

Agenda



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Meeting of Council

Thursday, June 14, 2018: 1400 – 1600 hours
Friday, June 15, 2018: 0900 – 1600 hours
CMRTO Council Room

NOTE: In reviewing the material for this meeting, if you become aware that you have a conflict of interest with any item on the agenda or are concerned that you may have a conflict of interest with any item on the agenda, you are asked to please contact Linda Gough or the Chair of the Committee immediately.

Agenda



College of
Medical Radiation
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Ordre des
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Meeting of Council

Thursday, June 14, 2018: 1400 – 1600 hours

Friday, June 15, 2018: 0900 – 1600 hours

CMRTO Council Room

Item	By	Page#	Time
1. Call to Order	Chair (W. Rabbie)		1400 hrs
a. Approval of the agenda			
b. Review of Roles & Responsibilities of Council			
i. CMRTO Governance Policy 2.11, Roles & Responsibilities of the Council, effective date June 19, 2014, last reviewed September 2017		1 – 5	
ii. CMRTO Governance Policy 2.12, Code of Conduct for Council and Committee Members, effective date September 23, 2014, last reviewed September 2017		6 – 9	
2. Declaration of Conflict of Interest	Chair (W. Rabbie)		
3. Nominating Committee Recommendations	C. Palmer		
i. Briefing note to Council from Linda Gough, Registrar & CEO, dated May 28, 2018, regarding 'Nominating Committee's recommendations for the composition for the statutory and non-statutory committees for 2018/2019'		10	

ii.	Powerpoint presentation to Council from the Nominating Committee, dated June 14, 2018, entitled '2018 – 2019 Nominating Committee Recommendations'	11 – 52
iii.	Table entitled 'Statutory Committee Composition & Recommended exclusions', dated April 2016	53
iv.	Proposed Composition of Committees for 2018 – 2019, Draft 2 – April 25, 2018	54 – 60
4. Election of the President and Vice-President of the CMRTO		
a.	Election Procedure	Chair (W. Rabbie)
i.	Briefing note to Council from Linda Gough, Registrar & CEO, dated May 28, 2018, regarding 'Election of the President and Vice-President'	61
ii.	CMRTO Election Policy 3.2: Election Procedure for the election of the President and Vice-President of CMRTO, effective date March 27, 2015, last reviewed March 2018	62 – 64
b.	Election of President	Chair (C. Palmer)
c.	Election of Vice-President	Chair (C. Palmer)
5. Appointment of Statutory Committees		W. Rabbie
a.	Executive Committee	
b.	Inquiries, Complaints and Reports Committee	
c.	Discipline Committee	
d.	Fitness to Practise Committee	
e.	Patient Relations Committee	

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|---|-----------|--|
| <ul style="list-style-type: none"> f. Quality Assurance Committee g. Registration Committee | | |
| 6. Appointment of non-statutory committees | W. Rabbie | |
| <ul style="list-style-type: none"> a. Finance and Audit Committee b. Election Committee c. Nominating Committee d. Staff Relations Committee e. Privacy Committee | | |
| 7. 2019 Election | | |
| <ul style="list-style-type: none"> i. Briefing note to Council from Linda Gough,
Registrar & CEO, dated May 28, 2018,
regarding '2019 Election' | | 65 |
| 8. Adjournment of Council meeting | W. Rabbie | Thursday,
June 14/18,
at 1530 hrs. |

9. Call to Order of Council	W. Rabbie	Friday, June 15/18, at 0900 hrs.
10. Minutes of the Previous Meeting	W. Rabbie	
a. March 27, 2018		
i. Minutes of meeting of Council held on March 27, 2018		66 – 87
ii. In Camera Minutes of the meeting of Council of March 27, 2018 – Agenda item 5d: Executive Committee Report regarding Registrar's Performance Review (to be circulated at the meeting)		
11. Financial		
a. Finance and Audit Committee Report	J. Neadles	
i. Report to Council from J. Neadles, Chair, Finance and Audit Committee, dated June 1, 2018, regarding 'Report from Finance and Audit Committee'		88
ii. CMRTO Governance Policy 2.8, Terms of Reference for the Finance and Audit Committee, effective date June 19, 2014, last amended September 26, 2017		89 – 91
b. Financial Report for Q1 2018	J. Neadles	
i. Report to Council from the Finance and Audit Committee, dated May 10, 2018 regarding 'Financial Report to Council for Q1 2018 (January 1 – March 31, 2018)', with the following attachments:		92
• CMRTO Summary of Statement of Revenue & Expenses for the period ending March 31, 2018		93
• Balance Sheet as at March 31, 2018		94

<ul style="list-style-type: none"> • Capital Budget and Expenditures Schedule for the period January 1, 2018 to March 31, 2018 	95
<ul style="list-style-type: none"> • Cost of Sonography Regulation for the Period Ending March 31, 2018 	96
c. Investment Report for Q1 2018	J. Neadles
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d. Financial Auditors	L. Gough
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<ul style="list-style-type: none"> ii. Letter to Linda Gough, Registrar & CEO, from KPMG LLP, dated April 23, 2018, regarding external auditors 	101
<ul style="list-style-type: none"> iii. Excerpts of Consolidation of By-Law No.13, dated March 27, 2018 	102 - 104
<ul style="list-style-type: none"> iv. Project Plan to the Finance and Audit Committee from Linda Gough, dated May 31, 2018 regarding 'RFP for Financial Auditors' 	105 – 106
<ul style="list-style-type: none"> v. Draft letter to the CPA firm invited to bid, from Linda Gough, Registrar & CEO, dated June 18, 2018, regarding 'Request for Proposal – Audit Services' 	107 – 111

12. Strategic Plan & Reports

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| a. CMRTO Strategic Plan | W. Rabbie | |
| i. CMRTO 2017 – 2021 Strategic Plan, Commitment to Regulatory Excellence, approved by Council December 9, 2016 | | 112 – 131 |
| b. Balanced Scorecard Report | L. Gough | |
| i. CMRTO Dashboard: Q1 2018 | | 132 |

13. For Decision

- | | | |
|---|-----------|-----------|
| a. CMRTO By-law Project | W. Rabbie | |
| i. Briefing note to Council from Tina Langlois, Director of Professional Conduct and Internal Legal Counsel, dated May 31, 2018, regarding 'Proposed By-law No. 60' | | 133 – 137 |
| ii. Draft CMRTO By-law No. 60, dated May 31, 2018 | | 138 – 173 |
| b. Diagnostic Medical Sonographers | | |
| i. Briefing note to Council from Linda Gough, Registrar & CEO, dated May 28, 2018, regarding 'Diagnostic Medical Sonographers' | | 174 |
| ii. Email exchange between Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division, MOHLTC and Linda Gough, Registrar & CEO, regarding the next steps in the regulation of diagnostic medical sonographers, dated April 2, 2018 | | 175 – 177 |

iii.	Letter to Linda Gough, Registrar & CEO, from Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division, MOHLTC, regarding the regulation of diagnostic medical sonographers as fifth specialty, dated May 8, 2018	178 – 179
iv.	Letter to Noah Morris, Assistant Deputy Minister (Acting), Advanced Education Learner Supports Division, Ministry of Advanced Education and Skilled Development, from Linda Gough, Registrar & CEO, regarding the regulation of diagnostic medical sonographers, dated April 19, 2018	180 – 181
v.	Letter to Linda Gough, Registrar & CEO, from Noah Morris, Assistant Deputy Minister (Acting), Advanced Education Learner Supports Division, Ministry of Advanced Education and Skilled Development, regarding the regulation of diagnostic medical sonographers, dated May 23, 2018	182
vi.	Email to CMRTO members and sonographers from CMRTO Communications, dated April 3, 2018, regarding 'Information sessions coming to a location near you!', with the following attachment:	183
	• CMRTO document entitled 'CMRTO Information Sessions Spring 2018'	184
vii.	Record of attendees at CMRTO workshops, Last updated June 1, 2018	185 – 186
viii.	Email to Linda Gough, Registrar & CEO, from John Wilkinson, Partner, WeirFoulds LLP, regarding 'Official Mark: DMS', with the following attachment:	187
	• Official Mark Certificate – DMS	188 – 189

ix.	Memo to Linda Gough, Registrar & CEO, from Caroline Morris, Deputy Registrar, dated April 13, 201, regarding 'Feedback on Sonography Canada National Competency Profile revalidation'	190 – 192
c. CMRTO Visual Identity Update Project		
i.	Briefing note to Council from Linda Gough, Registrar & CEO, dated June 1, 2018, regarding 'CMRTO Visual Identity Update'	193
ii.	Images of the two recommended visual identities (to be circulated at the meeting)	
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i.	Briefing note to Council from Linda Gough, Registrar & CEO, dated June 1, 2018, regarding 'What you must know about... updates'	194
ii.	Draft CMRTO document entitled 'What you must know about....mandatory reporting', draft revisions (June 2018)	195 – 200
iii.	Draft CMRTO document entitled 'What you must know about...orders for applying forms of energy and performing procedures'	201 – 207
e. RHPA		W. Rabbie
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ii.	Memo to Presidents and Registrars, Health Regulatory Colleges from Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOHLTC dated April 20, 2018, regarding 'Proclamation of certain sections of the <i>Protecting Patients Act, 2017</i> and new regulations under the <i>Regulated Health</i>	209 – 210

Professions Act, 1991, with the following attachments:

- Ontario Regulation REG2017.0585.e
6-SB made under the *Regulated Health Professions Act, 1991* 211 – 212
- Ontario Regulation REG2017.0552.e
4-SB made under the *Regulated Health Professions Act, 1991* 213
- Ontario Regulation REG2017.0553.e
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f. Strengthening Quality and Accountability for Patients Act, 2017 W. Rabbie

- i. Email from Sean Court, Director, Strategic Policy Branch, MOHLTC, dated March 9, 2018, regarding 'Input for X-ray Standards', with the following attachment: 216
 - Overview of the Oversight of Health Facilities and Devices Act, 2017, dated March 9, 2018 217 – 218
- ii. Email to the X-Ray Safety Task Force, from Sean Court, Director, Strategic Policy Branch, MOHLTC, dated May 8, 2018, regarding 'Task Force Update' 219

14. Discussion W. Rabbie

a. Ontario Fairness Commissioner

- i. Letter to Ms. Elinor Larney, Federation of Health Regulatory Colleges of Ontario, from Grant Jameson, Fairness Commissioner, dated March 6, 2018, regarding Stakeholder Engagement Committee, with the following attachments: 220
 - Stakeholder Engagement Committee Meeting Summary, January 31, 2018 221 – 222

