first two years of a Board Member's term:
 - (A) The Board shall appoint the candidate who received the most votes during the previous election to fill the vacant position in that district provided that:
 - i. The candidate agrees to fill the vacant position; and
 - ii. The candidate is eligible to be a Board member; or
 - (B) If the above requirements cannot be satisfied, the Registrar shall hold a by-election to fill the vacancy.
42. If the seat of an elected Board Member becomes vacant in the third year of a Board Member's term, the Board is not required to fill the vacancy.
43. The term of the replacement Board Member shall continue until the term of the previous elected Board Member's term would have expired.

Administration

44. This By-Law shall be administered by the Registrar.

Effective Date

45. This By-Law comes into force on the date enacted.

Enacted November 19, 1999

Amended July 2000, November 2008, May 2009, June 2010, August 2010, May 2015, February 2019, September 2019, September 2020, September 2021, February 7, 2023, September 18, 2023, May 28, 2024, December 2, 2025



**College of Massage Therapists of Ontario
By-Law No. 6**

Non-Board Members

Interpretation

1. Singular and Plural / Gender

In these and all by-laws of the College, the singular shall include the plural, the plural shall include the singular, and any pronouns shall include all genders.

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

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

3. Calculating Time

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

4. Holidays

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

Definitions

1. In this By-Law, unless otherwise defined or required by the context,

- (A) "**Act**" means the *Massage Therapy Act, 1991*, and includes the regulations made under it;
- (B) "**Board**" means the Council established under section 5 of the *Massage Therapy Act, 1991*;
- (C) "**By-laws**" means all by-laws of the College;
- (D) "**Code**" means the *Health Professions Procedural Code*, which is Schedule 2 of the *Regulated Health Professions Act, 1991*;
- (E) "**College**" means the College of Massage Therapists of Ontario (CMTO);
- (F) "**Committee**" means a committee established under section 10 of the *Code* or a committee established under these by-laws;
- (G) "**Committee Member**" means a member of a committee;
- (H) "**Elected Board Member**" means a registrant of the College elected to the Board in accordance with these by-laws, and includes an academic Board member;
- (I) "**Non-Board Committee Member**" means a non-Board registrant or non-Board member of the public who has agreed to serve and has been appointed by the Board to a committee of the College;
- (J) "**Professional Association**" means an organized group of registrants or interested parties who promote and advocate for the interests of the profession, but does not include an educational institution whose sole purpose is to educate;
- (K) "**Registrant**" means a person or health profession corporation registered with the College, as the case may be;
- (L) "**RHPA**" means the *Regulated Health Professions Act, 1991*, including its associated regulations and the *Code*.

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

Eligibility of Non-Board Registrant Members for Appointment to Committees

2. (A) A Registrant shall be eligible to be appointed for a term of one year as a committee member if, on the date of appointment:
- i. They reside in Ontario;
 - ii. Their certificate of registration is not subject to a term, condition, or limitation other than one prescribed by regulation;
 - iii. The registrant is not the subject of any disciplinary or incapacity proceeding by a body that governs a profession in any jurisdiction;
 - iv. A period of at least six years has elapsed since:
 - (a) They complied with all aspects of any order that may have been issued by the Discipline Committee or Fitness to Practise Committee; and
 - (b) Their certificate of registration has been revoked or suspended pursuant to any order that may have been issued by the Discipline Committee, Fitness to Practice Committee, or by the Registrar.
 - v. They have not been disqualified as a Board member or committee member in the six years preceding the appointment;
 - vi. They have not been found to have committed an act of professional misconduct or to be incompetent by a body that governs a profession in any jurisdiction;
 - vii. They have not been found guilty of an offence that is relevant to their suitability to serve on a Committee, unless the finding was reversed on appeal, or a pardon or record suspension has been granted in respect of the finding;
 - viii. They are not:
 - (a) An elected representative, director, officer, or employee of, or a party to a contractual relationship to provide services to the Registered Massage Therapists' Association of Ontario, or similar national or provincial organization; or
 - (b) An appointed committee Chairperson or member of a committee of the Registered Massage Therapists' Association of Ontario or similar national or provincial organization; such that it is reasonable to expect that a real or apparent conflict of interest may arise;

- ix. They are not in default of completing and returning any form required by a regulatory body;
- x. They are not in default of any obligation to a regulatory body under a regulation or by-law, including the payment of any required fees;
- xi. They have not been employed by the CMTO within the previous two years;
- xii. They have successfully completed any College training program relating to the duties, obligations, and expectations of Committee members that are in place prior to the time of the appointment;
- xiii. They are not the subject of a current interim order made by the Inquiries, Complaints or Reports Committee;**
- xiv. They do not have a notation on the register of an undertaking provided to the College in relation to a matter involving the registrant's conduct or capacity;**
- xv. They are not the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) that is outstanding; and**
- xvi. They do not have a conflict of interest to serve on a Committee or they have agreed to remove any such conflict of interest before being appointed.**

Eligibility of Non-Board Public Members for Appointment to Committees

- 3. (A) A member of the public shall be eligible to be appointed for a term of one year as a committee member if, on the date of appointment:
 - i. They reside in Ontario;
 - ii. They have never been a Registrant;
 - iii. They are not the subject of any disciplinary or incapacity proceedings by a body that governs a profession in any jurisdiction;
 - iv. They have not been disqualified from serving on the Board or Committee in the six years preceding the appointment;
 - v. They have not been found to have committed an act of professional misconduct or to be incompetent by a body that governs a profession in any jurisdiction;

- vi. They have no direct or indirect ownership interest in a massage therapy clinic or practice;
- vii. They have not been found guilty of an offence that is relevant to their suitability to serve on a Committee, unless the finding was reversed on appeal, or a pardon or record suspension has been granted in respect of the finding;
- viii. They are not:
 - (a) An elected representative, director, officer, or employee of, or a party to a contractual relationship to provide services to the Registered Massage Therapists' Association of Ontario, or similar national or provincial organization; or
 - (b) An appointed committee Chairperson or member of a committee of the Registered Massage Therapists' Association of Ontario, or similar national or provincial organization, such that it is reasonable to expect that a real or apparent conflict of interest may arise;
- ix. They are not in default of completing and returning any form required by a regulatory body;
- x. They are not in default of any obligation to a regulatory body under a regulation or by-law, including the payment of any required fees;
- xi. They have not been employed by the CMTO within the previous two years;
- xii. They have successfully completed any College training program relating to the duties, obligations, and expectations of Committee members that are in place prior to the time of the appointment;
- xiii. They are not the subject of a current interim order made by a regulatory body;**
- xiv. They do not have a notation on a register of an undertaking provided to a regulatory body in relation to a matter involving the individual's conduct or capacity;**
- xv. They are not the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) that is outstanding; and**
- xvi. They do not have a conflict of interest to serve on a Committee or they have agreed to remove any such conflict of interest before being appointed.**

Terms of Non-Board Committee Members

4. (A) The term of a member appointed to a committee as a Non-Board Committee Member shall be approximately one year, that begins on January 1 in the fiscal year after the the member was appointed to the committee, or on such other date specified by the Board in the appointment and continues until:
- i. January 1 in the following year, or until their successor is appointed, whichever is later; or
 - ii. The non-Board member resigns from the committee or is removed from the committee by the Board; or
 - iii. If the member was appointed as a replacement non-Board member, until the completion of the term of the original non-Board member who vacated their seat.
- (B) If the seat of a Non-Board Committee Member becomes vacant before the end of the member's term on the committee, and the vacancy results in the committee failing to have the prescribed composition, the Board shall appoint a replacement to serve out the term of the committee member who vacated their seat, otherwise, the Board may:
- i. Leave the seat vacant; or
 - ii. Appoint a replacement non-Board member to serve out the term of the committee member who vacated their seat.

Disqualification of a Non-Board Committee Member

5. (A) The Board shall disqualify a Non-Board Committee Member if:
- i. In the case of a Non-Board Registrant member, they no longer hold a certificate of registration;
 - ii. In the case of a Non-Board Public member, they become a registrant of the College;
 - iii. They become an elected representative, director or officer or employee of, or a party to a contractual relationship to provide services to, the Registered Massage Therapists' Association of Ontario or similar professional association;
 - iv. They become an appointed committee Chairperson or member of a committee of the Registered Massage Therapists' Association of Ontario or similar**

professional association, such that it is reasonable to expect that a real or apparent conflict of interest may arise;

v. They become employed by CMTO;

vi. They are found by a panel of the Discipline Committee of the College or any regulatory body to be incompetent or to have committed an act of professional misconduct; or

i. They are found by a panel of the Fitness to Practise Committee of the College or any regulatory body to be incapacitated;

(B) The Board may disqualify a Non-Board Committee Member if they:

i. Breach section 36 of the *RHPA* or the by-laws of the College that require Board members or committee members to preserve the confidentiality of information disclosed during the course of their duties as a Board member or committee member;

ii. Are in default of completing and returning any form required by a regulatory body;

iii. Are in default of any obligation to a regulatory body under a regulation or by-law, including the payment of any required fees;

iv. Become the subject of any disciplinary or incapacity proceeding;

v. Become the subject of a current interim order made by the Inquiries, Complaints or Reports Committee or another regulatory body;

vi. Have a notation on the register of an undertaking provided to the College or another regulatory body in relation to a matter involving their conduct or capacity;

vii. Become the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) that is outstanding;

viii. Are found guilty of an offence that is relevant to their suitability to serve on a Committee;

ix. Have had their certificate of registration subject to a term, limitation, or condition other than one prescribed by regulation;

x. Subject to the discretion of the Board to excuse the conduct, they:

(a) Fail to attend any two of three consecutive regular meetings of a committee of which they are a member;

(b) Fail to attend a hearing or proceeding, or part thereof, of a panel on which they sit.

(c) Fail to discharge their duties to the College, including but not limited to, by being in a conflict of interest or otherwise being in breach of a College by-law, regulation, the RHPA or the College's governance policies including the Board and Committee Member Code of Conduct; or

(d) Act or behave in a manner that, in the opinion of the Board, could reasonably be seen to bring disrepute to the reputation of the College.

(C) The process set out in section 38 of By-Law No. 2 shall be used to disqualify or sanction a Non-Board Committee member.

(D) A member who is disqualified from sitting on a committee shall cease to be a member of the committee.

Administration

6. This By-Law shall be administered by the Board.

Effective Date

7. This By-Law comes into force on the date enacted.

Enacted November 19, 1999

Amended November 2007, February 2014, September 2021, September 2023, December 2, 2025

BRIEFING NOTE – FOR DECISION

To: Board

Date: September 29, 2026

From: Anne Resnick, Chair, Governance Committee

Re: By-Law No. 5, Schedule A: Proposal to change the name and composition of the Client Relations Committee

Issue

The Governance Committee is recommending changes to By-Law No. 5 (Schedule A) for two reasons:

- 1) **Terminology realignment** with the 2026-2030 Strategic Plan's commitment to *Strengthen the position of Massage Therapy as a regulated, clinical health profession and core component of health care* by replacing references to "client" with "patient" and
- 2) **Transition Composition** of the Client Relations Committee to an arm's length committee composed exclusively of non-Board members, reducing the risk of real or perceived conflicts of interest.

Background

Under section 94 (1) (h.2) of the Regulated Health Professions Act the Board has the authority to approve amendments to College by-laws.

By-Law No. 5 governs College's statutory and standing committees. Schedule A specifically establishes the composition requirements of each committee.

1) Terminology Realignment

Following the adoption of the 2026-2030 Strategic Plan, CMTO has begun replacing the term "client" with "patient" when referring to individuals receiving Massage Therapy treatment. This change reflects CMTO's commitment to strengthening the recognition of Massage Therapy as a regulated clinical health profession and core component of the health care system.

2) Transition Composition

The Client Relations Committee is responsible for all programs and measures aimed at preventing sexual abuse of clients by registrants, including administration of therapy and counselling funding and educational initiatives.

Given the Committee's role in funding decisions, there is a risk of real or perceived conflict when Board members or adjudicators also serve on the Committee. To address this risk, the Governance Committee reviewed the current composition requirements and considered whether the Committee should operate independently from the Board.

Analysis

Current Client Relations Committee Composition

The Client Relations Committee terms of reference provide that the Client Relations Committee of the College shall be composed of at least:

- (A) One elected Board member or non-Board registrant member;***
- (B) One appointed Board member or non-Board public member; and***
- (C) One non-Board registrant member or non-Board public member.***

Historically, the committee has been composed of one elected Board member and at least one appointed Board member.

Rationale for an Arm's – Length Committee

An independent Client Relations Committee composed of individuals with relevant experience and skills would:

- Reduce real or perceived conflicts of interest;
- Strengthen public confidence in the Committee's decision-making;
- Align governance and adjudicative functions more clearly; and
- Enhance the committee's ability to focus on prevention, education, and patient protection initiatives.

Health Regulatory landscape

An environmental scan (TABLE 1) found that some Colleges with comparable funding programs have moved in this direction, including.

TABLE 1

College	Patient / Client Relations Committee
College of Physicians and Surgeons of Ontario	Non-Council members only – including registrants
College of Physiotherapists	Non-Board members (public and registrant)
Ontario College of Pharmacists	Non-Board members (public and registrant)
Registered College of Dental Surgeons of Ontario	Public Members and non-Council Members

Recommendation

The Governance Committee recommends an amendment to the By-Laws to replace references to “client” with “patient” and transition the Client Relations Committee to an arm’s length committee composed exclusively of non-Board registrants and public members.

Rationale

This aligns with the Board’s 2026-2030 Strategic Plan’s goal of strengthening the position of Massage Therapy as a regulated clinical health profession and core component of health care and also strengthens governance through an arm’s length committee structure.

Next Steps:

To ensure committee stability the Governance Committee will implement this change using a phased approach as outlined in Table 2. Minimum applicable year over year changes are highlighted in blue.

TABLE 2

2026 - Current	2027 – Phase 1	2028 – Phase 2
Elected RMT Chair	Elected RMT Chair	non-Board RMT
Appointed Public Board member	Appointed Public Board	non-Board Public
Appointed Public Board member	non-Board public member	non-Board public member
non-Board RMT	non-Board RMT	non Board RMT

Motion:

THAT the Board amend By-Law No. 5 (Schedule A) to update references from "client" to "patient" and establish the Patient Relations Committee as an arm's-length committee composed of non-Board registrant and non-Board public members.

BRIEFING NOTE – FOR DECISION

To: Board

Date: September 29, 2026

From: Valerie Browne, Director, Registration Services

Re: By-Law No. 8: Reconsidering an Amendment re: Education Information on the Register

Purpose

The Board is being asked to reconsider a proposed amendment to *By-law No. 8: The Register and Registrant Information* that would remove Massage Therapy education information (institution and year of graduation) from the register.

Public Interest Rationale

Information collected from registrants supports CMTO's ability to govern the profession. It is important for the purposes of transparency that CMTO is clear about what information is collected and whether it will appear on the public register.

Background

By-law No. 8: The Register and Registrant Information specifies the information CMTO collects from registrants, the information that is displayed on the public register, and the information that is *not* displayed on the register. Privacy legislation requires CMTO to have a rationale for every data point collected from registrants, and there should be a public interest rationale for any information that is publicly available on the register.

