



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

ANNUAL REPORT 2018

FIVE SPECIALTIES ONE PROFESSION ENSURING PUBLIC PROTECTION





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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 | TRANSPARENCY | RESPECT |
PROFESSIONALISM



Wendy Rabbie
President

PRESIDENT'S MESSAGE

What an amazing year we had!

At the end of last year, Council commented on the fact that despite everything we accomplished together in 2017, our job was still not finished. CMRTO now needed to register the province's estimated 3,000 sonographers. That was our goal for 2018 and we accomplished it. In fact, through the herculean effort of CMRTO staff and our Registration Committee, nearly 4,000 diagnostic medical sonographers (DMS) had been registered and approved for registration with the College by the end of the year.

Surprisingly, registering members in a new specialty was a catalyst to do something else that needed doing. We decided to optimize our governance structures to ensure they were not only inclusive of all specialties, but were also focused on maximizing the efficacy and performance of CMRTO's oversight of the profession in the interest of protecting the public.

Chief among the changes were adjustments to the composition and size of Council (fewer Council members!), and the ratio of public to professional members. Council will now be composed of seven public members and seven members of the profession representing the five specialty 'districts', one appointed academic member, and one elected member-at-large. This reconfiguration ensures Council has equal representation from the public and the profession, which is consistent with best practices in the regulatory world and makes a lot of sense given our dual mandates to regulate the profession of medical radiation technology and serve and protect the public interest.

These changes also necessitated a review of the Council's committee structure, election procedures and by-laws, meeting formats, and methods of ensuring ongoing education of Council members in all aspects of self-regulation and self-governance.

Effective governance and oversight are at the heart of making sure our profession meets its responsibilities and accountabilities to the public. Council's governance and oversight enable us to advance the profession's regulatory framework, ensure medical radiation and imaging technologists maintain and improve the knowledge, skills and judgement required in a changing practice environment, enhance our sector leading QA program, allow us to implement regulatory changes efficiently and transparently, and empower our participation in the development of public policy and regulatory innovation in the public interest.

Competent governance practices also ensure we are able to proactively plan for, implement and integrate changes, and make certain that members' fees are used wisely. A few years ago, before even a single diagnostic medical sonographer had been registered, Council decided that the costs of bringing this new specialty into the CMRTO would be funded from our reserves. Allocating funds up front allowed us to direct change proactively and ensured that our ability to grow by more than 50% in a single year went as smoothly as possible.

Our successful integration of close to 4,000 members within a twelve-month period was the result of good decisions made by a forward-thinking Council. As a Council, our vision has always been to be future-focused, responsive, and collaborative regulator committed to excellence. The changes to Council's structure and composition brought about by By-law No. 60 will ensure we continue to have a strong and proactive leadership directing our future.

That said, there are still many changes to come and much additional work to do. We had hoped by year end 2018 that the *Medical Radiation and Imaging Technology Act, 2017* would have been proclaimed in force by the Ontario government. This Act will change the name of the CMRTO to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) to reflect more accurately the five specialties that are now part of one profession. At the time of publication, however, we are still standing by. But as further evidence of what I said earlier about foresight, we already have a new website built and ready to launch.

In the meantime, we continue to work in anticipation of the legislation coming into force. I am confident that the CMRTO Council, Registrar & CEO and staff are ready to hit the ground running — just as we did with the massive job of registering 4,000 new members in one year, just as we did in restructuring Council to meet a new era, and just as we did in maintaining and improving the operations of the CMRTO in a demanding year.

Yes, 2019 is going to be another exciting year for us.



Linda Gough
Registrar & CEO

REGISTRAR & CEO'S MESSAGE

After a whirlwind of activity, CMRTO now has almost 11,000 members! By the end of 2018, we had approved and registered nearly 4,000 diagnostic medical sonographers (DMSs) as new members of the CMRTO in our profession's fifth specialty — diagnostic medical sonography. The public of Ontario can now be assured that no matter what type of medical imaging procedure they need to have, their medical radiation and imaging technologist is registered with CMRTO and is qualified to perform the procedure safely, effectively and ethically.

Registering such a large number of members in such a short time required a huge effort from CMRTO staff. And they are to be recognized and congratulated for it, as I have done on nearly every occasion at which I have met with Council members, new and experienced members, ministry officials and representatives of other national and provincial organizations. In order to manage the addition of so many new members, it also meant growing the CMRTO staff complement while maintaining fiscal responsibility by efficiently managing expenses and bringing on new team members to support member growth of more than 50% year-over-year.

But I want to point out that the actual registration and approval of applications was only one part of a comprehensive undertaking. At the core of this enterprise was communication — getting across the who, what, why, when, and how of adding a new specialty to an existing regulatory body, as well as of finding and supporting sonographers around the province to recognize the importance of self-regulation with the CMRTO and their new professional accountability.

Throughout 2018 we engaged in a multi-faceted communication effort that took advantage of both established and new information ‘delivery technologies’ to reach sonographers and current members of the CMRTO’s four other specialties.

‘Delivery technologies’ may not be the term you would think of to describe the 20 in-person spring and fall information sessions, the numerous presentations to educational institutions and DMS students, and the writing and distribution of newsletters and other print materials that educated DMSs about their new accountabilities under the *Medical Radiation Technology Act, 1991* (MRT Act), kept members apprised of all professional practice developments including the development and release of updated Standards of Practice to include the practice of diagnostic medical sonography, and provided detailed guidance on how to apply to the CMRTO in the specialty of diagnostic medical sonography.

We also published important additions and updates to our ‘What You Must Know About ...’ series of publications or ‘WYMKA’s as they are affectionately known. One of these publications focuses on updated professional obligations for ‘Mandatory Reporting,’ while another, called ‘Performing Procedures for Medical Radiation and Imaging Technologists,’ covers what members must know regarding the performance of medical radiation and imaging technology procedures in accordance with the legislative framework for orders and different forms of energy used by medical radiation technologists (MRTs) and diagnostic medical sonographers.

But the phrase ‘delivery technologies’ is certainly an apt way to describe the series of eight webinars with 2,788 registrants and over 4,000 additional views of the recordings on such subjects as ‘Sonographers: how to apply to the CMRTO,’ ‘CMRTO QA Program – Simplified!’ and even one provocatively titled ‘Myths, Rumours & Urban Legends’ that we created in 2018. We also updated our website to become a go-to content hub for all things regarding sonography application and registration, and created an introductory video explaining self-regulation for members and applicants that was shared via YouTube. Our social media platforms like our Facebook page continued to be an important tool for reaching our 925 followers in the profession through over 180 posts. Similarly, we saw substantial growth in the number of followers on our Twitter and LinkedIn accounts through our tweets and updates about workshops, publications and registration protocols for prospective new members.

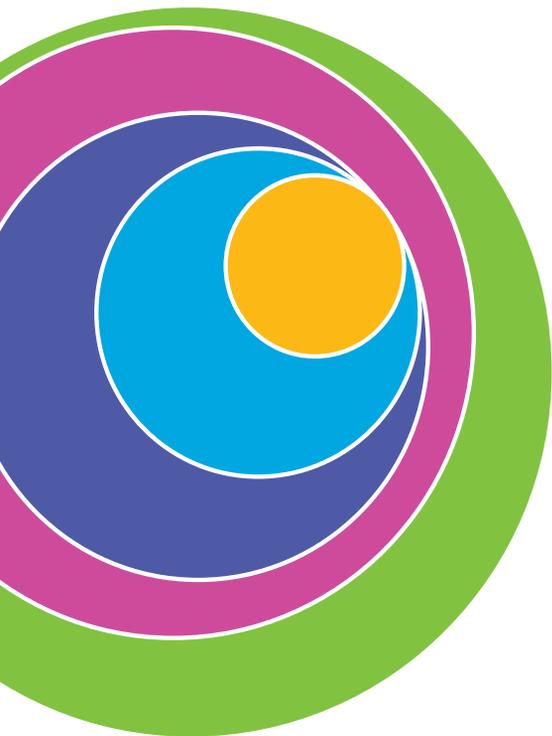
This comprehensive commitment to communication through both traditional and contemporary means not only supported the registration and education of new and existing members, but also provided evidence of our promise of transparent and accountable discharge of our responsibilities to members and the public.

Of course, the year was not just about the registration of new members. For example, we undertook a critical update to our Quality Assurance program to align it with the new Standards of Practice and transitioned to a mandatory ePortfolio submission. (By the end of 2018 *all active members* had been assessed to ensure they were maintaining and improving their knowledge, skills and judgement to

meet the requirements demanded of a changing professional practice.) We also participated in task forces and other reviews of legislation, engaged in public consultations about proposed regulations and by-laws and maintained, at a high level, the daily delivery of all the services expected of a leading regulatory body.

There is still much work to be done to complete the integration of sonography as a fifth specialty, not least of which will be the inauguration of a new name – the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) – and a new name – medical radiation and imaging technology – for our profession once the *Medical Radiation and Imaging Technology Act, 2017* is proclaimed in 2019.

But I can pledge that the CMRTO, and its successor the CMRITO, will approach these new challenges with the same diligence and professionalism it did in 2018 throughout one of the most complex and demanding years in our 25-year history of protecting the public.



REPORT FROM COUNCIL

COUNCIL

Wendy Rabbie, President	MRT(R)	District 1 – Radiography
Jay A. Neadles, Vice President	MRT(MR)(R)	District 4 – Magnetic Resonance
Ebenezer Adiyiah	MRT(R)	District 3 – Radiography (Retired)
Susan Allen	Public Member	
Nathalie Bolduc	MRT(R)	District 1 – Radiography (Retired)
Elaine Bremer	Public Member	
Angela Cashell	MRT(T)	District 2 – Radiation Therapy
Mary (Susan) Gosso	Public Member	
Janice Hoover	Public Member	
Ray Lappalainen	DMS	Transitional Council Member
Franklin Lyons	Public Member	
Cathryne Palmer	MRT(T)	District 7 – Faculty (Retired)
Janet K. Scherer	MRT(R)	District 4 – Radiography (Retired)
Scott Tracze	Public Member	
Carolyn Trottier	DMS	Transitional Council Member
Martin Ward	Public Member	
Sandra Willson	MRT(N)	District 3 – Nuclear Medicine

EXECUTIVE COMMITTEE

Wendy Rabbie, President	MRT(R)	Council Member
Jay A. Neadles, Vice President	MRT(MR)(R)	Council Member
Nathalie Bolduc	MRT(R)	Council Member
Angela Cashell	MRT(T)	Council Member
Janice Hoover	Public Member	Council Member
Martin Ward	Public Member	Council Member

The following is a summary of what has been an exciting and extremely productive year for Council, its statutory committees and CMRTO staff.



