



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Attachments

Circulated at the Meeting of the Council

Date: September 20, 2019

ITEM	ATTACHMENT
5cvi	Eblast to CMRTO members and applicants from CMRTO Communications, dated September 16, 2019 regarding 'CMRTO website downtime Wednesday, September 18 at 12:01 am to Friday, September 20 at 10 am'
7aii	Memo to Health Sector Partners, from Helen Angus, Deputy Minister, Ministry of Health dated September 12, 2019 re Ministry of Health's Organizational Realignment
7diii	Briefing note to Council, from Executive Committee, dated September 17, 2019 regarding 'Request from OAMRS', with the following attachments: <ul style="list-style-type: none">• Letter to Robert Mahon, Immediate Past Chair of the Board, OAMRS, from Wendy Rabbie, President, dated September 17, 2019 regarding the request from OAMRS, CMRTO Policy 10.4, Privacy Code attached• Letter to Wendy Rabbie, President from Robert Mahon, Chair of the Board, OAMRS, dated June 30, 2019

Kirusha Kobindarajah

From: CMRTO Communications <communications@cmrto.org>

Sent: September-16-19 2:06 PM

To: all active members and applicants

Subject: CMRTO website downtime Wednesday, September 18 at 12:01 am to Friday, September 20 at 10 am

Dear contact.fullname,

The **CMRTO website will be unavailable** between **Wednesday, September 18th at 12:01 am** and **Friday, September 20th at 10 am** while we convert to our new website.

During this time, you will be unable to access www.cmrto.org, the Member & Applicant Portal (MAP), the Quality Assurance ePortfolio, and the CMRTO QuickQA App.

If you need to access the site or any of these tools for any reason (for example, to renew your registration, enter QA information in your ePortfolio, or change your address and/or place of employment), please do so before 11 pm on Tuesday, September 17th.

The new site will be available at 10 am on Friday, September 20th and all of these tools will be operational at that time.

We apologize for any inconvenience this downtime might cause.

Thank you,

CMRTO Communications



College of Medical Radiation Technologists of Ontario

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Have any questions about this email? Contact communications@cmrto.org

Ministry of Health

Office of the Deputy Minister

777 Bay Street, 5th Floor

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Tel.: 416 327-4300

Fax: 416 326-1570

Ministère de la Santé

Bureau du sous-ministre

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September 12, 2019

MEMORANDUM TO: Health Sector Partners

FROM: **Helen Angus**
Deputy Minister
Ministry of Health

RE: **Ministry of Health – Organizational Realignment**

As the Ministry of Health continues to modernize Ontario's publicly-funded health care system in order to end hallway health care, build a connected mental health and addictions system, improve patient experience and strengthen local services, we are entering a significant and exciting period of implementation across several initiatives.

To ensure that the Ministry of Health is structured to best deliver on our mandate and support our health sector partners, we are making several structural changes to our organization.

As of September 16, 2019, the following divisions will be established and report to Mel Fraser, Associate Deputy Minister, Health Services:

Ontario Health Teams Division

Ontario Health Teams (OHTs) are a signature piece of this government's mandate to integrate a broad continuum of care around patients. We are excited to build the capacity to support and scale OHTs across the province through the new **Ontario Health Teams Division (OHTD)**. The division will be led by Executive Lead Phil Graham who will be responsible for providing leadership and oversight to facilitate the development and creation of OHTs. Phil will also continue to provide oversight over home and community care as we move forward with modernization.

Mental Health and Addictions Division

Improving the treatment of mental health and addictions is one of the government's key priorities. The **Mental Health and Addictions Division (MHAD)** will be established under the leadership of Karen Glass, Assistant Deputy Minister. This division will lead the development and implementation of Ontario's Mental Health and Addictions Strategy.

Capacity Planning and Analytics Division

To integrate capacity planning, analytic functions and the health human resource strategy, the ministry will create a **Capacity Planning and Analytics Division (CPAD)**, led by Assistant Deputy Minister Michael Hillmer. As a result, the existing Capacity Planning and Capital Division and the Information Management, Data and Analytics Division will be merged into one division.

Emergency Health Services Division

The important work of the Emergency Health Program Management and Delivery Branch and the Emergency Health Regulatory and Accountability Branch will be realigned to create a new **Emergency Health Services Division (EHSD)**, led by Assistant Deputy Minister Alison Blair.

Public Health Modernization

Alison will also take on the Executive Lead role for Public Health modernization. Reporting jointly to me and the Associate Deputy Minister - and working in close partnership with Dr. David Williams, Chief Medical Officer of Health, and his team - Alison will support consultations with the sector to plan and implement the modernization of public health and emergency health services.

The following divisions will also be renamed or realigned to support the ministry's mandate:

The Strategic Implementation Division will be renamed the **Health Transformation Division (HTD)**. This division, led by Assistant Deputy Minister Sean Court, will continue to lead the implementation of the ministry's key transformation initiatives, including continued support for the establishment of the new Ontario Health agency and the cross-government supply chain initiative, with a focus on ensuring minimum disruption to patients and the health care sector.