<ul style="list-style-type: none"> • Directory of Stakeholder Engagement Committee and Office of Fairness Commissioner 	223 – 224
<ul style="list-style-type: none"> • Future list of agenda items and future meeting dates 	225
b. OAMRS	W. Rabbie
<ul style="list-style-type: none"> i. Email from OAMRS to OAMRS members, dated April 20, 2018, regarding CLXT's survey, with the following attachment: <ul style="list-style-type: none"> • CLXTs in Ontario Survey 	226 – 227
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c. Sonography Canada	W. Rabbie
<ul style="list-style-type: none"> i. Announcement on appointment of Susan Clarke 	232 – 233
<ul style="list-style-type: none"> ii. Letter to Tom Hayward, Sonography Canada, from Linda Gough, Registrar & CEO, dated April 13, 2018 regarding his retirement 	234
<ul style="list-style-type: none"> iii. Letter to Susan Clarke, Executive Director, Sonography Canada, from Linda Gough, Registrar & CEO, dated April 13, 2018 regarding her appointment as Executive Director of Sonography Canada 	235
d. IHF Clinical Practice Parameters and Facility Standards for Nuclear Medicine	W. Rabbie
<ul style="list-style-type: none"> i. Letter to Kavita Sharma, Project Coordinator, Quality Management Division, The College of Physicians and Surgeons of Ontario, from Linda Gough, Registrar & CEO, dated March 28, 2018, regarding 'Independent Health Facilities – Clinical Practice Parameters and Facility Standards for Nuclear Medicine – Fifth Edition, January 2018' 	236 – 237

e. FHRCO	W. Rabbie	
i. Letter to Hon. Dr. Helena Jaczek, Minister, MOHLTC, from Shenda Tanchak, President, Federation of Health Regulatory Colleges of Ontario, dated April 6, 2018, regarding 'Health sector Payment Transparency Act, 2017 – New Regulation (#HLTC017)'		238
f. Consent & Capacity Working Group	W. Rabbie	
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• CMRTO document entitled 'What you must know about Health Care Consent Act", dated September, 1997		240 – 251
g. Child, Youth and Family Services Act, 2017	W. Rabbie	
i. Ontario College of Social Workers and Social Service Workers eBulletin, entitled ' <i>Child, Youth and Family Services Act,</i> 2017 proclaimed in force', dated May 1, 2018		252 – 253
h. AMRTRC		
i. 2017 Annual Activity Summary of AMRTRC		254 – 257
i. ACMDTT		
i. ACMDTT Announcement regarding Pree Tyagi's appointment as new Registrar & CEO of ACMDTT, dated April 30, 2018		258

15. Meeting Evaluation

W. Rabbie

- i. Post Meeting Evaluations: Council Meeting, June 14 & 15, 2018

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16. Termination of Meeting

W. Rabbie

CIRCULATED WITH AGENDA

OF JUN 14 2018

COUNCIL
ITEM#16i.....



College of
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-1-

Roles and Responsibilities of the Council

Policy 2.11

Section:	Governance	Public:	Yes
Approved By:	Council	Review Schedule:	Every 3 years
Approved Date:	March 28, 2014	Last Reviewed:	September 2017
Effective Date:	June 19, 2014	Next Review Date:	September 2020
Amended Date(s):			

Policy

The Council of the College of Medical Radiation Technologists of Ontario (CMRTO) acts as the board of directors of the CMRTO and is responsible for managing and administering its affairs.¹ The Council is responsible for regulating the profession of medical radiation technology in the public interest. It achieves this through policy-making, goal and priority setting, planning, decision-making and oversight.

In carrying out its role, the CMRTO Council shall:

1. Fulfill the legislated responsibilities set out in the *Regulated Health Professions Act, 1991*, including the Health Professions Procedural Code, the *Medical Radiation Technology Act, 1991* and the regulations made under those Acts, to ensure that all the statutory responsibilities of the CMRTO, its statutory committees and its employees are met²
2. Establish and review the CMRTO's regulations and by-laws
3. Establish and review CMRTO policies, position statements, and guidelines in accordance with relevant legislation
4. Maintain the financial integrity of CMRTO

¹ Section 4 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*.

² The statutory duties and objects of the CMRTO set out in legislation are attached to this policy as Appendix 1.

5. Consider and recommend any changes to legislation necessary for the CMRTO to meet its mandate
6. Establish and review the standards of practice for the profession and other policies relevant to protecting the public interest
7. Establish and promote the CMRTO's mission, vision and values
8. Develop, approve and regularly revise the strategic plan of the CMRTO consistent with its statutory obligations and the mission, vision and values
9. Oversee the evaluation of the CMRTO's activities and assess the CMRTO's achievement of its strategic plan
10. Allocate resources by setting broad budget priorities based on the strategic plan, approve budgets based on these priorities, and monitor financial performance
11. Monitor and evaluate the governance framework of the CMRTO regarding committees, financial management, risk management and reporting to ensure compliance with requirements and to monitor performance
12. Receive reports from all statutory committees, non-statutory committees and task forces
13. Review and monitor its own effectiveness as a governing body

Composition

The Council is comprised of:

- Eight (8) Councillors who are members of the CMRTO (elected members)
- Between five (5) and seven (7) Councillors appointed by the Lieutenant Governor in Council (public members)

The President and Vice-President are elected annually from the elected members of Council. A majority of the members of Council, at least three of whom are members of the CMRTO and at least one of whom was appointed by the Lieutenant Governor in Council, shall constitute a quorum.

The Registrar & CEO shall attend all meetings of Council except for personnel matters related to the Registrar & CEO and declared by the President to require in camera deliberation.

Appendix 1

Review of duty and objects of the College

Below are some excerpts from the Health Professions Procedural Code, made under the *Regulated Health Professions Act, 1991*, setting out the statutory duty and objects of the College and provisions regarding Council meetings.

Duty of College

2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.

Objects of College

3. (1) The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
- 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.

8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

Duty

- (2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

Council

4. The College shall have a Council that shall be its board of directors and that shall manage and administer its affairs. 1991, c. 18, Sched. 2, s. 4.

Quorum

6. A majority of the members of the Council constitute a quorum. 1991, c. 18, Sched. 2, s. 6.

Meetings

7. (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).

Exclusion of public

- (2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,
 - (a) matters involving public security may be disclosed;
 - (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
 - (c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;

- (d) personnel matters or property acquisitions will be discussed;
- (e) instructions will be given to or opinions received from the solicitors for the College;
or
- (f) the Council will deliberate whether to exclude the public from a meeting or whether to make an order under subsection (3). 1991, c. 18, Sched. 2, s. 7 (2); 2007, c. 10, Sched. M, s. 20 (2).



Code of Conduct for Council and Committee members

Policy 2.12

Section:	Governance	Public:	Yes
Approved By:	Council	Review Schedule:	Every 3 years
Approved Date:	September 23, 2014	Last Reviewed:	September 2017
Effective Date:	September 23, 2014	Next Review Date:	September 2020
Amended Date(s):			

Purpose

In carrying out its objects,¹ the College of Medical Radiation Technologists of Ontario (CMRTO) has a duty to serve and protect the public interest. The CMRTO's Council and its committees are committed to ensuring that, in all aspects of its affairs, the CMRTO maintains public trust by acting honestly and with integrity and in accordance with its mandate.

Application

This policy applies to members of the Council and members of CMRTO's committees. In this policy, members of the Council and members of committees are together referred to as "members" and individually as a "member".

Duties

All members of the Council have a fiduciary responsibility to the CMRTO as a result of being members of the CMRTO's board of directors and are bound by the obligations that arise out of their fiduciary duties. All members of the Council shall act in the best interests of the CMRTO and of the public and shall not act in any way in the interests of any group or segment of the CMRTO or the public if such interests are not in the best interests of the CMRTO or the public as a whole.

All members shall act with honesty and integrity and shall be loyal to the CMRTO. A member shall not put self or personal interests ahead of their statutory responsibilities or the interests of the CMRTO.

¹ The CMRTO's objects are set out in section 3 of the Health Professions Procedural Code, being Schedule 2 of the *Regulated Health Professions Act, 1991*.

Every member shall act in the best interests of the public receiving services from medical radiation technologists in Ontario. No member by reason of their election or appointment shall conduct themselves as a representative of any professional, socioeconomic, cultural, or geographic group or other constituency.

Members shall comply with all laws applicable to the CMRTO, including, without limitation, the *Regulated Health Professions Act, 1991* (the RHPA), the *Medical Radiation Technology Act, 1991*, the regulations made under either of those Acts and the CMRTO's by-laws. Members shall also at all times adhere to and respect the policies of the CMRTO and shall not engage in conduct or actions which are detrimental to the CMRTO or contrary to any of its policies.

Confidentiality

Every member must adhere to the provision regarding confidentiality set out in the RHPA which states that every member of a Council or committee of a College shall keep confidential all information that comes to their knowledge in the course of their duties and shall not communicate any information to any other person, except in certain limited circumstances.² Every member is required to sign a confidentiality agreement in the form approved by the CMRTO's Council, from time to time, at the commencement of the member's term of office, and thereafter when there are any changes to the form of confidentiality agreement.

Spokespersons

The President is the official spokesperson for the Council. It is the role of the President to represent the voice of the Council to all stakeholders.

The Registrar & CEO is the official spokesperson for the CMRTO. It is the role of the Registrar & CEO to represent the voice of the CMRTO to all stakeholders.

No member shall speak or make representations on behalf of the Council, the CMRTO or its committees unless authorized by the President (or, in the President's absence, the Vice-President) and the Registrar & CEO or by the Council. When so authorized, the member's representations must be consistent with accepted positions and policies of the CMRTO.

Media Contact and Public Discussion

News media contact and statements and public discussion of the CMRTO's affairs should only be made through one of the official spokespersons or other spokesperson authorized in the manner described above. Any member who is questioned by news reporters or other media representatives should refer such individuals to the Registrar & CEO.

Personal Conduct

All members must conduct themselves in a professional, respectful and courteous manner when conducting CMRTO business. Members must not engage in verbal, physical or sexual harassment.

² Section 36(1) of the *Regulated Health Professions Act, 1991*.

No member shall attempt to influence another member or CMRTO staff with regard to the handling or outcome of a matter with respect to which the member has no direct involvement.

Members shall approach every issue with an open mind and impartially, and without discrimination or favouritism. Members shall foster a collegial work environment and conduct themselves in a manner that demonstrates respect for the views and opinions of colleagues.

It is recognized that members have diverse backgrounds, skills and experience. Members will not always agree with one another on all issues. All debates shall be conducted in a respectful and civil manner.

The authority of the President of Council and the chairs of the committees must be respected by all members.

Council and Committee Unity

Members acknowledge that all Council and committee actions and decisions must be supported by all members. The Council and committees speak with one voice. Those members who have abstained or voted against a motion must adhere to and support the decision of the Council or committee.³

Meeting Conduct

Each member agrees to:

1. Attend the meetings, workshops or educational sessions of Council and/or the committees to which they are appointed, and be punctual
2. Notify the Registrar & CEO or staff support person in a timely fashion, in writing or otherwise, if the member is unable to attend a Council or committee meeting and provide a reason for the absence
3. Prepare for each meeting by reading the agenda material prior to the meeting
4. State their position and perspective on issues in a clear and respectful manner
5. Engage constructively in the discussions
6. Where the views of the member differ from that of the majority, engage collaboratively to determine whether a consensus can be reached
7. Pay full attention to the meeting business – avoiding side-bar conversations, taking of phone calls, checking of email on mobile devices, reading of unrelated material, etc.

³ There may be circumstances where it is appropriate for a member of a statutory committee who disagrees with the majority decision to write a dissent.

8. Refrain from speaking when others are speaking and wait to be recognized by the Chair before speaking
9. Be respectful of others
10. Be respectful of the authority of the President or Chair of the committee
11. Respect the boundaries between members and CMRTO staff, recognizing that CMRTO staff do not work for, or report to, individual members
12. Participate fully in any evaluation processes or continuous quality improvement processes

Acknowledgement

Each member must adhere to this Code of Conduct and commit to support the CMRTO's standards set out in applicable legislation, policies and guidelines.

Each member will review and affirm their commitment to and compliance with the CMRTO's Code of Conduct at the commencement of the member's term of office, and thereafter when there are any changes to this Code of Conduct.

