



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

ANNUAL REPORT 2014

Excellence in Governance



Mission

The mission of the CMRTO is to regulate the profession of medical radiation technology to serve and protect the public interest.

Vision

The CMRTO is a future-focused, responsive, collaborative regulator committed to excellence.

Values

Integrity | Fairness | Respect | Professionalism



Table of Contents

President's Message	1
Registrar's Message	3
Report from Council	5
Committee Reports	9
Inquiries, Complaints and Reports Committee	9
Discipline Committee and Hearings	12
Fitness to Practise Committee	12
Patient Relations Committee	13
Quality Assurance Committee	14
Registration Committee	16
Membership Profile	20
Financial Statements	23



President's Message

Donna D. Lewis

As some of you may know, 2014 is my last full year as president of the CMRTO Council and the end of a nine-year 'gig' with the college.

It is something of a cliché in final messages such as this to say how much one has enjoyed working with colleagues and associates. But there is sometimes profound truth to be found in clichés and that is the case for me.

CMRTO staff and Council members are among the most hard working, committed and, yes, fun people with whom I have had the pleasure of working (in spite of the occasional irreverent comment about my pink hair).

Together, and with the help of many CMRTO members, we have accomplished a lot, and no more so than in 2014.

Our progress with respect to ensuring the CMRTO's approach to transparency meets Ontario government and public expectations has been measurable. Accountability and transparency have always been hallmarks of our decision-making, and we described this in detail in a report submitted in November to Dr. Eric Hoskins, Minister of Health and Long-Term Care, at his request. The report outlined how we will add to and strengthen existing measures to enhance transparency.

Over the past three years, our QA Program — always industry leading — has also made great strides, most recently with the introduction, mid-way through 2013, of the ePortfolio developed in response to members' concerns regarding the cumbersome paper-based quality assurance forms. I was gratified to see in 2014 that the QA Committee noted a much higher completion rate for the QA portfolios — at an earlier stage in the review cycle — than in previous years, likely in part a consequence of the ease of submission through the ePortfolio.

However, I did not have to think hard about which of Council's many accomplishments I am most proud, or believe would have the longest lasting impact on the CMRTO's ability to meet its mandate to protect the public through the self-regulation of the profession.

As I noted in the last annual report, in 2013 we began a comprehensive review of the CMRTO's governance structure and practices. The goal of the review was to ensure the college is meeting or exceeding current expectations for accountability and transparency in its governance tasks.

While 'governance' may seem a dry, even bureaucratic, concept, proper governance structures and policies are essential to efficient, accountable and transparent management of a regulatory college. Governance provides the framework for everything a college does. Without appropriate governance structures, members and the public can't be guaranteed there will be alignment or appropriate linkages between the CMRTO's strategic plan, its direction and decision-making processes and its mandate to protect the public.

The first 'products' of this review were a new mission, vision and values and a new three-year strategic plan announced at the end of 2013. In 2014, the governance work reached completion with new policies and by-law amendments related to the operations of Council and its statutory committees coming into effect in June.

I can confidently say that the governance review has resulted in policies and internal structures, which reflect the maturation of the college and its commitment to open communication and answerability to the public for its actions.

Moreover, it accomplishes something I think all presidents would like to be able to say they have achieved — setting a solid foundation for the future.



Registrar's Message Linda Gough

George Bernard Shaw famously said, *"The single biggest problem in communication is the illusion that it has taken place."*

From my perspective I can say that in 2014 the CMRTO made Herculean efforts to ensure we can't be accused of harboring the illusion we have communicated when we haven't.

Whether addressing new ways to increase awareness and understanding of the role of the CMRTO through communications with members and the public, developing a ground-breaking publication to guide MRTs in communicating with patients, or committing to personal interaction through a series of member workshops, our passion for communication was evident throughout the year.

As the basis for a refreshing of our communications strategy, early in the year members were invited to complete an online survey to tell us how we can best connect with them and the public. Itself a means of 'listening' and 'speaking to', the survey examined members' use of, and comfort with, new social media technologies and the CMRTO website, solicited ideas for improvements in the CMRTO's communication processes and sought recommendations on new ways to provide members with the information they need from the college.

The strategy that grew out of the member survey is already being implemented: We launched a lovely new website, began using such interactive social media engagement tools as Facebook, LinkedIn and Twitter, and made email communication with the college simpler. Surely a highlight for me of the fall workshops discussed below was the opportunity to post pictures of these events on our new Facebook page!

While the move to digital from paper communications is inevitable for many reasons (including the cost savings that can be achieved), the CMRTO is still committed to personal interaction. In the fall, I undertook workshops throughout the province to introduce our new communication strategy and guidelines for patient communications and changes to the CMRTO website. And the workshops will become an annual event as recommended in our communications strategy.

Those who attended those workshops will know, however, how proud I am of the ground-breaking step CMRTO has taken in producing a comprehensive roadmap for MRTs' interactions with patients. Called 'What you must know about...communicating with patients' the publication provides guidance on establishing a professional and caring relationship with patients and their families.

Designed to build on the CMRTO Standards of Practice and Code of Ethics, its goal is to help MRTs achieve safe, effective and ethical outcomes for patients when they speak with patients and their families and when they perform diagnostic and therapeutic procedures.

Moreover our new communication guidelines bring our practices in line with the highest standards of patient- and family-centred care — respect and dignity, information sharing, participation, and collaboration — as defined by the Institute for Patient- and Family-Centered Care. And they support the Ontario Ministry of Health and Long-Term Care's request of all health regulatory colleges to embrace new transparency initiatives in order to ensure Ontarians have access to information that is relevant, timely, useful and accurate.

Reflecting on 2014, I am convinced that if Mr. Shaw perused the CMRTO's member survey, our new communications strategy and patient communication publication, our refreshed website and posts on social media, our pledge of personal interaction, and our transparency initiatives he would agree that the CMRTO's commitment to communication is not an illusion.

Report from Council

Council

Members

Donna D. Lewis, President	MRT(T)	District 5 - Radiation Therapy
Bronwen Baylis, Vice-President	MRT(R)	District 4 - Radiography
Elaine Bremer	Public Member	
Patrice Burke	Public Member	
Mary Ann Ginty	MRT(R)	District 1 - Radiography
Robert Kamen	MRT(N)	District 6 - Nuclear Medicine (to June 19, 2014)
Claudina Di Zio (Dina) Longo	MRT(R)	District 3 - Radiography
Franklin Lyons	Public Member	
Elnora Magboo	Public Member	
Hal McGonigal	Public Member	
Jay Neadles	MRT(MR), MRT(R)	District 8 - Magnetic Resonance
Cathryne Palmer	MRT(T)	District 7 - Faculty
Ghulam Sajjan	Public Member	(to September 11, 2014)
Tarlok Singh	Public Member	(to September 16, 2014)
Wendy Rabbie	MRT(R)	District 2 - Radiography
Sandra Upton	MRT(N)	District 6 - Nuclear Medicine (from June 19, 2014)

Executive Committee

Members

Donna D. Lewis, President	MRT(T)	Council Member
Bronwen Baylis, Vice-President	MRT(R)	Council Member
Robert Kamen	MRT(N)	Council Member (to June 19, 2014)
Elnora Magboo	Public Member	Council Member
Jay Neadles	MRT(MR), MRT(R)	Council Member
Ghulam Sajjan	Public Member	Council Member (to September 11, 2014)

Council is delighted to provide the following summary of what has been an exciting and very productive year for Council, its statutory committees and CMRTO staff.