The Digital Health Secretariat, currently led by Assistant Deputy Minister Greg Hein, will be renamed the **Digital Health Division (DHD)** and realigned, reporting to Mel Fraser, Associate Deputy Minister, Health Services. The division will support a digital approach to all of our health service modernization, which will help ensure alignment between the ministry's and our partners' priorities.

Mike Heenan, who recently joined the ministry as Assistant Deputy Minister, Hospitals and Emergency Services, will add health capital to his new division, now named the **Hospitals and Capital Division (HCD)**. Mike's experience in the hospital sector positions him well to take on this role. With this division we will now have a full picture of the hospital sector in one place, including the operational impact of capital investments to support the government's strategy to end hallway healthcare.

Patrick Dicerni's Strategic Policy and Planning Division will be renamed the **Strategic Policy, Planning and French Language Services Division (SPPFLSD)** and will provide centralized and coordinated support for the sector's French language services. In addition, Patrick will also provide leadership to the Drugs and Devices Division on a temporary basis pending a formal recruitment.

Given these new supports and realignments, the French Language Services Office will move to the Health Equity Branch, SPPFLSD, where it will continue to provide strategic advice on the

French Language Services Act. The Health Equity Branch will be renamed the Indigenous, French Language and Priority Populations Branch. The Community, Mental Health Addictions and French Language Services Division (CMHAFLSD) will be dissolved. The division's remaining branch, Primary Health Care, will be moved to the Ontario Health Insurance Plan Division (OHIPD). This realignment will provide the expertise to achieve better health outcomes and maximize the value of the provincial investment in the health care system.

I would like to take this opportunity to thank you in advance for your partnership and collaboration. Today's announcement will ensure we are ready to work with you on the challenges and opportunities ahead.

Sincerely,

Original signed by

Helen Angus



Briefing Note

To: Council

From: Executive Committee **Date:** September 17, 2019

Subject: Request from OAMRS

This agenda item is for:

- Decision
- Direction to staff
- Discussion
- Information

On June 30, 2019, Wendy Rabbie received a letter by email from Robert Mahon, Chair of the Board of the Ontario Association of Medical Radiation Sciences, (attached) requesting the following:

1. That CMRTO share its member database with OAMRS
2. That CMRTO distribute OAMRS communications to its members on behalf of OAMRS
3. That CMRTO change its policy to permit sharing of general information from OAMRS to CMRTO members

The Executive Committee considered the letter and the request at their meeting on August 27, 2019, and directed staff to respond to the letter in accordance with CMRTO's legislated obligations and the CMRTO Privacy Code. The CMRTO response was sent under Wendy Rabbie's signature to Robert Mahon on September 17, 2019 (attached), copied to the full OAMRS Board and Greg Toffner.

Any further discussion regarding this matter will be addressed by Linda Gough. Linda has offered to meet with Greg Toffner and the OAMRS Board in person if they would like to discuss the matter further.



September 17, 2019

Mr. Robert Mahon
Immediate Past Chair of the Board
Ontario Association of Medical Radiation Sciences
McMaster Innovation Park
415A – 175 Longwood Road South
Hamilton, ON L8P 0A1

Dear Robert:

This letter is in response to your letter to me as President of CMRTO, dated June 30, 2019. Robert, I fully agree with you that positive collaboration between the CMRTO as the regulator of the profession in Ontario and the OAMRS as the provincial association, can lead to improved public protection and enhanced understanding by our members. In fact, CMRTO's Strategic Plan, Goal #6, states "Nurture productive relationships to support the mission, vision and strategic goals". Our objective is to foster effective relationships with stakeholders and organizations, and certainly, OAMRS is a key organization with which we seek to support a productive and collaborative relationship.

In your letter of June 30th, you request the CMRTO Council to consider changing our 'internal policy' to 'include general information sharing from OAMRS to CMRTO members'. You also specifically request that CMRTO share its member database with OAMRS so that you can send emails directly to CMRTO members, and that CMRTO distribute OAMRS communications to its members on behalf of OAMRS. Your letter was reviewed and the requests were considered by the CMRTO Executive Committee at their meeting in August 2019.

1. Request to share the CMRTO member database with OAMRS

The CMRTO member database is comprised of two separate and distinct classes of information – that which is defined as public information under the RHPA and the CMRTO By-Law, and that which is confidential. Members' names, registration status, registration numbers, business addresses, business telephone numbers, and other registration information is information which is available to the public and is posted on the CMRTO Public Register. The remainder of the information contained in the member database, such as the members' home addresses, email addresses, home telephone numbers, birthdates, and other information is not available to the public and is confidential.

Section 36(1) of the RHPA requires “every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person..”. We take the confidentiality of information very seriously, and all our staff, Council and committee members are bound by this legislative obligation. As you can see, we have a statutory obligation to keep confidential all information which is not public information and so CMRTO is legally unable to share our full member database with OAMRS or any other organization or person.