OF JUN 14 2018

COUNCIL
ITEM#.....31.....College of
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Briefing Note

To: Council

From: Linda Gough, Registrar & CEO**Date:** May 28, 2018

Subject: Nominating Committee's recommendation for the composition of the statutory and non-statutory committees for 2018/2019

This agenda item is for:

- ☒ Decision
- ☐ Direction to staff
- ☐ Discussion
- ☐ Information

As this is the first meeting of Council following the election in 2018, the first item on the agenda is the election of President and Vice-President, and the appointment of members to the statutory and non-statutory committees for the next year.

Cate Palmer, Council member and the Chair of the Nominating Committee will be making a presentation to Council which sets out the Nominating Committees recommendations for the composition of the committees. The recommendations have been reviewed by the Executive Committee, and are being forwarded to Council by Executive with a recommendation for approval.

As you will see in the presentation from the Nominating Committee, Wendy Rabbie will be re-elected to the office of President by acclamation. Angela Cashell and Jay Needles will contest for the office of Vice-President.

More information on the election procedure, and the draft resolutions to support the recommendations of the Nominating Committee and Executive Committee, are included in the agenda material for your consideration.

CIRCULATED WITH AGENDA

OF JUN 14 2018

COUNCIL
ITEM# 311

June 14, 2018



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2018 – 2019 Nominating Committee Recommendations

Presented to: Council

*Presented by: The Nominating Committee:
C. Palmer, N. Bolduc, F. Lyons, S. Willson*



Nominating Committee's Role

- Assists nominating and appointment process by reviewing appointments prior to Council meeting for smooth transitions
- Present recommendations and options to Executive and Council for committee composition for coming year
- Committee members:
 - Cate Palmer, Chair
 - Nathalie Bolduc
 - Franklin Lyons
 - Sandra Willson



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Guiding Principles for the Nominating Committee

- To make recommendations to Council for the appointment of new members to the Statutory Committees
- The recommendations for changes to committee membership are dependent upon a number of factors which need to be considered by the Nominating Committee



Factors to be considered

- The need to ensure that committee membership is in accordance with the CMRTO By-laws and takes into account the provisions of the Code and the recommended exclusions
- Recognition that a number of the committees have a relatively long orientation period and the associated training is intensive and expensive
- The need to prepare for by-law changes in the electoral districts for the election of sonographer(s) to Council in 2019
- The need to add some DMS non-Council appointments to the statutory committees of ICR, Registration, QA and Discipline



... Factors to be considered

- The need to establish a regular turnover of membership while maintaining continuity of the committees
- Changes in elected positions to Council and public appointments and the associated impact on statutory committees
- The need to ensure each committee composition has the necessary experience and expertise and a fair representation of specialty, geography, gender and age



- Council is composed of 8 MRTs, 7 public members and 2 diagnostic medical sonographers as transitional members
- MRTs are elected by peers through district elections
- Public members are appointed by the Lieutenant Governor in Council
- Composition of Council is set out in MRT Act



CMRTO Committees

- A number of committees have been established to assist Council in carrying out its responsibilities
- Statutory committees (required by legislation) include: Executive; Inquiries, Complaints and Reports; Fitness to Practise; Quality Assurance; Registration; Patient Relations; and Discipline
- Other Committees include: Election; Finance and Audit; Staff Relations; Privacy; and Nominating
- Composition of Committees is set out in By-law 13. Council amended By-law effective March 27, 2018. The By-law sets the minimum number of members and gives flexibility to add members.



Structure of Committees

- 3 types of members:
 - Elected members who are elected to Council
 - Public members who are appointed to Council
 - Non-Council Appointment members who volunteer to be appointed to statutory committees
- Most Council members are appointed to more than one committee
- The composition of the committees and the associated exclusions can be found in the document titled 'Statutory Committee Composition & Recommended Exclusions'



Terms of Council & Committees

- Council member terms
 - 3-year terms (public members may be less)
 - Elected members have maximum of 3 terms (9 years)
 - Public members - terms vary considerably. 10 years appears to be current policy maximum of Public Appointments Office
- Committee member terms
 - 1-year terms
 - Terms run from June Council meeting to next year's June Council meeting



CMRTO President and Vice-President

- The President provides leadership and acts as the chief representative and spokesperson for Council
- The Vice-President provides leadership through collaboration with the President and assumes the responsibilities of the President in his/her absence
- Positions are elected from the nominees at the June Council meeting each year for a one-year term
- Nominations for these positions must be submitted to the Nominating Committee by a date set by the Nominating Committee; this year the date was April 6, 2018



Sequence of events

2018 Dates

Action

April 4	Election date for Districts 2 and 5
March 22	Memo distributed to all Council members providing opportunity for Council members to request changes to committee appointments and submit nominations for President and Vice President
April 6	Committee Preference Sheets and Nomination Forms for President & Vice President returned to Nominating Committee
April 20	Nominating Committee reviewed all issues and developed recommendations for appointments
May 11	Nominating Committee presented recommendations to Executive. Executive reviewed and referred to Council with a recommendation for approval
June 14	Nominating Committee presents recommendations to Council. Elections for President and Vice-President held. Council appoints members to Committees



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Council's Responsibilities At June 14 Meeting

- Consider presentation from Nominating Committee and recommendations from Nominating Committee and Executive
- Elect President and Vice-President
- Appoint members to statutory and non-statutory committees as recommended and/or amended
- Appoint chairs of committees as recommended and/or amended



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2018 Election Results

District	Specialty	Status
2	Radiography	Wendy Rabbie, acclaimed
5	Radiation Therapy	Angela Cashell, re-elected



Nominations for President & Vice-President

Nominations received by deadline date April 6, 2018:

President:

- *Wendy Rabbie*

Vice-President:

- *Angela Cashell*
- *Jay Neadles*



Council Member Preferences

- In response to the memo distributed March 22, 2018, the elected and the public Council members indicated their preferences for appointment to the statutory and CMRTO committees
- All Council members indicated they are pleased to continue to serve on the committees to which they are currently appointed
- Many Council members indicated a willingness to be appointed to different committees depending upon the CMRTO's needs
- The Nominating Committee considered these preferences when reviewing proposed changes to committee composition



Non-Council Appointments (NCAs)

- All CMRTO members currently appointed to committees have requested to be re-appointed to their respective committees or any of the statutory committees, except David Wilson, Martin Chai, Lamees Wahab and Tammy Urso
- 31 members (including 21 currently appointed) and 13 sonographers submitted applications for appointment to statutory committees
- Applications and CVs are reviewed carefully by the Nominating Committee
- Recommendations to appoint NCAs to committees are based on the member's experience, interest, references, etc.



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Current Council Status - Elected Members

Council Member	Dist	Spec	Statutory Committee(s)	Term (3 Yr.)	Council Term Start	Council Term End	Comments
Nathalie Bolduc	1	R	Executive Fitness to Practise (Chair) Nominating	1	June 2016	June 2019	
Wendy Rabbie	2	R	Executive (President)	2	June 2015	June 2018	Term ends June 14, 2018 Re-elected for the third term
Ebenezer Adiyiah	3	R	Election Discipline	1	June 2017	June 2020	
Janet Scherer	4	R	ICRC	1	June 2016	June 2019	



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Current Council Status - Elected Members

Council Member	Dist	Spec	Statutory Committee(s)	Term (3 Yr.)	Council Term Start	Council Term End	Comments
Angela Cashell	5	T	Executive (Vice -President) Finance and Audit ICRC	1	June 2015	June 2018	Term ends June 14, 2018 Re-elected for the second term
Sandra Willson	6	N	Quality Assurance (Chair) Nominating Discipline	2	June 2017	June 2020	
Cathryne Palmer	7	T	Registration Nominating (Chair) Election (Chair)	3	June 2016	June 2019	
Jay Neadles	8	MR	Executive Finance and Audit Discipline	2	June 2016	June 2019	



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Current Council Status - Public Members

Council Member	City	Statutory Committee(s)	Term	Term Start	Term End	Comments
Susan Allen	Toronto	Discipline Finance and Audit	1	Sep 2016	Sep 2019	
Elaine Bremer	Orillia	ICRC (Chair) Finance and Audit Election	2	Oct 2016	Oct 2019	
Susan Gosso	London	Fitness to Practise	1	Nov 2016	Nov 2019	
Janice Hoover	Markdale	Registration (Chair) Discipline Executive	1	Aug 2015	Aug 2018	Expecting re- appointment
Franklin Lyons	Toronto	Discipline (Chair) Nominating	2	June 2016	June 2019	
Scott Tracze	Belleville		1	Jan 2018	Jan 2021	
Martin Ward	Orillia	Discipline Executive ICRC Quality Assurance	2	Feb 2018	Feb 2021	



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Current Committee Status – Non-Council Appointments

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Member	Specialty	City	Committee	Terms (1 Yr.)	Comments
Al Hamouche, Valentina	R	Toronto	Registration	4	
Arabi, Rania	N, MR	Brantford	Discipline	1	
Baylis, Bronwen	R	Hamilton	ICRC	2	
Brunetti, Angela	T	Lively	ICRC	2	
Chai, Martin	T	Markham	Discipline	5	Not seeking reappointment
Di Prospero, Lisa	T	Woodbridge	Discipline	7	
Dimitropoulos, Dolores	R	Etobicoke	Registration	2	
Giampa, Lisa	N	Queensville	ICRC	1	
Heiskanen, Tarja	T	Thunder Bay	ICRC	1	
Holland, Thomas	R	Ottawa	Quality Assurance	5	
Krajewski, Constance	R	Mississauga	Quality Assurance	3	



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Current Committee Status - Non-Council Appointments

Member	Specialty	City	Committee	Terms (1 Yr.)	Comments
Lewis, Donna	T	Toronto	Quality Assurance	12	9 years as Council appointment
Claudina Di Zio (Dina)	R	Richmond Hill	Discipline Finance and Audit	10 4	9 years as Council appointment
McDougall, David	R	Brooklin	Fitness to Practise	2	
McGuffin, Merrylee	T	Toronto	Quality Assurance	4	
Nelson, Veronica	R	Kawartha Lakes	ICRC	1	
Ribeiro, Derek	T	Grimsby	Fitness to Practise	1	
Simeonov, Anna	MR, R	Mississauga	Registration	8	
Tan, Kieng	T	Toronto	Registration	2	



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Current Committee Status - Non-Council Appointments

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Member	Specialty	City	Committee	Terms (1 Yr.)	Comments
Thibeau, Alan	N	Ottawa	Registration	6	
Thorvaldson, Kimberly	R	Thunder Bay	ICRC	3	
Urso, Tammy	N	Sudbury	Quality Assurance	5	Not seeking reappointment
Wahab, Lamees	N	Nobleton	Discipline	2	Not seeking reappointment
Wilson, David M.	N	Elmvale	ICR	9	Not seeking reappointment



- There is one nomination for President: Wendy Rabbie
- There are two nominations for Vice-President: Angela Cashell and Jay Neadles
- There are no changes due to the Elections in the composition of the Executive Committee this year



- There is one public member who has not yet been appointed to a committee: Scott Tracze
- There are four Non-Council Appointments not seeking re-appointment: Martin Chai and Lamees Wahab on Discipline, Tammy Urso on Quality Assurance and David Wilson on ICRC
- Need to appoint DMS NCAs to the statutory committees of ICR, Discipline, QA and Registration