In December 2025, two proposed amendments to By-law No. 8 were circulated to registrants and other interested parties for feedback. In June 2026, the Board approved amending the bylaw to permit sharing a registrant's registration number with an insurance provider upon request.

A second proposed amendment that would remove each registrant's Massage Therapy education information from the register was not approved and is being brought back to the Board.

Some regulators choose to display a registrant’s qualifying professional education information on their register so that members of the public can confirm that a practitioner has the required education to practice in their field. Just over 1/3 of Ontario’s 26 health colleges include qualifying professional education on their public registers.

Circulation Feedback

Responses to the proposed amendments were received by email (7), CMTO’s online discussion board (46) and through a Qualtrix Survey shared with registrants and other stakeholders (590). Approximately 96% of respondents were RMTs/MTs.

The table below summarizes the responses to the proposal to remove from the online register the educational institution where an RMT/MT completed their Massage Therapy diploma, and their year of graduation:

Response	% of Respondents
Support the Amendment	58%
Oppose the Amendment	40%
	Opposed to removing institution and year of graduation: 30%
	Opposed only to removing graduation date: 10%

Many of those who oppose this amendment stated that their only concern is the loss of the year of graduation. They feel this helps clients understand the level of experience of the RMT/MT, using graduation date as a proxy for initial registration date. However, a registrant’s date of initial registration is at the top of their record in the online public register.

- **Summary of comments: Why school/graduation information should REMAIN on the public register:**
 - Years of registration – it’s important for the patient to know how long an RMT/MT has been practising
 - Informed consumer choice – the public has a right to know where an RMT/MT trained
 - School quality varies – not all programs are equal; some offer more specialized training, and this legitimately influences patient and employer decisions
 - Consistency with other professions – physicians, nurses, and physiotherapists all have this information list on their regulator’s public register
 - Accountability – keeping the information visible holds institutions accountable and helps the public verify credentials

Analysis

While there was majority support for removing Massage Therapy education institution and graduation date from the register, there was feedback that this information can be useful for those who wish to use education information to help them select a Massage Therapist.

This concern was also expressed by Board members at the June meeting when this amendment was first considered. Other considerations include:

- Keeping the information on the register is consistent with the practice of some other health regulators in Ontario
- There is no risk related to keeping Massage Therapy education information on the register

Recommendation

It was proposed to remove Massage Therapy education information from the register due to the perceived lack of public interest rationale for having it there. However, the consultation with registrants and other interested parties and discussion at the last Board meeting has revealed that the information can be useful to patients, and there is a public interest rationale for making Massage Therapy education information available on the register.

For this reason, and because there is no risk related to displaying the information on the register, it is recommended that this proposed amendment not be approved, and By-Law No. 8 should continue to require Massage Therapy education institution and year of graduation to be displayed on the public register.

Draft Motion

THAT the Board does not approve amending *By-law No. 8: The Register and Registrant Information* to remove Massage Therapy education and year of graduation from CMTO's public register.

ONTARIO MASSAGE THERAPISTS DISCIPLINE TRIBUNAL REPORT 2026 – Q2 (April - June)

Committee Members: David Wright, Chair, non-Board Public Member
 Bobbie Flint, Vice-Chair, RMT, non-Board Member
 Sean Adderley, RMT, Board Member
 Raj Anand, non-Board Public Member
 Lauren Carnegie, RMT, Board Member
 Roberto Cesario, Public Board Member
 Tammy Contois, RMT, Board Member
 Judith DaSilva, Public Board Member
 Jennifer Da Ponte, RMT, Board Member
 Charles Gollob, RMT, Board Member
 Matthew Gordon, Public Board Member
 Brian Highgate, Public Board Member
 Sherry Liang, non-Board Public Member
 Robyn Libby, RMT, Board Member
 Jim Marinow, RMT, non-Board Member
 Sophie Martel, non-Board Public Member
 Jay Mathers, Public Board Member
 Jennifer McGill, RMT, non-Board Member
 Dawn Oehring, RMT, Board Member
 Alpa Patel, RMT, non-Board Member
 Jalpa Patel, Public Board Member
 Jeanette Plante Bouffard, RMT, non-Board Member
 Jay Sengupta, non-Board Public Member
 Jennifer Scott, non-Board Public Member
 Howard Shears, Public Board Member
 Ravara Van Vliet, RMT, Board Member
 Carolyn Watt, Public Board Member
 Jayne Webster, RMT, non-Board Member
 Eric Wu, RMT, non-Board Member
 Suzy Wu, RMT, Board Member

Committee Mandate:

The Ontario Massage Therapists Discipline Tribunal (OMTDT) is responsible for hearing and determining allegations of professional misconduct or incompetence against registrants. The OMTDT also decides reinstatement applications from former registrants whose certificates were revoked following disciplinary proceedings.

SUMMARY OF ACTIVITIES

1. MEETING DATES

OMTDT held a business meeting and received training on April 14, 2026.

2. ITEMS FOR INFORMATION

2.1 Hearing Statistics

Hearings Data	
Hearings completed	3
Motions completed ¹	0
Case management conferences	9
Referrals received	5

Hearing Type	Number Completed
Contested liability ²	1
Contested liability and penalty	1
Contested penalty ³ and/or costs	0
Uncontested liability and penalty	0
Uncontested penalty and costs	0
Uncontested reinstatement application	1

2.2 Overview

There was a decline in the number of hearings completed as compared to the previous quarter; however, unlike in Q1, most of the hearings were contested and therefore required more

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.

resources. This quarter also marked the completion of OMTDT's first reinstatement hearing, which resulted in the tribunal granting the former registrant's reinstatement application. Pre-hearing activity remained steady, with nine case management conferences held to assist the parties in narrowing issues and planning for the hearing. Referral activity increased from the previous quarter with 5 matters referred in Q2, which is in line with quarterly averages in recent years.

2.3 Decision Data

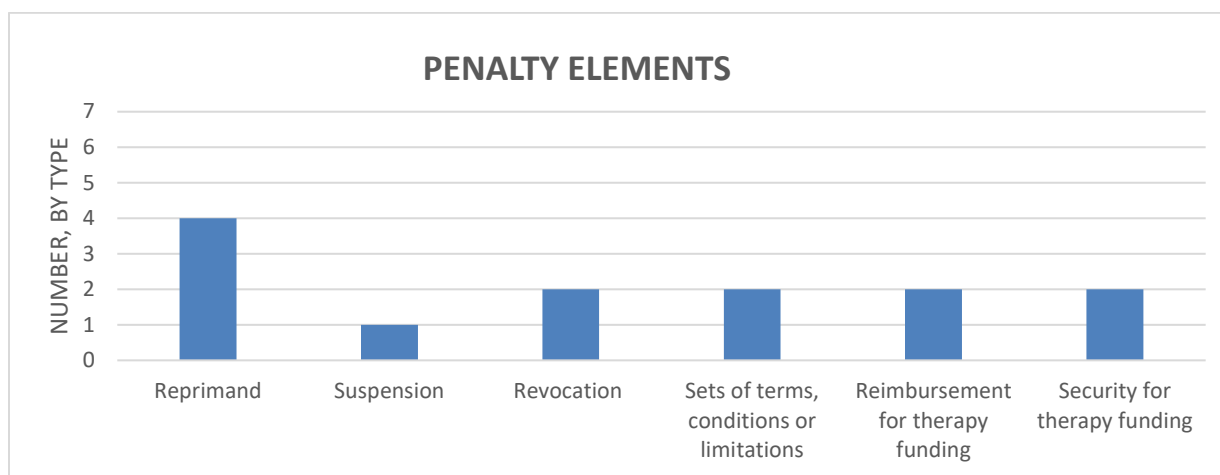
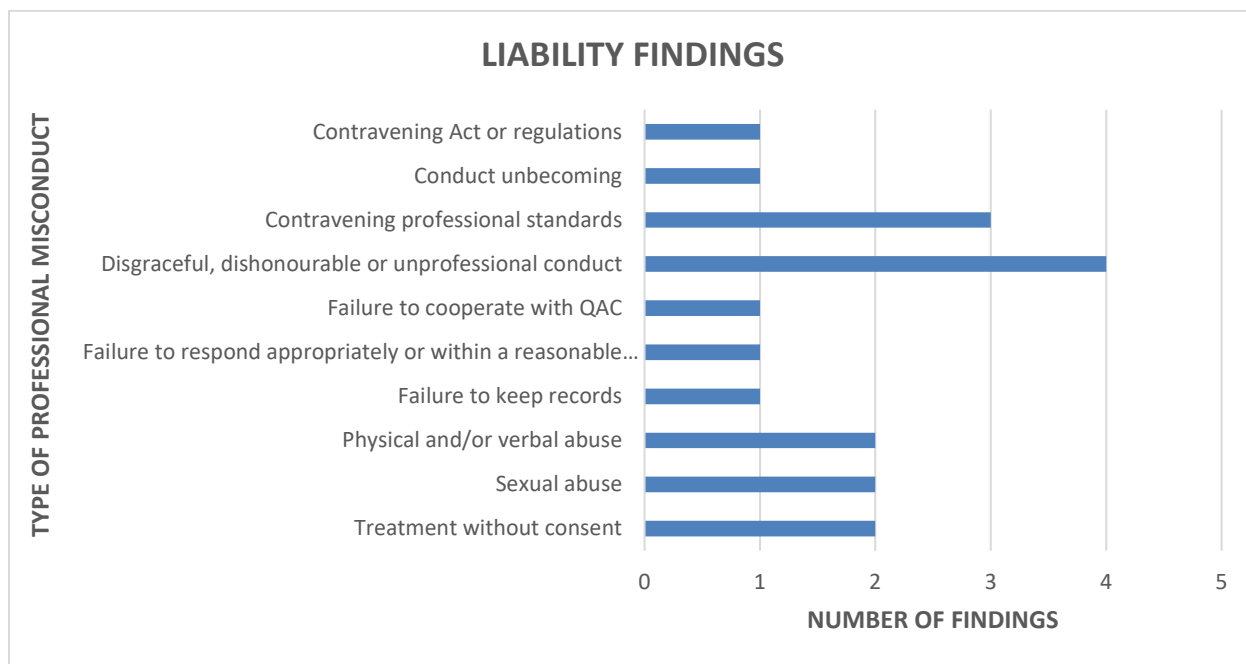
The Tribunal issued 7 decisions and reasons:

1. Unreported motion decision⁴
2. [*College of Massage Therapists of Ontario v. Batista*, 2026 ONMTDT 8](#)
3. [*College of Massage Therapists of Ontario v. Canhoto*, 2026 ONMTDT 9](#)
4. [*College of Massage Therapists of Ontario v. Zhang*, 2026 ONMTDT 10](#)
5. Unreported motion decision⁵
6. [*College of Massage Therapists of Ontario v. Wang*, 2026 ONMTDT 12](#)
7. [*College of Massage Therapists of Ontario v. Batista*, 2026 ONMTDT 13](#)

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](#).

⁴ This motion decision will be published on CanLII at a later date, pending the completion of the liability hearing.

⁵ This motion decision will be published on CanLII at a later date, pending the completion of the liability hearing.



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 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.	HB	April 2; May 15; June 3	Case management reasons; Liability and penalty hearing; Reasons for decision issued	Completed/closed
2.	Registrant S	April 2; April 2; May 4-6, 8	Motion decision issued; Case management conference; Liability hearing	Liability decision pending
3.	GC	April 7	Liability and penalty reasons issued	Completed/closed
4.	JZ	April 7	Liability and penalty reasons issued	Completed/closed
5.	Registrant S	April 14	Case management conference	Hearing scheduled
6.	FW	April 29	Liability and penalty reasons issued	Completed/closed
7.	Registrant W	May 7	Case management conference	Hearing scheduled
8.	Registrant K	May 15, 26, June 23	Case management conferences	Hearing pending
9.	Registrant N	May 22, June 3	Case management conferences	Hearing scheduled
10.	Registrant C	May 26	Case management conference	Hearing pending
11.	VB	June 17	Reinstatement hearing	Reasons for decision pending
12.	Registrant L	April 20; June 29, 30	Motion decision issued; Liability hearing	Liability hearing resumption pending

3. ITEMS SENT TO BOARD FOR DECISION

None.

BRIEFING NOTE – FOR DECISION

To: Board

Date: September 29, 2026

From: Elisabeth Mathers, Chair, Registration Committee

Re: Refresher Course Policy Review

Issue:

The Board is being asked to approve the updated CMTO Refresher Course policy with any future updates being approved by the Registration Committee.

Public Interest Rationale:

It's in the public interest that the CMTO's policies are clear, easy to use, support the users of each policy, and do not inadvertently disadvantage any group.

Background:

CMTO is required by legislation to have a refresher program for applicants and registrants who fail to meet a currency requirement. The CMTO Refresher Course policy describes the situations in which an applicant or registrant is required to complete it, the general structure of the Refresher Course, and how it applies to specific categories of participants.

The Refresher Course policy was reviewed by the Equity, Diversity and Inclusion Committee (EDIC) and the Registration Committee for equity considerations, clarity and ease of use.

Policy Review:

No material changes are proposed for this policy. The recommended updates all relate to clarity and ease of use, including:

- Identify the two components of the Refresher Course in the summary
 - o The policy template has replaced 'Summary' at the top of each policy with 'Reason for this Policy'. The structure of the Refresher Course doesn't fit in that section, but has been moved closer to the beginning of the document.
- Clarify that 'course' doesn't mean going back to school
 - o Referring to the CMTO Refresher Course (rather than simply a 'Refresher Course') provides greater clarity about the expectation.
- Add more detail to the jurisprudence information
 - o Information has been added about the structure and timing of the Jurisprudence Program
- Link to the Refresher Course Guide
 - o In addition to the link to the Refresher Course Guide, links have been added to other relevant policies and documents
- Remove duplication of narrative and add a table – table is easier to follow
 - o Duplication has been removed and the information in the table has been reorganized so that a person who needs to take a Refresher Course can see which category they fall into and what their Refresher Course will look like all in one place.
- Be consistent with wording and structure of bulleted lists
 - o Bulleted lists were updated for consistency.

A copy of the current Refresher Course policy with is attached as Appendix A. Because of the extensive editing related to the proposed updates, a lined copy would be difficult to read and hasn't been included. A clean copy of the proposed updated policy is attached as Appendix B.

The current Refresher Course policy was approved by the Board in September 2024. With regard to the authority to approve updates to the policy, the legislation clearly states that applicants and registrants must complete a refresher program 'approved by the Registration Committee'. This wording was updated in 2024; previously it was 'approved by the College'. Given the clear accountability of the Registration Committee for the Refresher Course, the Committee may wish to recommend to the Board that the authority to approve any future updates to the policy be given to the Registration Committee.

Motions:

THAT the Board approves the updated CMTO Refresher Course policy.

THAT the Registration Committee is responsible for future updates to the CMTO Refresher Course policy.

Refresher Course Policy

Summary:

The purpose of the Refresher Course is to help ensure currency of Massage Therapy knowledge, skill and judgement. A Refresher Course may be required for applicants prior to registration with CMTO, or for registrants with a gap in their active practice of Massage Therapy.

