

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

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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.

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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.
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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

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