2018 – 2019 Issues

- With the changes in the committee structure and composition, the Nominating Committee considered where and when it is appropriate to add members to the Committees for succession planning, workload distribution, sonographer specialty and expertise
- Need for all Council members to appreciate the limitations when appointing Council members to Statutory Committees taking into account the provisions of the Code and the recommended exclusions
- As directed by Council, all individual Council members were given an opportunity to request statutory and non-statutory committees of choice
- Nominating Committee has drafted one proposed slate for your consideration

June 14, 2018



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Proposed Changes By Committee



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Inquiries, Complaints and Reports Committee

Position	Member Type	District	Member Name	Location	Specialty
Chair	Public member of Council		Elaine Bremer	Orillia	
	Elected member of Council	5	Angela Cashell	Toronto	T
	Elected member of Council	4	Janet Scherer	Brantford	R
	Public member of Council		Martin Ward	Orillia	
	*Public member of Council		Susan Allen	Toronto	
	Non-Council Appointment	4	Bronwen Baylis	Hamilton	R
	Non-Council Appointment	5	Angela Brunetti	Lively	T
	Non-Council Appointment	6	Lisa Giampa	Queensville	N
	Non-Council Appointment	1	Kimberly Thorvaldson	Thunder Bay	R
	*Non-Council Appointment	6	Rania Arabi (David Wilson)	Brantford	MR, N
	*Non-Council Appointment	3	Veronica Nelson	Kawartha Lakes	R
	*Non-Council Appointment	5	Tarja Heinskanen	Thunder Bay	T



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Inquiries, Complaints and Reports Committee

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	*Non-Council Appointment		Stan Titus	Toronto	DMS
Suggested Changes: Remove David Wilson (not seeking re appointment) Move Rania Arabi from Discipline to ICRC Move Susan Allen from Discipline to ICRC Appoint Stan Titus (DMS)					



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Discipline Committee

Position	Member Type	District	Member Name	Location	Specialty
Chair	Public Member of Council		Franklin Lyons	Toronto	
	Elected Member of Council	3	Ebenezer Adiyiah	Brampton	R
	Elected Member of Council	8	Jay Neadles	Hamilton	MR, R
	*Elected Member of Council	6	Sandra Willson	Thunder Bay	N
	Public Member of Council		Janice Hoover	Markdale	
	*Public Member of Council		Scott Tracze (Susan Allen)	Belleville	
	*Public Member of Council		Martin Ward	Orillia	
	Non-Council Appointment	3	Dina Longo	Richmond Hill	R
	Non-Council Appointment	5	Renate Bradley (Martin Chai)	Toronto	T
	Non-Council Appointment	5	Lisa Di Prospero	Woodbridge	T
	Non-Council Appointment	3	Jia Inacio (Lamees Wahab)	Toronto	R
	*Non-Council Appointment		An Ling (Rania Arabi)	Toronto	DMS Pg. 29



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Discipline Committee

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	*Non-Council Appointment		Simrat Grewall	Brampton	DMS
Suggested Changes: Remove Martin Chai and Lamees Wahab – not seeking reappointment Move Rania Arabi to ICRC Move Susan Allen to ICRC and add Scott Tracze Appoint Renate Bradley (T) Appoint Jia Inacio (R) Appoint An Ling (DMS) Appoint Simrat Grewall (DMS)					



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Executive Committee

Position	Member Type	District	Member Name	Location	Specialty
President (nominated)	Elected Member of Council	2	Wendy Rabbie	Ottawa	R
VP (nominated)	Elected Member of Council	5	Angela Cashell	Toronto	T
VP (nominated)	Elected Member of Council	8	Jay Neadles	Hamilton	MR, R
	Elected Member of Council	1	Nathalie Bolduc	Hanmer	R
	Public Member of Council		Janice Hoover	Markdale	
	Public Member of Council		Martin Ward	Orillia	

Suggested Changes:

No changes, Election for VP to be held June 14, 2018



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Fitness to Practise Committee

Position	Member Type	District	Member Name	Location	Specialty
Chair	Elected Member of Council	1	Nathalie Bolduc	Hanmer	R
	Public Member of Council		Susan Gosso	London	
	Non-Council Appointment		Hanan Massoud (Derek Ribeiro)	Milton	DMS
	Non-Council Appointment	3	David McDougall	Brooklin	R
Suggested Changes: Move Derek Ribeiro to QA Appoint Hanan Massoud (DMS)					



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Patient Relations Committee

- The Patient Relations Committee is comprised of the Executive Committee (By-Law #13, since June 2014)



Quality Assurance Committee

Position	Member Type	District	Member Name	Location	Specialty
Chair	Elected Member of Council	6	Sandra Willson	Thunder Bay	N
	Public Member of Council		Martin Ward	Orillia	
	Non-Council Appointment	2	Tom Holland	Ottawa	R
	Non-Council Appointment	3	Connie Krajewski	Mississauga	R
	Non-Council Appointment	5	Derek Ribeiro (Donna Lewis)	Grimsby	T
	*Non-Council Appointment	5	Merrylee McGuffin	Toronto	T
	*Non-Council Appointment	3	Andrew Mogg (Tammy Urso)	Hillsdale	R, MR
	*Non-Council Appointment		Tatiana Grankina	Toronto	DMS

Suggested Changes:

Replace Tammy Urso – not seeking reappointment

Remove Donna Lewis (appointed for 12 years) Move Derek Ribeiro (T) from Fitness to Practise

Appoint Andrew Mogg (R)(MR) and appoint Tatiana Grankina (DMS)



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Registration Committee

Position	Member Type	District	Member Name	Location	Specialty
Chair	Public Member of Council		Janice Hoover	Markdale	
	Elected Member of Council	7	Cathryne Palmer	Toronto	T
	Non-Council Appointment	3	Valentina Al-Hamouche	Toronto	R
	Non-Council Appointment	3	Dolores Dimitropoulos	Etobicoke	R
	Non-Council Appointment	8	Anna Simeonov	Mississauga	MR, R
	*Non-Council Appointment	7	Kieng Tan	Toronto	T
	*Non-Council Appointment	6	Alan Thibeau	Ottawa	N
	*Non-Council Appointment	5	Ruvette Coelho	Pickering	T
	*Non-Council Appointment	4	Cara Leis	Oakville	R, DMS
	*Non-Council Appointment		Zafar Bajwa	Mississauga	DMS

Suggested changes:

Appoint Ruvette Coelho (T), Cara Leis (R)(DMS) and Zafar Bajwa (DMS)



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Finance & Audit Committee (non-statutory committee)

Position	Member Type	District	Member Name	Location	Specialty
Chair	Elected Member of Council	8	Jay Neadles	Hamilton	MR, R
	Elected Member of Council	5	Angela Cashell	Toronto	T
	Public Member of Council		Susan Allen	Toronto	
	Public Member of Council		Elaine Bremer	Orillia	
	*Non Council Appointment	3	Dina Longo	Richmond Hill	R
Suggested changes: None					



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Election Committee (non-statutory committee)

Position	Member Type	District	Member Name	Location	Specialty
Chair	Elected Member of Council	7	Cathryne Palmer	Toronto	T
	Elected Member of Council	3	Ebenezer Adiyiah	Brampton	R
	Public Member of Council		Elaine Bremer	Orillia	

Suggested Changes:

In June 2019, terms end for

- District 1 (Nathalie Bolduc)
- District 4 (Janet Scherer)
- District 7 (Cate Palmer)
- District 8 (Jay Neadles)
- Cate Palmer unable to run again



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Nominating Committee (non-statutory committee)

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Position	Member Type	District	Member Name	Location	Specialty
Chair	Elected Member of Council	7	Cathryne Palmer	Toronto	T
	Elected Member of Council	6	Sandra Willson	Thunder Bay	N
	Elected Member of Council	1	Nathalie Bolduc	Hanmer	R
	Public Member of Council		Franklin Lyons	Toronto	
Suggested Changes: None					



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Staff Relations and Privacy Committees

(non-statutory committees)

- The Executive Committee also serves as the Staff Relations Committee and the Privacy Committee



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Suggestions for appointment of Committee Chairs

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Member Name	Committee
Elaine Bremer	Inquiries, Complaints and Reports
Franklin Lyons	Discipline
Nathalie Bolduc	Fitness to Practise
Sandra Willson	Quality Assurance
Janice Hoover	Registration
Jay Neadles	Finance & Audit
Cate Palmer	Nominating
Cate Palmer	Election



Next steps at Council meeting

Council to:

- elect Wendy Rabbie as President
- elect Angela Cashell or Jay Neadles as Vice-President
- appoint members of statutory committees and non-statutory committees, as recommended and/or amended
- appoint chairs of committees as recommended and/or amended



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Discussion

- **Questions**
- **Comments**
- **Discussion**
- **Amendments**



OF JUN 14 2018

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Statutory Committee Composition & Recommended Exclusions

CIRCULATED
WITH AGENDACOUNCIL
ITEM# 3.iii

OF MAY 11 2018

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Executive	Required: EXECUTIVE ITEM# 5 a.i. President (elected) Vice-President (elected) 1 or 2 elected members of Council 1 or 2 public members of Council	Recommended Exclusions & Reasons:* None
Inquiries, Complaints and Reports	Required: At least 2 elected members of Council 2 public members of Council 4 non-Council appointees	Recommended Exclusions & Reasons:* Discipline Section 38(4) Fitness to Practise Section 26(2)2 No significant overlap with the membership of the Quality Assurance Committee
Discipline	Required: At least 2 elected members of Council 2 public members of Council 4 non-Council appointees	Recommended Exclusions & Reasons:* Inquiries, Complaints and Reports Section 38(4) No significant overlap with the membership of the Quality Assurance Committee
Fitness to Practise	Required: At least 1 elected member of Council 1 public member of Council 2 non-Council appointees	Recommended Exclusions & Reasons:* Inquiries, Complaints and Reports Section 26(1)2 and Section 61 No significant overlap with the membership of the Quality Assurance Committee
Quality Assurance	Required: At least 1 elected member of Council 1 public member of Council 3 non-Council appointees	Recommended Exclusions & Reasons:* No significant overlap between the membership of the Quality Assurance Committee and the following committees: Discipline, Fitness to Practise, Inquiries, Complaints and Reports [Sections 80.2(1)4 and 83(1)]
Registration	Required: At least 1 elected member of Council 1 public member of Council 3 non-Council appointees	Recommended Exclusions & Reasons:* None
Patient Relations	Required: The Executive Committee is also the Patient Relations Committee	Recommended Exclusions & Reasons:* None

* Reasons for Exclusions: References are to the Code as amended by the *Health System Improvements Act* (effective June 4, 2009)

Proposed Composition of Committees for 2018 – 2019

Draft 2 – April 25, 2018

Wendy Rabbie, President (nominated)
Angela Cashell, Vice President (nominated)
Jay Neadles, Vice President (nominated)