Background

The Registration Regulation (O. Reg. 30/24) under the *Massage Therapy Act, 1991* and CMTO policies state when an applicant or registrant must complete a Refresher Course.

Applicants

Applicants must be able to demonstrate up-to-date education both at the time the Certification Examinations are completed (as required by the [Education Requirement for Exam Eligibility and Initial Registration policy](#)) and at the time they submit an application for registration (as required by the Registration Regulation). An applicant who graduated more than three years prior to their exam date, or more than three years prior to applying for registration, must complete a Refresher Course.

Registrants

The Registration Regulation under the *Massage Therapy Act, 1991* states that registrants shall only practise the profession if they have:

- a. Been a registrant for less than three years (giving new registrants some time to gain experience), or
- b. Practise a minimum of 500 hours within the scope of practice of Massage Therapy within the previous three years (clarified by CMTO's [Practice Hours Requirement Policy](#)); or
- c. Within the previous 15 months, successfully completed a refresher program set or approved by the Registration Committee.

In addition, the Registration Regulation states that a registrant who holds an Inactive Certificate may be issued a General Certificate only if they have:

- a. Been inactive for less than three years, or
- b. Completed a Refresher Course within the previous 15 months that has been approved by the Registration Committee and successfully completed any other upgrading or assessments as may be required by the Registration Committee, or

- c. During the previous three years, practised Massage Therapy for at least 500 hours in a regulated jurisdiction with an equivalent scope of practice and competency profile as approved by the Board.

Policy

Refresher Course participants fall into one of three categories based on whether they are an applicant or, if they are a registrant, how long they have been away from practice:

- **Category 1:**
 - Current General Certificate holders who have not provided the minimum of 500 hours of direct client care in the previous three years, or
 - Inactive registrants and former registrants who have not held a General Certificate for up to three years and who cannot meet the 500-hour direct client care requirement.
- **Category 2:**
 - Current and former registrants who have not held a General Certificate for more than three years and up to 15 years, or
 - New applicants for registration (i.e., someone who has never been registered with CMTO).
- **Category 3:**
 - Current and former registrants who have not held a General Certificate for more than 15 years.

The Refresher Course consists of two components:

- The CMTO Jurisprudence Program
- Tutoring with a CMTO-approved tutor

Jurisprudence Program

All Refresher Course participants in Categories 1 and 2 must complete CMTO's online Jurisprudence Program before they proceed with tutoring.

The Jurisprudence Program must be completed within three months after passing the first evaluative test within the Program.

Tutoring

The tutoring component of the Refresher Course must be completed within six months of completing the Jurisprudence Program.

Category 1:

- **Current General Certificate holders who cannot meet the 500-hour direct client care requirement**
- **Inactive registrants and former registrants who have not held a General Certificate for up to three years and who cannot meet the 500-hour direct client care requirement**

Category 1 participants must complete a tutoring program with a CMTO-approved tutor that consists of at least five (5) and no more than eight (8) hours of tutoring.

The tutoring program is based on CMTO's Standards of Practice and may be completed remotely.

For a tutoring program of more than five (5) hours, the tutor may modify the program at the mid-point if, after working with the participant, they believe fewer hours are needed than originally planned. A minimum of five hours of tutoring must still be provided.

Category 2:

- **Current and former registrants who have not held a General Certificate for more than three years and up to 15 years**
- **New applicants for registration**

Category 2 participants must complete a tutoring program with a CMTO-approved tutor that consists of at least 10 and no more than 15 hours of tutoring, including a minimum of three (3) hours of in-person instruction. The remaining hours may be completed remotely.

The tutoring program is based on the *Inter-jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry to Practice*.

For a tutoring program of more than 10 hours, the tutor may modify the program at the mid-point if, after working with the participant, they believe fewer hours are needed than originally planned. A minimum of 10 hours of tutoring must still be provided.

Category 3:

- **Current and former registrants who have not held a General Certificate for more than 15 years**

Category 3 participants must contact Registration Services at registrationservices@cmto.com for information about making a submission to the Registration Committee about the Refresher Course requirements they must complete to be eligible for a General Certificate. The

Registration Committee may determine that a new Massage Therapy diploma must be completed. If that is the case, the current or former registrant cannot earn the new diploma from an institution that has already issued them a Massage Therapy diploma.

Category 1 Participants	Jurisprudence Program	Tutoring Hours	In-person Tutoring
- Current General Certificate holders who did not provide the required minimum 500 hours of direct client care. - Inactive and former registrants who have not held a General Certificate for up to three years and who cannot meet the 500-hour direct client care requirement.	Yes	At least five (5) and no more than eight (8) hours of tutoring. For a tutoring program of more than five (5) hours, the tutor may modify the program at the mid-point if they believe fewer hours are needed than originally planned. A minimum of five (5) hours of tutoring must still be provided. Tutoring is based on CMTO's Standards of Practice.	Not required
Category 2 Participants	Jurisprudence Program	Total Tutoring Hours	In-person Tutoring
- New applicants. - Current and former registrants who have not held a General Certificate for more than three years and up to 15 years.	Yes	At least 10 and no more than 15 hours of tutoring. For a tutoring program of more than 10 hours, the tutor may modify the program at the mid-point if they believe fewer hours are needed than originally planned. A minimum of 10 hours of tutoring must still be provided.	A minimum of three (3) hours of the total tutoring hours must be completed in person

		Tutoring is based on the <i>Inter-jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice</i> .	
Category 3 Participants	Jurisprudence Program	Course Requirements	In-person Tutoring
Current and former registrants who have not held a General Certificate for more than 15 years.	If required by Registration Committee	Review by Registration Committee; may be required to complete a new diploma	Review by Registration Committee

Adopted: September 20, 2004

Updated approved by Council: September 19, 2022, for implementation Jan. 1, 2023

Updated to reflect wording and numbering of amended Registration Regulation:
July 1, 2024

DRAFT CMTO Refresher Course**Reason for this policy:**

The Massage Therapy Act, 1991 requires applicants and registrants to complete a refresher program when have been away from school or practice for a period of time. The purpose of the program is to ensure the applicant or registrant possesses current Massage Therapy knowledge, skills and judgment. The Registration Committee determines the specific requirements of the program.

This policy describes CMTO's Refresher Course and how it differs depending on whether it is being taken by an applicant or registrant, and how long they have been away from school (for applicants) or Massage Therapy practice (for registrants).

Background

The CMTO Refresher Course is required for new applicants and existing registrants in the following situations:

Applicants

If an applicant graduated more than three years prior to their exam date, or more than three years prior to applying for registration, they must complete a CMTO Refresher Program.

Applicants must be able to demonstrate up-to-date education both when they complete Certification Examinations (as required by the [Education Requirement for Exam Eligibility and Initial Registration policy](#)) and when they apply for registration (as required by the Registration Regulation¹).

Registrants

The Registration Regulation under the Massage Therapy Act, 1991 states that registrants shall only practise the profession if they have:

- Been a registrant for less than three years (giving new registrants some time to gain experience);
- Practise a minimum of 500 hours within the scope of practice of Massage Therapy within the previous three years (clarified by CMTO's [Practice Hours Requirement Policy](#)); or
- Within the previous 15 months, successfully completed a refresher program set or approved by the Registration Committee.

¹ As required in the Registration Regulation (O. Reg. 30/24) under the Massage Therapy Act, 1991.

In addition, a registrant who holds an Inactive Certificate will only be issued a General Certificate if they have:

- Been inactive for less than three years;
- Completed a Refresher Course within the previous 15 months that has been approved by the Registration Committee and successfully completed any other upgrading or assessments as may be required by the Registration Committee; or
- During the previous three years, practised Massage Therapy for at least 500 hours in a regulated jurisdiction with an equivalent scope of practice and competency profile as approved by the Board.

Refresher Course Structure

The CMTO Refresher Course consists of two components:

- CMTO's online Jurisprudence Program: This program has three parts, each with an evaluative test:
 - Prevention of Sexual Abuse and the Standards of Practice;
 - Legislation and Regulation; and
 - Professionalism and the Code of Ethics.

Detailed information about the Jurisprudence Program is available on [CMTO's website](#). Participants must complete the Jurisprudence Program within three (3) months of passing the first evaluative test and is valid for six (6) months after they complete all three tests.

- Tutoring hours with a CMTO-approved Refresher Program Tutor: Detailed information about tutoring is available in CMTO's [Guide to the Refresher Program](#). Some participants will be required to complete in-person tutoring in addition to completing hours remotely. Participants must complete the tutoring component of the Refresher Program within six (6) months of completing the Jurisprudence Program. Participants cannot start tutoring until they complete the Jurisprudence Program.

Refresher Course Categories

Refresher Course participants fall into one of three categories based on how long they have been away from school (for applicants) or how long they have been away from practice (for registrants). Each category has different requirements for the Refresher Course:

Category 1 Refresher Course:

This course is for:

- Current General Certificate holders who cannot meet the 500 hours within the scope of practice of Massage Therapy within the previous three years; or
- Inactive registrants and former registrants who have not held a General Certificate for up to three (3) years and cannot meet the 500 hours within the scope of practice of Massage Therapy within the previous three years.

Tutoring Hour Requirements	In-Person Tutoring Required?	Jurisprudence Program Required?
• At least five (5) and no more than eight (8) hours of tutoring. • Tutoring is based on CMTO's Standards of Practice. • For a tutoring program of more than five (5) hours, the tutor may modify the program at the mid-point if they believe fewer hours are needed than originally planned. Participants must complete a minimum of five (5) hours of tutoring.	No; participants can complete all of the hours remotely.	Yes

Category 2 Refresher Course:

This course is for:

- Current and former registrants who have not held a General Certificate for more than three (3) years and up to 15 years; or
- Exam candidates and new applicants for registration (i.e., someone who has never been registered with CMTO) who completed their Massage Therapy education program more than three (3) years and up to 15 years ago.

Tutoring Hour Requirements	In-Person Tutoring Required?	Jurisprudence Program Required?
• At least 10 and no more than 15 hours of tutoring. • Tutoring is based on the Inter-jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice. • For a tutoring program of more than 10 hours, the tutor may modify the program at the mid-point if they believe fewer hours are needed than originally planned. Participants must complete a minimum of 10 hours of tutoring.	Yes. Participants must complete a minimum of three (3) hours in person. They can complete the rest of the hours with the tutor remotely.	Yes

Category 3 Refresher Course:

This course is for:

- Current and former registrants who have not held a General Certificate for more than 15 years; or
- Exam candidates and new applicants for registration who completed their Massage Therapy education program more than 15 years ago.

Tutoring Hour Requirements	In-Person Tutoring Required?	Jurisprudence Program Required?
• The Registration Committee will determine what the Refresher Program should include. • Participants must contact Registration Services at registrationservices@cmta.com for information about what they should submit to the Registration Committee to help them determine what the Refresher Program should include. • In some cases, a Category 3 participant will be required to complete a new Massage Therapy diploma.	If/as required by the Registration Committee	If/as required by the Registration Committee

Adopted: September 20, 2004

Update approved by Council: September 19, 2022, for implementation Jan. 1, 2023

Updated to reflect wording and numbering of amended Registration Regulation:

July 1, 2024

BRIEFING NOTE – FOR DECISION

To: Board

Date: September 29, 2026

From: Elisabeth Mathers, Chair, Registration Committee

Re: 2027 Certification Examination Content Outlines

Purpose

The Board is being asked to review and approve the 2027 Certification Examination content outlines.

Public Interest Rationale

It is in the public interest that the Board review and approve the examination content outlines annually to ensure that the exams reflect entry-to-practice expectations and provide an assessment that is objective, valid and reliable.

Background

The Multiple-Choice Question (MCQ) and Objectively Structured Clinical Evaluation (OSCE) examinations are developed using content outlines that are based on the [Inter-Jurisdictional Practice Competencies and Performance Indicators \(PCs/PIs\) for Massage Therapists at Entry-to Practice](#), and CMTO's Standards of Practice. The content outlines describe the content areas that are assessed on the exams, and the percentage of the exam that is dedicated to each content area.

The content outlines are reviewed annually by Prometric, CMTO's third-party exam administrator, to ensure that the exam content continues to be valid, reliable and defensible. The content outlines are available in English and French.

Analysis

Prometric's Content Development Team have proposed no changes to the MCQ and OSCE Content Outlines for 2027, given that there have been no substantive changes to the PCs/PIs or CMTO's Standards of Practice. The Registration Committee reviewed and agreed with this recommendation.

The proposed Content Outlines are attached as:

- Appendix A: MCQ (English)
- Appendix B: MCQ (French)
- Appendix C: OSCE (English)
- Appendix D: OSCE (French)

Recommendation

The Registration Committee recommends that the Board approve the 2027 Certification Examination Content Outlines effective January 1, 2027.

Motion

THAT the Board approves the 2027 Certification Examination Content Outlines effective January 1, 2027.



CMTO's Multiple Choice Examination (MCQ) Content Outline 2027

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., Code of Ethics and Standards of Practice)
 - 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 2027 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 (normes d'exercice)
 - 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 2027

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., Code of Ethics and Standards of Practice)
- 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 2027 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 (normes d'exercice)

- 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 lavie:

- 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

BRIEFING NOTE – FOR DECISION

To: Board

Date: September 29, 2026

From: Bryn Sumpton, Director, Professional Practice
Claudia Frisch, Manager, Quality Assurance
Rochelle Pereira-Alvares, Policy Advisor

Re: Proposed Changes to the Quality Assurance Section of the General Regulation: Request for Circulation

Purpose

To seek approval to initiate a public consultation on the updated draft Quality Assurance (QA) section of the General Regulation under the [Massage Therapy Act, 1991](#).

Background

The QA section of the General Regulation ([O. Reg. 544/94](#)) sets out CMTO's legal framework for ensuring registrants maintain competence and provide quality care. In May 2026, staff obtained legal advice to draft a new version of the QA section (see Appendix A - Clean QA Draft Section and Appendix B – Track Changes QA Draft Section, attached).

The Quality Assurance Committee approved the draft regulation on September 1, 2026.

Issue

The current regulation no longer reflects how CMTO operates or what the law requires of a modern regulator. Specifically:

- It is prescriptive, outdated, and does not reflect the current STRiVE program or CMTO's risk-based approach to practice assessment, and operational details are locked in regulation rather than QA Committee policy. This means even routine program changes require a multi-year regulatory amendment; and
- It is misaligned with the [Regulated Health Professions Act, 1991](#) (RHPA). The section's language pre-dates updates to the RHPA and the *Health Professions Procedural Code*, including the modernized objects of a College such as interprofessional collaboration and responding to changes in practice environments.
- The "Advertising" and "Records" sections have been removed from the draft regulation because there are new standards of practice to replace the sections.
- The new version of the QA section has been updated with the above changes in mind.
- Prior to submitting a proposal to the Ministry of Health (MOH), a public consultation of the new draft QA section is required.

Recommendation

Conduct a public consultation on CMTO's website to obtain feedback from registrants, patients and other stakeholders on the intended changes.

Next Steps

1. If approved by Board, a consultation will be conducted with registrants, the public, and other partners (Fall 2026); and
2. Once the consultation is complete, results and a proposed regulation will return to the Board for approval to submit to the MOH.