Accordingly, the answer to your question is no, CMRTO will not be sharing the CMRTO member database with OAMRS.

In your letter you state that other colleges have shared their member database with their associations. I believe that this may be the case for the public register information. For some professions, the members’ business addresses, and business telephone numbers are unique to them if they have an office: for example, chiropractic, massage therapy, occupational therapy, psychology and others. And so it possible for associations to use the college’s public register information to reach individual practitioners. Of course, medical radiation and imaging technologists are employees in hospitals, clinics and other large institutions and sending information to their business addresses would likely not reach the intended individual recipients. I think further inquiries would find that those associations that are using their college’s database are, in fact, using the public register information which accounts for your perceived difference in the approach by colleges regarding the sharing of their member databases.

2. Request for CMRTO to distribute OAMRS communications to its members on behalf of OAMRS

Linda Gough, Registrar & CEO has informed Greg Toffner that CMRTO is unable to distribute OAMRS communications to its members on a number of occasions, including by email January 9, 2019, and also through Tina Langlois, Internal Legal Counsel on February 28, 2019. We have also informed OAMRS of the reason: professional association communications do not meet the CMRTO Privacy Code requirement that communications from CMRTO to its members must be related to the administration and enforcement of the legislation.

The CMRTO Privacy Code (attached) sets out restrictions on the College’s collection, use and disclosure of personal information regarding applicants, members, members’ patients, employers, and other individuals that the College may collect information from in the course of carrying out its objects. The purpose for which the College collects, uses and discloses personal information is to administer and enforce the legislation. Under the Privacy Code, the Registrar & CEO is accountable for compliance with the Privacy Code, and Linda Gough was quite correct in the response and rationale provided to Greg Toffner.

Accordingly, the answer to your question is no, CMRTO will not be distributing OAMRS communications to its members on behalf of OAMRS.

CMRTO is unaware of any regulatory college distributing association created information to its members on behalf of an association. There may be occasions where regulatory colleges and associations are collaborating on a project related to the protection of the public and member services, (such as the Nurse Health Program developed jointly with the College of Nurses of Ontario, the Ontario Nurses' Association, the Registered Nurses' Association of Ontario, and the Registered Practical Nurses Association of Ontario) where joint communications may be sent by colleges to their members.

3. Request for CMRTO to 'change its internal policy' to 'include general information sharing from OAMRS to CMRTO members'

The CMRTO Privacy Code was developed by the CMRTO and first approved by Council in March 2005 as a voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College's activities while still enabling the College to meet its statutory mandate under the RHPA and MRT Act. The Privacy Code uses the privacy principles of the *Personal Information Protection and Electronic Documents Act*, and the *Personal Health Information Protection Act*. The Privacy Code was developed using best practices in privacy, and the CMRTO Council received expert advice from its legal counsel and other external privacy experts. The CMRTO Privacy Code is consistent with the principles and advice regarding the collection, use, and disclosure of personal information on the website of the Information and Privacy Commissioner of Ontario. The CMRTO Privacy Code was debated and approved in Council meetings that are open to the public, has been available on the CMRTO website since 2005, and has shaped the CMRTO by-laws, website and communications for over a decade.

Accordingly, the answer to your question is no, CMRTO will not change the approved Privacy Code in order to distribute OAMRS information to CMRTO members, as this would be a use of members' confidential and personal information for a purpose other than the administration and enforcement of the legislation and in direct contravention of established privacy principles.

4. Communication of roles of the CMRTO and OAMRS

Your letter infers that sonographers do not understand the role of the CMRTO and the OAMRS, and that the only solution is for the CMRTO to distribute OAMRS communications to CMRTO members. We respectfully disagree with this proposed solution. CMRTO believes that members receiving OAMRS communications from CMRTO would only add to the confusion, not clarify the difference in our roles.

CMRTO has a different approach to its newsletters and publications than that of some of the other colleges. We have purposefully kept our newsletter, *Insights*, short and easy to read so that members can quickly learn about important College information. We do not publish articles

from other organizations. Similarly, our publications on professional practice issues “What you must know about...” inform members in plain language about regulatory practice issues and the role of CMRTO. This approach also ensures that CMRTO’s communications are consistent with our regulatory role.

Yes, when a profession is newly regulated, it takes time for practitioners to understand these roles and, in fact, it is a constant and consistent message from all regulators to their members. CMRTO has invested heavily in educating all of its applicants and members about the role of the regulator and their obligations and accountabilities as regulated health professionals over the years, and especially the last three years. Many of those presentations and webinars include information about the role of the regulator and the associations, along with an encouragement for members to be members of their professional associations.