New Communications Strategy

In March 2014, the CMRTO invited MRTs to participate in a short survey on how the CMRTO provides important information to MRTs and the public across the province, as part of a planning exercise to develop a new communications strategy led by CMRTO's communications firm — H+K Strategies.

One of the key goals in CMRTO's 2014-2016 Strategic Plan is to increase awareness and understanding of the role of the CMRTO through communications with the public, stakeholders and members. With this as the focus, the goal of the research and communications strategy process was to ensure the CMRTO provides MRTs and the public with information in ways that are most convenient and useful.

The information gathered from the survey resulted in many recommendations from H+K Strategies which were approved by the CMRTO Council at its meeting in June 2014. The CMRTO website was identified as one of the most effective ways to communicate with MRTs and the public. It was recommended that the CMRTO website should be enhanced and altered to become a hub for communications rather than an archive of materials.

Governance Project

In early 2013, Council approved and launched a comprehensive review of its governance structure and practices, the goal of which was to ensure the CMRTO meets or exceeds expectations for accountability and transparency in its governance tasks. Key outcomes including a revised mission, vision and values and a strategic plan for 2014-2016 were achieved throughout 2013.

In June of 2014, the Governance Review was completed with new policies and by-law amendments related to Council and Committees coming into effect. The Governance Review was completed on schedule and on budget.

Through this review, the CMRTO has built upon its current excellent reputation and work in serving and protecting the public of Ontario through the self-regulation of the profession of medical radiation technology. Our good governance practices are true to the regulatory and public interest mandate of the organization and responsive to the changing environment.

New Website

Throughout the summer of 2014, culminating in a September go-live date, CMRTO staff worked furiously with Adxstudio and Crescent Design, to design and implement an enhanced website to provide the public and MRTs with information in ways that are convenient and useful. For example, we've made it easier to navigate so you can find what you need faster. However, functionality of the Online Member Service and the public register remain the same, only the appearance has changed. In part, the redesigned website is meant to facilitate a move over the next three years away from depending on print publications in favour of more web-based communications and e-versions of our current publications and other communications tools that provide information faster and more frequently.

Social Media

In October 2014, CMRTO launched the CMRTO Facebook page, quickly followed by a LinkedIn page, with both now having many followers. A blog and Twitter account will be up and running in 2015.

Communications Workshops with patients and MRTs and new Communications Guidelines

The summer of 2014 CMRTO started drafting a new and important publication 'What you must know about (WYMKA)...communicating with patients'. A focus group of 57 MRTs and patients was held on August 26, 2014 to review and revise the communication and touching principles and the draft WYMKA. Other participants included public members of Council and representatives from the CAMRT and the OAMRS. The focus group was a great success with thoughtful engagement from all participants.

The objectives of the focus group included:

- Reviewing the practice standard and code of ethics regarding MRT relationships with patients
- Considering a presentation from a patient- and a family-centred care advocate
- Reviewing and refreshing the CMRTO's previous communication and touching principles to provide guidance to MRTs on communicating with patients
- Validating the refreshed communication and touching principles using data from prior patient complaints received by the CMRTO
- Providing feedback on the draft document 'What you must know about...communicating with patients'

The revised WYMKA was approved by Council in September 2014 and was posted to the CMRTO website and sent to all MRTs in October.

Registrar's Workshops

To help MRTs understand the new CMRTO guidelines on how to communicate effectively with patients and their families and to review the CMRTO's new communication strategy and the new website as well as provide an update on the CMRTO quality assurance program, the Registrar, Linda Gough presented a series of communications workshops across Ontario.

The workshops, conducted in October 2014, were well received and served not only as an opportunity to share the new CMRTO publication, 'What you must know about (WYMKA)...communicating with patients', but also contributed to the CMRTO's goal of improving MRTs' understanding of their own professional responsibilities. The WYMKA is an innovative document that is particularly timely given the MOHLTC's mandate of patient-centred care.

Strategic Plan

2014 was the first year for the new CMRTO mission statement, vision and values which were approved by Council in December 2013. This significant development came as a result of CMRTO's undertaking of a strategic planning process to identify the direction for the CMRTO over the next three years, 2014-2016. For this process, through an environmental scan, the CMRTO asked key stakeholders, policy makers, agencies and associations to identify issues that the CMRTO needs to consider and address.

The major themes we heard were: the rapid implementation of new diagnostic and therapeutic technologies, increased public expectation for greater transparency and accountability of all health professionals, the increased priority of both interprofessional models of health care and quality of care, greater use of technology in facilitating communications, and demographic trends affecting both the patients served and MRTs themselves. Council reflected on stakeholder input, discussed the future, and identified key themes of future priority. These themes were elaborated on in a process that engaged all CMRTO staff. Through these steps, the Strategic Plan was developed and refined, and approved by Council in December 2013.

The Strategic Plan is intended to focus our activities for the next three years while we continue to meet our legislated obligation to regulate the profession of medical radiation technology to serve and protect the public interest.

The CMRTO Council reviews the Strategic Plan annually to update it as necessary given developments internally and externally. Dr. Eric Hoskins, Minister of Health and Long-Term Care, in a correspondence from October 28, 2014 asked that colleges make transparency a priority objective in each of our strategic plans. CMRTO Council amended our strategic plan at their meeting on December 9, 2014 to include the directive and to add the development and implementation of transparency initiatives to our enabling goals.

Transparency Project

In October 2014, the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, requested all of Ontario's health regulatory colleges to submit a report to the Minister outlining their transparency initiatives to ensure that all Ontarians have access to information that is relevant, timely, useful and accurate. Colleges have been asked to make transparency a priority in their strategic plans, to develop and establish measures that will increase transparency regarding college processes and decision-making, and to take steps that will make more information available to Ontarians.

On November 28, 2014, the CMRTO submitted its report to Minister Hoskins. The report sets out the CMRTO's transparency initiatives and how they will add to and strengthen the existing measures that we have in place to enhance transparency. CMRTO has always taken - and continues to take - initiatives that confirm our commitment to making accountability and transparency the keystones of our decision-making and our strategic direction. Council completed a comprehensive review of its governance structure and practices, the goal of which was to ensure the CMRTO is meeting or exceeding current expectations for accountability and transparency in its governance. In 2013, we expanded the information available on the public register about MRTs and approved a new strategic plan. In 2014, Council approved a new communications strategy for the next three years.

Committee Reports

Inquiries, Complaints and Reports Committee

Members

Wendy Rabbie, Chair	MRT(R)	Council Member
Bronwen Baylis	MRT(R)	Council Member
Elaine Bremer	Public Member	Council Member (from June 19, 2014)
Patrice Burke	Public Member	Council Member
Angela Cashell	MRT(T)	Appointed Member
Benoit Guibord	MRT(T)	Appointed Member
Jane MacFayden	MRT(MR), MRT(R)	Appointed Member
Ghulam Sajjan	Public Member	Council Member (to September 11, 2014)
David M. Wilson	MRT(N)	Appointed Member

The Inquiries, Complaints and Reports (ICR) Committee is the statutory committee under the *Regulated Health Professions Act* (the RHPA) responsible for handling all complaints, reports and inquiries regarding member conduct.

The Chair of the ICR Committee has appointed two separate panels, the Inquiry Panel and the Complaints and Reports Panel. The panels hold separate meetings and deal with distinct matters and therefore their data is tracked separately.

Inquiry Panel

Inquiry cases involve issues related to a member's fitness to practise. The inquiry is focused on identifying if a member is suffering from a physical or mental condition or disorder, the nature and extent of the condition or disorder and whether to refer the matter to the Fitness to Practise Committee for a hearing. These cases are handled by the Inquiry Panel of the ICR Committee.