Motion

THAT the Board approve updating, consulting on, and submitting a legislative change request to the government to amend the Quality Assurance section of the General Regulation under the *Massage Therapy Act*.

Français

Massage Therapy Act, 1991**ONTARIO REGULATION 544/94****GENERAL****Consolidation Period:** From July 1, 2024 to the [e-Laws currency date](#).

Last amendment: 228/24.

Legislative History: 748/94, 529/98, 474/99, 266/04, 388/06, 208/07, 30/13, 228/24.

This is the English version of a bilingual regulation.**PART I
EXAMINATIONS**

1. In setting the examinations to be taken by applicants to the College for registration, the College shall specify the general areas of competency to be examined and shall ensure that the examinations provide a reliable and valid measure of a candidate's competency in knowledge, skills and ability for the practice of massage therapy in Ontario. O. Reg. 266/04, s. 1.

2. Written and practical examinations shall be offered at least twice yearly and at such other times as the Council considers necessary. O. Reg. 266/04, s. 1.

3. (1) Subject to subsection (2), a candidate who fails the examinations may apply for re-examination. O. Reg. 266/04, s. 1.

(2) In every case where a candidate has failed the examinations three times after obtaining a diploma from a massage therapy program acceptable to the Registration Committee, the candidate is not eligible to apply to take the examinations again without obtaining another diploma from a massage therapy program acceptable to the Registration Committee. O. Reg. 266/04, s. 1.

4. REVOKED: O. Reg. 228/24, s. 1.

5. REVOKED: O. Reg. 474/99, s. 1.

Part II-III (SS.6-13) REVOKED

PARTS IV-VI (ss. 14-23) REVOKED: O. Reg. 474/99, s. 1.**PART VII
NOTICE OF MEETINGS AND HEARINGS**

24. (1) The Registrar shall ensure that notice of every Council meeting that is required under the Act to be open to the public is given in accordance with this Part.

(2) The notice must be published in a daily newspaper of general circulation throughout Ontario not less than 14 days before the date of the meeting.

(3) The notice must be in English and French.

(4) The notice must include the intended date, time and place of the meeting, a statement of the purpose of the meeting, and a contact address or phone number where further information may be obtained.

(5) The Registrar shall give notice of Council meetings that are open to the public to every person who requests it. The notice may be in writing.

(6) No meeting is invalid simply because a person has not strictly complied with a requirement of this Part. O. Reg. 748/94, s. 2.

25. (1) The Registrar shall ensure that information concerning every hearing of a panel of the Discipline Committee respecting allegations of a member's professional misconduct or incompetence is given to every person who requests it in writing,

- (a) where possible, at least 30 days before the intended date of the hearing, for those requests received by that date; or
- (b) for requests received after that date, as soon as is reasonably possible after the request is made.
- (2) The information must include the name of the member against whom the allegations have been made, the member's principal place of practice, the intended date, time and place of the hearing and a statement of the purpose of the hearing.
- (3) The information must be available in English and French.
- (4) No hearing is invalid simply because a person has not strictly complied with a requirement of this Part. O. Reg. 748/94, s. 2.

**PART VIII
PROFESSIONAL MISCONDUCT**

26. (1) The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

- 1. Advertising or permitting advertising with respect to the member's practice in contravention of the standards of practice of the profession or a published standard of the College

RECORDS AND OTHER DOCUMENTS

- 2. Failing to keep confidential personal health information or other personal information concerning a client, except with the consent of the client or the client's authorized representative or as permitted or required by law.
- 3. Failing to make arrangements with a client for the transfer of the client's records in the care of the member,
 - i. when the member retires from practice, or
 - ii. when requested to do so by the client.
- 4. Falsifying a record relating to the member's practice or a client health record.
- 5. Failing to keep records as required by the standards of practice of the profession or a published standard of the College
- 6. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within a reasonable time, to a client or a client's authorized representative after the client or authorized representative has requested such a report or certificate.
- 7. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement.

THE PRACTICE OF THE PROFESSION AND THE CARE OF, AND RELATIONSHIP WITH, CLIENTS

- 8. Contravening a term, condition or limitation on the member's certificate of registration.
- 9. Contravening a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession.
- 10. Doing anything to a client for a therapeutic, preventative, palliative, cosmetic or other health-related purpose except with the informed consent of the client or the client's authorized representative or as permitted or required by law.
- 11. Abusing a client verbally, physically, psychologically or emotionally.
- 12. Practising the profession while the member's ability to do so is impaired by any substance, or adversely affected by any substance, condition or dysfunction, which the member knows or ought to know impairs or adversely affects their ability to practice safely.
- 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.

14. Acting in a professional capacity while in a conflict of interest.
15. Breaching an agreement with a client relating to professional services for the client or fees for such services.
16. Practising the profession while the member's certificate of registration has been suspended.
17. Failing to maintain the member's practice premises in a safe and sanitary manner.
18. Failing to reveal the ingredients in a product used by the member following a request to do so by a client, a client's authorized representative or the College.
19. Making a claim respecting the utility of a product, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.
20. Inappropriately using a term, title or designation in respect of the member's practice.
21. Using a name other than the member's name as set out in the register in the course of providing or offering to provide services within the scope of practice of massage therapy.
22. Failing to identify oneself, by name or certificate number, on the request of a client, a client's authorized representative or another health professional.
23. Performing a professional service or treatment that the member knows or ought to know they do not have the knowledge, skill or judgment to perform.
24. Failing to refer a client to a qualified medical practitioner where the member recognizes or ought to recognize a condition that requires medical examination.
25. Permitting, counselling or assisting any person who is not a member of the profession to hold oneself out as a member.
26. Failing to take reasonable steps to prevent sexual abuse of a client by any person working under the member's direction or supervision.

BUSINESS PRACTICES

27. Submitting an account or charge for services that the member knows or ought to know is false or misleading.
28. Failing to take reasonable steps to ensure that any receipts, accounts or charges issued in the member's name or with the member's registration number are fair and accurate.
29. Signing or issuing a receipt for professional services unless the member provides the professional services.
30. Charging or accepting a fee or amount that is excessive or unreasonable in relation to the services performed.
31. Failing to post, in a location within the practice premises that is readily visible to members of the public, the fees for professional services provided by the member.
32. Charging a fee outside of the posted fees, without the prior informed consent of the client or the client's authorized representative.
33. Failing to advise, in advance of services being rendered, of the fees proposed to be charged for the services to be rendered.
34. Failing to itemize an account for professional services, if requested to do so by the client or the person or agency who is to pay, in whole or in part, for the services.
35. Selling or assigning any debt owed to the member for professional services. This does not include the use of credit cards to pay for professional services.

MISCELLANEOUS MATTERS

36. Contravening the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.
37. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital, within the meaning of the *Public Hospitals Act* if,
 - i. the purpose of the law, by-law or rule is to protect the public health, or
 - ii. the contravention is relevant to the member's suitability to practise.

38. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.
 39. Verbally or physically abusing an employee, agent, officer or other representative of the College.
 40. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a massage therapist.
 41. Failing to pay any money owing to the College.
 42. Providing false or misleading information to the College or failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.
 43. Failing to reply appropriately or within a reasonable time to a written inquiry made by the College that requests a response.
 44. Failing to comply with an order or direction of a Committee or a panel of a Committee of the College.
 45. Failing to permit entry at a reasonable time or to co-operate with an authorized representative of the College conducting an investigation, assessment, inspection or examination of the member's office, records, equipment or practice.
 46. Failing to abide by a written undertaking given by the member to the College or to carry out an agreement entered into with the College. O. Reg. 228/24, s. 3.
- (2) A reference in subsection (1) to a contravention means a contravention whether by act or by omission. O. Reg. 228/24, s. 3.

27. REVOKED: O. Reg. 228/24, s. 3.

PART IX QUALITY ASSURANCE

GENERAL

28. In this Part,

“assessor” means an assessor appointed under section 81 of the Health Professions Procedural Code; (“évaluateur”)

“Committee” means the Quality Assurance Committee; (“comité”)

“continuing education and professional development activity” means a course, lecture, seminar or other professional activity in which a member participates as part of the quality assurance program; (“activité d’éducation permanente et de perfectionnement professionnel”)

“program” means the quality assurance program required by section 80 of the Health Professions Procedural Code

“stratified random sampling” means a sampling where groups of members are,

- (a) removed from the pool of members to be sampled, or
- (b) weighted to increase or decrease the likelihood of their being selected.

29. (1) The Committee shall administer the program, which shall include the following components:

1. Self-assessments.
2. Continuing education or professional development designed to,
 - i. promote continuing competence and continuous quality improvement among the members,
 - ii. promote interprofessional collaboration,
 - iii. address changes in practice environments, and
 - iv. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.
3. Peer and practice assessments, including continuing education programs or remediation, if needed.
4. Collection, analysis and dissemination of information.

5. A mechanism for the College to monitor members' participation in, and compliance with, the program.

(2) Every member shall participate in, and fulfil the requirements of, the program. O. Reg. 529/98, s. 1.

SELF-ASSESSMENT, CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

30. (1) Each year, members shall participate in self-assessment, continuing education and professional development activities in order to maintain the knowledge, skills and judgment required to practise the profession in accordance with the standards of practice and ethics set by the College.

(2) Members shall keep records of their participation in self-assessment, continuing education and professional development activities in the form and manner approved by the Committee and for the period of time specified by the Committee.

(3) At the request of the Committee, an assessor or an employee of the College, a member shall provide to the Committee accurate information about the member's participation in self-assessment, continuing education and professional development activities and the member's records described in subsection (2),

(a) to the Committee within 30 days after being requested to do so; or

(b) to an assessor immediately upon request.

s. 32 and s. 33 REVOKED

PEER AND PRACTICE ASSESSMENT

34. (1) Each year the College shall select members to undergo a peer and practice assessment.

(2) A member is required to undergo a peer and practice assessment if,

(a) their name is selected at random, including by stratified random sampling;

(b) on the basis of criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria; or

(c) If a request to view the member's records is made under subsection 30(3) and the Committee or an assessor is of the opinion that the member has not provided sufficient records or that the member's records demonstrate that the member has not engaged in adequate self-assessments, continuing education or professional development.

35.(1) A peer and practice assessment may include but is not limited to the following,

1. Requiring the member to answer, orally or in writing, questions related to their practice, type of practice or both.

2. Inspecting the premises where the member practises.

3. Inspecting the member's records of the care of patients, including patient charts.

4. Requiring the member to examine simulated patients with problems related to the member's practice, type of practice or both.

5. Requiring the member to participate in self-assessment other than the self-assessment that is required by subsection 30 (1).

6. Reviewing the member's record of participation in continuing education or professional development required by subsection 30 (1).

7. Requiring the member to participate in a cognitive assessment.

8. Observing the member in their practice.

9. Interviewing or surveying the member's patients and persons with whom the member works.

(2) A peer and practice assessment shall be carried out by one or more assessors, who may be employees of the College.

(3) The assessor shall prepare a written report on each practice assessment and submit it to the Committee.

(4) If, after considering the assessor's report and any other relevant materials, the Committee is of the opinion that the member's knowledge, skill or judgment is not satisfactory, the Committee may give the member an opportunity to address the Committee's concerns, including by requiring the member to participate in a peer and practice re-assessment.

(5) If, after considering the assessor's report and any other relevant materials, including the results of any peer and practice re-assessment, the Committee may take any of the actions listed in section 80.2 of the Health Professions Procedural Code, if, before doing so, the Committee,

(a) gives to the member a copy of the assessor's report and any other relevant materials;

(b) gives to the member notice of the Committee's opinion and intention to take action;

(c) gives to the member notice of the member's right to make written submissions to the Committee within a specified time period that is not less than 14 days after receipt of the notice; and

(d) after considering any submissions made by the member, is still of the opinion that the member's knowledge, skill or judgment is not satisfactory.

(6) Even if the Committee does not provide notice to the member under clause (5) (b), the Committee shall advise the member of the results of the practice assessment.

36. The following information is not quality assurance information:

1. Information relating to assessments conducted by or with the assistance of the Committee for the purpose of informing decisions of the Registration Committee.

2. Information relating to assessments conducted by or with the assistance of the Committee for the purpose of assessing the knowledge, skill and judgment of a member or a former member in conjunction with that individual's proposed re-entry to practice.

3. Undertakings between a member and the College.

s. 37 and s. 38 REVOKED

Français

[Back to top](#)

Français

Massage Therapy Act, 1991**ONTARIO REGULATION 544/94****GENERAL****Consolidation Period:** From July 1, 2024 to the [e-Laws currency date](#).

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2. Written and practical examinations shall be offered at least twice yearly and at such other times as the Council considers necessary. O. Reg. 266/04, s. 1.

3. (1) Subject to subsection (2), a candidate who fails the examinations may apply for re-examination. O. Reg. 266/04, s. 1.

(2) In every case where a candidate has failed the examinations three times after obtaining a diploma from a massage therapy program acceptable to the Registration Committee, the candidate is not eligible to apply to take the examinations again without obtaining another diploma from a massage therapy program acceptable to the Registration Committee. O. Reg. 266/04, s. 1.