CMRTO very much appreciates the assistance of OAMRS in reaching the sonographers practising in Ontario in 2017 and 2018, to make sure that they knew about the impending regulation of the profession and the legal requirement for them to become registered with CMRTO. CMRTO did indeed request OAMRS to assist in reaching the sonographers through the ARDMS email database and that enabled us to reach sonographers who were not members of Sonography Canada, which was important and for which we thank OAMRS. However, CMRTO **did not** request OAMRS to run ‘an extensive cross-province tour to help educate sonographers’ as you indicate in your letter, as the CMRTO Council had directed Linda Gough to give a number of workshops across the province on the regulation of diagnostic medical sonographers with CMRTO.

CMRTO is of the opinion that communication is most effective and clearest when our two organizations each focuses on communicating our own distinct roles.

5. Collaboration between CMRTO and OAMRS

CMRTO believes that it is important to nurture productive relationships with stakeholders and other organizations to support the mission of the CMRTO to regulate the profession in the public interest. We very much value the strong, respectful, collegial relationship we believe we have with the OAMRS. At every opportunity, and when appropriate to our respective roles, we invite OAMRS to collaborate on initiatives and projects to support medical radiation and imaging technologists in meeting their professional obligations, and to protect the public interest.

Some of the CMRTO initiatives we have invited the OAMRS to collaborate on in recent years include:

- Participating in the communications workshop that CMRTO held for the development of the CMRTO communication guidelines for MRTs on establishing a professional and caring relationship with their patients

- Participating in the CMRTO Sonography Implementation Group, which developed the proposed legislative, regulatory and policy framework for the implementation of diagnostic medical sonographers
- Inviting an OAMRS Board Member in the specialty of diagnostic medical sonography to the CMRTO Council for an 18 month period, until CMRTO was able to hold an election in the new specialty

In fact, Greg Toffner is invited to the CMRTO Council's educational session on Thursday, September 19, 2019 on Health Professionals' Mental Health and Addiction, which includes presentations from CAMRT and Sonography Canada on the MRT and DMS Wellness Survey, and the College of Nurses of Ontario on their collaborative Nurses Health Program.

We thank the OAMRS for bringing the professional association perspective to these important and significant public protection initiatives, and we hope that OAMRS shares our belief that our two organizations are a positive example of collaboration that enhances the confidence of all stakeholders in the regulation of medical radiation and imaging technologists.

6. CMRTO's ongoing and continued support of OAMRS

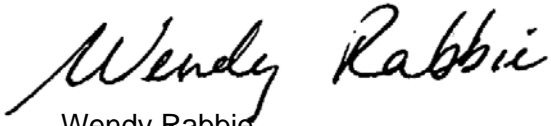
Your letter infers that without CMRTO sharing its member database, or distributing OAMRS communications to CMRTO members on behalf of OAMRS, there is an absence of collaboration between our two organizations and a lack of support by CMRTO. We are disappointed that you feel this way, as our Council and staff have supported the OAMRS in numerous initiatives and activities. Some of these include:

- Ensuring that the CMRTO by-law requirement for PLI is consistent with the coverage provided by OAMRS
- Information in the 'What you must know about...professional liability insurance' and the Legislation Learning Package on where to obtain PLI, including the OAMRS
- Links to the OAMRS website on the CMRTO website
- A respectful, positive, and collaborative relationship between Greg Toffner and Linda Gough, and our senior staff, including regular meetings
- Senior staff speaking at the OAMRS conferences, education days and section education days at no cost or expense to OAMRS
- Supporting the OAMRS conferences and education days by attending with our booth as paying sponsors
- CMRTO professional staff are members of OAMRS

Robert, I trust that this rather lengthy explanation of the CMRTO's confidentiality and privacy obligations explains to you and the OAMRS Board why CMRTO is unable to fulfil your requests, now or at any time in the foreseeable future. I also hope that the reminder of our past and current collaborations and support reinforces the positive relationship our two organizations enjoy.

We look forward to continued collaboration in meeting the CMRTO's statutory obligation in regulating the profession to ensure the protection of the public.

Sincerely,

A handwritten signature in black ink that reads "Wendy Rabbie". The signature is written in a cursive, flowing style.

Wendy Rabbie
President

Encl: CMRTO Privacy and Information Management Policy 10.4, Privacy Code, effective date December 7, 2018

Copy: Amanda Johnston, Chair, OAMRS Board of Directors
OAMRS Board
CMRTO Council
Greg Toffner, President & CEO, OAMRS
Linda Gough, Registrar & CEO, CMRTO



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
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Privacy Code

Policy

10.4

Section:	Privacy and Information Management		
Approved By:	Council	Public:	No
Approved Date:	December 7, 2018	Review Schedule:	Every 3 Years
Effective Date:	December 7, 2018	Last Reviewed:	[Last Reviewed Date]
Amended Date(s):	[Amended Date]	Next Review Date:	September 2020

Policy:

The College was established by the *Medical Radiation Technology Act, 1991* (the Act).¹ The legal powers and duties of the College are set out in the *Regulated Health Professions Act, 1991*, (the RHPA) the Health Professions Procedural Code, being Schedule 2 to the RHPA (the Code) and the regulations and by-laws made under the foregoing (together “the Legislation”).