CIRCULATED
WITH AGENDA
OF MAY 11 2018

EXECUTIVE
ITEM# 5 aiii



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CIRCULATED WITH AGENDA

OF JUN 14 2018

COUNCIL
ITEM# 3iv

* Additional positions

Committee Position	Position	District	Member	Location	Specialty (If Applicable)
Inquiries, Complaints and Reports					
Chair	Public member of Council		Bremer, Elaine	Orillia	
	Elected member of Council	5	Cashell, Angela	Toronto	Radiation Therapy
	Elected member of Council	4	Scherer, Janet	Brantford	Radiography
	Public member of Council		Ward, Martin	Orillia	
	*Public member of Council		Allen, Susan	Toronto	
	Non-Council Appointment	4	Baylis, Bronwen	Hamilton	Radiography
	Non-Council Appointment	5	Brunetti, Angela	Lively	Radiation Therapy
	Non-Council Appointment	6	Giampa, Lisa	Queensville	Nuclear Medicine
	Non-Council Appointment	1	Thorvaldson, Kimberly	Thunder Bay	Radiography
	*Non-Council Appointment	6	Arabi, Rania (Wilson, David)	Brantford	Magnetic Resonance & Nuclear Medicine
	*Non-Council Appointment	3	Nelson, Veronica	Kawartha Lakes	Radiography
	*Non-Council Appointment	5	Heiskanen, Tarja	Thunder Bay	Radiation Therapy
	*Non-Council Appointment		Titus, Stan	Toronto	DMS

Suggested Changes:

- **David Wilson not seeking reappointment**
- **Move Rania Arabi from Discipline to ICRC**
- **Move Susan Allen from Discipline to ICRC**
- **Appoint Stan Titus (DMS)**

Discipline

Chair	Public member of Council		Lyons, Franklin	Toronto	
	Elected member of Council	3	Adiyiah, Ebenezer	Brampton	Radiography
	Elected member of Council	8	Neadles, Jay	Hamilton	Magnetic Resonance & Radiography
	*Elected member of Council	6	Willson, Sandra	Thunder Bay	Nuclear Medicine
	Public member of Council		Hoover, Janice	Markdale	
	*Public member of Council		Tracze Scott (Allen, Susan)	Belleville	
	*Public member of Council		Ward, Martin	Orillia	
	Non-Council Appointment	3	Longo, Dina	Richmond Hill	Radiography
	Non-Council Appointment	5	Renate Bradley (Chai, Martin)	Toronto	Radiation Therapy
	Non-Council Appointment	5	Di Prospero, Lisa	Woodbridge	Radiation Therapy
	Non-Council Appointment	3	Inacio, Jia (Wahab, Lamees)	Toronto	Radiography
	*Non-Council Appointment		Grewall, Simrat (Arabi, Rania)	Brampton	DMS
	*Non-Council Appointment		Ling, An	Toronto	DMS

Suggested Changes:

- **Martin Chai not seeking reappointment**
- **Lamees Wahab not seeking reappointment**
- **Move Rania Arabi to ICRC**
- **Move Susan Allen to ICRC and appoint Scott Tracze**
- **Appoint Renate Bradley, MRT(T)**
- **Appoint Jia Inacio, MRT(R)**
- **Appoint An Ling, DMS and Simrat Grewall, DMS**

Executive					
President (nominated)	Elected member of Council	2	Rabbie, Wendy	Ottawa	Radiography
Vice-President (nominated)	Elected member of Council	5	Cashell, Angela	Toronto	Radiation Therapy
Vice-President (nominated)	Elected member of Council	8	Neadles, Jay	Hamilton	Magnetic Resonance & Radiography
	Elected member of Council	1	Bolduc, Nathalie	Hanmer	Radiography
	Public member of Council		Hoover, Janice	Markdale	
	Public member of Council		Ward, Martin	Orillia	
Suggested Changes: No changes					

Fitness to Practise					
Chair	Elected member of Council	1	Bolduc, Nathalie	Hanmer	Radiography
	Public member of Council		Gosso, Susan	London	
	Non-Council Appointment		Massoud, Hanan (Ribeiro, Derek)	Milton	DMS
	Non-Council Appointment	3	McDougall, David	Brooklin	Radiography
Suggested Changes: <ul style="list-style-type: none"> • Move Derek Ribeiro to QA • Appoint Hanan Massoud, DMS 					

Patient Relations					
Summary of Changes: The Patient Relations Committee is comprised of the Executive Committee					

Quality Assurance					
Chair	Elected member of Council	6	Willson, Sandra	Thunder Bay	Nuclear Medicine
	Public member of Council		Ward, Martin	Orillia	
	Non-Council Appointment	2	Holland, Thomas	Ottawa	Radiography
	Non-Council Appointment	3	Krajewski, Constance	Mississauga	Radiography
	Non-Council Appointment	5	Ribeiro, Derek (Lewis, Donna)	Grimsby	Radiation Therapy
	*Non-Council Appointment	5	McGuffin, Merrylee	Toronto	Radiation Therapy
	*Non-Council Appointment	3	Mogg, Andrew (Urso, Tammy)	Hillsdale	Radiography, Magnetic Resonance
	*Non-Council Appointment		Grankina, Tatiana	Toronto	DMS
Suggested Changes: <ul style="list-style-type: none"> • Tammy Urso not seeking reappointment • Remove Donna Lewis (appointed 10 years) • Move Derek Ribeiro from Fitness to Practise • Appoint Andrew Mogg, MRT(R), MRT(MR) • Appoint Tatiana Grankina, (DMS) 					

Registration					
Chair	Public member of Council		Hoover, Janice	Markdale	
	Elected member of Council	7	Palmer, Cathryne	Toronto	Radiation Therapy
	Non-Council Appointment	3	Al Hamouche, Valentina	Toronto	Radiography
	Non-Council Appointment	3	Dimitropoulos, Dolores	Etobicoke	Radiography
	Non-Council Appointment	8	Simeonov, Anna	Mississauga	Magnetic Resonance & Radiography
	*Non-Council Appointment	7	Tan, Kieng	Toronto	Radiation Therapy
	*Non-Council Appointment	6	Thibeau, Alan	Ottawa	Nuclear Medicine
	*Non-Council Appointment	5	Coelho, Ruvette	Pickering	Radiation Therapy
	*Non-Council Appointment	4	Leis, Cara	Oakville	Radiography, DMS
	*Non-Council Appointment		Bajwa, Zafar	Mississauga	DMS
Suggested Changes: <ul style="list-style-type: none"> • Appoint Ruvette Coelho, MRT(T) • Appoint Cara Leis, MRT(R)(DMS) • Appoint Zafar Bajwa, DMS 					

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Non-Statutory Committees

Election Committee					
Chair	Elected member of Council	7	Palmer, Cathryne	Toronto	Radiation Therapy
	Elected member of Council	3	Adiyiah, Ebenezer	Brampton	Radiography
	Public member of Council		Bremer, Elaine	Orillia	
Suggested Changes: <ul style="list-style-type: none"> In June 2019 terms end for – District 1 (Nathalie Bolduc, 1st term) <ul style="list-style-type: none"> – District 4 (Janet Scherer, 1st term) – District 7 (Cate Palmer, 3rd term) – District 8 (Jay Neadles, 2nd term) 					

Nominating Committee					
Chair	Elected member of Council	7	Palmer, Cathryne	Toronto	Radiation Therapy
	Elected member of Council	6	Willson, Sandra	Thunder Bay	Nuclear Medicine
	Elected member of Council	3	Bolduc, Nathalie	Hanmer	Radiography
	Public member of Council		Lyons, Franklin	Toronto	
Suggested Changes: No changes					

Finance and Audit Committee

Chair	Elected member of Council	8	Neadles, Jay	Hamilton	Magnetic Resonance & Radiography
	Elected member of Council	5	Cashell, Angela	Toronto	Radiation Therapy
	Public member of Council		Allen, Susan	Toronto	
	Public member of Council		Bremer, Elaine	Orillia	
	Non-Council Appointment	3	Longo, Dina	Richmond Hill	Radiography

Suggested Changes: No changes

Privacy Committee

The Privacy Committee is composed of the members of the Executive Committee.

OF JUN 14 2018

COUNCIL
ITEM#.....4a1.....



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Briefing Note

To: Council

From: Linda Gough, Registrar & CEO

Date: May 28, 2018

Subject: Election of the President and Vice-President

This agenda item is for:

- ☒ Decision
- ☐ Direction to staff
- ☐ Discussion
- ☐ Information

Attached is the CMRTO Policy setting out the procedure for the election of the President and Vice-President.

The policy provides that the election will be conducted by a member of Council, excluding any nominee for the office of President or Vice-President. Council needs to appoint a person to chair this portion of the meeting. Cathryne Palmer has volunteered to perform this task.

Attached is the policy regarding the election procedure, CMRTO staff, Elizabeth Urso and Sophia Rose, will be available for Council to appoint as scrutineers.



Election procedure for the election of the President and Vice- President of CMRTO

Policy 3.2

Section:	Election	Public:	Yes
Approved By:	Council	Review Schedule:	Every 3 Years
Approved Date:	March 27, 2015	Last Reviewed:	March 2018
Effective Date:	March 27, 2015	Next Review Date:	March 2021
Amended Date(s):	March 27, 2018		

Policy

The following is a summary of the election procedure to be followed at the first meeting of Council after each election of the elected Council members for the purpose of electing the President and Vice-President in accordance with the by-laws of the College of Medical Radiation Technologists of Ontario (CMRTO) and Wainberg's Society Meetings, as applicable.

For the purpose of this policy, "members of Council" means the members of the Council elected in accordance with the by-laws of the CMRTO and members of the Council appointed by the Lieutenant Governor in Council, and "a member of Council" means any one of the members of Council.

Background

1. The President and Vice-President shall be elected annually by the Council from among the members of Council at the first meeting of Council after each election of the elected members of Council.
2. All nominations for the office of President and Vice-President must be received by the Nominating Committee on or before a date to be set, from time to time, by the Nominating Committee. No other nominations will be accepted.

Election Procedure

1. The election will be conducted by a member of Council (excluding any nominee for the office of President or Vice-President) or other person appointed by Council or the Executive Committee for such purpose. The person so appointed will chair that portion of the Council meeting relating to the election of the President and Vice-President. In the balance of this policy, the person so appointed is referred to as the "Chair".
2. The election of the President is conducted and completed first. Then the election of the Vice-President is conducted and completed.
3. The Chair will announce that the meeting is open for the election of the named office and will advise Council of the name(s) of each candidate(s) who has been duly nominated for the office.
4. If only one nomination is received for the named office, the candidate so nominated will be declared elected by acclamation.
5. If more than one nomination is received for the named office, a vote by secret ballot will take place.
6. Staff of the CMRTO will prepare the ballots which will list each of the candidates for the named office.
7. Prior to the vote, the Chair will request a motion to appoint scrutineers.
8. Each nominee will be given an opportunity to speak to Council for three (3) minutes. The scrutineers will then distribute the ballots for that office. The Chair will instruct the members of Council present at the meeting to mark an "X" opposite the name of the person of their choice. The scrutineers will collect the ballots, count them and report back to the Chair by written report.
9. Once the scrutineers have counted the ballots and reported back to the Chair, the Chair will bring the meeting back to order. Unless the Chair disagrees on the validity of a ballot or the count, the Chair will adopt the report of the scrutineers.
10. If one nominee receives more than 50% of the votes cast on the first ballot, the Chair will declare that nominee duly elected for the office for which the election was being held.

11. If no one nominee receives more than 50% of the votes cast on the first ballot, the Chair will declare that the nominee who received the lowest number of votes will be deleted from nomination and a fresh vote will be taken. This procedure is followed until one nominee receives the majority of the votes cast on the ballot. The Chair will then declare the successful nominee duly elected for the named position.
12. If there is a tie vote, the Chair will break the tie by lot.