4. REVOKED: O. Reg. 228/24, s. 1.

5. REVOKED: O. Reg. 474/99, s. 1.

**~~PART II PART II-III (SS.6-13) REVOKED~~
~~ADVERTISING~~**

~~—6. (1) In this Part,~~

~~“advertisement” means a representation to the public by any means for the purpose of promoting goods or services respecting the practice of the profession, including statements or representations made in a newspaper or other publication, on radio, television, the internet or other electronic media, or contained in any notice, handbill, sign, catalogue, letter, brochure or business card. O. Reg. 30/13, s. 1.~~

~~—(2) An advertisement respecting a member or his or her practice shall not contain,~~

~~—(a) anything that is false, misleading or deceptive;~~

~~—(b) factual information which a member cannot verify;~~

~~—(c) any comparison with another practice or member that may be reasonably regarded as a representation of superiority over another practice or member;~~

~~—(d) any testimonial by any person, including a client, former client or a friend or relative of a client or former client;~~

~~—(e) any express or implied endorsement or recommendation for the exclusive use of a supplement, product or brand of equipment used to provide services;~~

~~—(f) anything that is undignified or may negatively impact public confidence in the practice of the profession;~~

- ~~—(g) any term, title or designation that expressly states or implies that the member is qualified to practise in a specialty of the profession, unless the member holds a certificate of registration issued by the College indicating a specialty in the profession. O. Reg. 30/13, s. 1.~~
- ~~—(3) Despite clause (2) (g), an advertisement respecting a member may contain a reference to the profession's scope of practice, a statement that the member has additional training in a particular area of practice, or a statement that the member's practice is restricted to a particular area of practice. O. Reg. 30/13, s. 1.~~
- ~~—(4) An advertisement shall only refer to a location in relation to a member or to a member's certificate number if the member is practising at that location. O. Reg. 30/13, s. 1.~~
- ~~—(5) An advertisement shall be readily comprehensible. O. Reg. 30/13, s. 1.~~
- ~~—(6) The member or members who are primarily responsible for a practice mentioned in an advertisement shall identify themselves as members of the College in the advertisement. O. Reg. 30/13, s. 1.~~
- ~~—(7) A communication by a member to a client or prospective client for the purposes of soliciting business shall be appropriate to the context and shall be respectful of client choice, not involve undue pressure and not promote unnecessary products or services. O. Reg. 30/13, s. 1.~~

PART III RECORDS

- ~~—7. (1) A member shall, in relation to his or her practice, take all reasonable steps necessary to ensure that records are kept in accordance with this Part.~~
- ~~—(2) Reasonable steps under subsection (1) shall include the verification by the member, at reasonable intervals, that the records are kept in accordance with this Part. O. Reg. 544/94, s. 7.~~
- ~~—8. A daily appointment record shall be kept that sets out the name of each client who the member examines or treats or to whom the member renders any service and the time of the appointment. O. Reg. 544/94, s. 8.~~
- ~~—9. An equipment service record shall be kept that sets out the servicing of equipment used to examine or treat clients or to render any service to clients. O. Reg. 544/94, s. 9.~~
- ~~—10. (1) A financial record shall be kept for each client.~~
- ~~—(2) The financial record must contain,~~
- ~~—(a) the particulars of the treatment or procedure rendered;~~
- ~~—(b) the fee charged for the services provided; and~~
- ~~—(c) a copy or record of the receipt issued for payment of the services provided. O. Reg. 544/94, s. 10.~~
- ~~—11. (1) A client health record shall be kept for each client.~~
- ~~—(2) The client health record must include the following:~~
- ~~—1. The client's name and address.~~
- ~~—2. The date, time and duration of each of the client's visits to the member.~~
- ~~—3. The name and address of the primary care physician and any referring health professional.~~
- ~~—4. Any relevant medical history and a history of massage therapy.~~
- ~~—5. Particulars of every examination performed by the member and particulars of every clinical finding and assessment made by the member.~~
- ~~—6. Every written report received by the member with respect to examinations, tests, consultations or treatments performed by any other person.~~
- ~~—7. Particulars of all advice given by the member.~~
- ~~—8. Particulars of every referral of the client by the member to another health professional.~~
- ~~—9. Particulars of every fee or other amount charged by the member.~~
- ~~—10. A copy of every written consent.~~

- ~~—11. A copy of every needs assessment.~~
- ~~—12. A copy of any treatment plan.~~
- ~~—13. Particulars of the treatment applied at each of the client's visits to the member and the name of the member who applied the treatment.~~
- ~~—(3) Every part of a client health record must have a reference identifying the client or the client health record.~~
- ~~—(4) Every entry in a client health record must be dated and the identity of the person who made the entry must be identifiable.~~
- ~~—(5) Every client health record shall be retained for at least 10 years following,~~
 - ~~—(a) the client's last visit; or~~
 - ~~—(b) if the client was less than 18 years old at the time of his or her last visit, the day the client became or would become 18 years old.~~
- ~~—(6) A member shall ensure that any destruction of client health records is done in such a way as to maintain client confidentiality. O. Reg. 544/94, s. 11.~~
- ~~—12. (1) A record required to be kept under this Part may be kept by means of an electronic or optical storage system.~~
- ~~—(2) The electronic or optical storage system referred to in subsection (1) shall be designed and operated so as to ensure that all reports are secure from loss, tampering, interference or unauthorized use or access. O. Reg. 544/94, s. 12.~~
- ~~—13. (1) It is an act of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code for a member to fail to provide copies from a client health record for which the member has primary responsibility as required by this section. O. Reg. 544/94, s. 13 (1); O. Reg. 228/24, s. 2 (1).~~
- ~~—(2) A member shall provide copies from a client health record for which the member has primary responsibility to any of the following persons upon receiving a written request:~~
 - ~~—1. The client.~~
 - ~~—2. A personal representative who is authorized in writing by the client to obtain copies from the record.~~
 - ~~—3. If the client is dead, the client's legal representative.~~
 - ~~—4. If the client lacks capacity to give an authorization described in paragraph 2,~~
 - ~~—— i. a representative of the client appointed by the Consent and Capacity Board under section 27 of the *Personal Health Information Protection Act, 2004*,~~
 - ~~—— ii. a person to whom the client is married,~~
 - ~~—— iii. a person, with whom the client is living in a conjugal relationship outside marriage if the client and the person,~~
 - ~~—— A. have cohabited for at least one year,~~
 - ~~—— B. are together the parents of a child, or~~
 - ~~—— C. have together entered into a cohabitation agreement under section 53 of the *Family Law Act*,~~
 - ~~—— iv. the client's son or daughter,~~
 - ~~—— v. the client's parent. O. Reg. 544/94, s. 13 (2); O. Reg. 748/94, s. 1; O. Reg. 388/06, s. 1; O. Reg. 228/24, s. 2 (2).~~
- ~~—(3) It is not an act of professional misconduct under subsection (1) for a member to refuse to provide copies from a client health record until the member is paid a reasonable fee.~~
- ~~—(4) A member may provide copies from a client health record for which the member has primary responsibility to any person authorized by a person to whom the member is required to provide copies under subsection (2).~~
- ~~—(5) A member may, for the purpose of providing health care or assisting in the provision of health care to a client, allow a health professional to examine the client health record or give a health professional any information, copy or thing from the record.~~
- ~~—(6) A member may provide information or copies from a client health record to a person if,~~

- ~~(a) the information or copies are to be used for health administration or planning or health research or epidemiological studies;~~
- ~~—(b) the use of the information or copies is in the public interest as determined by the Minister; and~~
- ~~—(c) anything that could identify the client is removed from the information or copies. O. Reg. 544/94, s. 13 (3-6).~~

PARTS IV-VI (ss. 14-23) REVOKED: O. Reg. 474/99, s. 1.

PART VII

NOTICE OF MEETINGS AND HEARINGS

24. (1) The Registrar shall ensure that notice of every Council meeting that is required under the Act to be open to the public is given in accordance with this Part.

(2) The notice must be published in a daily newspaper of general circulation throughout Ontario not less than 14 days before the date of the meeting.

(3) The notice must be in English and French.

(4) The notice must include the intended date, time and place of the meeting, a statement of the purpose of the meeting, and a contact address or phone number where further information may be obtained.

(5) The Registrar shall give notice of Council meetings that are open to the public to every person who requests it. The notice may be in writing.

(6) No meeting is invalid simply because a person has not strictly complied with a requirement of this Part. O. Reg. 748/94, s. 2.

25. (1) The Registrar shall ensure that information concerning every hearing of a panel of the Discipline Committee respecting allegations of a member's professional misconduct or incompetence is given to every person who requests it in writing,

(a) where possible, at least 30 days before the intended date of the hearing, for those requests received by that date; or

(b) for requests received after that date, as soon as is reasonably possible after the request is made.

(2) The information must include the name of the member against whom the allegations have been made, the member's principal place of practice, the intended date, time and place of the hearing and a statement of the purpose of the hearing.

(3) The information must be available in English and French.

(4) No hearing is invalid simply because a person has not strictly complied with a requirement of this Part. O. Reg. 748/94, s. 2.

PART VIII

PROFESSIONAL MISCONDUCT

26. (1) The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

ADVERTISING

1. Advertising or permitting advertising with respect to the member's practice in contravention of ~~Part II~~ the standards of practice of the profession or a published standard of the College-

RECORDS AND OTHER DOCUMENTS

2. Failing to keep confidential personal health information or other personal information concerning a client, except with the consent of the client or the client's authorized representative or as permitted or required by law.
3. Failing to make arrangements with a client for the transfer of the client's records in the care of the member,
 - i. when the member retires from practice, or
 - ii. when requested to do so by the client.
4. Falsifying a record relating to the member's practice or a client health record.
5. Failing to keep records as required by the standards of practice of the profession or a published standard of the College-

6. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within a reasonable time, to a client or a client's authorized representative after the client or authorized representative has requested such a report or certificate.
7. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement.

THE PRACTICE OF THE PROFESSION AND THE CARE OF, AND RELATIONSHIP WITH, CLIENTS

8. Contravening a term, condition or limitation on the member's certificate of registration.
9. Contravening a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession.
10. Doing anything to a client for a therapeutic, preventative, palliative, cosmetic or other health-related purpose except with the informed consent of the client or the client's authorized representative or as permitted or required by law.
11. Abusing a client verbally, physically, psychologically or emotionally.
12. Practising the profession while the member's ability to do so is impaired by any substance, or adversely affected by any substance, condition or dysfunction, which the member knows or ought to know impairs or adversely affects their ability to practice safely.
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.
14. Acting in a professional capacity while in a conflict of interest.
15. Breaching an agreement with a client relating to professional services for the client or fees for such services.
16. Practising the profession while the member's certificate of registration has been suspended.
17. Failing to maintain the member's practice premises in a safe and sanitary manner.
18. Failing to reveal the ingredients in a product used by the member following a request to do so by a client, a client's authorized representative or the College.
19. Making a claim respecting the utility of a product, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.
20. Inappropriately using a term, title or designation in respect of the member's practice.
21. Using a name other than the member's name as set out in the register in the course of providing or offering to provide services within the scope of practice of massage therapy.
22. Failing to identify oneself, by name or certificate number, on the request of a client, a client's authorized representative or another health professional.
23. Performing a professional service or treatment that the member knows or ought to know they do not have the knowledge, skill or judgment to perform.
24. Failing to refer a client to a qualified medical practitioner where the member recognizes or ought to recognize a condition that requires medical examination.
25. Permitting, counselling or assisting any person who is not a member of the profession to hold oneself out as a member.
26. Failing to take reasonable steps to prevent sexual abuse of a client by any person working under the member's direction or supervision.

BUSINESS PRACTICES

27. Submitting an account or charge for services that the member knows or ought to know is false or misleading.

28. Failing to take reasonable steps to ensure that any receipts, accounts or charges issued in the member's name or with the member's registration number are fair and accurate.
29. Signing or issuing a receipt for professional services unless the member provides the professional services.
30. Charging or accepting a fee or amount that is excessive or unreasonable in relation to the services performed.
31. Failing to post, in a location within the practice premises that is readily visible to members of the public, the fees for professional services provided by the member.
32. Charging a fee outside of the posted fees, without the prior informed consent of the client or the client's authorized representative.
33. Failing to advise, in advance of services being rendered, of the fees proposed to be charged for the services to be rendered.
34. Failing to itemize an account for professional services, if requested to do so by the client or the person or agency who is to pay, in whole or in part, for the services.
35. Selling or assigning any debt owed to the member for professional services. This does not include the use of credit cards to pay for professional services.

MISCELLANEOUS MATTERS

36. Contravening the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.
 37. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital, within the meaning of the *Public Hospitals Act* if,
 - i. the purpose of the law, by-law or rule is to protect the public health, or
 - ii. the contravention is relevant to the member's suitability to practise.
 38. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.
 39. Verbally or physically abusing an employee, agent, officer or other representative of the College.
 40. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a massage therapist.
 41. Failing to pay any money owing to the College.
 42. Providing false or misleading information to the College or failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.
 43. Failing to reply appropriately or within a reasonable time to a written inquiry made by the College that requests a response.
 44. Failing to comply with an order or direction of a Committee or a panel of a Committee of the College.
 45. Failing to permit entry at a reasonable time or to co-operate with an authorized representative of the College conducting an investigation, assessment, inspection or examination of the member's office, records, equipment or practice.
 46. Failing to abide by a written undertaking given by the member to the College or to carry out an agreement entered into with the College. O. Reg. 228/24, s. 3.
- (2) A reference in subsection (1) to a contravention means a contravention whether by act or by omission. O. Reg. 228/24, s. 3.
27. REVOKED: O. Reg. 228/24, s. 3.

PART IX QUALITY ASSURANCE

GENERAL

28. In this Part,
- "assessor" means an assessor appointed under section 81 of the Health Professions Procedural Code; ("évaluateur")

“Committee” means the Quality Assurance Committee; (“comité”)

“continuing education and professional ~~development~~ activity” means a course, lecture, seminar or other professional activity in which a member participates as part of the ~~credits component of the~~ quality assurance program; (“activité d’éducation permanente et de perfectionnement professionnel”)

~~“member” means a member who holds a general certificate of registration; (“membre”)~~

~~“minimum number of credits” means the minimum number of credits of continuing education and professional activities required in accordance with the guidelines referred to in subsection 31 (1). (“nombre minimal de crédits”) O. Reg. 529/98, s. 1.~~

~~“program” means the quality assurance program required by section 80 of the Health Professions Procedural Code~~

~~“stratified random sampling” means a sampling where groups of members are,~~

~~(a) removed from the pool of members to be sampled, or~~

~~(b) weighted to increase or decrease the likelihood of their being selected.~~

29. (1) The Committee shall administer the ~~quality assurance~~ program, which shall include the following components:

1. ~~Professional portfolio. Self-assessments.~~

2. ~~Credits component. Continuing education or professional development designed to,~~

~~i. promote continuing competence and continuous quality improvement among the members,~~

~~ii. promote interprofessional collaboration,~~

~~iii. address changes in practice environments, and~~

~~iv. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.~~

3. ~~Peerractice. Peer and practice assessments, including continuing education programs and remediation, if needed of a member’s practice.~~

4. ~~Remediation of behaviour and remarks of a sexual nature by a member towards a patient. O. Reg. 544/94, s. 29 (1); O. Reg. 228/24, s. 4. Collection, analysis and dissemination of information.~~

~~5. A mechanism for the College to monitor members’ participation in, and compliance with, the program.~~

(2) Every member shall participate in, and fulfil the requirements of, the ~~quality assurance~~ program. O. Reg. 529/98, s. 1.