In carrying out its objects, the College has a duty to serve and protect the public interest.

In the course of fulfilling its mandate, the CMRTO may collect, use and disclose personal information regarding applicants for membership, members, persons holding themselves out as members, members’ patients, persons who may have received services from a person holding themselves out as a member and persons employed, retained, elected or appointed for the purpose of the administration and enforcement of the Legislation. The College’s collection, use and disclosure of personal information in the course of carrying out its regulatory activities is done for the purpose of regulating the profession in the public interest.

¹ On a date to be named by proclamation of the Lieutenant Governor, the *Medical Radiation Technology Act, 1991* will be repealed. On that date, the *Medical Radiation and Imaging Technology Act, 2017* will come into force.

Persons who are employed, retained or appointed by the College, as well as every Councillor or Non-Council Committee Member, are required by section 36 of the RHPA² to keep confidential all information that comes to their knowledge, subject to certain limited exceptions. Breach of this provision by an individual can lead to the imposition of a fine of up to \$25,000.00 for a first offence and up to \$50,000.00 for a second or subsequent offence. Breach of this provision by a corporation can lead to the imposition of a fine of up to \$50,000.00 for a first offence and up to \$200,000.00 for a second or subsequent offence.

The College is not subject to the federal *Personal Information Protection and Electronic Documents Act* or the provincial *Personal Health Information Protection Act*. The College has voluntarily adopted this Privacy Code to provide a voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College's activities while still enabling the College to meet its statutory mandate under the Legislation.

This Privacy Code and its procedures are administered in accordance with the following principles.

Principle 1: Accountability

The Registrar & CEO is accountable for compliance with this Privacy Code and its procedures. Complaints or questions regarding the manner in which personal information is being handled by the College should be directed to the Registrar & CEO directly by mail or by phone.

The College will provide orientation and training to all new employees, appointees, Councillors and Non-Council Committee Members regarding their obligations pursuant to section 36 of the RHPA and this Privacy Code.

The College's policies regarding privacy and information management are available on the College's website and by request by mail or by phone.

Principle 2: Identifying Purposes

The purpose for which the College collects, uses and discloses personal information is to administer and enforce the Legislation.

The purposes for which the College collects and uses personal information include the following:

- to assess whether an applicant meets the standards of qualification to be issued a certificate of registration;
- to assess whether a member continues to meet the standards of qualification for a certificate of registration;
- to notify a member of their annual renewal of registration;

² A copy of section 36 of the RHPA, current to the date referred to therein, is attached as Schedule 1.

- to investigate complaints regarding the conduct or actions of a member;
- to investigate whether a member has committed an act of professional misconduct or is incompetent and to resolve such matters including through the imposition of a specified continuing education and remediation program and through undertakings;
- to inquire into whether a member is incapacitated;
- to negotiate and implement informal resolutions, including acknowledgments and undertakings and specified continuing education and remediation programs;
- to hold a hearing of allegations of a member's professional misconduct or incompetence or of allegations that a member is incapacitated;
- to monitor a member's practice in accordance with an order issued by a committee of the College or an undertaking or agreement with the College;
- to carry out the quality assurance program of the College, including an assessment of the records and practice of its members;
- to administer the program established by the College to provide funding for therapy and counselling for eligible persons;
- to investigate reports filed about members of the College under the Code;
- to assess whether a former member's certificate of registration should be reinstated;
- to investigate whether an individual is practising the profession, using protected titles or holding themselves out as qualified to practise the profession, without legal authority;
- to carry out reviews and audits of its practices and processes;
- to develop and provide statistical information for the purpose of human resource planning and demographic, research and other studies including providing information to the Ministry of Health and Long-Term Care and other appropriate agencies;
- to maintain records for the proper functioning to the CMRTO and to communicate with persons;
- to communicate with and provide information to members including the electronic delivery of information;
- to circulate proposed amendments of regulations and by-laws for input by members and stakeholders;
- to conduct member surveys;
- to review prospective candidates for individuals to be retained, elected or appointed to administer the Legislation and to retain or appoint such persons;
- to maintain records to ensure accurate remuneration and payment of expenses, and all documentation require by law and by the various levels of government in accordance with generally accepted accounting principles; and
- to administer or enforce the Legislation.

The College may collect personal information for these purposes from applicants, potential members, members, patients and other persons, such as employers and colleagues. Personal information is collected by the College from time to time and at regular intervals.

The College discloses personal information only as permitted by section 36 of the RHPA or as require by law. For example, the College is required under the Code to maintain a register

containing information about its members. The Code requires the College to post the information designated as public on the College's website and to provide access to designated information to a person who requests it. Another example of permissible disclosure of personal information is that hearings of the Discipline Committee are required, subject to certain exceptions, to be open to the public. Evidence at a hearing of the Discipline Committee may include personal information regarding the member of the College who is the subject of the allegation of professional misconduct or incompetence, as well as personal information regarding the member's patients related to the allegations of professional misconduct or incompetence.