THE REGULATION OF DIAGNOSTIC MEDICAL SONOGRAPHERS

In 2018, the CMRTO began registering diagnostic medical sonographers in the College's fifth specialty. Building upon the work started in 2017, CMRTO introduced an online application process for diagnostic medical sonographers on January 1, 2018. This online process facilitated the registration of 3,625 new members last year – a feat that would not have been possible without this new process and the diligent work of the CMRTO staff, Council and the Registration Committee.

To support this new process, CMRTO worked with our external partners to upgrade our customer relationship management software and customize new features on our website to meet our registration needs. This behind-the-scenes work resulted in the development of a robust online application process that new applicants found easy and intuitive, and streamlined processes for CMRTO staff.

During the first few months, the new process was optimized and new staff were trained. By July, the Registration Team began operating at peak efficiency. Throughout the fall, our dedicated staff worked overtime to ensure that anyone who applied for registration with CMRTO as a diagnostic medical sonographer by the administrative deadline of November 16, 2018 would have their application reviewed in time for December 31, 2018 registration.

Ultimately, 3,625 diagnostic medical sonographers registered with CMRTO in 2018, with an additional 257 approved for registration.

Diagnostic medical sonographers were required by law to be registered with CMRTO to be legally authorized to practice the profession in Ontario on January 1, 2019. As a result, thousands of individuals needed to submit their applications, which then needed to be reviewed by the CMRTO Registration Team and approved in a timely fashion within a compressed timeline to ensure that diagnostic medical sonographers were able to practice on January 1, 2019. Not only were these health professionals relying on CMRTO to achieve this daunting task – the Ontario health care system was as well.

As a result, the Registration Team deserves many thanks for their tireless work answering questions, reviewing materials, liaising with applicants, and ensuring thorough and complete application packages were submitted. Without their effort and attention to the smallest details, there is little chance that we would have been able to register so many applicants in such a short time.

Similarly, the Registration Committee deserves to be recognized for reviewing and approving 299 applications over the course of 2018. Comprised of professional and public members, the Registration Committee effectively doubled the number of applications reviewed and decisions rendered in an average year.

Finally, the almost 4,000 diagnostic medical sonographers who applied for registration with the CMRTO in 2018 deserve to be commended for navigating a very thorough and precise application process and fulfilling all of the requirements to become registered members of the profession. As unregulated health professionals with little experience working within the exacting standards of a health regulator, the registration process had the potential to be stressful and overwhelming for a lot of individuals. Nevertheless, these applicants actively and enthusiastically participated in a comprehensive application process, complied with essential requirements, patiently waited for instruction from the CMRTO Registration team, and ultimately completed the registration process and joined CMRTO in a very compressed timeline. As a result, CMRTO would like to formally congratulate and welcome all of the diagnostic medical sonographers who joined the profession of medical radiation and imaging technology in 2018.

NEW STANDARDS OF PRACTICE, CODE OF ETHICS AND QA PROGRAM

On January 1, 2018, the CMRTO introduced three updated foundational documents for members – the CMRTO Standards of Practice, the Code of Ethics, and the QA Program.

In 2017, a review of the Standards of Practice was conducted to integrate the knowledge and skills required of diagnostic medical sonographers into CMRTO's existing standards. Medical radiation technologists, diagnostic medical sonographers, other health professionals and members of the public were invited to participate in a survey to review the Standards of Practice, where almost 200 comments were collected and applied to revise the Standards of Practice.

The new Standards of Practice and Code of Ethics reflect that the practice of medical radiation technology now includes the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedure.

These new documents set out the minimum requirements for professional practice and conduct for members and are meant to ensure the quality of professional practice.

Similarly, the Quality Assurance program was also updated to align it with the revised Standards of Practice and Code of Ethics. Based on these changes and the regulation of diagnostic medical sonographers, the QA Committee introduced a number of changes to make the QA Portfolio easier to use and to increase member compliance with the QA program. In support of these goals, CMRTO moved to an online-only ePortfolio for members to record their self assessments and participation in continuing education and professional development activities. This streamlined process was designed to make it easier for members to fulfill their responsibilities as regulated health professionals, and now features only three components: the QA profile, the self-assessment, and the record of continuing

education and professional development. Supporting documentation about the revised QA Program was communicated to members in January 2018 and, in concert with the support provided by the Quality Assurance team, proved to be useful in shepherding members through the revised QA Program in its first year.

MEDICAL RADIATION AND IMAGING TECHNOLOGY ACT, 2017

In 2017, the Ontario Government passed the *Strengthening Quality and Accountability for Patients Act, 2017*, which includes the *Medical Radiation and Imaging Technology Act, 2017* (MRIT Act). The new Act will repeal and replace the *Medical Radiation Technology Act, 1991*, when the government proclaims the MRIT Act in force.

The MRIT Act will improve transparency to the public by changing the CMRTO's name to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO), and the name of the profession to medical radiation and imaging technology to better reflect all five specialties providing medical radiation and imaging services to patients in Ontario.

CMRTO staff spent much of 2018 working on activities in support of the new MRIT Act and how it will impact the CMRTO, including:

- developing a new visual identity to reflect the College's new name, the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO), that represents our full membership, including diagnostic medical sonographers
- building a new website that reflects the change in the College's name and delivers enhanced navigation and content, making it a more useful tool for the public, members and employers
- Developing new publications, letterhead and templates that reflect the College's new identity

CMRTO staff continue to work on these priorities in anticipation of the coming into force of the MRIT Act.

The new Act was expected to come into effect on January 1, 2019 but has yet to be proclaimed into force. Once this happens, however, the College will be in a good position to swiftly introduce its new identity, launch the new website, and disseminate revised publications that reference up-to-date legislation and link to new online resources.

COMMUNICATIONS OUTREACH

Information sessions

As 2018 was a transformational year for CMRTO, Registrar & CEO Linda Gough traveled across the province in both the spring and the fall to speak with members and applicants on a number of important topics.

A total of 395 individuals attended the 20 workshops held in April, May, October and November in locations including Sudbury, Thunder Bay, Ottawa, Toronto and all points in between.

During these sessions, Linda spoke about the regulation of diagnostic medical sonographers, new Standards of Practice and Code of Ethics, changes to the QA program, changes to legislation (*Medical Radiation and Imaging Technology Act, 2017*), the introduction of By-law No. 60, changes to CMRTO Council and electoral districts, and new guidelines for performing procedures, and participated in conversations with members and applicants about the issues affecting medical radiation and imaging technologists.

Webinars

CMRTO also offered a number of webinars throughout 2018 designed to provide members and applicants with the knowledge and skills necessary to carry out their responsibilities and requirements better. This popular communications outreach effort attracted 2,788 individuals to register for the eight webinars offered, and an additional 4,032 viewers on YouTube and other video streaming platforms.

Topics for these webinars included:

- Sonography is being regulated, now what?
- Sonographers: how to apply to CMRTO
- CMRTO QA Program
- Getting to know your College
- Myths, Rumours and Urban Legends
- What happens January 1, 2019?
- What you must know about ... performing procedures for medical radiation and imaging technologists
- What you must know about ... mandatory reporting

The impact of our webinars was tangible, allowing us to conveniently connect with a sizable portion of our audience and share information in a cost-effective and flexible manner. Future efforts will focus on finding webinar times that are convenient for an increased number of members and identifying topics that are of the greatest use and relevance to our members in meeting their professional accountabilities.

Conferences and presentations

Throughout 2018, CMRTO staff and Council members were active in delivering presentations at academic institutions and attending conferences. The Registrar & CEO, Deputy Registrar, Quality Assurance Director, Quality Assurance Manager, and Professional Practice Advisor delivered a total of 39 presentations to 2,471 attendees and attended seven conferences throughout the year, meeting with 532 booth visitors. The opportunity to speak at these venues and communicate face-to-face with members, students and applicants was very productive in terms of answering questions, alleviating apprehension, and assisting current and future members of the profession to understand the public protection mandate of CMRTO.

Email communications

Upon moving to a new customer relations management platform, the College leveraged newly available tools to enhance online communication efforts with members and applicants throughout 2018. A total of 43 targeted bulk email messages were sent to members and applicants to inform them of new developments, outline their obligations as regulated health professionals, and share information about upcoming events and activities of interest. This focus on online communication delivery was very successful, as demonstrated by a delivery rate of 99.7% and over 16,000 in-message clicks indicating a substantial interest by our audience in learning more about the topics covered in the email messages they received.

Social media

CMRTO also bolstered communications efforts online in an effort to reach and grow audiences via a number of social media platforms in 2018. Our most widely adopted social media platform continues to be Facebook, which saw an increase in followers of 25% year-over-year and 3,548 engagements (likes, shares, comments, clicks, etc.) on 182 posts over the course of the year. The College's Twitter account experienced 44.2% increase in followers and 1,472 engagements on 188 tweets, while our LinkedIn account saw our followers increase by 44.7%. and 385 engagements or social actions resulting from 57 updates. Ultimately, these results show that our audience is seeking us out on different social media platforms and that continued commitment to sharing content on social media should result in an increasingly engaged and informed audience base.

BY-LAW NO. 60

In 2018, CMRTO sought to streamline our existing by-laws into a single, comprehensive by-law and to prepare for the regulation of diagnostic medical sonographers.

A public consultation was held in the summer eliciting a considerable amount of comments from members and the public. Feedback collected through the online consultation was incorporated into a revised draft of the By-law that was approved by Council in September.

In addition to consolidating all of the elements of the previous by-laws into a single by-law, By-law No. 60 also introduced significant changes to the composition of CMRTO Council and its electoral districts. These changes stemmed from the regulation of diagnostic medical sonographers commencing in 2019 and the need to secure representation from this specialty on Council.

Following its approval by Council in September, the clauses pertaining to elections came into force on October 1, 2018 while all other elements of By-law No. 60 came into force on January 1, 2019.

Council composition

In recent years, regulators have been adjusting the composition of their Councils to better reflect their membership and involve the public in a more significant way. In concert with the added responsibility of regulating diagnostic medical sonographers, CMRTO determined that our Council structure required modification to ensure better representation from all five specialties and include an equal number of professional and public members.

Previously, By-law No. 12 provided for eight elected members of Council based on eight electoral districts: Radiography (Northern District), Radiography (Eastern District), Radiography (Central District), Radiography (Western District), Radiation Therapy, Nuclear Medicine, Faculty Members, and Magnetic Resonance. Reflecting governance best practices of smaller Council sizes and an equal number of public and professional members, By-law No. 60 provides for six electoral districts: one for each of the five specialties of medical radiation and imaging technology, and one member-at-large elected from the entire membership.