~~PROFESSIONAL PORTFOLIO~~SELF-ASSESSMENT, CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

~~30. (1) Each year, members shall participate in self-assessment, continuing education and professional development activities in order to maintain the knowledge, skills and judgment required to practise the profession in accordance with the standards of practice and ethics set by the College.~~

~~(2) Members shall keep records of their participation in self-assessment, continuing education and professional development activities in the form and manner approved by the Committee and for the period of time specified by the Committee.~~

~~(3) At the request of the Committee, an assessor or an employee of the College, a member shall provide to the Committee accurate information about the member’s participation in self-assessment, continuing education and professional development activities and the member’s records described in subsection (2).~~

~~(a) to the Committee within 30 days after being requested to do so; or~~

~~(b) to an assessor immediately upon request.~~

~~30. (1) A member shall maintain a professional portfolio consisting of the self-assessment referred to in subsection (2) and a professional activity log which will contain a list of completed continuing education and professional activities.~~

- ~~—(2) A member shall complete a self-assessment document in a form provided by the College once every three years or at the request of the Committee.~~
- ~~—(3) A member shall submit the professional portfolio,~~
- ~~—(a) to the Committee within 30 days after being requested to do so; or~~
- ~~—(b) to an assessor immediately upon request. O. Reg. 529/98, s. 1.~~

CREDITS

~~**31.** (1) A member shall participate in continuing education and professional activities set out in the guidelines published by the College and distributed to the members so as to accumulate, in every credit cycle, the minimum number of credits specified in the guidelines.~~

~~(2) The guidelines referred to in subsection (1) shall set out a list of continuing education and professional activities for which a member may receive credits for the purposes of this Regulation, the number of credits which has been assigned to each activity and the minimum number of credits which a member must obtain in each credit cycle.~~

~~—(3) In this section and in section 32,~~

~~“credit cycle” means,~~

- ~~—(a) in the case of a person who was a member before the day Ontario Regulation 529/98 comes into force, the period that began on January 1, 1997 and ends on October 31, 2000, the three-year period that begins on November 1, 2000 and every subsequent three-year period, and~~
- ~~—(b) in the case of a person who becomes a member or is reinstated as a member on or after the day Ontario Regulation 529/98 comes into force, the period that begins on the November 1 that follows the day the person becomes a member or is reinstated as a member and every subsequent three-year period.~~

~~—(4) Credits shall be assigned to a member only upon successful completion of an approved activity. O. Reg. 529/98, s. 1.~~

~~**32.** (1) A member shall provide the Registrar with proof of having accumulated the minimum number of credits in each credit cycle, no later than on the December 31 that follows the end of a credit cycle.~~

~~—(2) The proof referred to in subsection (1) shall be in the form provided by the Registrar. O. Reg. 529/98, s. 1.~~

~~**33.** (1) The Registrar shall mail a notice of default to a member at his or her address shown on the register if,~~

- ~~—(a) the member fails to provide the Registrar with proof of having accumulated the minimum number of credits within the time frame required under subsection 32 (1); or~~
- ~~—(b) the member has submitted the proof referred to in clause (a) and the proof indicates that the member has not accumulated the minimum number of credits within the time frame required under subsection 32 (1).~~

~~—(2) A member who receives notice of default under clause (1) (a) shall, within 30 days of receipt of the notice, provide the Registrar with the required proof.~~

~~—(3) If the proof provided by a member under subsection (2) indicates that the member has failed to accumulate the minimum number of credits within the time frame required under subsection 32 (1), the Registrar shall mail a second notice of default to a member at his or her address shown on the register.~~

~~—(4) A member who receives notice of default under clause (1) (b) or subsection (3) may, within 30 days of receipt of the notice, make a written submission to the Committee.~~

~~—(5) If, after considering any submission made by a member under subsection (4), the Committee is satisfied that the member has not completed the minimum number of credits within the time frame required under subsection 32 (1), it may make one or more of the following orders:~~

- ~~1. Subject to section 37, direct the Registrar to impose terms, conditions or limitations for a period not exceeding six months on the member’s certificate of registration.~~
- ~~—2. Grant the member an extension in order that the member may complete the minimum number of credits and submit the proof required under subsection 32 (1) to the Registrar.~~

- ~~—3. If the Committee is satisfied that there are extenuating circumstances such as an extended leave of absence for illness or a maternity or parental leave of absence, grant the member an exemption from having to complete the minimum number of credits within the three-year period referred to in subsection 32 (1).~~
- ~~—4. Direct that the member undergo a peer assessment.~~
- ~~(6) If the extension granted under paragraph 2 of subsection (5) elapses without the member having completed the minimum number of credits, the Committee may, subject to section 37, direct the Registrar to impose terms, conditions or limitations for a period not exceeding six months on the member's certificate of registration.~~
- ~~(7) Terms, conditions or limitations that are imposed on a member's certificate of registration under paragraph 1 of subsection (5) or subsection (6) shall be lifted by the Registrar if the member provides the Registrar with satisfactory proof of having completed the minimum number of credits. O. Reg. 529/98, s. 1.~~

s. 32 and s. 33 revoked

PEER AND PRACTICE ASSESSMENT

34. (1) Each year the College shall select ~~at random the names of members~~ required to undergo a peer and practiceeer assessment.
- (2) A member is required to undergo a peer and practiceeer assessment if,
- (a) theirhis or her name is selected at random, including by stratified random sampling;
 - (b) on the basis of criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria; or the member has been referred to the Committee by the Executive Committee or Complaints Committee;
- ~~(c) If a request to view the member's records is made under subsection 30(3) and the Committee or an assessor is of the opinion that the member has not provided sufficient records or that the member's records demonstrate that the member has not engaged in adequate self-assessments, continuing education or professional development.~~
- ~~—(c) the member has failed to successfully complete the minimum number of credits before the end of the credit cycle defined in subsection 31 (3) and is directed to undergo an assessment by the Committee; or~~
 - ~~—(d) the member has failed to submit proof of having successfully completed the minimum number of credits in accordance with section 32 and is directed to undergo an assessment by the Committee.~~
- ~~(3) The purpose of a peer assessment is to evaluate whether the member's knowledge, skills and judgment are satisfactory, as may be demonstrated by the member's adherence to the standards of practice of the profession and respect for the College's code of ethics.~~
- ~~—(4) The Committee shall appoint an assessor to conduct the peer assessment and inform the member who is to be assessed of the assessor's name.~~
- ~~(5) The member may, upon receiving the name of the assessor and before the assessment begins, request that the Committee appoint a different assessor.~~
- ~~—(6) The Committee may appoint a different assessor at the member's request. O. Reg. 529/98, s. 1.~~
- ~~35. (1) The assessor shall prepare an assessment report and submit it to the Committee and the member who was assessed.~~
- ~~—(2) A member who is the subject of a report made under subsection (1) may make submissions to the Committee within 30 days of receiving a copy of the report.~~
 - ~~—(3) After the time for making submissions under subsection (2) has elapsed, and after considering the assessment report and any submissions made, the Committee may, if the report indicates that the knowledge, skills or judgment of the member are unsatisfactory,~~
 - ~~—(a) —make recommendations to the member respecting improvements in his or her practice;~~
 - ~~—(b) —give the member the opportunity to correct any deficiencies in his or her practice identified in the assessment report;~~
 - ~~—(c) —direct the member to participate in and successfully complete a specified remedial or refresher course;~~

- ~~—(d) direct the member to obtain any assistance, that in the opinion of the Committee, is appropriate; or~~
- ~~—(e) take no further action.~~
- ~~—(4) A member with respect to whom the Committee makes a direction under clause (3) (c) or (d) shall comply with the direction.~~
- ~~—(5) If the Committee takes any action under clause (3) (a), (b), (c) or (d), the Committee may direct an assessor to conduct a follow-up peer assessment to determine whether the actions have resulted in the desired improvements being made within a reasonable time.~~
- ~~—(6) Subsections (1) to (4) apply with necessary modifications to a follow-up peer assessment referred to in subsection (5).~~
- ~~—(7) After considering a report of a follow-up assessment and any submissions made by the member to the Committee, the Committee may, if the report indicates that the knowledge, skills or judgment of the member are unsatisfactory, refer the member to the Executive Committee and give the Executive Committee any information about the member that it considers relevant, subject to section 83 of the Health Professions Procedural Code. O. Reg. 529/98, s. 1.~~

35.(1) A peer and practice assessment may include but is not limited to the following,

1. Requiring the member to answer, orally or in writing, questions related to their practice, type of practice or both.
2. Inspecting the premises where the member practises.
3. Inspecting the member's records of the care of patients, including patient charts.
4. Requiring the member to examine simulated patients with problems related to the member's practice, type of practice or both.
5. Requiring the member to participate in self-assessment other than the self-assessment that is required by subsection 30 (1).
6. Reviewing the member's record of participation in continuing education or professional development required by subsection 30 (1).
7. Requiring the member to participate in a cognitive assessment.
8. Observing the member in their practice.
9. Interviewing or surveying the member's patients and persons with whom the member works.

(2) A peer and practice assessment shall be carried out by one or more assessors, who may be employees of the College.

(3) The assessor shall prepare a written report on each practice assessment and submit it to the Committee.

(4) If, after considering the assessor's report and any other relevant materials, the Committee is of the opinion that the member's knowledge, skill or judgment is not satisfactory, the Committee may give the member an opportunity to address the Committee's concerns, including by requiring the member to participate in a peer and practice re-assessment.

(5) If, after considering the assessor's report and any other relevant materials, including the results of any peer and practice re-assessment, the Committee may take any of the actions listed in section 80.2 of the Health Professions Procedural Code, if, before doing so, the Committee,

- (a) gives to the member a copy of the assessor's report and any other relevant materials;
- (b) gives to the member notice of the Committee's opinion and intention to take action;
- (c) gives to the member notice of the member's right to make written submissions to the Committee within a specified time period that is not less than 14 days after receipt of the notice; and
- (d) after considering any submissions made by the member, is still of the opinion that the member's knowledge, skill or judgment is not satisfactory.

(6) Even if the Committee does not provide notice to the member under clause (5) (b), the Committee shall advise the member of the results of the practice assessment.

36. The following information is not quality assurance information:

1. Information relating to assessments conducted by or with the assistance of the Committee for the purpose of informing decisions of the Registration Committee.
2. Information relating to assessments conducted by or with the assistance of the Committee for the purpose of assessing the knowledge, skill and judgment of a member in conjunction with a proposed change in the scope of a member's practice or where a member's scope of practice has already changed.
2. Information relating to assessments conducted by or with the assistance of the Committee for the purpose of assessing the knowledge, skill and judgment of a member or a former member in conjunction with that individual's proposed re-entry to practice.
3. Undertakings between a member and the College.

~~36. (1) If a member fails to successfully complete a remedial or refresher course as directed by the Committee under clause 35 (3) (c) or fails to obtain assistance as directed by the Committee under clause 35 (3) (d), the Committee may direct the Registrar to impose terms, conditions or limitations on a member's certificate of registration, for a period not exceeding six months.~~

~~— (2) The Committee may direct the Registrar to remove terms, conditions or limitations imposed under this section before the end of the specified period if the Committee is satisfied that the terms, conditions or limitations are no longer needed. O. Reg. 529/98, s. 1.~~

PROCEDURAL SAFEGUARDS

~~— 37. (1) The Committee shall not make a direction to impose terms, conditions or limitations on a member's certificate of registration unless it gives the member at least 14 days notice of its intention to make the direction and of the member's right to make a written submission to the Committee.~~

~~— (2) A member who receives notice under subsection (1) may make a written submission to the Committee within 14 days of receiving the notice. O. Reg. 529/98, s. 1.~~

REMEDIATION OF BEHAVIOUR OR REMARKS OF A SEXUAL NATURE

~~38. (1) This section applies where a complaint or report is made alleging that a member has demonstrated behaviour or made remarks of a sexual nature towards a patient, the member has admitted to such behaviour or remarks and the matter is referred to the Committee by;~~

- ~~— (a) — a panel of the Complaints Committee under subsection 26 (3) of the Health Professions Procedural Code; or~~
- ~~— (b) — by the Executive Committee, Complaints Committee or Board under section 79.1 of the Health Professions Procedural Code.~~

~~— (2) If a matter respecting the member is referred to the Committee as provided in subsection (1), the Committee may require a member to undergo a psychological assessment or another assessment specified by the Committee.~~

~~— (3) After receiving the report of an assessment under subsection (2), the Committee may require the member to undertake specified measures, such as education, therapy or counselling, and to complete those measures within a specified time period if the Committee is of the opinion that the measures will help the member to refrain from the type of behaviour or remarks referred to in subsection (1).~~

~~— (4) The Committee shall not take any action under subsection (2) or (3) if,~~

- ~~— (a) — the matter has been referred to the Discipline Committee or a finding of sexual abuse has been made against the member by the Discipline Committee; or~~
- ~~— (b) — the matter is before the Board or there has been a decision by the Board that is inconsistent with the referral to the Committee. O. Reg. 529/98, s. 1.~~

~~— 39. (1) If the member refuses to undergo an assessment under subsection 38 (2), refuses to undertake measures specified by the Committee under subsection 38 (3), or fails to complete those measures within the time period specified by the~~

~~Committee, the Committee may direct the Registrar to impose terms, conditions or limitations on a member's certificate of registration, for a period not exceeding six months.~~

~~—(2) The Committee shall not make a direction to impose terms, conditions or limitations on a member's certificate of registration under subsection (1) unless it gives the member at least 14 days notice of its intention to make the direction and of the member's right to make a written submission to the Committee.~~

~~—(3) A member who receives notice under subsection (2) may make a written submission to the Committee within 14 days of receiving the notice.~~

~~—(4) The Committee may direct the Registrar to remove terms, conditions or limitations imposed under this section before the end of the specified period if the Committee is satisfied that the terms, conditions or limitations are no longer needed.~~
~~O. Reg. 529/98, s. 1.~~

s. 37 and s. 38 REVOKED

Français

[Back to top](#)

BRIEFING NOTE – FOR INFORMATION

To: Board

Date: September 29, 2026

From: Bryn Sumpton, Director, Professional Practice

Re: Accreditation Update

Background

Since 2019, CMTO has supported the development and implementation of Massage Therapy program accreditation standards through the Canadian Massage Therapy Council for Accreditation (CMTCA). Regulatory changes effective July 1, 2024, made accreditation mandatory for all programs by January 1, 2027. Additionally, all privately funded programs were required to be actively participating in the accreditation process by January 1, 2026.

There are two main steps in the accreditation processes, preliminary accreditation and full accreditation (of different lengths). Preliminary accreditation is primarily a process of completing documents that address the accreditation standards. Full accreditation requires demonstration of achieving those standards using a site visit of the program as well as supporting documentation. When successful, full accreditation is granted for one, three, or five years depending on a scoring system.

At the end of 2025:

- 85% of publicly funded programs had achieved accreditation.
- 64% of privately funded programs had achieved accreditation.

Update

This summer CMTCA has indicated that all active programs in Ontario are engaging in the accreditation process. Currently, there are 12 programs that have not yet received full accreditation. All have booked site visits and indicated the intention try again. In the group that had site visits earlier in the year, four were not successful and have booked new site visits.

Any program that is unsuccessful in these attempts can continue to pursue accreditation through another site visit or resubmission of preliminary accreditation. It is still anticipated that only a small number will not have full accreditation by the end of 2026. For those programs that are not fully accredited by January 1, 2027, further follow up will occur by CMTO, the CMTCA, and the Ministry of Colleges, Universities, Research Excellence and Security.

For students, those that started their program prior to January 1, 2027, will have their diploma recognized by CMTO even if their program has not yet been fully accredited. Students who begin their program on or after January 1, 2027, will be recognized if their program had preliminary accreditation when they enrolled and achieved full accreditation before they graduated.

As of September 11, 2026:

- 87.5% (14/16) of publicly funded programs have achieved full or preliminary accreditation.
- 95.7% (44/46) of privately funded programs have achieved full or preliminary accreditation.

Overall accreditation has increased to **93.5%** (58/62) of all active programs.

As only a small number of programs will remain unaccredited or unsuccessful by year-end, the anticipated impact on graduate numbers, program availability, or registration applications remains low.

Next Steps

Updates on accreditation will be provided at the December Board meeting and the final outcomes of the accreditation deadline at the end of the year will be presented to the Board in 2027. CMTO will continue to monitor accreditation progress and provide resources and support to educators and students throughout the transition.

4.15 Strategic Planning Policy

Purpose

This policy establishes a consistent, structured approach to strategic planning across the College of Massage Therapists of Ontario (CMTO). It ensures that the College's mission, vision, values and goals are translated into actionable priorities, with clear accountability and measurable outcomes.