Complaints and Reports Panel

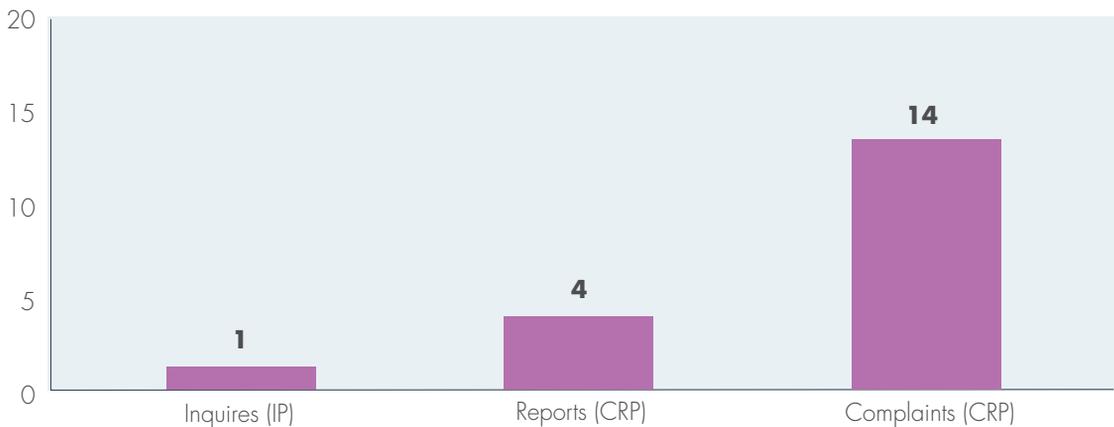
Complaint cases are opened when the CMRTO receives a written/recorded complaint regarding the conduct of a member. These cases are investigated by the Complaints and Reports Panel of the ICR Committee.

The Complaints and Reports Panel of the ICR Committee also considers reports made by the Registrar regarding the results of an investigation conducted by an investigator appointed by the Registrar. With the approval of the ICR Committee, the Registrar may appoint an investigator to conduct an investigation to determine whether a member has engaged in professional misconduct or is incompetent.

In 2014, panels of the Inquiries, Complaints and Reports Committee reviewed a total of 19 cases, 3 of which were carried forward from 2013. Of those cases, 14 were complaints, 4 were reports and 1 was an inquiry. Panels of the Inquiries, Complaints and Reports Committee issued a total of 8 decisions.

Below are charts that show the outcomes of the decisions issued by the ICR Committee in 2014, as well as a breakdown of the complaints and reports by the related practice standard. Please note that a decision may involve more than one outcome and more than one practice standard.

Total number of cases reviewed by panels of the ICR Committee in 2014



IP – Inquiry Panel CRP – Complaints and Reports Panel

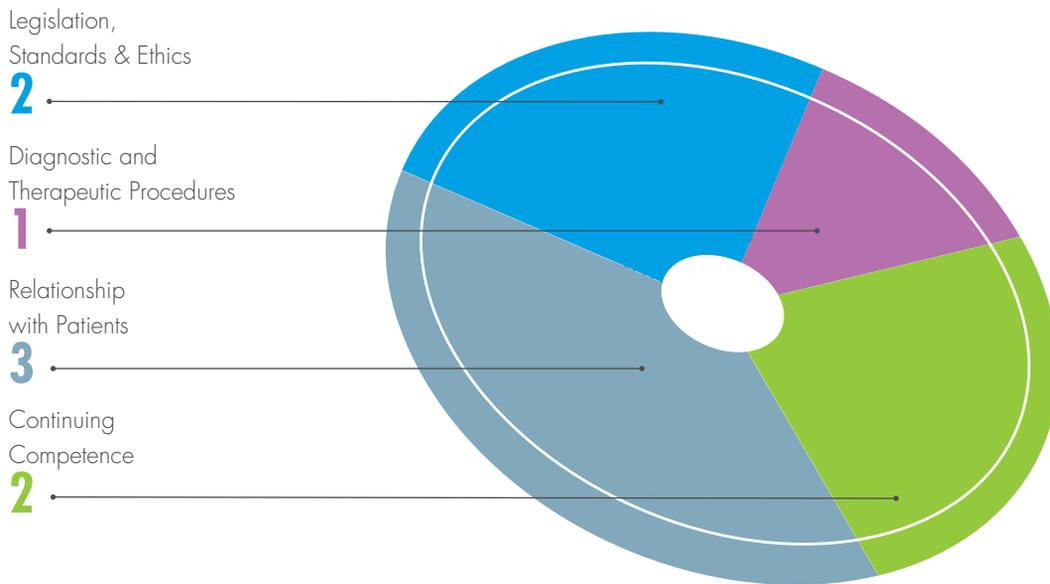
Decision outcomes issued by panels of the ICR Committee in 2014



*SCERP – specified continuing education and remediation program

*A&U – Acknowledgement & Undertaking

Complaints/Reports Decisions by Practice Standard 2014



A complaint or report may involve more than one Practice Standard. The total number of Practice Standards may not be equal to the total number of complaints and reports decisions issued. The Practice Standard involved in a complaint or report are assigned at the time the decision is issued.

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) is an agency of the government, independent of the CMRTO that is responsible for reviewing the decisions of the Inquiries, Complaints and Reports Committee regarding complaints. HPARB can review both the adequacy of the investigation and the reasonableness of the decision. A review may be requested by either the complainant or the member who is the subject of the complaint.

In 2014 there were two HPARB matters carried over from 2013. In both cases, HPARB confirmed the decision of the Inquires, Complaints and Reports Committee. In 2014 there was also one new request made to HPARB for a review. The review of this matter was not held in 2014.

Discipline Committee

Members

Claudina Di Zio (Dina) Longo, Chair	MRT(R)	Council Member
Ebenezer Adiyiah	MRT(R)	Appointed Member (from June 19, 2014)
Martin Chai	MRT(T)	Appointed Member
Lisa Di Prospero	MRT(T)	Appointed Member
Gina Du	MRT(N)	Appointed Member
Mary Ann Ginty	MRT(R)	Council Member
Franklin Lyons	Public Member	Council Member (from June 19, 2014)
Hal McGonigal	Public Member	Council Member
Hilda Pope	MRT(MR)	Appointed Member
Ghulam Sajjan	Public Member	Council Member (to September 11, 2014)
Tarlok Singh	Public Member	Council Member (to June 19, 2014)

The Discipline Committee is responsible for holding hearings related to professional misconduct and incompetence matters referred by the Inquiries, Complaints and Reports Committee.

There were no referrals to the Discipline Committee in 2014 and therefore there were no hearings held in 2014.

Fitness to Practise Committee

Members

Mary Ann Ginty, Chair	MRT(R)	Council Member
Michael Burnet	MRT(R)	Appointed Member (from June 19, 2014)
Liz Lorusso	MRT(MR), MRT(R)	Appointed Member
Julie Mathewson	MRT(N)	Appointed Member (to June 19, 2014)
Hal McGonigal	Public Member	Council Member

The Fitness to Practise Committee is responsible for holding hearings related to incapacity matters referred by the Inquiries, Complaints and Reports Committee.

There were no referrals to the Fitness to Practise Committee in 2014 and no hearings were held in 2014.