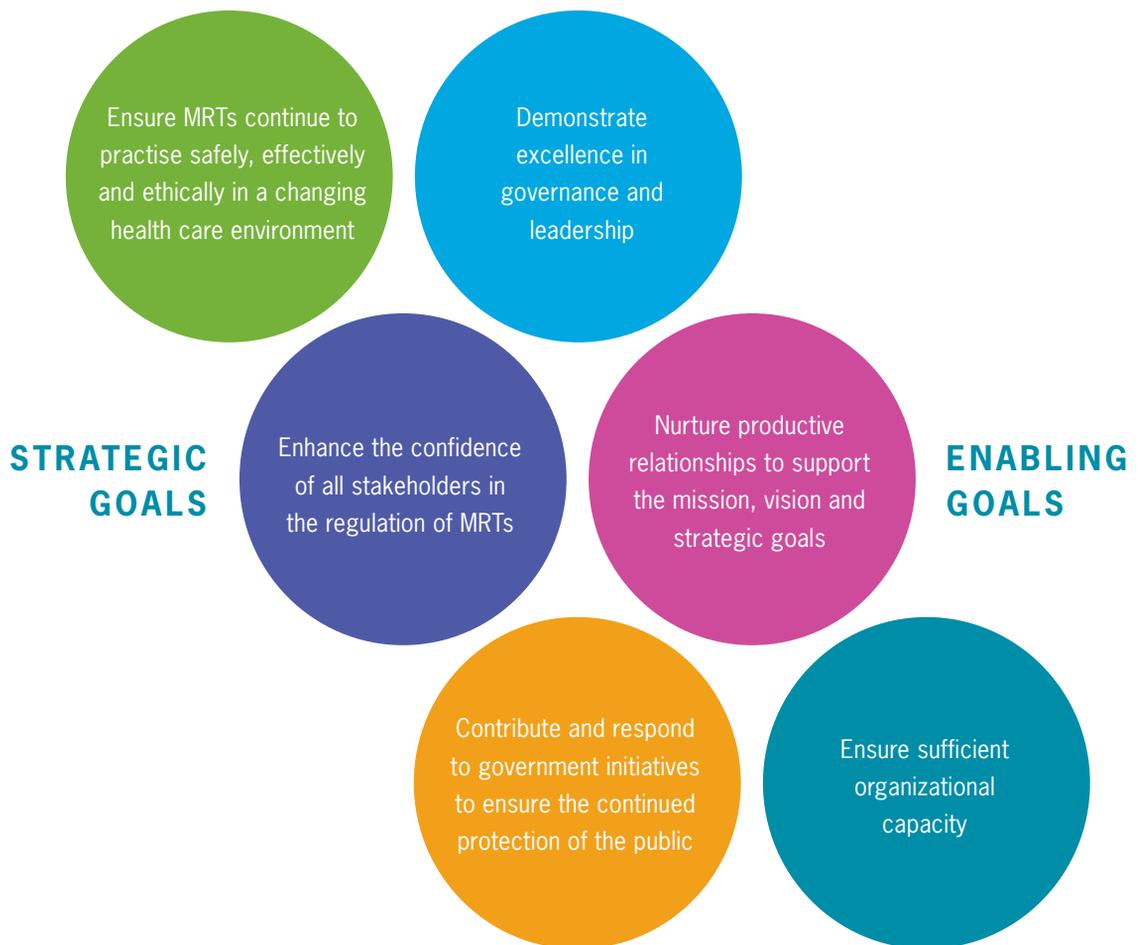
Other changes to Council included moving the Faculty Council Member position from an elected position to a competency-based appointed position.

The transition to the new Council composition will occur incrementally over the next two election cycles (2019 and 2020) and will result in the total number of professional members on Council being reduced by one. The seven professional members will join seven public members to create a balanced Council. These changes reflect the governance best practices of smaller Council sizes and an equal public/professional member ratio.

STRATEGIC PLAN 2017-2021: COMMITMENT TO REGULATORY EXCELLENCE

In December 2016, Council approved *Strategic Plan 2017-2021: Commitment to Regulatory Excellence* to guide the work of the CMRTO for the next five years.

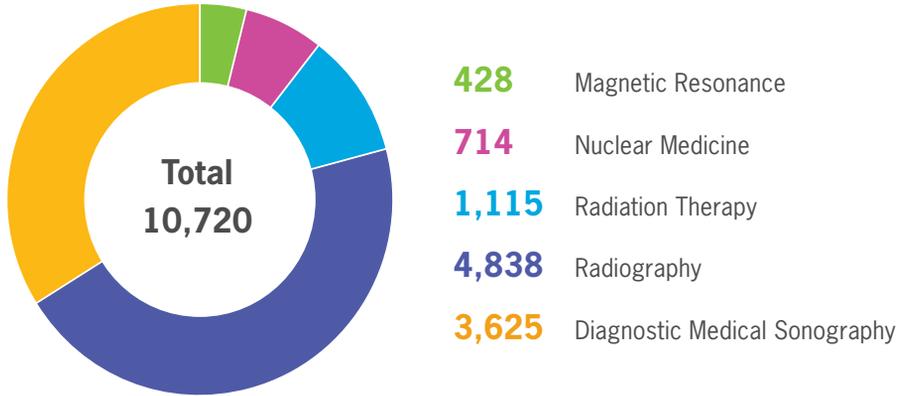
As part of this plan, the following strategic and enabling goals were identified to help guide CMRTO activities and projects:



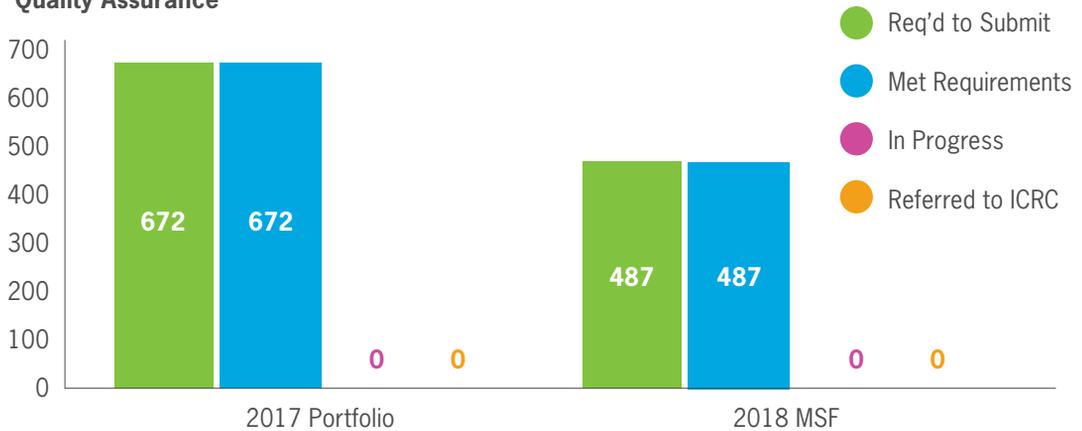
Throughout 2018, these strategic and enabling goals took centre stage in our activities, and especially regarding the regulation of diagnostic medical sonographers.