OF JUN 14 2018

COUNCIL
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College of
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Ordre des
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de l'Ontario

Briefing Note

To: Council

From: Linda Gough, Registrar & CEO

Date: May 28, 2018

Subject: 2019 Election

This agenda item is for:

- ☒ Decision
- ☐ Direction to staff
- ☐ Discussion
- ☐ Information

CMRTO By-law No. 12, sections 6.(1) and 6.(2), provide that elections of members to Council shall be held in April, and that Council shall set the date for each election of members to Council.

As discussed at the Council governance session on March 26, 2018, we expect by-law changes that will affect the electoral districts for the 2019 elections.

It is proposed that the election be held on Wednesday, April 3, 2019. A proposed resolution is enclosed for your consideration.

OF JUN 15 2018

COUNCIL
ITEM# 1091

Minutes



College of
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Ordre des
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Meeting of Council

Tuesday, March 27, 2018
0900 hours — 1600 hours
CMRTO Council Room

- Present:**
- Wendy Rabbie, President
 - Susan Allen
 - Nathalie Bolduc
 - Elaine Bremer
 - Angela Cashell
 - Mary (Susan) Gosso
 - Janice Hoover
 - Ray Lappalainen, transitional Council member
 - Jay Neadles
 - Cathryne Palmer
 - Janet Scherer
 - Scott Tracze
 - Carolyn Trottier, transitional Council member
 - Martin Ward
 - Sandra Willson
- Regrets:**
- Ebenezer Adiyiah
 - Franklin Lyons
- Guests:**
- Denise Cole, ADM, Health Workforce Planning and Regulatory Affairs Division, MOHLTC, for agenda item 6a
 - Allison Henry, Director of Health Workforce Regulatory Oversight Branch, MOHLTC, for agenda item 6a
 - Debbie Tarshis, WeirFoulds LLP, for agenda item 6a
- Staff:**
- Linda Gough, Registrar & CEO
 - Nerissa de Vera, Finance & HR Manager, for agenda item 4
 - Shalen Fournier, Communications Administrator
 - Annette Hornby, Director of Quality Assurance
 - Kirusha Kobindarajah, Executive Administrator
 - Tina Langlois, Director of Professional Conduct
 - Elizabeth Urso, Articling Student

1. Call to Order

The meeting was called to order by W. Rabbie, President at 0900 hours.

W. Rabbie announced that the election for District 2, Radiography and District 5, Radiation Therapy, will be held on April 4. She also stated that since there are no other candidates running in District 2, other than herself, she is elected by acclamation. There are three candidates running for election in District 5, including the incumbent A. Cashell.

a. Approval of the agenda

The agenda and supporting documents were circulated to the Council members earlier.

It was moved by S. Tracze

Seconded by S. Willson

Resolved that the agenda be approved as circulated.

Carried.

b. Review of Roles & Responsibilities of Council

The following documents were circulated on pages 1 – 9 of the agenda:

- i. CMRTO Policy 2.11, Roles & Responsibilities of the Council, effective date June 19, 2014, last reviewed September 2017
- ii. CMRTO Policy 2.12, Code of Conduct for Council and Committee Members, effective date September 23, 2014, last reviewed September 2017

W. Rabbie briefly reviewed the documents with the Council members.

2. Declaration of Conflict of Interest

There were no conflicts of interest declared.

3. Minutes of the previous meeting

a. December 8, 2017

The following was circulated on pages 10 – 25 of the agenda:

- i. Minutes of meeting of Council held on December 8, 2017

The following amendment was made to the minutes:

- Page 10: Change 'Lengthy', to 'Lengthy'

Discussion ensued.

**It was moved by A. Cashell
Seconded by S. Allen**

Resolved that the minutes of the Council meeting of December 8, 2017, be approved as amended.

Carried.

L. Gough reviewed the action items.

The following document was circulated at the meeting:

- ii. In Camera Minutes of the meeting of Council of December 8, 2017– Agenda item 6b: CMRTO Staffing and Salary Ranges

**It was moved by S. Allen
Seconded by S. Willson**

Resolved that the in camera minutes of the meeting of Council of December 8, 2017, agenda item 6b: CMRTO Staffing and Salary Ranges, be approved as circulated.

Carried.

The following document was circulated at the meeting:

- iii. In Camera Minutes of the meeting of Council of December 8, 2017 – Agenda item 6e: Diagnostic Medical Sonographers

**It was moved by J. Hoover
Seconded by J. Scherer**

Resolved that the in camera minutes of the meeting of Council of December 8, 2017, agenda item 6e: Diagnostic Medical Sonographers, be approved as circulated.

Carried.

4. Financial

Nerissa de Vera joined the meeting.

a. Finance & Audit Committee Report

The following was circulated on pages 26 – 29 of the agenda:

- i. Report to Council from J. Neadles, Chair, Finance and Audit Committee, dated March 7, 2018, regarding 'Report from Finance and Audit Committee'

- ii. CMRTO Policy 2.8, Terms of Reference for the Finance and Audit Committee, effective date June 19, 2014, last amended September 26, 2017

J. Neadles, Chair, Finance and Audit Committee reviewed the report with Council and responded to questions.

b. Financial Report for the year 2017

The following was circulated on pages 30 – 34 of the agenda:

- i. Report to Council from the Finance and Audit Committee, dated March 7, 2018 regarding 'Financial Report to Council for the year 2017 (January 1 – December 31, 2017)', with the following attachments:
 - CMRTO Summary of Statement of Revenue & Expenses for the period ending December 31, 2017
 - Balance Sheet as at December 31, 2017
 - Capital Budget and Expenditures Schedule for the period January 1, 2017 to December 31, 2017

J. Neadles reviewed the report with Council, and responded to questions.

It was moved by M. Ward

Seconded by E. Bremer

Resolved that the report to Council from the Finance and Audit Committee, dated March 7, 2018, regarding 'Financial Report to Council for the Year 2017 (January 1 - December 31, 2017)' and the attached reports:

- **CMRTO Summary of Statement of Revenue and Expenses for the period ending December 31, 2017**
- **CMRTO Balance Sheet as at December 31, 2017**
- **CMRTO Capital Budget and Expenditures Schedule for the period January 1, 2017 to December 31, 2017**

as circulated in the agenda, be approved.

Carried.

c. Investment Report for the year 2017

The following was circulated on pages 35 – 41 of the agenda:

- i. Report to Council from the Finance and Audit Committee, dated March 7, 2018 regarding 'Investment Report to Council for the year 2017 (January 1 – December 31, 2017)', with the following attachments:

- CIBC Wood Gundy, Portfolio Evaluation as of December 31, 2017
- CIBC Wood Gundy, Year-end Account Report for 2017

J. Neadles reviewed the report with Council, and responded to questions.

**It was moved by C. Palmer
Seconded by S. Gosso**

Resolved that:

- 1. the report to Council from the Finance and Audit Committee, dated March 7, 2018, regarding 'Investment Report to Council for the Year 2017 (January 1 – December 31, 2017)', and the attached report:**

- **CIBC Wood Gundy Portfolio Evaluation as of December 31, 2017**

be approved, and

- 2. Council receive the CIBC Wood Gundy 2017 Year-End Account Report and confirm the recommendation from the Finance and Audit Committee that Bryan Baker, Vice-President, CIBC Wood Gundy continue as the CMRTO's Investment Advisor.**

Carried.

d. Financial Audit for 2017

The following was circulated on pages 42 – 70 of the agenda:

- i. Financial Statements of the College of Medical Radiation Technologists of Ontario – Year ended December 31, 2017, draft #4, dated February 23, 2018**
- ii. College of Medical Radiation Technologists of Ontario – Audit Findings Report – For the year ended December 31, 2017, dated February 23, 2018, KPMG LLP**
- iii. Draft Letter to KPMG LLP, from Linda Gough, Registrar & CEO, dated March 27, 2018 regarding Management Representation**
- iv. Report to Council from the Finance and Audit Committee, dated March 7, 2018 respecting CMRTO Auditors**

J. Neadles reviewed the audited financial statements and KPMG LLP audit findings report with Council, and responded to questions. Discussion ensued.

**It was moved by N. Bolduc
Seconded by S. Willson**

Be it resolved:

- 1. That the financial statements for the year ended December 31, 2017, together with the Auditor's Report to the members of the CMRTO Council, be approved and adopted, and**
- 2. That the President and Vice-President are hereby authorized and directed to evidence such approval by signing the financial statements on behalf of the Council.**

Carried.

J. Neadles informed the Council that the Finance and Audit Committee had considered the appointment of the College's auditors for the year 2018, and that the Finance and Audit Committee is recommending that KPMG LLP be appointed and provided the reasons.

**It was moved by S. Gosso
Seconded by J. Scherer**

Be it resolved that KPMG LLP Chartered Accountants are hereby appointed auditors of the College to hold office until the time of the holding of the next annual meeting of the Council, unless they are earlier duly removed from office, at a remuneration to be fixed by the Council.

Carried.

e. Fee Review

The following was circulated on pages 71 – 76 of the agenda:

- i. Report to Council from the Finance and Audit Committee, dated March 7, 2018, regarding 'Fee Review for 2019'
- ii. Consolidation of CMRTO By-law No. 23 (January 1, 2011), regarding fees

J. Neadles reviewed the documents with Council, and responded to questions.

**It was moved by S. Willson
Seconded by C. Palmer**

Resolved that the CMRTO fees, as set out in By-law No. 23, be kept at the current level for the year 2019.

Carried.

W. Rabbie thanked J. Neadles and the Finance and Audit Committee for their work and diligence.

N. de Vera left the meeting.

5. Operations, Reports and Plans

a. CMRTO Strategic Plan

The following was circulated on pages 77 – 96 of the agenda:

- i. CMRTO 2017 – 2021 Strategic Plan, Commitment to Regulatory Excellence, approved by Council December 9, 2016

L. Gough reviewed the documents with Council, and responded to questions. Discussion ensued.

b. Balanced Scorecard Report

The following was circulated on page 97 of the agenda:

- i. CMRTO Dashboard: Q4 2017

L. Gough reviewed the documents with Council, and responded to questions. Discussion ensued.

It was moved by J. Scherer

Seconded by M. Ward

Resolved that the CMRTO Dashboard Q4 2017, January 1 – December 31, 2017, be published on the CMRTO website.

Carried.

c. CMRTO Annual Report 2017

The following was circulated on page 98 of the agenda:

- i. Briefing note to Council from Linda Gough, Registrar & CEO, dated March 6, 2018, regarding 'CMRTO Draft Annual Report 2017'

The following was circulated at the meeting:

- ii. Draft CMRTO Annual Report for 2017

The Chairs of the statutory committees presented on the activities and achievements of each of their respective committees, as follows:

- J. Hoover – Registration
- S. Willson – Quality Assurance
- E. Bremer – Inquiries, Complaints and Reports
- F. Lyons – Discipline
- N. Bolduc – Fitness to Practise
- W. Rabbie – Patient Relations

It was moved by J. Hoover

Seconded by S. Willson

Resolved that the draft CMRTO 2017 Annual Report, as circulated at the meeting, be approved in principle.

Carried.

d. Executive Committee Report

The following was circulated on pages 99 – 106 of the agenda:

- Briefing note to Council from the Executive Committee, dated March 6, 2018, regarding 'Registrar's Performance Review'
- Policy 1.6, Performance Review Process of the Registrar & CEO, effective January 1, 2015, last reviewed September 2017

W. Rabbie reviewed the briefing note from the Executive Committee and confirmed that the annual performance review of the Registrar & CEO was completed on February 27, 2018. She stated that the Executive Committee will report on the results of the performance review in an in camera session of the Council meeting.