Scope

This policy applies to Board members, the Registrar & CEO and the Senior Leadership Team. The Strategic Plan guides long and short-term decision-making by the Board and sets the priorities for the College's Annual Workplan.

Policy Statement

CMTO is committed to proactive, inclusive and data-driven strategic planning. Strategic planning must:

- Align with the College's mission, vision and core values;
- Set long-term objectives and short-term priorities;
- Allocate resources effectively to achieve defined goals; and
- Promote adaptability and responsiveness to changing conditions.

Definitions

- Strategic Plan: A formal document that outlines the College's direction, goals, and strategies over a defined period of time (typically 5 years).
- Strategic Objectives: Specific, measurable outcomes the organization aims to achieve within the plan's timeframe.
- Key Performance Indicators (KPIs): Quantitative or qualitative measures used to evaluate success in achieving strategic objectives.

Roles and Responsibilities

The Board

- Establishes the College's strategic direction and oversees its implementation;
- Fully engages in the strategic planning process; and
- Reviews and approves the final Strategic Plan.

The Registrar & CEO

- Supports the strategic planning process and is accountable to the Board for implementation and reporting on progress;
- Develops an Annual Board Workplan for Board approval;
- Ensures alignment across the College;
- Recommends resources for implementing the Strategic Plan;
- Monitors changes in critical assumptions; and
- Reports to the Board
 - Quarterly on strategic initiatives;
 - Annually on overall progress and any significant changes; and
 - Comprehensively at the end of the Strategic Plan cycle, which may include refining existing strategies or initiating a new planning cycle.

Principles

The strategic planning process is guided by the following principles:

- Focuses on the future direction of the College;
- Analyzes evidence, including internal performance data, environmental scans and market trends;
- Establishes specific, measurable, achievable relevant goals;
- Responds to internal changes, market shifts, emerging risks and opportunities;
- Guides day-to-day operations including budgets, staffing, projects and department plans;
- Requires ongoing performance tracking – to identify barriers and allow for course correction; and
- Engages system partners – such as employees, Board members, customers, partners, and the public – to ensure diverse input.

Components of the Strategic Plan

The Strategic Plan typically includes the following components:

- Environmental scan of critical assumptions about the future, including emerging issues, internal and external changes, and interested parties' input;
- A review of the mission statement reflecting the College's legislative mandate;
- A review of the vision statement for the College's future and/or envisioned impact;
- Goals and priorities to be achieved through the Strategic Plan; and
- Key strategies for implementation and achieving defined goals and outcomes.

Development Process

- Early in the renewal year, the Registrar drafts a timeline for the Board which is presented along with a minimum of three quotes from qualified consultants;
- The Board, with the Registrar & CEO, selects a consultant to lead the process and provide a full and inclusive project plan;
- The project plan will identify decision points for Board involvement, including final approval of the Strategic Plan, Key Performance Indicators and a Communication Strategy.

Responsibility and Review

The Executive Committee is responsible for monitoring compliance, reviewing concerns, and updating the policy at least every four years or sooner if needed to ensure continued relevance and alignment with best practices.

2.6 Board and Committee Evaluation & Continuous Improvement Policy

Purpose

The purpose of this policy is to establish a consistent process for evaluating the effectiveness of the Board and, where appropriate, its committees. Regular evaluation supports accountability, continuous improvement, and strong governance practices aligned with the College's public interest mandate, mission, values, and strategic goals.

Scope

This policy applies to all Board members and non-Board committee members. The Board as a collective body

Objectives

- Assess the effectiveness of the Board and committees in fulfilling their responsibilities
- Identify strengths, gaps, and areas for development
- Encourage candid self-reflection, and constructive feedback, and accountability
- Support strategic alignment and good governance practices
- Foster a culture of continuous learning, and improvement, and sound governance

Evaluation Process

A. Annual Board Evaluation

The full Board must undergo a formal evaluation annually.

Each year, the Executive Committee must recommend the evaluation approach to the Board for approval. The annual evaluation may include one or more of the following:

- Board self-peer assessment;
- Board effectiveness assessment including feedback from the Registrar/CEO and/or senior leadership, where appropriate
- Observation-based feedback;
- Other governance evaluation tools or methods

B. Committee Evaluations

Each year, the Executive Committee must consider whether Board committees should undergo a formal evaluation and must make a recommendation to the Board for approval. In determining whether to recommend a committee evaluation, the Executive Committee may consider the committee's mandate, maturity, workload, recent evaluation history, membership changes, and any themes emerging from previous Board or committee feedback.

C. Meeting Evaluation Surveys

In addition to the annual Board evaluation process, attending members will complete a brief evaluation following each Board and committee meeting through an online survey. These meeting evaluations are intended to support timely feedback and continuous improvement of individual meetings. The online survey that includes the following components:

- Quality and timeliness of information
- Meeting chairing and time management
- Quality of discussion and decision-making
- Continuous Opportunities for improvement

D. Informal Evaluations and Check-Ins

Informal evaluations or check-ins may be conducted mid-year at the discretion of the Board Chair, a committee chair, or the Executive Committee.

External Consultant

An external consultant, qualified facilitator, or governance advisor may be engaged to support the evaluation process.

Confidentiality

All individual responses to evaluation surveys will be kept confidential. Aggregated and anonymized results will be used to facilitate discussion, member development and decision-making.

Responsibility and Review

The Executive Committee is responsible for overseeing the evaluation process and making annual recommendations to the Board regarding the evaluation approach.

The Executive Committee is responsible for monitoring compliance, reviewing concerns, and updating the policy at least every two years or sooner if needed to ensure continued relevance and alignment with best practices.

2.4 Board Meeting Rules of Order

Purpose

These Rules of Order support effective, respectful and efficient Board and committee meetings. They establish a consistent framework for discussion, decision-making and meeting conduct.

Scope

These rules apply to all Board and committee meetings including in-person, virtual and hybrid meetings as permitted by CMTO By-laws.

Role of the Chair

The Chair leads meetings, facilitates discussion, maintains order and decorum and rules on procedural matters. The Chair remains impartial during deliberations and does not move or second motions.

Any Board member may appeal a procedural ruling of the Chair. The Board will decide the matter by majority vote without debate.

Participation in Meetings

Board members participate in discussions through the Chair and speak after being recognized.

The Chair seeks to ensure that all members who wish to contribute have a reasonable opportunity to do so and that discussions remain focused on the matter under consideration.

Board members must not interrupt another speaker except to raise a point of order.

Participation by Staff, Advisors and Observers

Staff and external advisors may provide information or respond to questions when invited by the Chair.

Observers may attend meetings as permitted by the Board or committee but may not participate in discussions unless invited by the Chair.

Board members must not discuss matters under consideration with observers during meeting breaks.

Conflicts of Interest

A Board member who has a conflict of interest regarding a matter before the Board must comply with the applicable conflict of interest requirements in CMTO's By-laws and policies, including refraining from participating in discussion or voting where required.

Meeting Conduct

Board members must silence mobile devices during meetings and limit their use to meeting-related purposes or urgent matters.

Board members may use electronic devices to access meeting materials and support their participation in the meeting.

Questions, Motions and Debate

After an agenda item has been introduced, Board members may ask questions to clarify the matter under consideration

When the Board must make a decision or take formal action, a Board member must move a motion and another Board member must second it before debate begins

While the Board is considering a motion, members may not introduce another substantive motion. Members may introduce procedural motions related to the matter under consideration or the conduct of the meeting, including motions to amend, postpone, refer, close debate or adjourn.

Amendments

The Board will decide a proposed amendment before returning to consideration of the main motion.

Motions out of Order

The Chair may rule a motion out of order if it conflicts with these Rules or Order the CMTO By-laws or applicable law. The Chair will explain the reasons for the ruling.

Voting

The Chair will call a vote when:

- Discussion has concluded;
- The Board has approved a motion to close debate; or
- The time allocated for discussion has expired.

Once voting begins, members may not enter or leave the meeting room and no further discussion may take place until the vote is complete.

Reconsideration of Decisions

The Board may reconsider a decision during the same meeting only if two-thirds of the members present vote in favour of reconsideration.

Approval of Minutes

A member may participate in the approval or correction of minutes even if they were absent from the meeting to which the minutes relate.

Matters not Addressed by these Rules

Where these Rules or Order, the CMTO By-laws, or other applicable Board or committee policies do not address a procedural matter, the current edition of Robert's Rules of Order Newly Revised will guide the Board's deliberations.

Responsibility and Review

The Executive Committee is responsible for monitoring compliance, reviewing concerns, and updating the policy at least every three years or sooner if needed to ensure continued relevance and alignment with best practices.

4.1 Registrar & CEO Performance Evaluation

Purpose

The annual performance evaluation of the Registrar & CEO is an important responsibility led by the Board Chair and the Executive Committee. The process is intended to foster a supportive and respectful relationship among the Registrar & CEO, the Executive Committee, and the Board, and to support effective governance and management of the College.

Policy

The Executive Committee oversees the annual performance evaluation process established by the Board and is authorized to select and retain an independent external advisor to administer the process. The independent external advisor will report to the Executive Committee and will be responsible for administering surveys, collecting and analyzing feedback, and preparing an evaluation report. Responsibility for reviewing the findings, finalizing the evaluation, and making recommendations to the Board remains with the Executive Committee.

Specific Components

1. Annual performance criteria

Annual performance criteria aligned with the strategic plan will be developed collaboratively by the Executive Committee and the Registrar & CEO and approved by the Board at the beginning of each fiscal year.

2. Year-End Reporting

In preparation for the December year-end Board meeting, the Registrar & CEO will prepare and present a preliminary year-end report. An updated final report will be presented at the January Board meeting, outlining progress and accomplishments against the annual performance criteria. The Registrar & CEO may consult with the Executive Committee before the final report is presented to the Board.

3. Annual Feedback Process

Immediately following the January Board meeting, an online survey will be distributed to individual Board members to gather feedback on the Registrar & CEO's performance against the annual performance criteria, with reference to the final year-end report. Members of the senior leadership team will also be invited to provide anonymous feedback on the Registrar & CEO's leadership, and the Registrar & CEO will complete a self-evaluation.

4. External Stakeholder Feedback

Every four years, the survey will be expanded to include feedback from selected external stakeholders. The stakeholders will be identified by the Executive Committee, in consultation with the Registrar & CEO, based on established criteria.

5. Evaluation Report and Review

The independent external advisor will collect and analyze the feedback and present an evaluation report to the Executive Committee. In reviewing the findings and developing its recommendations, the Executive Committee will consider the terms of the Registrar & CEO's employment contract.

6. Evaluation Feedback to Registrar & CEO

The Executive Committee will meet with the Registrar & CEO to discuss the evaluation findings and provide an opportunity for the Registrar & CEO to respond. Following that discussion, the Executive Committee will finalize the evaluation and present its conclusions and any recommendations to the Board. The final evaluation will be documented and shared with the Registrar & CEO. The Executive Committee and the Registrar & CEO will also identify performance priorities, development objectives, and any agreed supports for the coming year.

7. Independent Compensation Review

At least every three years, the Executive Committee will arrange for an independent review of the Registrar & CEO's total compensation to assess its external competitiveness and alignment with comparable organizations, relevant market data, the scope and complexity of the role, and the College's circumstances.

8. Compensation Recommendations

As part of the annual compensation discussion, the Executive Committee may recommend adjustments to salary, benefits, incentive compensation, or other forms of compensation. Any recommendation must be consistent with the terms of the Registrar & CEO's employment contract and compensation policy and is subject to Board approval. The Executive Committee may consider the annual performance evaluation, internal equity, market information, organizational circumstances, and any other factors it considers relevant.

9. Minutes

The Executive Committee will maintain an appropriate record of the process followed, the Committee's conclusions, and any recommendations made to the Board. Minutes

will document decisions and actions without reproducing confidential survey comments or detailed performance discussions. Evaluation materials, survey responses, reports, and compensation information will be retained securely in accordance with the College's records-retention and privacy requirements, with access limited to those authorized by the Board.

Responsibility and Review

The Executive Committee will periodically review the effectiveness of the annual performance evaluation process and recommend any changes it considers appropriate. The review may consider the relevance of the performance criteria, the quality and usefulness of the feedback received, the effectiveness of the survey and reporting process, participant understanding of their roles, and whether the process remains fair, timely, proportionate, and aligned with the Board's governance responsibilities.

4.15. Elections Campaigning Policy

Purpose

To establish clear and fair expectations for elections campaigning and support a transparent, respectful and equitable election process.

Scope

This policy applies to all registrants running for Board and all Board Members.

Procedure

An eligible Massage Therapist who has been duly nominated in accordance with **By-law No. 2 – Election of Members to the Board** shall provide a candidate statement which will be made available to eligible voters.

Guidelines

Candidate Statements must:

- focus on the candidate's qualifications, competencies, experience, and perspectives relevant to the College's mandate and the role of a Board member.
- be respectful, professional, accurate and free from any misleading, discriminatory, offensive, harassing or inappropriate content, reflecting the College's values and standards of ethical conduct.
- not comment on confidential College matters or any non-public information acquired through current or former College appointments, committee participation, or other regulatory activities.
- not suggest that Board members act as representatives or advocates for registrants or any particular group of registrants.

Social Media

Candidates who choose to promote their candidacy through *LinkedIn* and other social media platforms must ensure **all campaign material** meet the required guidelines.

Current Board Members

In accordance with Board policy 2.3.1. The Board Chair participates in recruitment. Participation may include answering registrant questions about the Board, encouraging registrants to run including through CMTO sponsored social media campaigns or other activities as needed.

Board members who have completed 9 years or are otherwise ineligible to run for a seat on the Board, may also be asked to encourage registrants to run for a seat on the Board.

The Board Chair and current Board members occupy positions of trust and must maintain impartiality throughout the election process. Accordingly, current Board members must not publicly endorse or oppose any candidate in a College election.

This policy will be provided to all candidates following confirmation of their nomination.

Violations and Consequences

Candidates may be required to amend their candidates statement, profile or campaign material to align with these requirements.

Responsibility and Review

The Governance Committee is responsible for monitoring, compliance and reviewing concerns and updating the policy as needed or at least every three years to ensure continued relevance and compliance with applicable by laws and best practices.

Frequently Asked Questions

When can campaigning begin and end?

Campaigning can begin once your candidate statement has been accepted and posted to the CMTO website and ends when the polls close.

What campaign activities are prohibited?

Candidates are prohibited from contacting voters directly.

Can I use social media to campaign?

You can use social media to campaign as long as your material adheres to the standards set in the Elections Campaigning Policy.

Can I contact registrants directly?

You may not contact registrants directly.

Can the College provide me with the contact details of members in my district?

Due to privacy laws, the College will not provide you with the contact details of members in your district.

Can I campaign at College events or meetings?

You may not use official College events and meetings to campaign for your election.

Can I use the College's logo or branding in my campaign materials?

You may not use the College's logo or branding in your campaign material.

Can I distribute campaign materials through the College?

The College will distribute your Candidate Statement to registrants in your district and ensure it is available to registrants through the College website and the voting platform.