Where personal information is collected for one regulatory purpose, the College has the right to use and disclose the information for another regulatory purpose.

Principle 3: Consent

The College collects personal information for purposes related to its objects,³ including for the purpose of the proper administration and enforcement of the Legislation and for other related regulatory purposes. In carrying out its objects, the College has a duty to serve and protect the public interest. Obtaining consent of an individual would, in many cases, defeat the purposes of the College collecting, using and disclosing the personal information. Personal information will only be collected, used and disclosed without the knowledge and consent of an individual for the purpose of the administration or enforcement of the Legislation and in accordance with any applicable provision(s) of the Legislation.

Principle 4: Limiting Collection

The College collects only the personal information that is required for the purposes identified in Principle 2 of this Privacy Code and in accordance with the Legislation. The College collects personal information using procedures that are fair and lawful.

Personal information regarding patients must be collected as part of the College's regulatory function. This information is typically obtained by the College as part of an investigation or the administration of the quality assurance program. The focus of these inquiries is the conduct, competence or capacity of the member and the protection of the public. The College only collects personal information regarding patients in connection with its regulatory function.

Principle 5: Limiting Use, Disclosure or Retention

The College does not engage in commercial activity and does not send commercial electronic messages.

³ The objects of the College are set out in section 3 of the Code.

The College uses personal information only for the purposes identified in Principle 2 and in accordance with the Legislation. Personal information is only disclosed in accordance with section 36 of the RHPA or as required by law.⁴

The College has a record retention policy⁵ in place to ensure that personal information that is no longer required to be kept is destroyed, erased or anonymized.

Principle 6: Accuracy

It is in the best interest of the public that the College collect, use and disclose only accurate personal information in regulating the profession. The College therefore uses reasonable efforts to ensure that the information it collects, uses and discloses is accurate.

Members are required to provide the College with current name, contact and employment information and to advise the College of changes within seven (7) days of any change.

Principle 7: Safeguards

The College ensures that the personal information it holds is secure.

The College ensures that personal information is stored in electronic and/or physical files that are secure. Security measures are in place to safeguard this information which includes, but is not limited to, restricting access to personal information, ensuring that physical files are under lock and key and ensuring that electronic files are encrypted or password protected. The College reviews its security measures periodically to ensure that all personal information is secure.⁶

The College will provide orientation and training to all employees regarding the information safeguards required for personal information and their importance.

The College ensures that personal information that is no longer required to be retained is disposed of in a confidential and secure manner.

Principle 8: Openness

The College's privacy and information management policies and procedures are available to the public and its members are available on the College's website and by request by mail or by phone. Inquiries may be directed to the Registrar & CEO.

Principle 9: Access

⁴ See Principle 2 for specific examples.

⁵ See Council Policy 10.3, Record Retention Policy.

⁶ See Council Policy 11.1, Information Security Program.

1. Access

Where the College holds personal information about an individual that forms part of a record created by another organization, the College will refer the individual to the organization that created the record so that the individual may obtain access to the personal information from that organization rather than the College, unless it is appropriate to do so. In all other cases, where the College holds a record of personal information about an individual, upon written request, the College shall allow access to the record to that individual, unless providing access could reasonably be expected to interfere with the administration or enforcement of the Legislation or it is impracticable or impossible for the College to retrieve the record.

For example, situations where access may be denied include:

- the record contains references to another individual(s) that cannot be severed;
- disclosure may result in significant risk of harm to the requester or a third party;
- information in the record was collected or created in the course of an inspection, investigation, inquiry, assessment or similar procedure authorized by law;
- disclosure may defeat the purpose(s) for which the information in the record was collected;
- information in the record cannot be disclosed for legal, security or commercial proprietary reasons;
- information in the record is subject to solicitor-client or other privilege;
- information in the record was generated in the course of a dispute or resolution process;
- the request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.

While the College's response will typically be provided at no cost or minimal cost to the individual, depending on the nature of the request and the amount of information involved, the College reserves the right to impose a cost recovery fee. In these circumstances, the College will inform the individual of the approximate cost to provide the response and proceed upon payment by the individual of the cost.

The College will make reasonable efforts to respond to the request within thirty (30) days and to assist the individual in understanding the information.

Individuals should send their written requests for access, with contact information and sufficient information about themselves to identify them, to the Registrar & CEO by mail.

In the event that the College refuses to provide access to a record of personal information it holds, then the College will provide reasons for denying access. The individual may then choose to file a complaint with the Registrar.

2. Challenging accuracy and completeness of personal information

If the College has granted an individual access to a record of their personal information, the individual has the right to request a correction of what, in their view, is erroneous information in

the record. Where an individual is able to successfully demonstrate that personal information of a factual nature (not, for example, the expression of an opinion) is inaccurate or incomplete, the College will amend the information in the record (i.e. correct or add information).