All the staff, with the exception of T. Langlois, left the meeting for this agenda item.

It was moved by J. Neadles

Seconded by S. Willson

Resolved that pursuant to Section 7(2)(d) of the Health Professions Procedural Code, the meeting of Council move in camera to receive a verbal report from the Executive Committee regarding the Registrar's performance review on the basis that personnel matters will be discussed.

Carried.

All the staff returned to the meeting at the conclusion of this agenda item.

6. For Decision

a. Diagnostic Medical Sonographers

D. Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division, MOHLTC, Ms. Henry, Director of Health Workforce Regulatory Oversight Branch, MOHLTC and D. Tarshis, WeirFoulds LLP joined the meeting for this agenda item.

W. Rabbie extended a warm welcome and introduced Ms. Cole and A. Henry to Council. A round-table of introductions was conducted.

L. Gough gave a presentation entitled 'Summary of CMRTO activities to regulate DMSs as a fifth specialty' and responded to questions. The Registrar also submitted a complete report to Ms. Cole on the activities and communications of the CMRTO to achieve the regulation of the profession.

Certificates of registration in the specialty of diagnostic medical sonography were presented to Ray Lappalainen, DMS, Carolyn Trottier, DMS and Annette Hornby, MRT(R)(DMS).

Ms. Cole addressed Council and responded to questions.

Ms. Cole and A. Henry left the meeting.

The following was circulated on pages 107 – 248 of the agenda:

- i. Briefing note to the Council from Linda Gough, Registrar & CEO, dated March 12, 2018, regarding 'Diagnostic Medical Sonographers'
- ii. Email to CMRTO members, stakeholders, OAMRS and Sonography Canada from CMRTO Communications, dated December 15, 2017, regarding 'Information: Diagnostic medical sonographers update', with the following attachment:
 - CMRTO publication, DMS Updates # 4, entitled 'CMRTO Standards of Practice to include diagnostic medical sonography', dated December, 2017
- iii. Email to Linda Gough, Registrar & CEO from Regulatory Projects, Health Workforce Planning & Regulatory Affairs, Ministry of Health & Long-Term Care, dated December 20, 2017, regarding 'Regulation of Diagnostic Medical Sonographers', with the following attachment:
 - MOHLTC Health Bulletin entitled 'Ontario Regulating Diagnostic Medical Sonographers', dated December 20, 2017
- iv. Email to CMRTO members, stakeholders, OAMRS and Sonography Canada from CMRTO Communications, dated December 20, 2017, regarding 'Information: CMRTO will start to regulate sonographers on January 1, 2018!', with the following attachment:

- CMRTO News Release entitled 'Ontario government approves regulation of sonographers with CMRTO!', dated December 20, 2017
- v. Letter to Linda Gough, Registrar & CEO from Stephen Cheng, Manager, Health System Labour Relations and Regulatory Policy Branch, Health Workforce Planning and Regulatory Affairs Division, MOHLTC dated December 28, 2017, regarding 'Amendments to O. Reg. 866/93 (Registration) and O. Reg. 226/03 (Prescribed Forms of Energy, Section 3 of the Act) made under the *Medical Radiation Technology Act, 1991* and O. Reg. 107/96 (Controlled Acts) made under the *Regulated Health Professions Act, 1991* have been filed.'
- vi. Ontario Regulation 866/93 (Registration) made under *Medical Radiation Technology Act, 1991*, Consolidation period from January 1, 2018
- vii. Ontario Regulation 226/03 (Prescribed forms of energy, section 3 of the Act) made under *Medical Radiation Technology Act, 1991*, Consolidation period from January 1, 2018
- viii. Ontario Regulation 107/96 (Controlled Acts) made under *Regulated Health Professions Act, 1991*, Consolidation period from January 1, 2018
- ix. *Medical Radiation and Imaging Technology Act, 2017*, S.O.2017, Chapter 25, Schedule 6, Consolidation period from December 12, 2017, not yet proclaimed in force
- x. Email to CMRTO members, sonographers and stakeholders from CMRTO Communications, dated December 28, 2017, regarding 'CMRTO Registrar & CEO message re: regulation of diagnostic medical sonographers', with the following attachment:
 - Letter to CMRTO members, sonographers and stakeholders from Linda Gough, Registrar & CEO, dated December 28, 2017, regarding 'CMRTO Registrar & CEO message re: regulation of diagnostic medical sonographers'
- xi. Email to CMRTO members, sonographers and stakeholders from Linda Gough, Registrar & CEO, dated January 1, 2018, regarding 'Jan 1, 2018: Diagnostic medical sonographers now regulated with CMRTO – CMRTO is accepting applications for registration in the specialty of diagnostic medical sonography', with the following attachments:
 - CMRTO document entitled 'DMS regulation information and FAQs', dated January 1, 2018
 - CMRTO document entitled 'Application Guide for individuals applying for registration with the College of Medical Radiation Technologists of Ontario (CMRTO) in the specialty of diagnostic medical sonography', January 1 – December 31, 2018

- xii. Email to CMRTO members from Linda Gough, Registrar & CEO, dated January 1, 2018, regarding 'Notice: CMRTO Registrar & CEO message re: Revised Standards of Practice and Code of Ethics: January 1, 2018', with the following attachments:
 - CMRTO Standards of Practice, 2018
 - CMRTO Code of Ethics, 2018
- xiii. Email to CMRTO members from CMRTO Quality Assurance, dated January 2, 2018, regarding 'Updated QA Program', with the following attachment:
 - CMRTO Quality Assurance Program, January 2018
- xiv. Email to CMRTO members and stakeholders, dated February 2, 2018, regarding 'Insights Winter 2018', with the following attachments:
 - CMRTO Insights Winter 2018
- xv. Report to the Executive Committee from Caroline Morris, Deputy Registrar, dated February 12, 2018, regarding 'Confirmation of notification of additional provincial requirements for approved education programs in diagnostic medical sonography'
- xvi. Email to CMRTO members, sonographers and stakeholders from CMRTO Communications, dated February 14, 2018, regarding 'CMRTO webinar: 'Sonography is being regulated, now what? – February 22, 12.15pm'
- xvii. Insights for CMRTO webinar entitled 'Sonography is being regulated, now what?', dated February 22, 2018
- xviii. WeirFoulds LLP publication entitled 'What you need to know – Legislative updates for delivery of health care in Ontario', dated January 30, 2018, by Debbie Tarshis

The following was circulated at the meeting:

- xix. Presentation to Council, from Debbie Tarshis, WeirFoulds LLP, entitled 'Legal Framework in Ontario for Regulation of Diagnostic Medical Sonography', presented March 27, 2018

D. Tarshis provided an overview of the regulatory changes to CMRTO and the regulatory and legislative framework to Council.

D. Tarshis and L. Gough reviewed the documents with the Council members and responded to questions. Lengthy discussion ensued.

D. Tarshis left the meeting.

b. Strengthening Quality and Accountability for Patients Act, 2017

The following was circulated on pages 249 – 259 of the agenda:

- i. Email to Linda Gough, Registrar & CEO from Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division, MOHLTC dated December 12, 2017, regarding 'Bill 160 has passed Third Reading', with the following attachments:
 - MOHLTC News Release entitled 'Ontario passes legislation to strengthen transparency in health care', dated December 12, 2017
 - Backgrounder – Strengthening Quality and Accountability for Patients Act, 2017
- ii. Email to Linda Gough, Registrar & CEO from Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division, MOHLTC dated January 16, 2018, regarding 'Task Force for the Development of Standards for X-rays'
- iii. Email to Linda Gough, Registrar & CEO from Sean Court, Director, Strategic Policy Branch, MOHLTC dated February 2, 2018, regarding 'Update re X-ray Task Force'

L. Gough reviewed the documents with Council and responded to questions.

c. CMRTO By-Law 13

The following was circulated on pages 260 – 265 of the agenda:

- i. Briefing note to the Council from Linda Gough, Registrar & CEO, dated March 12, 2018, regarding 'Proposed By-Law 59, Terms of Reference for Executive Committee and Election procedure for the CMRTO President and Vice-President'
- ii. Excerpts of Consolidation of By-Law No.13, January 1, 2018
- iii. Draft By-Law No. 59, Amending By-Law No. 13 (March *, 2018)

T. Langlois and E. Urso reviewed the documents with Council and responded to questions. Lengthy discussion ensued.

**It was moved by E. Bremer
Seconded by M. Ward**

Be it resolved that the draft By-law No. 59, in the form circulated at this meeting of Council held on March 27, 2018, be and it is hereby enacted.

Carried.

The following was circulated on pages 266 – 271 of the agenda:

- iv. CMRTO Governance Policy 2.1 – Terms of Reference for the Executive Committee, effective date June 19, 2014, last reviewed September 2017, with proposed amendments
- v. CMRTO Election Policy 3.2 – Election procedure for the election of the President and Vice-President of CMRTO, effective date March 27, 2015, with proposed amendments

T. Langlois and E. Urso reviewed the documents with Council and responded to questions.

It was moved by C. Palmer

Seconded by J. Neadles

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved:

- 1. Policy 2.1, Terms of Reference for the Executive Committee**
- 2. Policy 3.2, Election procedure for the election of the President and Vice-President of CMRTO**

Carried.

d. CMRTO Policy Review

The following was circulated on pages 272 – 297 of the agenda:

- i. Briefing note to the Council from Linda Gough, Registrar & CEO, dated March 6, 2018, regarding 'CMRTO Policy Review'
- ii. CMRTO Policy 0.1, Policy Register and Review Policy, effective date June 19, 2015, last reviewed September 26, 2017
- iii. CMRTO Administration Policy 1.8 – Procedures respecting approval of accreditation of MRT educational programs, effective date March 27, 2015
- iv. CMRTO Administration Policy 1.10 – Registrar & CEO Position Description, effective date July 1, 2017
- v. CMRTO Administration Policy 1.11 – Deputy Registrar, effective date July 1, 2017
- vi. CMRTO Administration Policy 1.12 – Procedures in the event of the Registrar & CEO's unplanned absence, effective date July 1, 2017

T. Langlois and E. Urso reviewed the documents with Council and responded to questions.

It was moved by J. Neadles
Seconded by J. Scherer

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved:

- 1. Policy 0.1, Policy Register and Review Policy**
- 2. Policy 1.8, Procedures respecting approval of accreditation of MRT educational programs**
- 3. Policy 1.10, Registrar & CEO Position Description**
- 4. Policy 1.11, Deputy Registrar**
- 5. Policy 1.12, Procedures in the event of the Registrar & CEO's unplanned absence**

Carried.

The following was circulated on page 298 of the agenda:

- vii. CMRTO Election Policy 3.1 – Faculty member for purposes of the election by-law, effective date March 27, 2015

E. Urso reviewed the document with the Council and responded to questions.

It was moved by A. Cashell
Seconded by N. Bolduc

Resolved that the proposed amendments to the following policy as circulated in the agenda and as reviewed by Council, be approved:

- 1. Policy 3.1, Faculty member for the purposes of the election by-law**

Carried.