CMRTO DASHBOARD Q4 2018: JAN 1 – DEC 31, 2018

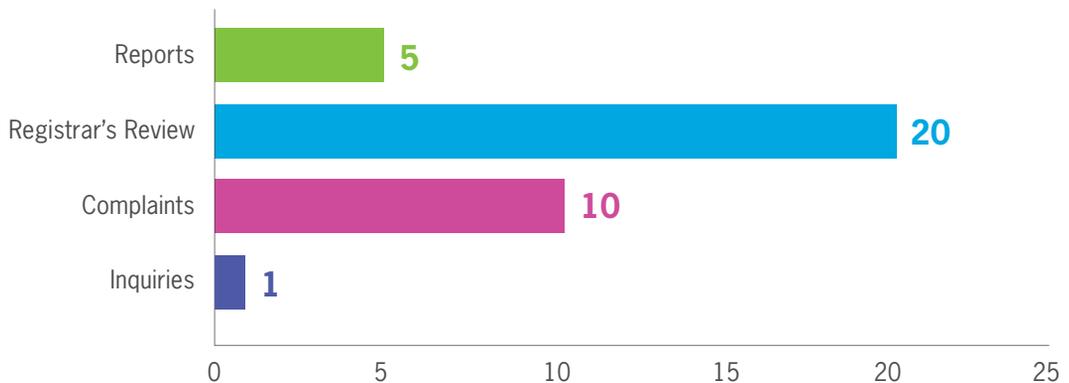
Active members by primary specialty



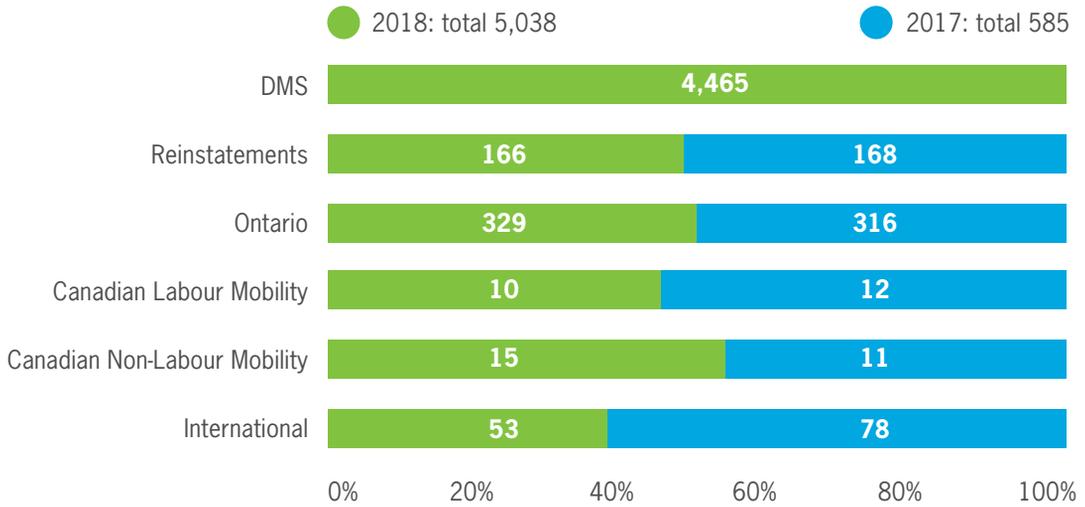
Quality Assurance



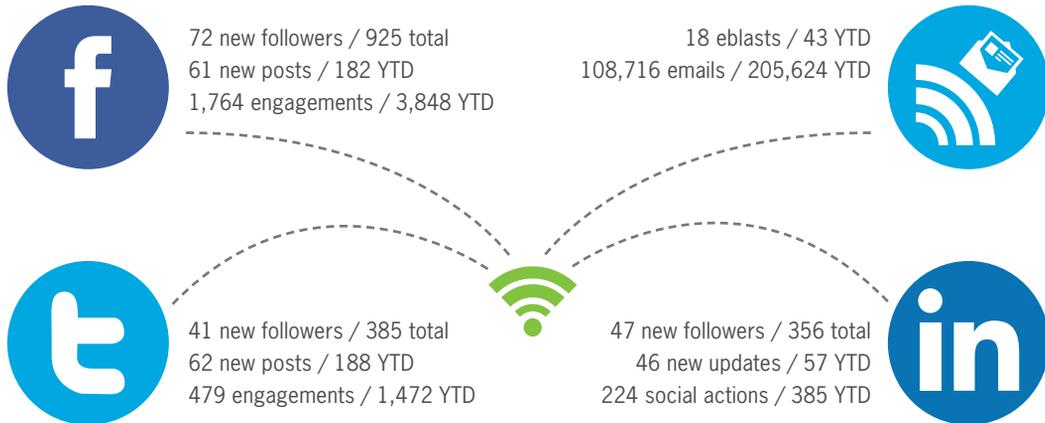
Professional Conduct New Cases



Registration Applications



Communications



39 Presentations
to members & applicants
2,471 attendees



7 Conference exhibits
532 booth visits



19 Meetings
with ministry & agencies

COMMITTEE REPORTS

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Elaine Bremer, Chair	Public Member	Council Member
Susan Allen	Public Member	Council Member (<i>from June 14, 2018</i>)
Rania Arabi	MRT(N)(MR)	Appointed Member (<i>from June 14, 2018</i>)
Bronwen Baylis	MRT(R)	Appointed Member
Angela Brunetti	MRT(T)	Appointed Member
Angela Cashell	MRT(T)	Council Member
Lisa Giampa	MRT(N)	Appointed Member
Tarja Heiskanen	MRT(T)	Appointed Member
Veronica Nelson	MRT(R)	Appointed Member
Janet Scherer	MRT(R)	Council Member
Titus Stan	DMS	Appointed Member (<i>from June 14, 2018</i>)
Kimberly Thorvaldson	MRT(R)	Appointed Member
Martin Ward	Public Member	Council Member
David M. Wilson	MRT(N)	Appointed Member (<i>to June 14, 2018</i>)

The Inquiries, Complaints and Reports (ICR) Committee is the statutory committee under the *Regulated Health Professions Act, 1991* (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 College 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.

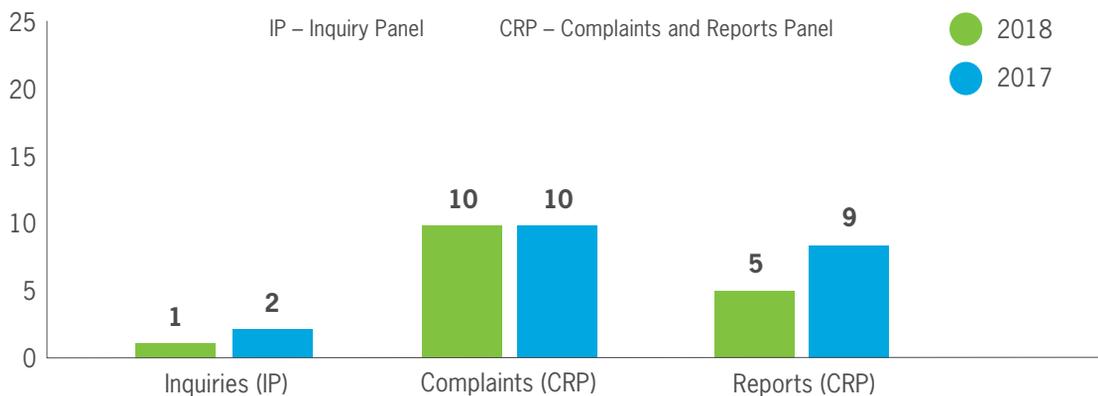
The Complaints and Reports Panel of the ICR Committee also considers reports made by the Registrar regarding the results of an investigation conducted by an investigator appointed by the Registrar. With the approval of the ICR Committee, the Registrar may appoint an investigator to conduct an investigation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

In 2018, panels of the ICR Committee reviewed a total of 16 new cases. Of those cases, ten were complaints, five were reports and one was an inquiry.

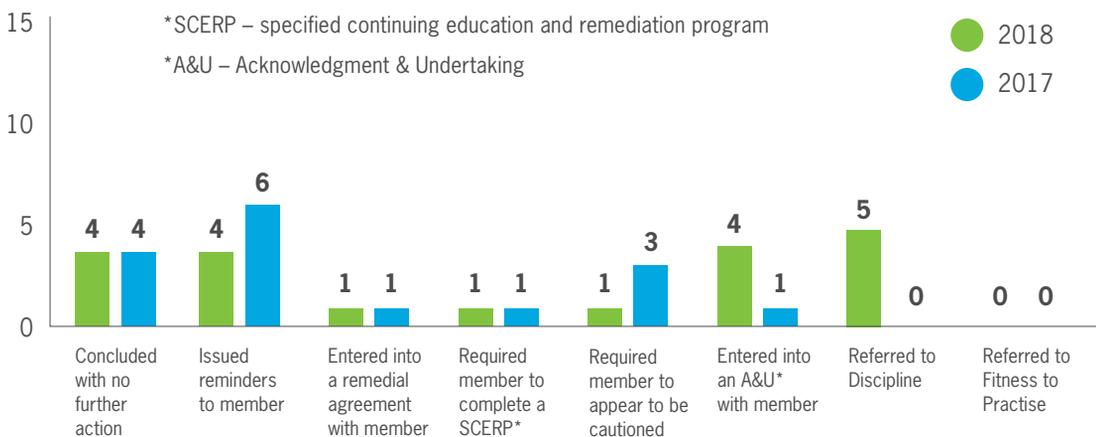
In 2018, panels of the ICR Committee issued a total of 19 decisions.

Below are charts that show the outcomes of the decisions issued by the ICR Committee in 2018, as well as a breakdown of the complaints and reports by the related practice standard and comparative numbers from 2017. Please note that a decision may involve more than one outcome and more than one practice standard.

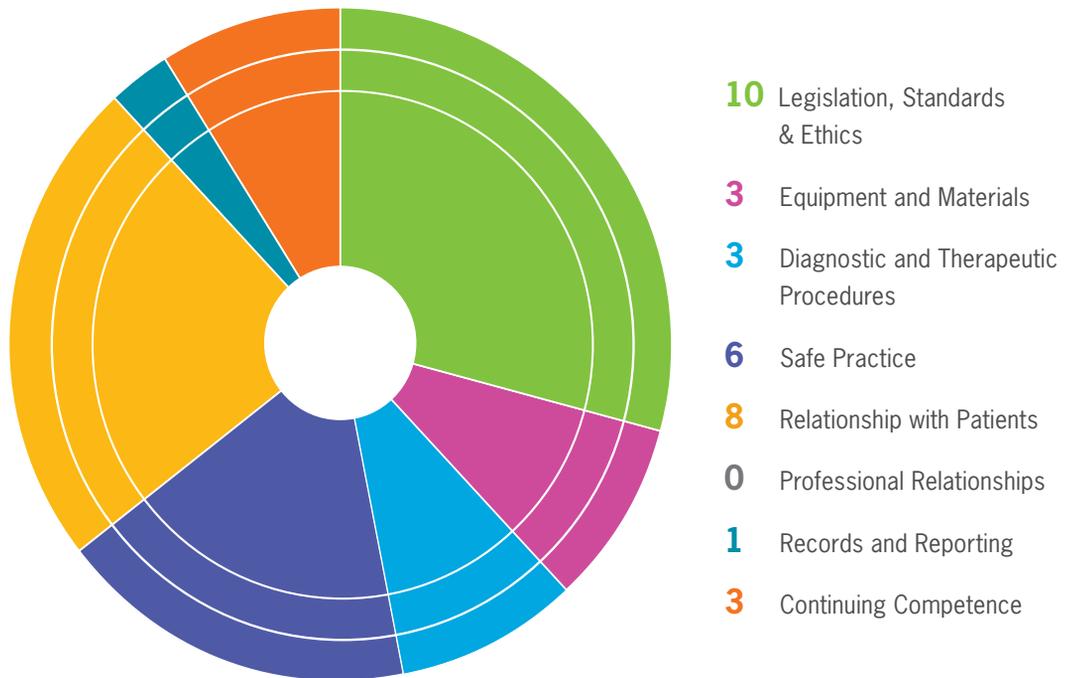
Total number of new cases reviewed by panels of the ICR Committee in 2018 and 2017



Decision Outcomes issued by panels of the ICR Committee in 2018 and 2017



Complaints/Reports by Practice Standard 2018



**A complaint or report may involve more than one practice standard. The total number of practice standards may not equal the total number of complaints and reports decisions issued. The practice standards 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 2018 there were three HPARB decisions issued. In two cases, HPARB confirmed the decision of the Inquiries, Complaints & Reports Committee, and in one case HPARB returned the decision to the Inquiries, Complaints & Reports Committee and required it to reconsider its decision in light of the Board's reasons.

DISCIPLINE COMMITTEE

Franklin Lyons, Chair	Public Member	Council Member
Ebenezer Adiyiah	MRT(R)	Council Member
Susan Allen	Public Member	Council Member (to June 14, 2018)
Rania Arabi	MRT(N)(MR)	Appointed Member (to June 14, 2018)
Renate Bradley	MRT(T)	Appointed Member (from June 14, 2018)
Martin Chai	MRT(T)	Appointed Member (to June 14, 2018)
Lisa Di Prospero	MRT(T)	Appointed Member
Claudina Di Zio Longo	MRT(R)	Appointed Member
Simrat Grewall	DMS	Appointed Member (from June 14, 2018)
Janice Hoover	Public Member	Council Member
Jia Inacio	MRT(R)	Appointed Member (from June 14, 2018)
An Ling	DMS	Appointed Member (from June 14, 2018)
Jay Neadles	MRT(MR)(R)	Council Member
Scott Tracze	Public Member	Council Member (from June 14, 2018)
Lamees Wahab	MRT(N)	Appointed Member (to June 14, 2018)
Martin Ward	Public Member	Council Member
Sandra Willson	MRT(N)	Council Member

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 five referrals to the Discipline Committee in 2018 and five Discipline hearings were held. A summary of each hearing is set out below.

Four of the five hearings summarized below proceeded by way of an agreed statement of facts relating to the allegations against the member (or former member) and a joint submission on penalty. One hearing was contested.