When amending the information, the College will not generally obliterate the original information. Where the record consists of any opinion or observation that has been made in good faith about an individual, the College may refuse to correct the information in the record. In some cases, a correction may be inappropriate (i.e. where the fact that a person made or recorded a statement is the primary focus of the record rather than whether the statement is, in fact, accurate) and the College may refuse to correct the information in the record.

In addition, where appropriate, the College will notify any third parties to whom the College has disclosed the record containing the erroneous information.

Where there is a dispute between the individual and the College as to the accuracy or completeness of the information in the record, then the College will document the details of the disagreement, will permit the individual to prepare a concise statement of disagreement for attachment to the record, and, where appropriate, will make reasonable efforts to advise any third party who received the record containing the contested information from the College, of the unresolved disagreement.

Principle 10: Challenging compliance

Complaints or questions regarding the College's compliance with this Privacy Code should be directed to the Registrar & CEO by phone or by mail.

If the Registrar & CEO cannot satisfactorily resolve a complaint, the College has a formal privacy complaints procedure which includes:

- acknowledging the complaint;
- reviewing the complaint by the College's Privacy Committee;
- providing a written decision and reasons to the complainant; and
- taking appropriate measures where the complaint is found to be justified.

Breaches of confidentiality/privacy that are not otherwise the subject of a complaint are dealt with in accordance with the procedure set out in Schedule 2.

Schedule 1

Section 36 of the *Regulated Health Professions Act, 1991*

Currency date: May 1, 2018

Confidentiality

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;
- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Long-Term Care Homes Act, 2007*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act (Canada)* and the *Food and Drugs Act (Canada)*;
- (d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;
- (d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;
- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;

- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
 - (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
 - (j) with the written consent of the person to whom the information relates; or
 - (k) to the Minister in order to allow the Minister to determine,
- (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i).

Reports required under Code

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code.

Definition

(1.2) In clause (1) (e),

“law enforcement proceeding” means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed.

Limitation

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member.

No requirement

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant.

Confirmation of investigation

(1.5) Information disclosed under clause (1) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information.

Restriction

(1.6) Information disclosed to the Minister under clause (1) (k) shall only be used or disclosed for the purpose for which it was provided to the Minister or for a consistent purpose.

Not compellable

(2) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties.

Evidence in civil proceedings

(3) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*.

Schedule 2

Confidentiality and/or Privacy Breach Procedure

The Registrar & CEO of the College is the person accountable for ensuring that this Privacy Code and its procedures are adhered to.

All College staff members are responsible for notifying the Registrar & CEO immediately in the event of a confidentiality and/or privacy breach.

The Registrar & CEO must take the following steps to address any breach of personal information:

Step 1: Containment

In order to contain the breach, the Registrar & CEO shall:

1. identify the nature of the breach;
2. obtain immediate verbal confirmation of containment; and
3. take steps to obtain written confirmation of confidentiality and the destruction of the information.

Step 2: Evaluation

In order to evaluate the risk(s) associated with the breach, the Registrar & CEO shall assess the personal information that was breached, including:

1. whether the breach disclosed any sensitive personal information, such as financial, health or other information;
2. whether there is a risk of another individual's personal information being breached as a result of the initial breach;
3. whether the breach was a systemic error or a breach of the College's policies or security systems;
4. whether the recipient of the information provided written confirmation of the destruction of the information and provided assurance to keep the information confidential in accordance with Step 1 above; or
5. whether the Registrar & CEO is confident that the recipient of the information will honour their written confirmation.

Step 3: Notification

The Registrar & CEO shall notify the individual(s) that ought to be notified of the breach. This may include staff members, legal counsel (internal and/or external), Councillors, Non-Council Committee Members, members, and/or applicants. In assessing who ought to be notified, the Registrar & CEO shall consider:

- a. whether the breach disclosed any sensitive personal information as described above;
- b. whether there is a possibility that the breach would endanger an individual's person safety;
- c. whether actions need to be taken in order to mitigate any risk(s) resulting from the breach; or
- d. whether there is a legislative requirement to notify the individual of the breach.

Step 4: Reporting

The Registrar & CEO shall produce a report regarding the breach, including details of how this procedure was adhered to in responding to the breach.

Step 5: Prevention

In order to reduce the risk of a similar breach occurring in the future, the Registrar & CEO shall:

1. communicate the breach to staff and share the report produced in accordance with Step 4 above, during a staff meeting;
2. remind staff of the importance of ensuring the confidentiality of all personal information, including when mailing, faxing or e-mailing information;
3. remind staff to ensure the accuracy of phone numbers, fax numbers or e-mail address received by telephone and to ensure the accuracy of any such numbers or addresses prior to sending any personal information;
4. remind staff of the mechanisms to ensure the receipt of personal information by the intended recipient in a timely manner; and
5. remind staff that if they are aware that information has not been received by the intended recipient, to immediately commence an investigation into the location of the information and notify the Registrar & CEO in accordance with this procedure.