Patient Relations Committee

Members

To June 19, 2014

Bronwen Baylis, Chair	MRT(R)	Council Member
Komal Mazhar	MRT(N)	Appointed Member
Tarlok Singh	Public Member	Council Member
Jennifer Stones	MRT(T)	Appointed Member

From June 19, 2014

Donna Lewis, Chair	MRT(T)	Council Member
Bronwen Baylis	MRT(R)	Council Member
Elnora Magboo	Public Member	Council Member
Jay Neadles	MRT(MR), MRT(R)	Council Member
Wendy Rabbie	MRT(R)	Council Member
Ghulam Sajjan	Public Member	Council Member (to September 11, 2014)

The role of the Patient Relations Committee is to advise Council on the Patient Relations Program, and other matters related to enhancing the relationship between the public and MRTs.

The Patient Relations Program includes measures for preventing and dealing with sexual abuse of patients, including educational requirements for members, guidelines for the conduct of members with their patients, training for CMRTO staff and the provision of information for the public.

As a result of a governance review, in 2014 the Executive Committee began to also act as the Patient Relations Committee, reflecting the importance of the role and the fact that the Patient Relations Program and any patient relations initiatives should permeate all activities undertaken by the CMRTO and should not be restricted to the activities of a single committee.

The Patient Relations Committee is also responsible for administering the fund for therapy and counseling for patients who have been sexually abused by a member. There were no requests for funding for therapy or counselling in 2014.

Quality Assurance Committee

Members

Donna D. Lewis, Chair	MRT(T)	Council Member
Sylvie Ferguson	MRT(R)	Appointed Member
Thomas (Tom) Holland	MRT(R)	Appointed Member
Hal McGonigal	Public Member	Council Member
Merrylee McGuffin	MRT(T)	Appointed Member (from June 19, 2014)
Sandra Upton	MRT(N)	Council Member (from June 19, 2014)
Tammy Urso	MRT(N)	Appointed Member

The role of the Quality Assurance Committee is to develop and administer a quality assurance program that includes:

- continuing education or professional development to promote continuing competence and continuing quality improvement among the members,
- self, peer and practice assessments, and
- a mechanism to maintain members' participation in, and compliance with, the program.

The Quality Assurance Committee held nine days of meetings in 2014. In 2014, 13% of the CMRTO membership was randomly selected to participate in the QA program. 10% of the CMRTO membership was required to submit their QA Portfolio and 3% of members were selected to participate in a peer and practice assessment by means of a multi-source feedback (MSF) assessment.

Quality Assurance Portfolio

The Quality Assurance (QA) Portfolio is completed each calendar year by every member. It includes a self-assessment based on the standards of practice, a QA profile which describes the MTR's practice, and a method to keep a record of the continuing education and professional development activities completed each year. Each member is required to complete and record at least 25 hours of continuing education and professional development activities each year. A member may be requested to submit the QA Portfolio for assessment by the QA Committee.

Due to the successful implementation of the ePortfolio in 2013, the CMRTO was able to increase the number of members randomly selected to submit their QA Portfolio for assessment from 3% to 10% for the year ending December 2014. Over 650 members were required to submit their QA Portfolios either by ePortfolio or print version. 97% of members submitted electronically by ePortfolio this year as compared to 87% in 2013.

Quality Assurance Portfolio Statistics for 2014

2014 Total Number of QA Portfolios Assessed

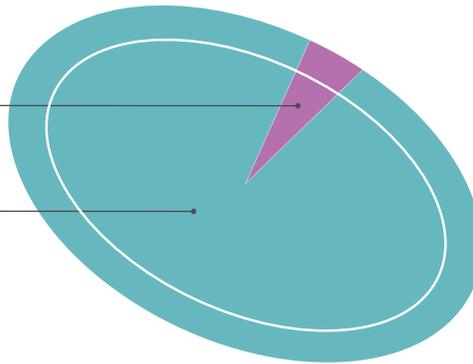
QA Portfolio Print version: 25

3.8%

QA ePortfolio: 634

96.2%

Total number of QA Portfolios assessed: 659



Multi-Source Feedback (MSF) Assessment

The peer and practice assessment by means of a multi-source feedback survey is completed by individual MRTs selected by the QA Committee in accordance with the QA regulation. This assessment includes a self, peer and co-worker, and patient assessment of an MRT's practice, based on the standards of practice. A report of this assessment is prepared by the QA Committee, a copy of which is provided to the MRT.

The Multi-Source Feedback (MSF) peer and practice assessment was redesigned in 2014. Previously the MSF assessment was used for MRTs in clinical practice who had sufficient number of peers, co-workers and patients to complete the survey. It was not suitable for those MRTs who practised in individual practice settings such as clinics as they may not have sufficient peers and/or co-workers, or those not involved in clinical practice. In 2014 surveys were designed to include MRTs who may not have enough peers and co-workers or are practising without patient contact, such as educators, PACs administrators, or managers.

Over 200 members were required to participate in the MSF assessment in 2014. With the redesign in the assessment only 14 (6.9%) members did not meet the criteria to participate in the MSF assessment process and were required to submit their QA Portfolio instead.

2014 Total Number of Members selected to complete MSF assessment

Resigned -11

5%

Changed from MSF to QA Portfolio -14

7%

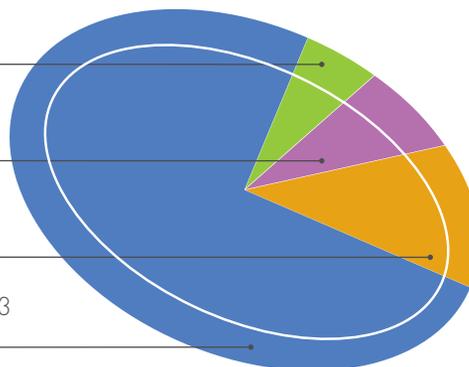
Complete Self and Peers & Co-workers only -28

13.0%

Complete Self, Peers & Co-workers, and Patients -163

75.5%

Total number of MRTs selected to complete MSF assessment: 205



Registration Committee

Members

Tarlok Singh, Chair	Public Member	Council Member (to September 16, 2014)
Elnora Magboo, Chair	Public Member	Council Member (member of Committee from June 19, 2014 and Chair from September 16, 2014)
Cathryne Palmer	MRT(T)	Council Member
Valentina Al-Hamouche	MRT(R)	Appointed Member (from June 19, 2014)
Janet Scherer	MRT(R)	Appointed Member
Anna Simeonov	MRT(MR), MRT(R)	Appointed Member
Alan Thibeau	MRT(N)	Appointed Member

The role of the Registration Committee is to consider applications for registration with the CMRTO that have been referred by the Registrar because the Registrar has doubts that the applicant fulfills the registration requirements set out in the registration regulation. The Committee assesses applicants' qualifications to practise medical radiation technology in Ontario in an equitable, fair and consistent manner for all applicants.