Summary of Discipline Hearing – Patrick M. Jew

On October 25, 2018, a Panel of the Discipline Committee (the Panel) found Patrick M. Jew to have committed acts of professional misconduct in that he:

- failed to comply with a decision of the Inquiries, Complaints and Reports (ICR) Committee;
- engaged in conduct relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional;
- failed to appear before a panel of the ICR to be cautioned; and
- failed to comply with a requirement or order of the ICR Committee.

The hearing proceeded by way of an agreed statement of facts. The Panel accepted a joint position on penalty and made the following order:

- that Patrick M. Jew be required to appear before a Panel of the Discipline Committee to be reprimanded on October 25, 2018;
- that the Registrar suspend Patrick M. Jew's certificate of registration, commencing on November 30, 2018, until such time as he has complied with any remediation recommended as a result of the assessment of his quality assurance portfolio for the year 2016;
- that the Registrar impose specified terms, conditions or limitations on Patrick M. Jew's certificate of registration, requiring that he successfully complete the College's online Jurisprudence Course and the online quiz for the Legislation Learning Package, by no later than November 30, 2018; and
- that Patrick M. Jew pay the College's costs in the amount of \$1,500.00 on October 25, 2018.

Summary of Discipline Hearing – Catherine Vermeersch

On October 31, 2018, a Panel of the Discipline Committee (the Panel) found Catherine Vermeersch to have committed acts of professional misconduct in that she:

- failed to comply with a decision of the Inquiries, Complaints and Reports (ICR) Committee;
- engaged in conduct relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional;
- failed to appear before a panel of the ICR Committee to be cautioned; and
- failed to comply with a requirement or order of the ICR Committee.

The hearing proceeded by way of an agreed statement of facts. The Panel accepted a joint position on penalty and made the following order:

- that Catherine Vermeersch be required to appear via teleconference before the Panel to be reprimanded on October 31, 2018; and
- that Catherine Vermeersch pay the College's costs in the amount of \$1,500.00 by November 30, 2018.

Summary of Discipline Hearing – Denise McBain

On November 6, 2018, a Panel of the Discipline Committee (the Panel) found Denise McBain to have committed acts of professional misconduct in that she:

- failed to satisfactorily complete the Peer and Practice Assessment – Multi-Source Feedback (MSF) Assessment for the year 2016;
- engaged in conduct relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional; and
- failed to comply with a requirement or order of a Committee or panel of a Committee of the College, namely the Quality Assurance Committee.

The hearing proceeded by way of an agreed statement of facts. The Panel accepted a joint position on penalty and made the following order:

- that Denise McBain be required to appear before a Panel of the Discipline Committee to be reprimanded on November 6, 2018; and
- that Denise McBain pay the College's costs in the amount of \$1,500.00 by November 30, 2018.

Summary of Discipline Hearing – Ivan Jagarcic

On November 15, 2018, a Panel of the Discipline Committee (the Panel) found Ivan Jagarcic to have committed acts of professional misconduct in that he:

- failed to cooperate with the Quality Assurance Committee or any assessor appointed by that committee;
- failed to satisfactorily complete that Quality Assurance Portfolio for the year 2016;
- engaged in conduct relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional; and
- failed to comply with a requirement or order of the Quality Assurance Committee.

The hearing proceeded by way of an agreed statement of facts. The Panel noted that Ivan Jagarcic had agreed to resign and never practice in Ontario. The Panel accepted a joint position on penalty and imposed the following order:

- that Ivan Jagarcic be required to appear via teleconference before the Panel to be reprimanded on November 15, 2018.

Summary of Discipline Hearing – Misbahuddin Ahmed

On November 30, 2018, a Panel of the Discipline Committee (the Panel) found Misbahuddin Ahmed to have committed acts of professional misconduct in that he:

- has been found guilty of an offence that is relevant to his suitability to practise, in particular when he committed the offences of conspiring to knowingly facilitate a terrorist activity and knowingly participating in the activities of a terrorist group;
- contravened a federal law, namely the *Criminal Code of Canada*, and that the contravention is relevant to his suitability to practise, in particular when he committed the offences of conspiring to knowingly facilitate a terrorist activity and knowingly participating in the activities of a terrorist group; and
- engaged in conduct or performed 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, in particular when he committed the offences of conspiring to knowingly facilitate a terrorist activity and knowingly participating in the activities of a terrorist group.

The member was not present or represented so the hearing proceeded as a contested hearing.

The Panel noted that Misbahuddin Ahmed had resigned his membership and signed an undertaking to never practice again in Ontario. The Panel issued a written reprimand.



FITNESS TO PRACTISE COMMITTEE

Nathalie Bolduc, Chair	MRT(R)	Council Member
Mary (Susan) Gosso	Public Member	Council Member
Hanan Massoud	DMS	Appointed Member (from June 14, 2018)
David McDougall	MRT(R)	Appointed Member
Derek Ribeiro	MRT(T)	Appointed Member (to June 14, 2018)

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 2018 and no hearings were held in 2018.

PATIENT RELATIONS COMMITTEE

Wendy Rabbie, Chair	MRT(R)	Council Member
Nathalie Bolduc	MRT(R)	Council Member
Angela Cashell	MRT(T)	Council Member
Janice Hoover	Public Member	Council Member
Jay Neadles	MRT(MR)(R)	Council Member
Martin Ward	Public Member	Council Member

The Patient Relations Committee is responsible for the CMRTO's Patient Relations Program. The Patient Relations Program includes measure 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's staff and the provision of information for the public.

At the CMRTO, the Executive Committee also acts 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.

Bill 87, the *Protecting Patients Act* was introduced into the legislature on December 8, 2016 and proposed extensive amendments to the *Regulated Health Professions Act, 1991* in response to the recommendations in the Task Force on Sexual Abuse's Report. Bill 87 received Royal Assent on May 30, 2017 but some provisions only came into force on proclamation. On May 1, 2018, the provisions which expand the eligibility for funding and therapy for patients who allege they have been sexually abused by a health care professional were proclaimed in force. In addition, on May 1, 2018 two new regulations came into force, one prescribing the criminal code offences that would result in mandatory revocation and another outlining the criteria to determine whether an individual is a patient.

The Patient Relations Committee is also responsible for administering the fund for therapy and counseling for patients who allege they have been sexually abused by a member. There were no requests for funding for therapy or counselling in 2018.

QUALITY ASSURANCE COMMITTEE

Sandra Willson, Chair	MRT(N)	Council Member
Tatiana Grankina	DMS	Appointed Member <i>(from June 14, 2018)</i>
Thomas (Tom) Holland	MRT(R)	Appointed Member
Constance Krajewski	MRT(R)	Appointed Member
Donna D. Lewis	MRT(T)	Appointed Member <i>(to June 14, 2018)</i>
Merrylee McGuffin	MRT(T)	Appointed Member
John Andrew Mogg	MRT(R)(MR)	Appointed Member <i>(from June 14, 2018)</i>
Derek Ribeiro	MRT(T)	Appointed Member <i>(from June 14, 2018)</i>
Tammy E. Urso	MRT(N)	Appointed Member <i>(to June 14, 2018)</i>
Martin Ward	Public Member	Council 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 six days of meetings in 2018. In 2018, 17% of the CMRTO membership was randomly selected for assessment under the QA program. 10% of the CMRTO membership was required to submit their QA Portfolio for assessment and 7% of members were selected to participate in a peer and practice assessment by means of a multisource feedback (MSF) assessment.

Quality Assurance Portfolio

The QA Portfolio is completed each calendar year by every member. The QA Portfolio includes a self-assessment based on the standards of practice, a QA profile which describes the member's practice, and a method to keep a record of 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 or an assessor.

CMRTO introduced a new Quality Assurance Program in 2018 due to the integration of diagnostic medical sonographers as a new specialty and the introduction of the revised Standards of Practice and Code of Ethics. In an effort to make the QA Portfolio easier to use and enhance member compliance, CMRTO moved exclusively to an online-only ePortfolio, replacing the paper-based Portfolio that was an option for members to use for many years. The new ePortfolio features three components – the QA profile, the self-assessment and the record of continuing education and professional development – allowing members to easily record their self-assessments and participation in learning activities in real time via a mobile device. This tool also facilitates the review process for the Quality Assurance team.

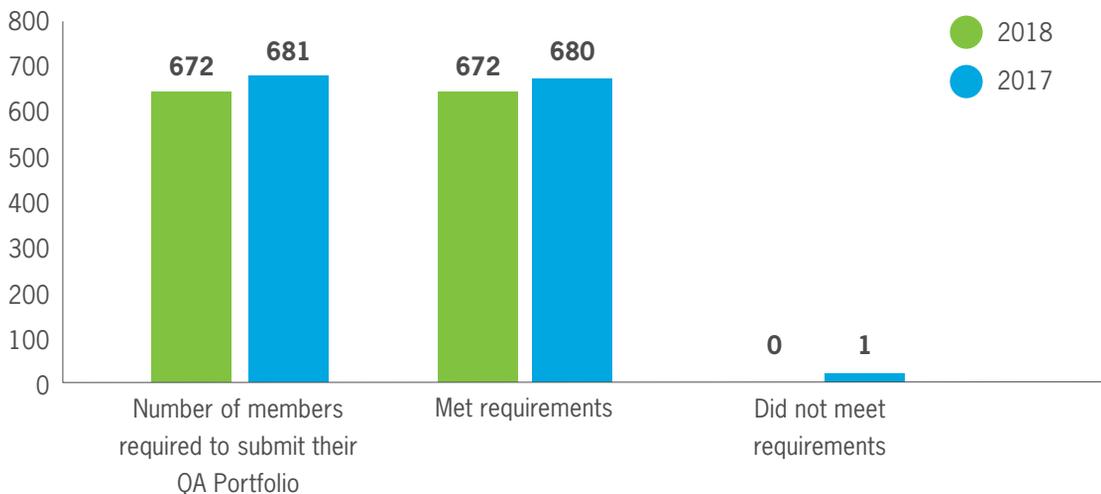
For 2018, Council approved 10% of members to be randomly selected to submit their 2017 QA Portfolios for assessment.

QA Portfolio

In 2018, CMRTO retired the old paper portfolio – all members are now required to record their continuing education and professional development activities hours using the ePortfolio.

The majority of members who submit their ePortfolio exceed the required 25 hours of continuing education and professional development activities, with some members recording over 100 hours.

2018 QA Portfolio assessment, with 2017 comparison



QuickQA app

The QuickQA app was launched in August 2015 for both Android and Apple mobile devices. This free app allows members to record their continuing education and professional development activities using their smartphones and tablets, which upload recorded activities to the QA ePortfolio when connected to the internet.

The QuickQA app has been downloaded 1,882 times and has proven to be a popular tool among members for recording continuing education and professional development activities.