Ontario Association of
Medical Radiation Sciences

McMaster Innovation Park
415A - 175 Longwood Road South
Hamilton, ON L8P 0A1

June 30, 2019

Ms. Wendy Rabbie
CMRTO Council c/o Linda Gough
College of Medical Radiation Technologists of Ontario
375 University Ave. (Suite 300)
Toronto, ON. M5G 2J5

Dear Wendy:

I hope this letter finds you well. Congratulations on your re-appointment as President of the College of Medical Radiation Technologists of Ontario (CMRTO)!

As you are aware, the Ontario Association of Medical Radiation Sciences (OAMRS) represents the interests of Medical Radiation Technologists (MRTs) and Sonographers in Ontario. We are also the recognized professional advocate for the profession with the Ontario government. The OAMRS and CMRTO have enjoyed a mutually beneficial collaboration and respect under the leadership of our respective CEO's and Chairs of Boards and Presidents over the years. We look forward to continued collaboration and success in the future.

I am reaching out to you today with some concerns from the OAMRS board on which I would appreciate your council's consideration and thoughtful discussion.

For as long as we can remember, it had been our understanding that the Ontario legislation that governs regulatory colleges in Ontario prevented CMRTO from sending out communications to your members on behalf of, or for OAMRS, or providing general OAMRS information on your own merit. In the past year, our CEO, Greg Toffner, learned through his participation on the Coalition of Ontario Regulated Health Professional Associations (CORHPA) that many of the Ontario regulatory colleges did in fact communicate periodically on behalf of their provincial association counterparts. He learned that some colleges e-blasted their members a couple of times per year and/or allowed some information from their provincial associations in their publications. In some instances, the college actually shared their membership database and allowed the Association to email their members directly. This revelation led G. Toffner to reach out to Linda Gough to consider allowing CMRTO to publish

some information for the recently regulated Sonographers on behalf of OAMRS. L. Gough referred the request to CMRTO legal counsel, Tina Langlois, who again declined the request and referred to CMRTO Privacy and Information Management Policy 10.4.

In the interest of public protection, OAMRS sees value in CMRTO sharing information from time to time that will benefit CMRTO members from an information sharing perspective. OAMRS is the provincial association that represents the medical radiation sciences profession, advancement of the profession, and your members' professional interests (whether they are members of OAMRS or not). Given this, and since healthcare is provincial, there are times when information about what is going on in the profession, where/how to access services in our system, and how your members may want to get involved can be of real value. Such information could provide constructive information for your members that they otherwise may never hear about. We have always supported CMRTO, communicated information for CMRTO whenever requested, and shared information that may be useful to our members for the same reasons. Reciprocally, we think there is useful information that can be shared from OAMRS.

During the past 2 years as Sonographers were regulated, we e-blasted and posted CMRTO communications regularly for OAMRS members to help get messaging out about the mandatory registration with CMRTO. We also included all the CMRTO communications through our partnership with the American Registry of Diagnostic Medical Sonographers (ARDMS) for CMRTO and ran an extensive cross-province tour to help educate sonographers that supported CMRTO. We did this at the request of CMRTO in the interest of helping to educate our newly-regulated sonographers and in the interest of public protection. Our collective efforts have paid off, as we have seen most existing sonographers have joined, and new professionals continue to join CMRTO.

As you are likely aware, there is still a lot of confusion in the Sonography community about regulation, requirements, and where Sonographers can find information about education, PLI, advocacy/lobbying efforts and government relations with the Ontario government. There is also confusion about who their provincial association is in Ontario (the province where they work). Many, up until now, had no idea who CMRTO or OAMRS even is, and many still don't know who we are. It would be very helpful for us to be able to reach all of these Sonographers with some general information. To be clear, we are not trying to sell OAMRS memberships through CMRTO, we are trying to facilitate meaningful information sharing to all Ontario Sonographers so they are aware of who we are, what we do, and the services we provide for them.

Healthcare is provincial and a collaboration between the two provincial organizations that regulate and represent our MRTs and Sonographers in Ontario is a win-win. When G. Toffner

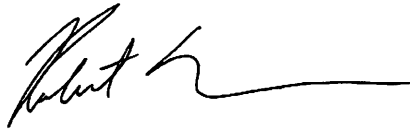
asked the question at CORHPA, last spring, those that were engaging in these collaborations with their respective provincial regulatory college suggested there was value in encouraging professionals to be engaging with their provincial association, as it could positively influence professional practice, public protection and increase engagement in our profession. It was also stated that college members appreciated the information sharing.

We are respectfully requesting that your council consider changing your internal policy to include general information sharing from OAMRS to CMRTO members (between our 2 Ontario specific organizations).

We look forward to your timely response to this matter.

Thank-you.

Kindest Regards,

A handwritten signature in black ink, appearing to read 'Robert Mahon', followed by a long horizontal flourish.

Robert Mahon BSc.H, MRT(T)
Chair of the Board
Ontario Association of Medical Radiation Sciences

Cc: Linda Gough
Greg Toffner
OAMRS Board of Directors
CMRTO Council