The Registration Committee held eight days of meetings and one teleconference meeting to discharge its statutory responsibilities in 2014. During these meetings, the Committee reviewed and approved the following:

Internationally Educated Applicants

- Reviewed 81 applications for registration from internationally educated individuals
- Issued 62 decisions where the panel approved 62 applications for registration following the completion of certain requirements, including the successful completion of the CMRTO approved examination (the Canadian Association of Medical Radiation Technologists' national certification examination)

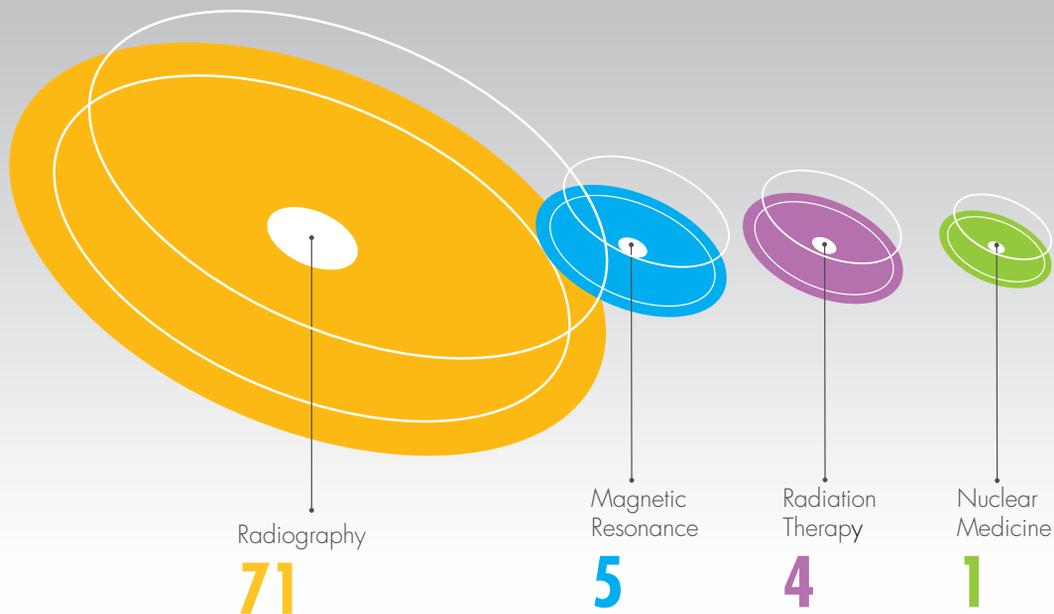
Ontario Educated Applicants

- Reviewed one application for reinstatement from a past member
- Reviewed one application for registration from an Ontario applicant
- Issued two decisions where the panel approved the application for registration following the completion of certain requirements

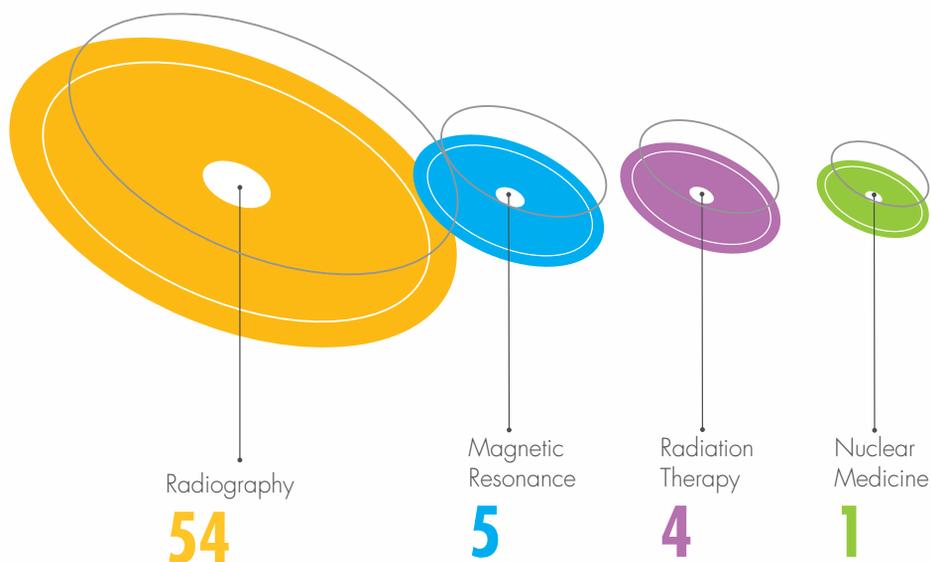
Office of the Fairness Commissioner

The CMRTO submitted the 2013 Fair Registration Practices Report to the Office of the Fairness Commissioner in February 2014.

Total number of applications reviewed by the Registration Committee by specialty - 2014

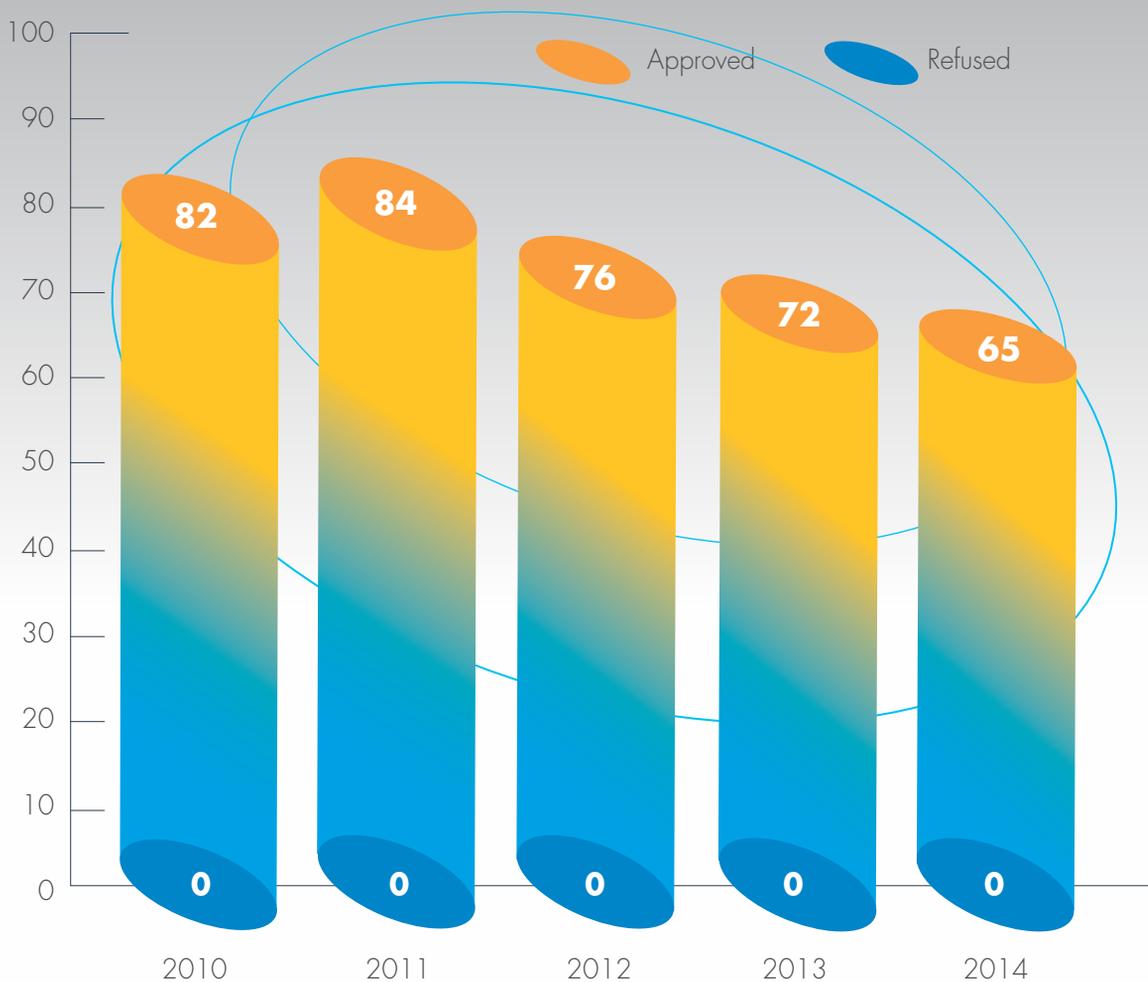


Decisions issued by the Registration Committee by specialty - 2014



*The total number of decisions may not correspond to the total number of applications reviewed as decisions may be pending receipt of additional information or decisions may be issued for applications reviewed in the previous calendar year.