Multi-Source Feedback (MSF) assessment

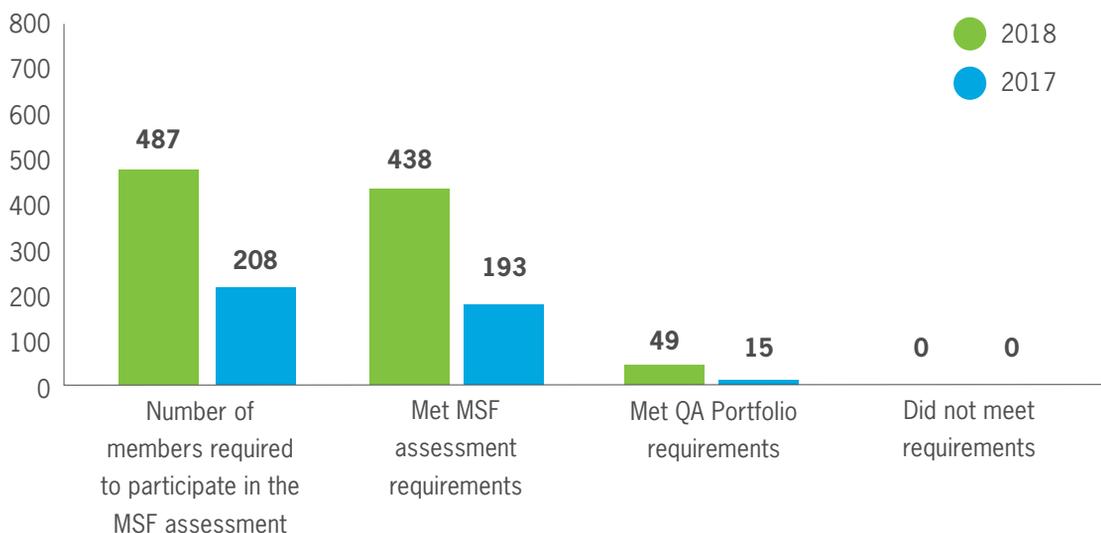
The peer and practice assessment by means of a multi-source survey is completed by individual members selected by the QA Committee in accordance with the QA regulation. The assessment includes a self, peer and co-worker, and patient assessments of a member's practice, based on the standards of practice.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

The criteria for MRTs to complete the MSF assessment include:

- sufficient number of peers and co-workers
- involved in clinical practice in Ontario.

Over 450 members were required to participate in the MSF assessment in 2018. A total of 15 (7.2%) members did not meet the criteria to participate in the MSF assessment process and were required to submit their QA Portfolio instead.

2018 Multi-Source Feedback assessment, with 2017 comparison



Individual Practice Assessment (IPA)

The circumstances under which a member will be selected by the QA Committee to participate in an IPA with an assessor include when, based on an assessment of the QA Portfolio or an MSF assessment, the QA Committee is of the opinion that there may be a gap in a member's practice and a further assessment of the member's practice is required.

There were no individual practice assessments conducted in 2018.

REGISTRATION COMMITTEE

Janice Hoover, Chair	Public Member	Council Member (Chair: June 14, 2018 to August 7, 2018; reappointed November 14, 2018)
Martin Ward	Public Member	Council Member (<i>from August 8, 2018</i>) (Chair: August 8, 2018 to November 13, 2018)
Valentina Al-Hamouche	MRT(R)	Appointed Member
Zafar Bajwa	DMS	Appointed Member (<i>from June 14, 2018</i>)
Ruvette Coelho	MRT(T)	Appointed Member (<i>from June 14, 2018</i>)
Dolores Dimitropoulos	MRT(R)	Appointed Member
Cara Mazur	MRT(R)(DMS)	Appointed Member (<i>from June 14, 2018</i>)
Cathryne Palmer	MRT(T)	Council Member
Anna Simeonov	MRT(MR)(R)	Appointed Member
Kieng Tan	MRT(T)	Appointed Member
Alan Thibeau	MRT(N)	Appointed Member (<i>to August 27, 2018</i>)

The role of the Registration Committee is to assess applications for registration which have been referred to the Committee by the Registrar to determine whether the applicants meet the requirements for registration to practise the profession in Ontario, in a fair, transparent, objective and impartial manner.

The Registration Committee held ten days of meetings to discharge its statutory responsibilities in 2018. The Registration Committee held nine days of meetings and a one-day workshop to review and develop evaluation tools for assessing applications for registration in diagnostic medical sonography.

During the nine days of meetings, the Committee reviewed and approved the following:

Internationally educated applicants

(in the specialties of radiography, nuclear medicine, magnetic resonance and radiation therapy)

- Reviewed 53 new applications for registration from internationally educated individuals
- Issued 63 decisions (ten decisions were from applicants who had submitted their applications for registration in 2017 but the panel did not issue their decisions until 2018) where the panel approved 63 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)

Applicants for registration in the specialty of diagnostic medical sonography

- Reviewed 90 applications for registration from applicants who applied for a certificate of registration in diagnostic medical sonography
- Issued 90 decisions where the panel approved 89 applications for registration following the completion of certain requirements and refused one application

Applications from members

- Reviewed one application for a variation of a term, condition or limitation on a member's certificate of registration. The Registration Committee issued a decision to remove the term, condition or limitation from the member's certificate of registration
- Reviewed one application for reinstatement from a member whose certificate of registration was suspended. The Registration Committee issued a decision to reinstate the certificate of registration

Office of the Fairness Commissioner

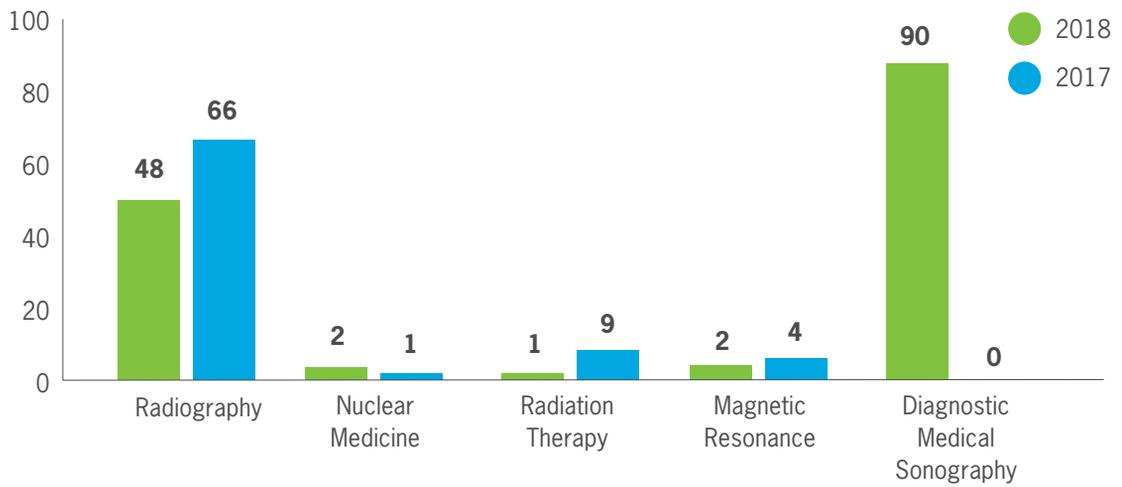
The CMRTO submitted the 2018 Fair Registration Practices Report to the Office of the Fairness Commissioner in February 2019.

Education and Training

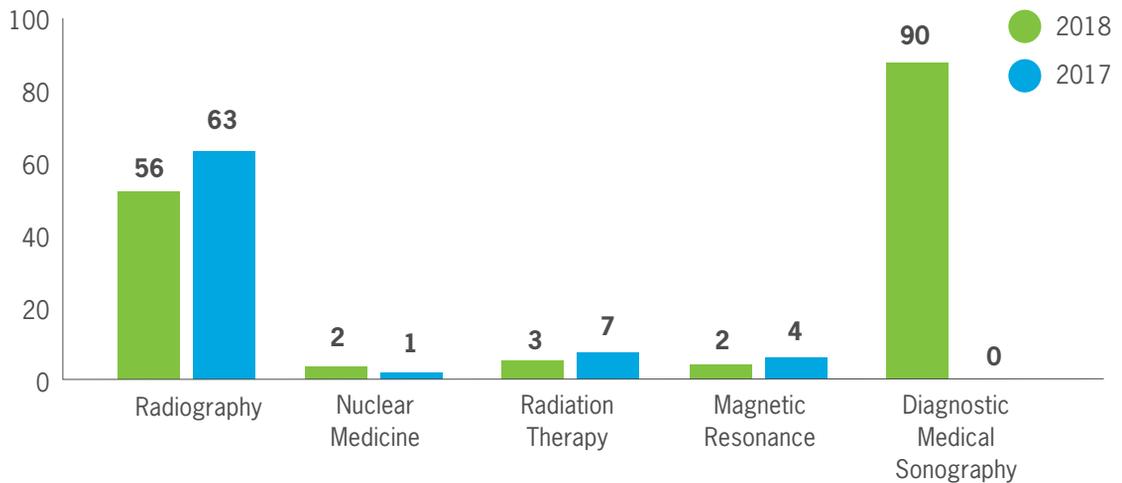
New members of the Registration Committee completed an orientation and training on the legislative framework and the CMRTO Registration Committee assessment processes and procedures.

The Registration Committee participated in an orientation session on the legislative framework, the amended registration regulation which came into force on January 1, 2018 and the CMRTO application review process, for applicants applying for a certificate of registration in the specialty of diagnostic medical sonography under the grandparenting provision.