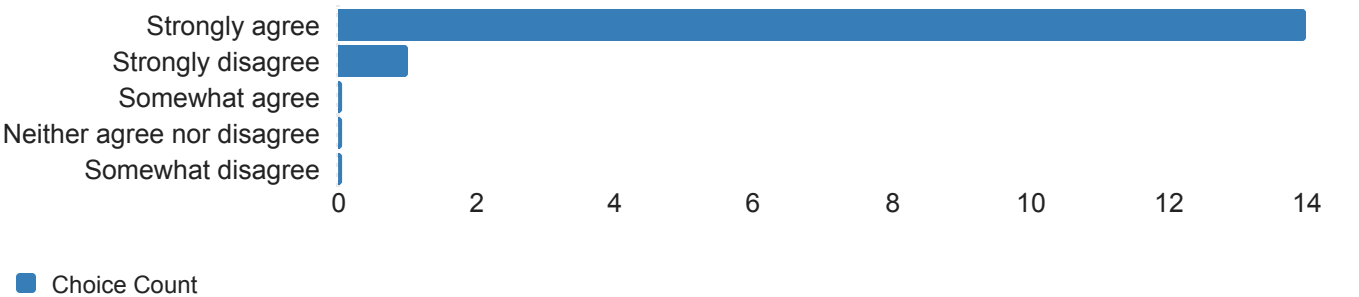
College of
Massage
Therapists of
Ontario



CMTO Board Meeting Evaluation Survey Results

June 9, 2026

Q2 - The meeting package was received with sufficient time to allow me to prepare.



Q3 - Do you have any comments you would like to share?

Do you have any comments you would like to share?

Meeting packages are always delivered timely and organized.

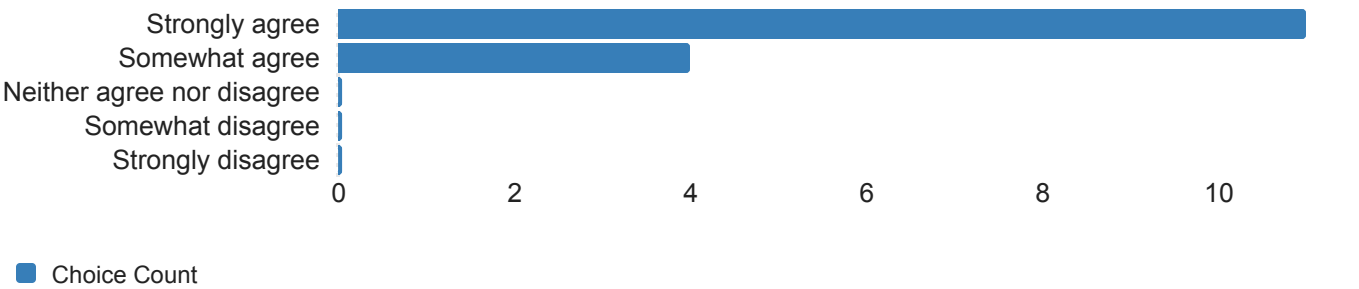
Lots and lots of stuff.

Lots of time to review the material. Thank you for having materials available for just over a week. Greatly appreciated!

The addition of a other weekend with the materials helps with preparation.

The package is well organized and contains sufficient detail.

Q4 - The materials were relevant to the agenda, appropriate to the Board's role, and sufficient to assist me in forming an opinion on matters before the Board.



Q5 - Do you have any comments you would like to share?

Do you have any comments you would like to share?

I found it helpful to hear from the RMTAO directly.

Some of the Accreditation update data material could have been shared in advance as pre-read, instead of having the presenter go through the detailed data slides. The agenda time could have then been more focused on discussion vs data presentation.

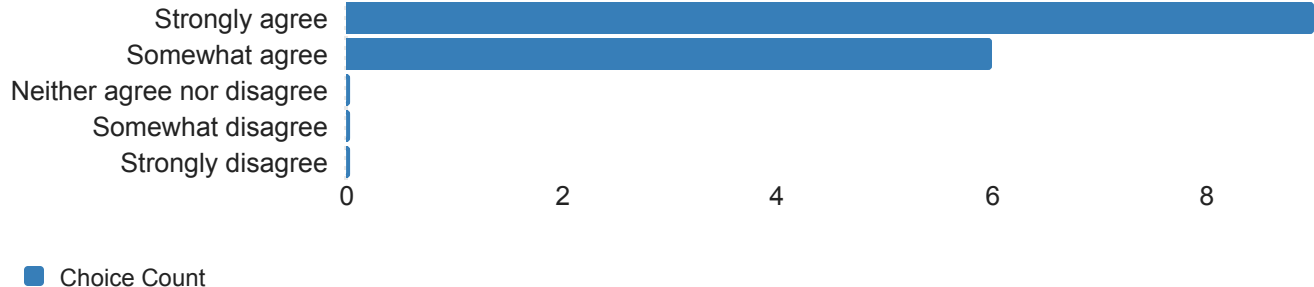
Topics reflected the workplan and tie in to the Strategic Plan.

The materials on the fee increase could have had more detail.

The RMTAO information was very brief. I would have appreciated their slide deck or some version as a briefing note in advance. Do we give guidance to external presenters on what information to include in advance?

Some people seemed to be caught off guard that the RMTAO was presenting.

Q6 - Time was used effectively, discussions were focused, and the Board avoided getting into administrative/management details.



Q7 - Do you have any comments you would like to share?

Do you have any comments you would like to share?

The board was engaged and prepared. Many with great questions.

Some drifting, anecdotes, brought back on track by the Chair.

This was more evident at the education day, but board members should listen to what their peers have asked to avoid duplicate questions.

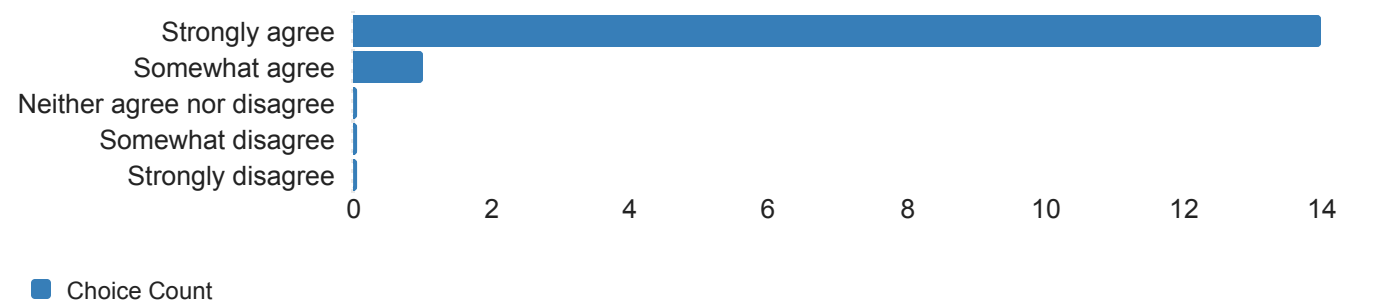
No.

Some questions were too detailed/operational and perhaps not appropriate for board level e.g. license insurance.

The Board rarely strays into admin matters. When it does, the Chair refocuses the meeting to pertinent discussion

I continue to see improvement in how fulsome and substantive our meetings are and never feel we are "rubber stamping". One observation is that we ask strong and thoughtful questions, but don't necessarily engage in broader discussion. There isn't necessarily a place for members to articulate their perspectives so meeting tone can end up as an inquisition. I wonder if some board members don't participate because they are in agreement and don't need further explanation. Is there value in allowing members to voice support, acknowledge the historical context and quality of the work that informed a decision? I am curious if this is something we want to encourage more intentionally or if time constraints make that too difficult.

Q8 - Disagreements were handled openly and honestly. There was a positive climate of trust and respect.



Q9 - Do you have any comments you would like to share?

Do you have any comments you would like to share?

There were disagreements. My observation was that there was no disrespectful behaviour attached.

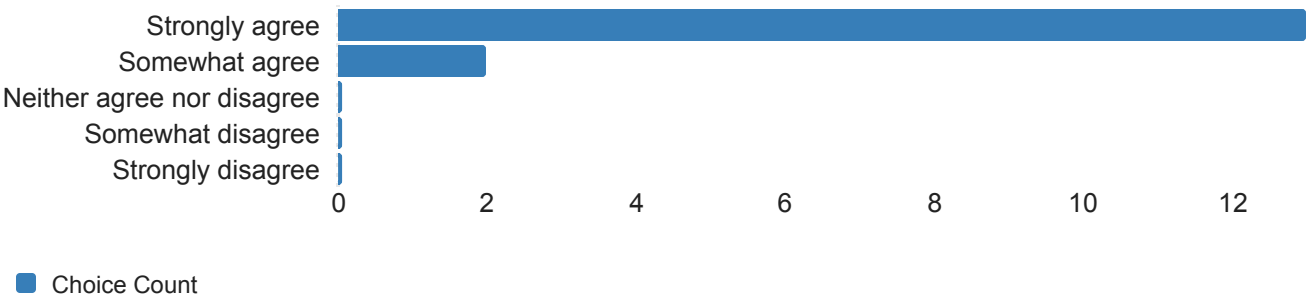
None.

Different views were tabled and heard in a constructive way for some of the decision items e.g. Annual Fee Review, Bylaw 8 amendment.

Don't recall any disagreements.

There were no disagreements.

Q10 - Where appropriate, next steps and action items were clearly identified.



Q11 - Do you have any comments you would like to share?

Do you have any comments you would like to share?

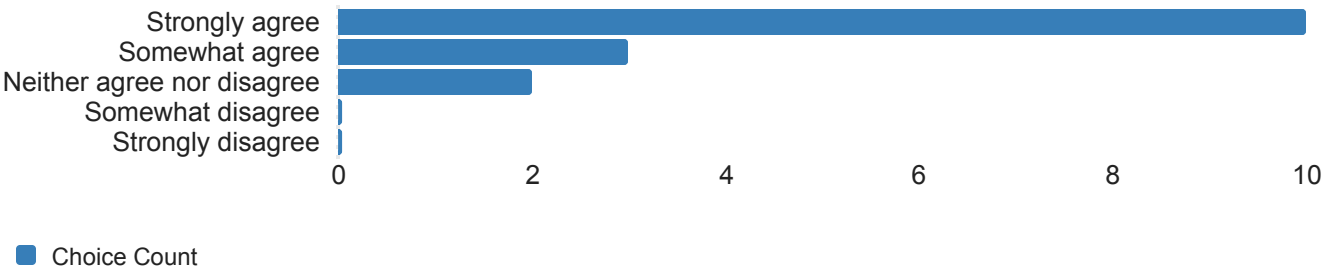
No.

The next steps for the unsupported By-Law 8 amendment motion (re. publishing educational institution and year of graduation) was handled well.

The items are either concluded at the meeting or further action noted and steps identified.

I feel we could have prefaced the RMTAO presentation and next steps differently / more clearly.

Q12 - Members appeared prepared for the meeting, and I was satisfied with the opportunities we had to participate in and contribute to the discussion and debate.



Q13 - Do you have any comments you would like to share?

Do you have any comments you would like to share?

As stated above

Perhaps this question can be split into 2? It's easy to provide feedback on member contribution and discussions however, the comfort and desire (or lack thereof) to contribute to discussions does not necessarily reflect a board member's preparedness for the meetings and I cannot think of any other metric to base my opinion on.

Variety of people participated in discussion. Great discussions, and questions asked.

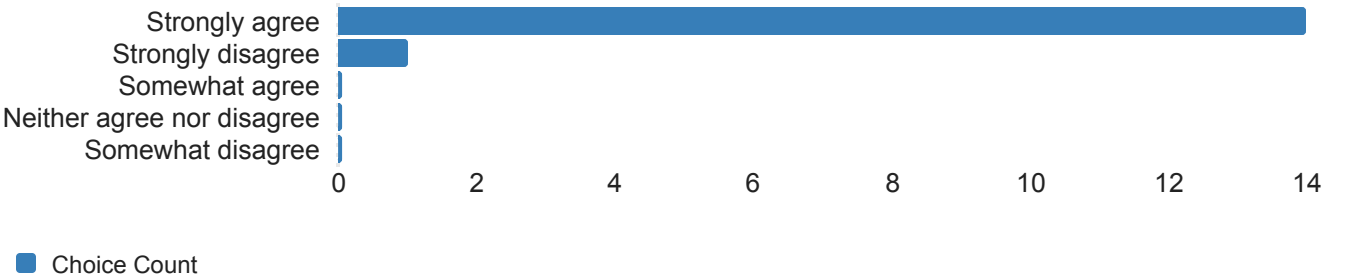
This is a good group.

Discussion re By-Law 8 amendment motion (re. publishing educational institution and year of graduation) was constructive and productive.

It is improving but there needs to be better balance of those participating in the meeting.

Most contributed appropriately.

Q14 - The Chair was effective in allowing all sides to be heard while bringing matters to decision.



Q15 - Do you have any suggestions for improvement or comments about the meeting that you would like to share?

Do you have any suggestions for improvement or comments about the meeting that you would like to share?

We could streamline some of the reports, especially data-based financial reports. While I appreciate it's an important governance matter, it's ultimately something most board members won't be able to properly assess.

The meetings are very efficient and clear direction with great discussions in a positive atmosphere.

It is unfortunate the fan is so loud? Only because the remote people appeared to have a difficult time hearing, and not everyone has the capacity to speak loudly enough.

Perhaps we should confiscate phones. Meeting dates are not onerous in my opinion; it is not like we don't know when they are. I understand that life throws curves, but I am seeing a sense of entitlement at play. We all have the same level of responsibility. (or should have). Perhaps it is time to revisit member expectations.

I sometimes find it distracting and wonder if members are fully present when multiple people at the board table are using their devices for non board related material during the meeting.

Great discussion.

All members on time and in attendance for the duration of the scheduled time.

No.

Further to Accreditation update comment above.....In general, for "discussion/information" agenda items, there should be a clear objective as to why it's on the agenda. And for those items, share as much of the content in advance as pre-read, instead of having the presenter go through the detailed slides. The agenda time could then be more focused on discussion vs data presentation.

Everyone is given the opportunity to contribute. The room does seem more crowded and acoustics are bad, so everyone needs to be reminded to project their voice. Especially me.

The new format for presenting the financial statements doesn't seem as thorough. I worry that someone watching or reviewing the video without referencing the meeting package might see this as the College decreasing the amount of financial information we are providing. I know the information is in the package and that it has been thoroughly done but, I preferred the line by line with expansion on large variances that we used to do.

During the fee discussion we had a fair number of questions answered but the discussion of merits and drawbacks of each option were limited. Felt the matter was brought to vote quickly due to time it took to answer questions and could have used more discussion time.

I do not.

I recognize that Board Members may need their phones accessible for dependents/urgent circumstances, but routine engagement with devices during meetings can give the impression of distraction. Is it not the norm that Board Member phones remain generally unused?

From the live feed perspective this impression also inadvertently applies to CMTO staff at the board table. They are necessarily making notes, looking things up to answer our questions, or messaging with colleagues to support the meeting. However, it is not always clear when watching who is a board member and who is a staff member. From a public facing perspective maybe we can find a way to clean that up a bit.

Not at this time