Decisions issued by the Registration Committee annually from 2010-2014



*The total number of decisions issued by the Registration Committee includes all decisions for applications referred to the Committee including Ontario educated applicants, internationally educated applicants and past members.

Total number and type of applications received - 2014

International applications	64
Canadian applications (labor mobility)	2
Canadian applications (non-labor mobility)	17
Ontario applications	364
Reinstatement	163
Total	601

Countries in which international applicants completed their education in medical radiation technology - 2014



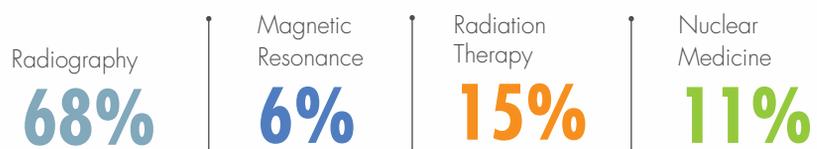
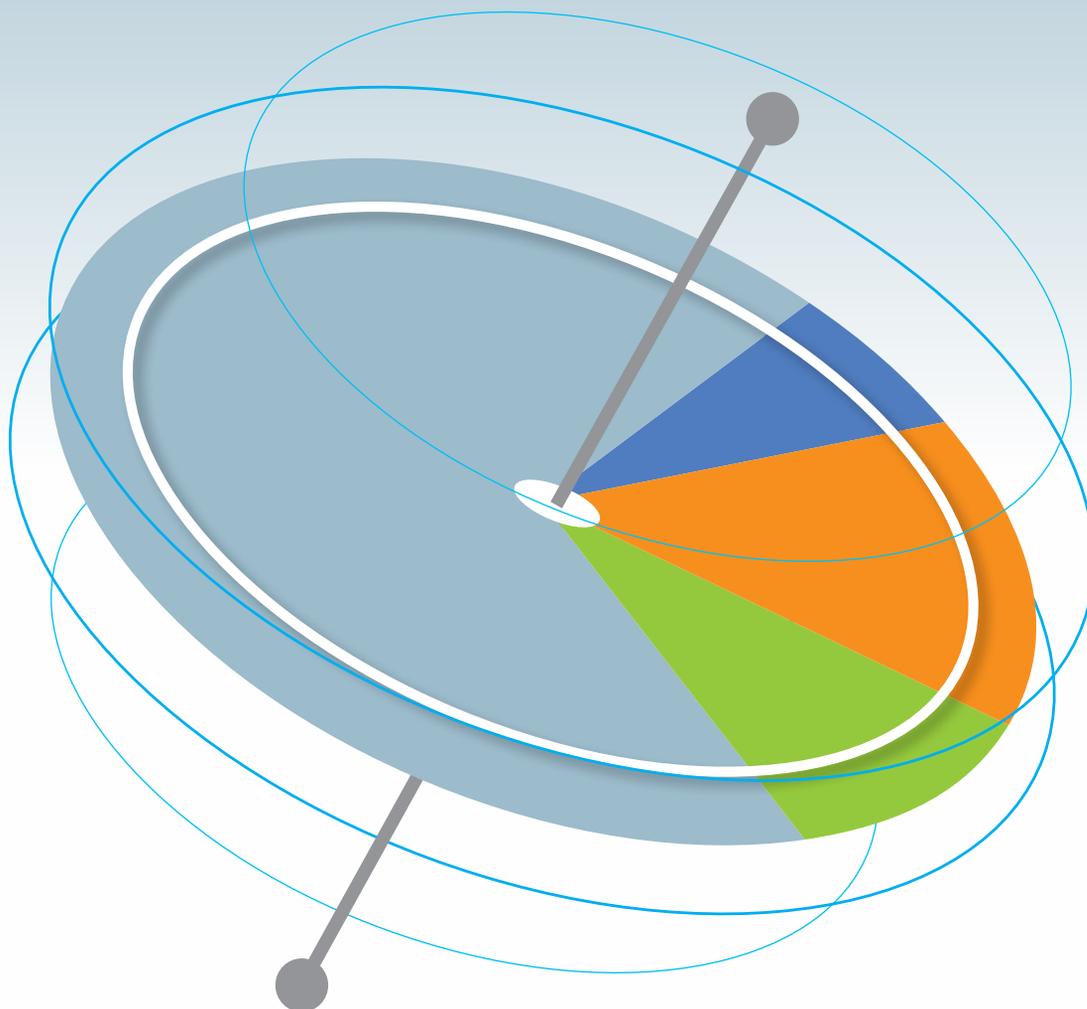
*The total number of countries in which international applicants completed their education in medical radiation technology for new applications received in 2014 does not correspond to the total number of applications reviewed, or decisions issued, as the total number of applications reviewed includes applications returned for review with additional information.

Membership Profile

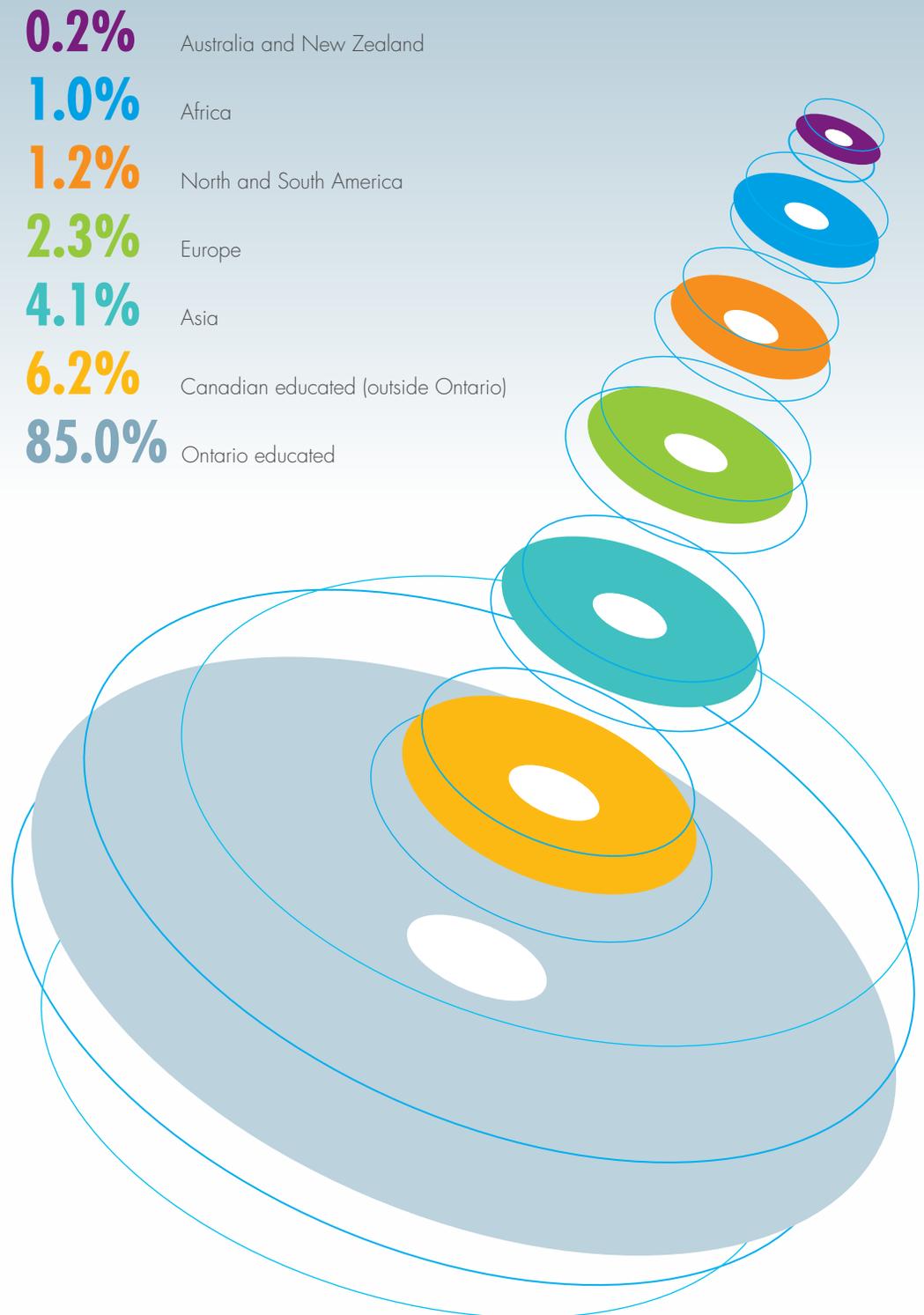
Total Registrants by Status and Primary Specialty