Total number of new applications reviewed by the Registration Committee by specialty in 2018, with 2017 comparison

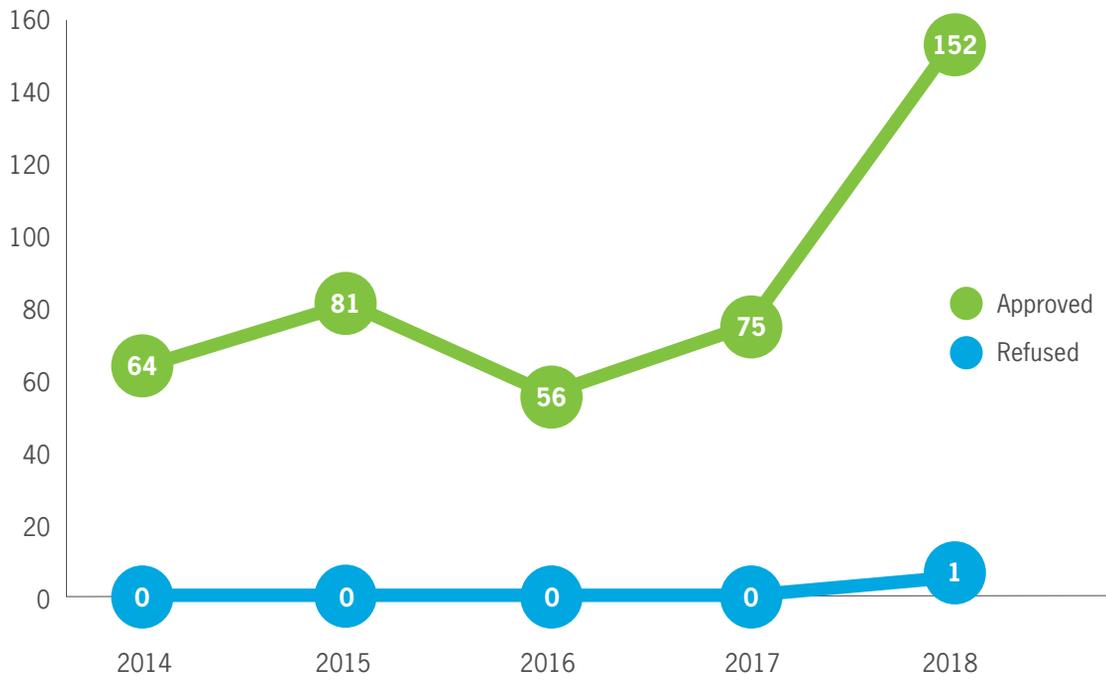


Decisions issued by the Registration Committee by specialty in 2018, with 2017 comparison

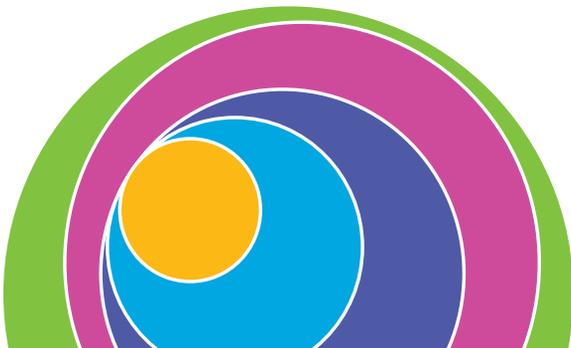


**The total number of decisions may not correspond to the total number of applications reviewed as decisions may be pending receipt of additional information or decisions may be issued for applications reviewed in the previous calendar year.*

Decisions issued by the Registration Committee annually 2014 - 2018



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



Countries in which international applicants completed their education in medical radiation technology, 2018

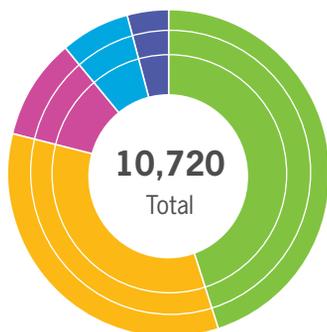


*The total number of countries in which international applicants completed their education in medical radiation technology for new applications received in 2018 does not correspond to the total number of applications reviewed, or decisions issued, as the total number of applications reviewed includes applications from Canadian applicants.

MEMBERSHIP PROFILE

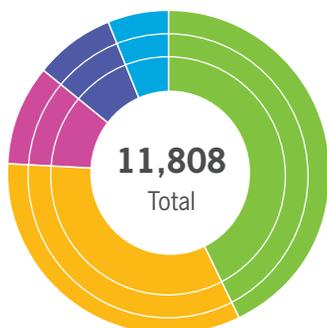
	2018	2017	2016
Active			
Specialty			
Nuclear Medicine	709	722	723
Radiography	4,838	4,814	4,777
Radiation Therapy	1,115	1,084	1,058
Magnetic Resonance	428	414	417
Diagnostic Medical Sonography	3,625	0	0
Employment Specific			
Nuclear Medicine	5	7	7
Total Active	10,720	7,041	6,982
Resigned			
Specialty			
Nuclear Medicine	46	34	32
Radiography	329	269	248
Radiation Therapy	84	80	75
Magnetic Resonance	19	28	14
Diagnostic Medical Sonography	2	0	0
Employment Specific			
Nuclear Medicine	2	0	0
Total Resigned	482	421	369
Suspended (for failure to pay fees)			
Specialty			
Nuclear Medicine	1	0	1
Radiography	8	4	3
Radiation Therapy	1	0	1
Magnetic Resonance	1	0	0
Diagnostic Medical Sonography	0	0	0
Total Suspended	11	4	5
Total Active, Resigned and Suspended	11,213	7,466	7,356

Active members on December 31, 2018 by primary specialty



- 45%** Radiography, 4,838
- 34%** Diagnostic Medical Sonography, 3,625
- 10%** Radiation Therapy, 1,115
- 7%** Nuclear Medicine, 714
- 4%** Magnetic Resonance, 428

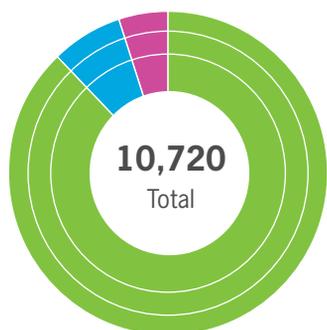
Active specialty certificates on December 31, 2018



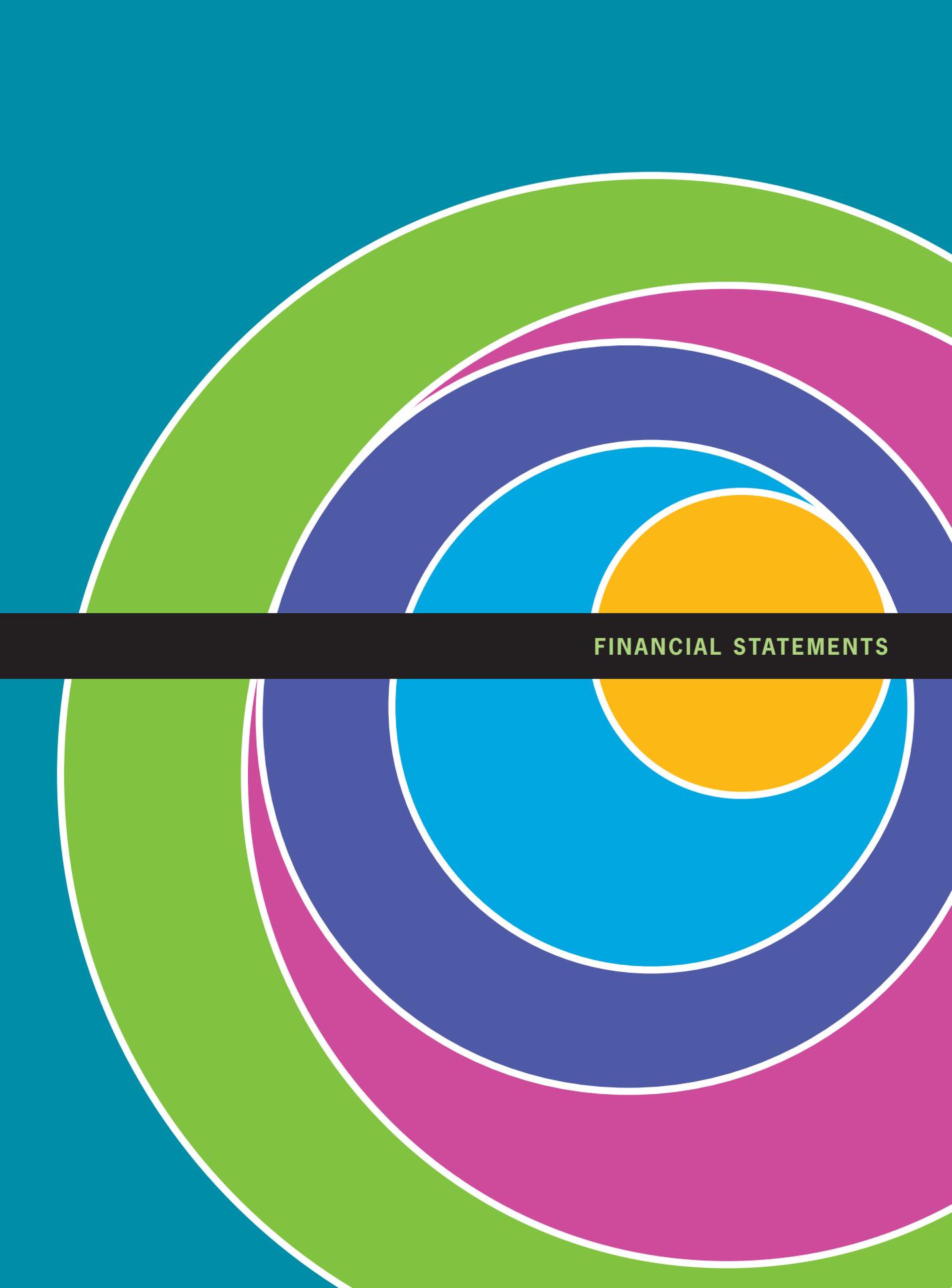
- 43%** Radiography, 5,129
- 33%** Diagnostic Medical Sonography, 3,848
- 10%** Radiation Therapy, 1,132
- 8%** Magnetic Resonance, 945
- 6%** Nuclear Medicine, 754

**A member may hold one or more specialty certificates.*

Active members on December 31, 2018 by location of initial education in medical radiation and imaging technology



- 88%** Ontario, 9,487
- 7%** Outside Canada, 706
- 5%** Canada (outside Ontario), 527



FINANCIAL STATEMENTS

INDEPENDENT AUDITOR'S REPORT

To the Council of
College of Medical Radiation Technologists of Ontario

Opinion

We have audited the financial statements of College of Medical Radiation Technologists of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2018, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2018, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

The financial statements for the year ended December 31, 2017 were audited by another auditor who expressed an unmodified opinion on those financial statements on March 27, 2018.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario
March 29, 2019

The logo for Hilborn LLP is written in a blue, cursive script font. The word "Hilborn" is in a larger, more decorative script, and "LLP" is in a smaller, simpler script to its right.