	2014	2013	2012
Active			
Specialty			
Nuclear Medicine	742	749	754
Radiography	4655	4649	4646
Radiation Therapy	1046	1042	1018
Magnetic Resonance	383	402	354
Employment Specific			
Nuclear Medicine	9	10	12
Total Active	6835	6852	6784
Resigned			
Specialty			
Nuclear Medicine	38	45	29
Radiography	285	237	255
Radiation Therapy	74	56	53
Magnetic Resonance	14	17	10
Employment Specific			
Nuclear Medicine	1	2	0
Total Resigned	412	357	347
Suspended (for failure to pay fees)			
Specialty			
Nuclear Medicine	1	0	2
Radiography	4	3	3
Radiation Therapy	2	0	2
Magnetic Resonance	0	1	1
Employment Specific			
Nuclear Medicine	0	0	0
Total Suspended	7	4	8
Total Active, Resigned and Suspended	7254	7213	7139

Active members on December 31, 2014 by primary specialty



Active members on December 31, 2014 by location of initial education in medical radiation technology



Financial Statements





KPMG LLP
Yonge Corporate Centre
4100 Yonge Street Suite 200
Toronto ON M2P 2H3
Canada

Telephone (416) 228-7000
Fax (416) 228-7123
Internet www.kpmg.ca

Independent Auditors' Report

To the Council of The College of Medical Radiation Technologists of Ontario

We have audited the accompanying financial statements of The College of Medical Radiation Technologists of Ontario, which comprise the statement of financial position as at December 31, 2014, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of The College of Medical Radiation Technologists of Ontario as at December 31, 2014, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Chartered Professional Accountants, Licensed Public Accountants
March 27, 2015
Toronto, Canada

Statement of Financial Position

December 31, 2014, with comparative information for 2013

	2014	2013
Assets		
Current assets:		
Cash	\$ 255,991	\$ 112,505
Accounts receivable and prepaid expenses	60,270	58,121
	316,261	170,626
Capital assets (note 2)	633,204	677,680
Investments (note 3)	1,687,278	1,591,585
	\$ 2,636,743	\$ 2,439,891
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 133,924	\$ 97,356
Deferred revenue (note 4)	1,562,162	1,567,725
	1,696,086	1,665,081
Deferred lease inducements (note 5)	140,122	168,146
Net assets:		
Invested in capital assets	493,082	509,534
Unrestricted	307,453	97,130
	800,535	606,664
Commitments (note 7)		
	\$ 2,636,743	\$ 2,439,891

See accompanying notes to financial statements.

On behalf of the Council:



Member



Member

Statement of Operations

Year ended December 31, 2014, with comparative information for 2013

	2014	2013
Revenue:		
Fees	\$ 3,328,179	\$ 3,277,341
Investment, net (note 3)	110,131	(16,324)
	3,438,310	3,261,017
Expenses:		
Human resources (note 6)	1,296,275	1,153,716
Operating	718,834	874,618
Communications and legal	566,741	594,918
Projects	174,964	208,818
Committee meetings	129,342	127,363
Education, quality assurance and other	97,202	58,070
Amortization of capital assets	261,081	242,602
	3,244,439	3,260,105
Excess of revenue over expenses	\$ 193,871	\$ 912

See accompanying notes to financial statements.

Statement of Changes in Net Assets

Year ended December 31, 2014, with comparative information for 2013

			2014	2013
	Invested in capital assets	Unrestricted	Total	Total
Net assets, beginning of year	\$ 509,534	\$ 97,130	\$ 606,664	\$ 605,752
Excess of revenue over expenses (expenses over revenue)	(233,057)	426,928	193,871	912
Investment in capital assets	216,605	(216,605)	–	–
Net assets, end of year	\$ 493,082	\$ 307,453	\$ 800,535	\$ 606,664

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended December 31, 2014, with comparative information for 2013

	2014	2013
Cash provided by (used in):		
Operations:		
Excess of revenue over expenses	\$ 193,871	\$ 912
Items not involving cash:		
Amortization of capital assets	261,081	242,602
Amortization of deferred lease inducements	(28,024)	(28,025)
Unrealized loss (gain) on investments	(311)	62,511
Change in non-cash operating working capital	28,856	55,236
	455,473	333,236
Investments:		
Purchase of capital assets	(216,605)	(363,627)
Disposal of investments	2,293,581	1,211,908
Purchase of investments	(2,388,963)	(1,242,136)
	(311,987)	(393,855)
Increase (decrease) in cash	143,486	(60,619)
Cash, beginning of year	112,505	173,124
Cash, end of year	\$ 255,991	\$ 112,505

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended December 31, 2014

The College of Medical Radiation Technologists of Ontario ("CMRTO") was constituted on January 1, 1994 with the proclamation of The Medical Radiation Technology Act. CMRTO's main responsibility is the standard setting and regulation of the medical radiation technologists' profession in Ontario. CMRTO operates as a not-for-profit organization and is not subject to income taxes.

1. Significant accounting policies:

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

(a) Capital assets:

Capital assets are recorded at cost. Amortization of computer hardware, computer software, office equipment and website is provided from the date of acquisition on a straight-line basis at 20% per annum. Leasehold improvements are amortized on a straight-line basis over the term of the lease.

(b) Investments:

Investments are stated at fair value. The change in the difference between the fair value and cost of investments at the beginning and end of each year is reflected in the statement of operations.

Fixed income securities are valued at year-end quoted market prices, where available. Where quoted prices are not available, estimated fair values are calculated using comparable securities. Transaction costs are expensed as incurred.

(c) Revenue and deferred revenue:

Membership and registration fees are recognized as revenue in the fiscal year to which they relate. Fees paid in advance are not considered earned and are recorded as deferred revenue. Grants are recognized as revenue in the year in which the related expenses are incurred.

(d) Deferred lease inducements:

Deferred lease inducements are amortized on a straight-line basis over the term of the lease.

(e) Pension plan:

CMRTO is an employer member of the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer defined benefit pension plan. CMRTO expenses pension contributions when made.

(f) Financial instruments:

CMRTO measures its cash and cash equivalents at fair value. Accounts receivable and accounts payable and accrued liabilities are measured at amortized cost.

(g) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Actual results could differ from those estimates.

2. Capital assets:

			2014	2013
	Cost	Accumulated amortization	Net book value	Net book value
Computer hardware	\$ 133,455	\$ 113,397	\$ 20,058	\$ 18,489
Computer software	665,942	298,121	367,821	448,723
Office equipment	183,822	180,834	2,988	32,736
Website	117,812	23,563	94,249	–
Leasehold improvements	296,446	148,358	148,088	177,732
	\$ 1,397,477	\$ 764,273	\$ 633,204	\$ 677,680

3. Investments:

Investments are carried at fair value and consist of the following:

	2014	2013
Cash and cash equivalents	\$ 174,967	\$ 43,584
Fixed income securities	1,512,311	1,548,001
	\$ 1,687,278	\$ 1,591,585

Net investment revenue consists of the following:

	2014	2013
Interest on investments	\$ 26,187	\$ 54,557
Realized gain (loss) on investments	83,633	(8,370)
Unrealized gain (loss) on investments	311	(62,511)
	\$ 110,131	\$ (16,324)

CMRTO has investments in cash and cash equivalents and fixed income securities which are recorded at fair value. Cash and cash equivalents are instruments in highly liquid investments that are readily converted into known amounts of cash. CMRTO believes that it is not exposed to significant interest rate, market, credit or cash flow risks arising from its financial instruments.

CMRTO does not enter into any derivative instrument arrangements for hedging or speculative purposes.

The fixed income securities bear a yield to maturity from 1.20% to 2.57% (2013 - 1.00% to 9.98%) with staggered maturity dates ranging from March 2015 to December 2019 (2013 - March 2014 to December 2108).

4. Deferred revenue:

	2014	2013
Balance, beginning of year	\$ 1,567,725	\$ 1,523,662
Amounts received	3,245,427	3,224,575
Amounts recognized as revenue	(3,250,990)	(3,180,512)
Balance, end of year	\$ 1,562,162	\$ 1,567,725

5. Deferred lease inducements:

Deferred lease inducements represent the value of the benefits obtained by CMRTO as a result of certain expenditures made by the lessor on behalf of CMRTO as inducements to enter into a long-term lease agreement. These benefits are amortized over the same time frame as the leasehold improvements.

The components of deferred lease inducements are as follows:

	2014	2013
Leasehold improvements	\$ 280,245	\$ 280,245
Less accumulated amortization	140,123	112,099
	\$ 140,122	\$ 168,146

6. Pension plan:

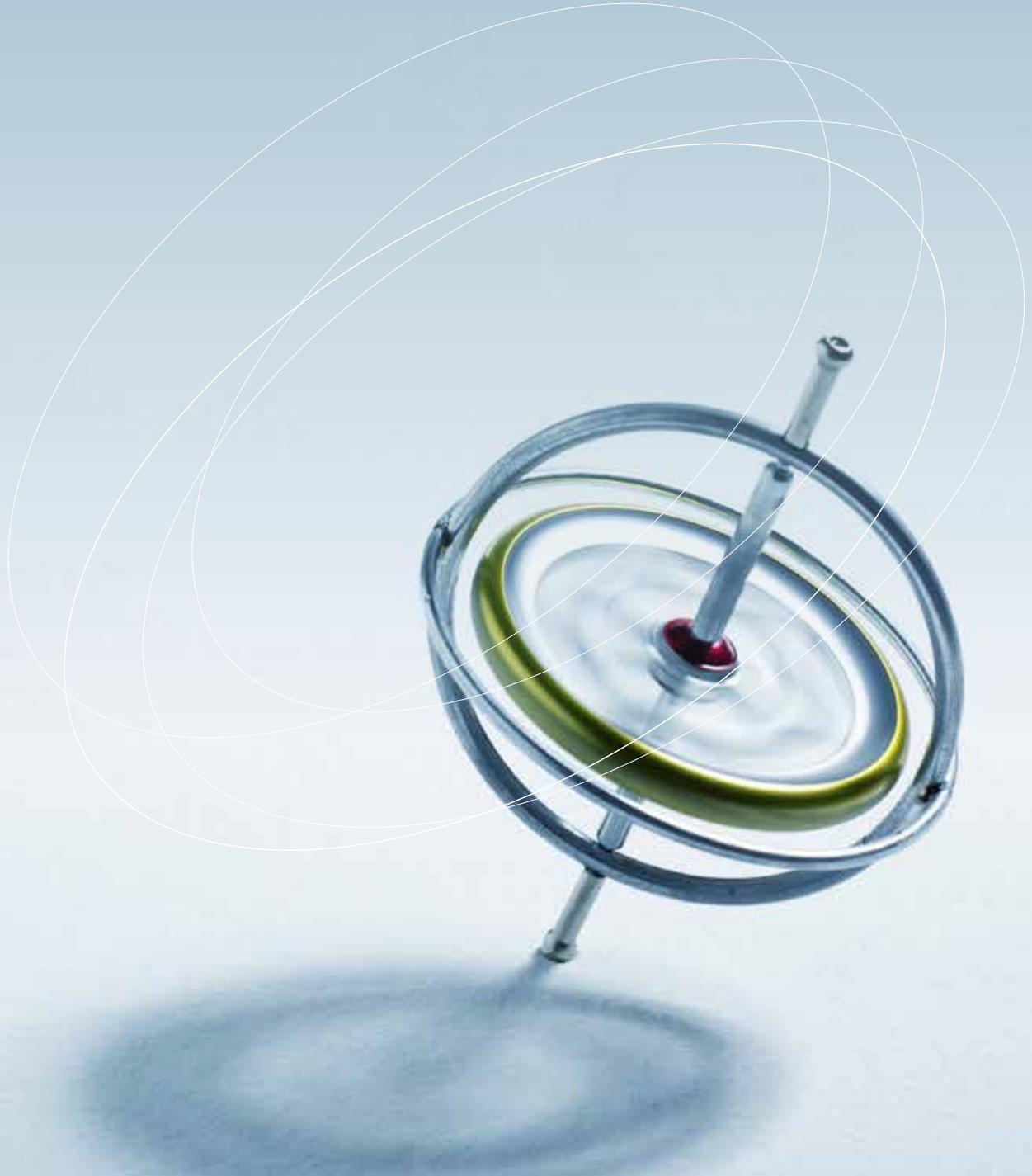
Some of the employees of CMRTO have become members of the HOOPP (the "Plan"), which is a multi-employer defined benefit pension plan. Plan members will receive retirement benefits based on the member's contributory service, the highest average annualized earnings during any consecutive five-year period, and the most recent three-year average year's maximum pensionable earnings. As at December 31, 2014, the Plan is 115% funded. Contributions to the Plan made during the year ended December 31, 2014 by CMRTO on behalf of its employees amounted to \$54,993 (2013 - \$18,447) and are included in the statement of operations. Employees' contributions to the Plan in 2014 were \$43,397 (2013 - \$14,640).

7. Commitments:

CMRTO has operating leases for its premises and office equipment. The minimum annual lease payments under these leases are as follows:

2015	\$ 181,000
2016	181,000
2017	181,000
2018	176,000
2019	170,000

\$ 889,000





College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

375 University Avenue,
Suite 300
Toronto, ON M5G 2J5
Tel: 416.975.4353
Toll Free: 1.800.563.5847
Fax: 416.975.4355
www.cmrto.org