Chartered Professional Accountants
Licensed Public Accountants

STATEMENT OF FINANCIAL POSITION

December 31	2018 \$	2017 \$
ASSETS		
Current assets		
Cash	251,450	125,403
Accounts receivable	53,473	47,007
Prepaid expenses	72,201	52,276
	377,124	224,686
Investments (note 3)	2,333,495	1,757,505
Capital assets (note 4)	231,602	318,264
Intangible assets (note 5)	609,458	612,947
	3,174,555	2,688,716
	3,551,679	2,913,402
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	411,415	243,261
Deferred registration fees (note 7)	2,813,180	1,606,546
	3,224,595	1,849,807
Deferred lease incentives (note 8)	28,024	56,048
	3,252,619	1,905,855
NET ASSETS		
Invested in capital and intangible assets	813,036	875,163
Unrestricted	(513,976)	132,384
	299,060	1,007,547
	3,551,679	2,913,402

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:



President



Vice President

STATEMENT OF OPERATIONS

Year ended December 31

	2018 \$	2017 \$
Revenues		
Registration fees	4,015,590	3,401,975
Investment income	28,154	29,935
	4,043,744	3,431,910
Expenses		
Human resources (note 9)	2,370,092	1,669,157
Operating	820,893	761,474
Communications and legal	868,453	590,845
Amortization - capital assets	134,088	129,816
Amortization - intangible assets	231,062	180,511
Committee meetings	164,118	146,702
Education, quality assurance and other	163,525	123,090
Projects	-	13,387
	4,752,231	3,614,982
Excess of expenses over revenues for year	(708,487)	(183,072)

The accompanying notes are an integral part of these financial statements

STATEMENT OF CHANGES IN NET ASSETS

Year ended December 31

	Invested in capital and intangible assets \$	Unrestricted \$	2018 Total \$
Balance, beginning of year	875,163	132,384	1,007,547
Excess of expenses over revenues for year	(337,126)	(371,361)	(708,487)
Purchase of capital assets	47,426	(47,426)	-
Purchase of intangible assets	227,573	(227,573)	-
Balance, end of year	813,036	(513,976)	299,060

	Invested in capital and intangible assets \$	Unrestricted \$	2017 Total \$
Balance, beginning of year	332,759	857,860	1,190,619
Excess of revenues over expenses (expenses over revenues) for year	(282,302)	99,230	(183,072)
Purchase of capital assets	318,846	(318,846)	-
Purchase of intangible assets	505,860	(505,860)	-
Balance, end of year	875,163	132,384	1,007,547

The accompanying notes are an integral part of these financial statements

STATEMENT OF CASH FLOWS

Year ended December 31

	2018 \$	2017 \$
Cash flows from operating activities		
Excess of expenses over revenues for year	(708,487)	(183,072)
Adjustments to determine net cash provided by (used in) operating activities		
Amortization - capital assets	134,088	129,816
Amortization - intangible assets	231,062	180,511
Amortization of deferred lease incentives	(28,024)	(28,025)
	(371,361)	99,230
Change in non-cash working capital items		
Increase in accounts receivable	(6,466)	(20,859)
Decrease (increase) in prepaid expenses	(19,925)	23,973
Increase in accounts payable and accrued liabilities	168,154	108,209
Increase in deferred registration fees	1,206,634	17,466
	977,036	228,019
Cash flows from investing activities		
Purchase of investments	(1,175,990)	-
Proceeds from disposal of investments	600,000	470,987
Purchase of capital assets	(47,426)	(318,846)
Purchase of intangible assets	(227,573)	(505,860)
	(850,989)	(353,719)
Net change in cash	126,047	(125,700)
Cash, beginning of year	125,403	251,103
Cash, end of year	251,450	125,403

The accompanying notes are an integral part of these financial statements

NOTES TO FINANCIAL STATEMENTS

December 31, 2018

Nature and description of the organization

The College of Medical Radiation Technologists of Ontario (the “College”) was constituted on January 1, 1994 with the proclamation of the *Medical Radiation Technology Act*. The primary responsibility of the College is the standard setting and regulation of the medical radiation and imaging technologists’ profession in Ontario.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the *Income Tax Act*, and therefore is not subject to income taxes.

In August 2017, the Ontario Ministry of Health and Long-term Care announced that it had received direction to regulate diagnostic medical sonographers under the College by January 2018. The regulations necessary to regulate diagnostic medical sonographers under the *Regulated Health Professions Act* and within the College were approved, effective January 1, 2018. Individuals working in diagnostic medical sonography had one transitional year to become registered with the College. Effective January 1, 2019, it is mandatory for diagnostic medical sonographers to be registered with the College in order to be legally authorized to practice diagnostic medical sonography in Ontario and to apply soundwaves for diagnostic ultrasound.

On December 12, 2017, the *Medical Radiation and Imaging Technology Act, 2017* received Royal Assent. As at December 31, 2018, the *Medical Radiation and Imaging Technology Act, 2017* is not yet proclaimed. Upon a date to be proclaimed by the Lieutenant Governor, the *Medical Radiation Technology Act, 1991* will be repealed and the College of Medical Radiation Technologists of Ontario will be continued under the name College of Medical Radiation and Imaging Technologists of Ontario.

1. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition

Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

Investment income

Investment income comprises interest from cash and investments, realized gains and losses on the disposal of investments and the unrealized appreciation and depreciation in the fair value of investments.

Revenue is recognized on an accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.

(b) Investments

Investments consist of high interest savings accounts and guaranteed investment certificates.

(c) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Office equipment	10 years
Computer equipment	3 years

Amortization of leasehold improvements is provided for on a straight-line basis over the remaining term of the respective lease.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

(d) Intangible assets

The costs of intangible assets are capitalized upon meeting the criteria for recognition as an intangible asset. The cost of a separately acquired intangible asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Intangible assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight-line basis at a rate designed to amortize the cost of the intangible assets over their estimated useful lives. The annual amortization rate is as follows:

Computer software	5 years
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An intangible asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the intangible asset to its fair value. Any impairment of the intangible asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the intangible asset subsequently increases.

(e) Deferred lease incentives

Lease incentives consist of tenant inducements received in cash.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with re-negotiated leases are amortized to income on a straight-line basis over the period from the expiration date of the original lease to the expiration date of the renegotiated lease.

(f) Net assets invested in capital and intangible assets

Net assets invested in capital and intangible assets comprises the net book value of capital and intangible assets less the unamortized balance of deferred tenant inducements used to purchase capital assets.

(g) Financial instruments

(i) Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost, except for cash and investments which are measured at fair value. Changes in fair value are recognized in income in the year in which the changes occur.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include accounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Financial assets measured at fair value include cash and investments.

(ii) Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(h) Pension plan

The College is an employer member of the Healthcare of Ontario Pension Plan (the “Plan”), which is a multi-employer defined benefit pension plan. In accordance with Canadian accounting standards for not-for-profit organizations, as sufficient information is not available to the College to use defined benefit plan accounting, the College accounts for the Plan as a defined contribution pension plan. The College expenses pension contributions when made.

(i) Management estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from these estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
			Currency	Interest rate	Other price
Cash	X			X	
Accounts receivable	X				
Investments	X			X	
Accounts payable and accrued liabilities		X			

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss. The College does not hold directly any collateral as security for financial obligations of counterparties.

The maximum exposure of the College to credit risk is as follows:

	2018	2017
	\$	\$
Cash	251,450	125,403
Accounts receivable	53,473	47,007
Investments	2,333,495	1,757,505
	<u>2,638,418</u>	<u>1,929,915</u>

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

The College manages its exposure to the credit risk of investments through their investment policy which restricts the types of eligible investments.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The College meets its liquidity requirements by preparing and monitoring detailed forecasts of cash flows from operations and anticipated investing and financing activities and holding assets that can be readily converted into cash.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial investment will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates.

The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

The College does not use derivative financial instruments to manage its exposure to interest rate risk.

Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

3. Investments

	2018 \$	2017 \$
High interest savings accounts	1,378,495	1,057,505
Guaranteed investment certificates	955,000	700,000
	<u>2,333,495</u>	<u>1,757,505</u>

The guaranteed investment certificates have effective interest rates ranging from 2.25% to 2.71% (2017 - 1.80% to 2.57%) and maturity dates ranging from July 2019 to December 2019 (2017 - June 2018 to December 2019).

The above noted investments are classified as long-term as it is not the intention of management to use the investments for current purposes.

4. Capital assets

	Cost \$	Accumulated Amortization \$	2018 Net \$
Office equipment	305,221	170,032	135,189
Computer equipment	94,179	75,883	18,296
Leasehold improvements	431,256	353,139	78,117
	<u>830,656</u>	<u>599,054</u>	<u>231,602</u>

	Cost \$	Accumulated Amortization \$	2017 Net \$
Office equipment	302,099	151,164	150,935
Computer equipment	146,287	113,300	32,987
Leasehold improvements	409,228	274,886	134,342
	<u>857,614</u>	<u>539,350</u>	<u>318,264</u>

During the year, capital assets with a net book value of nil (cost and accumulated amortization both of \$74,384) were disposed of for no gain or loss.

5. Intangible assets

	Cost \$	Accumulated Amortization \$	2018 Net \$
Computer software	952,252	342,794	609,458

	Cost \$	Accumulated Amortization \$	2017 Net \$
Computer software	1,015,415	402,468	612,947

During the year, intangible assets with a net book value of nil (cost and accumulated amortization both of \$290,736) were disposed of for no gain or loss.

6. Accounts payable and accrued liabilities

	2018	2017
	\$	\$
Trade payables and accrued liabilities	243,510	270,427
Government remittances payable (receivable)	167,905	(27,166)
	<u>411,415</u>	<u>243,261</u>

7. Deferred registration fees

	2018	2017
	\$	\$
Balance, beginning of year	1,606,546	1,589,080
Amounts received	4,693,987	3,324,542
Amounts recognized as revenue	(3,487,353)	(3,307,076)
Balance, end of year	<u>2,813,180</u>	<u>1,606,546</u>

8. Deferred lease incentives

	Cost	Accumulated	2018
	\$	Amortization	Net
		\$	\$
Tenant inducements	280,245	252,221	28,024
	Cost	Accumulated	2017
	\$	Amortization	Net
		\$	\$
Tenant inducements	280,245	224,197	56,048

9. Pension plan

Certain employees of the College are members of 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, 2018, the Plan is 121% funded. Contributions to the Plan made during the year ended December 31, 2018 by the College on behalf of its employees amounted to \$118,911 (2017 - \$84,258) and are recorded in human resources expense in the statement of operations. Employees' contributions to the Plan in 2018 were \$94,373 (2017 - \$66,871).

10. Commitment

Effective October 29, 2018, the College extended its existing office premises lease for a ten year term expiring December 31, 2029.

The landlord has agreed to reimburse the College for tenant improvements to the office premises to a maximum of \$20 per square foot plus HST, equivalent in total to \$160,140 plus HST. The College shall be able to apply any unused portion of the tenant improvement allowance to a maximum of \$10 per square foot plus HST towards basic rent.

At December 31, 2018 the College has neither incurred costs related to tenant improvements nor has it applied any unused portion of the tenant improvement allowance towards basic rent.

The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	\$
2019	321,671
2020	385,727
2021	385,727
2022	385,727
2023	385,727
Subsequent years	2,354,397
	<u>4,218,976</u>

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