The following was circulated on pages 299 – 300 of the agenda:

- viii. CMRTO Professional Practice Policy 5.1 – The operation of x-ray tubes in conjunction with nuclear medicine cameras, effective date March 27, 2015
- ix. CMRTO Professional Practice Policy 5.2 – Bone densitometry, effective date March 27, 2015

E. Urso reviewed the documents with the Council and responded to questions.

It was moved by J. Hoover
Seconded by S. Gosso

Resolved that the following policies as circulated in the agenda be revoked:

- 1. Policy 5.1, The operation of x-ray tubes in conjunction with nuclear medicine cameras**
- 2. Policy 5.2, Bone densitometry**

Carried.

The following was circulated on pages 301 – 304 of the agenda:

- x. CMRTO Professional Practice Policy 5.3 – Guidelines for MRTs for patients found incapable of making treatment decisions under the HCCA, effective date March 27, 2015
- xi. CMRTO Professional Practice Policy 5.4 – Professional accountability of MRTs during a work-stoppage, effective date March 27, 2015

E. Urso reviewed the documents with the Council and responded to questions.
Amendments were made to Policy 5.3.

It was moved by S. Gosso
Seconded by S. Willson

Resolved that the proposed amendments to the following policies as circulated in the agenda and amended by Council, be approved:

- 1. Policy 5.3, Guidelines for MRTs for patients found incapable of making treatment decisions under the HCCA**
- 2. Policy 5.4, Professional accountability of MRTs during a work-stoppage**

Carried.

The following was circulated on pages 305 – 334 of the agenda:

- xii. CMRTO Registration Policy 6.1 – Educational programs and examination(s) approved by CMRTO in radiography, radiation therapy and nuclear medicine, effective date March 27, 2015
- xiii. CMRTO Registration Policy 6.2 – Educational programs and examination(s) approved by CMRTO in magnetic resonance, effective date March 27, 2015
- xiv. CMRTO Registration Policy 6.3 – Approved examination in the specialties of radiography, radiation therapy, nuclear medicine and magnetic resonance effective date March 27, 2015

- xv. CMRTO Registration Policy 6.4 – Approved examination for applicants trained in Quebec, effective date March 27, 2015
- xvi. CMRTO Registration Policy 6.5 – Course in jurisprudence set and approved by CMRTO – radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography, effective date March 27, 2015, last amended December 8, 2017
- xvii. CMRTO Registration Policy 6.6 – Employment Specific Certificates of Registration, effective date March 27, 2015
- xviii. CMRTO Registration Policy 6.7 – Approved programs – Cambrian College Magnetic Resonance Program, effective date March 27, 2015
- xix. CMRTO Registration Policy 6.8 – Approved programs – Algonquin College Radiography Program, effective date March 27, 2015
- xx. CMRTO Registration Policy 6.9 – Approved programs – Fanshawe College Magnetic Resonance Program, effective date March 27, 2015
- xxi. CMRTO Registration Policy 6.10 – Educational programs approved by CMRTO in the specialty of diagnostic medical sonography, effective date January 1, 2018
- xxii. CMRTO Registration Policy 6.11 – Approved examinations for the specialty of diagnostic medical sonography set and administered by Sonography Canada, effective date January 1, 2018
- xxiii. CMRTO Registration Policy 6.12 – Approved examinations for the specialty of diagnostic medical sonography administered by the ARDMS (time-limited), effective date January 1, 2018

E. Urso reviewed the documents with Council and responded to questions. Lengthy discussion ensued and amendments were made.

It was moved by S. Willson

Seconded by J. Hoover

Resolved that the proposed amendments to the following policies as circulated in the agenda and as amended by Council, be approved:

- 1. Policy 6.1, Educational programs and examination(s) approved by CMRTO in radiography, radiation therapy and nuclear medicine**
- 2. Policy 6.2, Educational programs and examination(s) approved by CMRTO in magnetic resonance**
- 3. Policy 6.3, Approved examination in the specialties of radiography, radiation therapy, nuclear medicine and magnetic resonance**
- 4. Policy 6.4, Approved examination for applicants trained in Quebec**
- 5. Policy 6.5, Course in Jurisprudence set and approved by CMRTO**

6. **Policy 6.6, Employment Specific Certificates of Registration**
7. **Policy 6.7, Approved programs – Cambrian College Magnetic Resonance Program**
8. **Policy 6.8, Approved programs – Algonquin College Radiography Program**
9. **Policy 6.9, Approved programs – Fanshawe College Magnetic Resonance Program**
10. **Policy 6.10, Educational programs approved by CMRTO in the specialty of diagnostic medical sonography**
11. **Policy 6.11, Approved examinations for the specialty of diagnostic medical sonography set and administered by Sonography Canada**
12. **Policy 6.12, Approved examinations for the specialty of diagnostic medical sonography administered by the ARDMS (time-limited)**

Carried.

The following was circulated on pages 335 – 339 of the agenda:

- xxiv. **CMRTO Quality Assurance Policy 7.1 – Quality Assurance Portfolio: Percentage of MRTs, effective date March 27, 2015**
- xxv. **CMRTO Quality Assurance Policy 7.2 – Peer and Practice Assessment by Multi-Source Feedback (MSF) or by an Assessor: Percentage of MRTs, effective date March 27, 2015**
- xxvi. **CMRTO Quality Assurance Policy 7.3 – Random selection without replacement, effective date March 27, 2015**
- xxvii. **CMRTO Quality Assurance Policy 7.4 – Continuing education and professional development activities, effective date March 27, 2015**

E. Urso reviewed the documents with Council and responded to questions.

It was moved by C. Palmer

Seconded by J. Scherer

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved:

1. **Policy 7.1, Quality Assurance Portfolio: Percentage of MRTs**
2. **Policy 7.2, Peer and Practice Assessment by Multi-Source Feedback (MSF) or by an Assessor: Percentage of MRTs**
3. **Policy 7.3, Random selection without replacement**
4. **Policy 7.4, Continuing education and professional development activities**

Carried.

The following was circulated on page 340 of the agenda:

- xxviii. CMRTO Professional Conduct Policy 8.1 – Notice to Council members respecting discipline hearings, effective date March 27, 2015

E. Urso reviewed the document with the Council and responded to questions.

It was moved by M. Ward

Seconded by N. Bolduc

Resolved that the following policy as circulated in the agenda be revoked:

1. Policy 8.1, Notice to Council members respecting discipline hearings

Carried.

The following was circulated on page 341 of the agenda:

- xxix. CMRTO Professional Conduct Policy 8.2 – Publication of Discipline decisions in *Insights*, effective date March 27, 2015

E. Urso reviewed the document with the Council and responded to questions.
Amendments were made by Council.

It was moved by J. Neadles

Seconded by S. Allen

Resolved that the proposed amendments to the following policy as circulated in the agenda and as amended by Council, be approved:

1. Policy 8.2, Publication of Discipline decisions

Carried.

The following was circulated on pages 342 – 347 of the agenda:

- xxx. CMRTO Human Resources Policy 9.1 – Workplace Health & Safety, effective date September 26, 2017
- xxxi. CMRTO Human Resources Policy 9.8 – Leaves of Absence and Sick Time, effective date November 9, 2017

E. Urso reviewed the documents with the Council and responded to questions.

It was moved by E. Bremer

Seconded by S. Willson

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved:

- 1. Policy 9.1, Workplace Health & Safety**
- 2. Policy 9.8, Leaves of Absence and Sick Time**

Carried.

The following was circulated on pages 348 – 349 of the agenda:

xxxii. Draft CMRTO Finance & Risk Policy 4.11 – Registrar's Discretionary Expenditure

E. Urso reviewed the document with the Council and responded to questions.

It was moved by S. Allen
Seconded by J. Neadles

Resolved that the following policy as circulated in the agenda and as amended, be approved effective immediately:

- 1. Policy 4.11, Registrar's Discretionary Expenditure**

Carried.

e. Election 2018

The following was circulated on pages 350 – 358 of the agenda:

- i. Briefing note to the Council from Linda Gough, Registrar & CEO, dated March 6, 2018, regarding 'Election 2018'
- ii. CMRTO Election Notice, entitled 'Current Election, Election of members to Council', printed February 12, 2018
- iii. Email to CMRTO members and diagnostic medical sonographers from CMRTO Communications, dated February 16, 2018, regarding 'Applications for non-Council members to serve on CMRTO committees', with the following attachment:
 - Application for appointment to CMRTO Committees

L. Gough reviewed the documents with Council and responded to questions.

7. Discussion

a. MOHLTC

The following was circulated on pages 359 – 364 of the agenda:

- i. About the Ministry – Minister of Health and Long-Term Care, The Honorable Dr. Helena Jaczek, printed March 6, 2018
- ii. Email to Linda Gough, Registrar & CEO from Denise Cole, Assistant Deputy Minister, Health Workforce Planning & Regulatory Affairs Division, MOHLTC, dated January 8, 2018 regarding 'HWPRAD's New Organizational Structure'
- iii. Organizational Structure of Ministry of Health and Long-Term Care, printed March 12, 2018

L. Gough reviewed the documents with Council, and responded to questions.

b. Accreditation

The following was circulated on pages 365 – 369 of the agenda:

- i. Email from Lorraine Ramsay, Associate Director, Conjoint Accreditation Services, Joule Inc., A CMA Company, dated January 25, 2018 regarding 'Thank you from Conjoint Accreditation Services to professional associations and regulators', with the following attachment:
 - Letter to National Professional Associations and Provincial Regulatory Bodies involved in the Conjoint Accreditation Process, from Lindee David, Chief Executive Officer, Joule, A CMA Company, dated January 25, 2018 regarding end of services
- ii. Email from Sebastien Audette, President, Global Programs, Health Standards Organization, dated February 1, 2018 regarding 'Announcing the launch of Equal Canada'
- iii. Email from Sarah Ingimundson, Director, EQual Canada, Accreditation Canada, dated February 6, 2018 regarding 'Accreditation Canada - Launch of EQual Program'

L. Gough reviewed the documents with Council, and responded to questions. Discussion ensued.

c. Conferences 2018

The following was circulated on pages 370 – 374 of the agenda:

- i. CMRTO document entitled 'Conferences 2018', updated March 2, 2018

- ii. CAMRT document entitled 'This year's events! Everything you need to know', printed February 5, 2018

The following was circulated at the meeting:

- iii. CMRTO Information Workshops Spring 2018

L. Gough reviewed the documents with Council, and responded to questions. Lengthy discussion ensued.

d. Citizen Advisory Group

The following was circulated on pages 375 – 378 of the agenda:

- i. Letter to Hon Dr. Eric Hoskins, Minister of Health and Long-Term Care, MOHLTC, from Shenda Tanchak, Registrar & CEO, College of Physiotherapists of Ontario | President, Federation of Regulated Health Colleges of Ontario, dated February 16, 2018, regarding Citizen Advisory Group
- ii. Letter to Assistant Deputy Minister Ms. Denise Cole, Health Workforce Planning and Regulatory Affairs Division, Ministry of Health and Long-Term Care, from Shenda Tanchak, Registrar & CEO, College of Physiotherapists of Ontario | President, Federation of Regulated Health Colleges of Ontario, dated February 16, 2018, regarding Citizen Advisory Group

L. Gough reviewed the documents with Council, and responded to questions.

e. Psychotherapy Controlled Act

The following was circulated on pages 379 – 382 of the agenda:

- i. Email from Regulatory Projects (MOHLTC), dated March 5, 2018, regarding 'HPRAC – Report on the controlled act of psychotherapy', with the following attachment:
 - Executive summary of HPRAC's report concerning the controlled act of psychotherapy

L. Gough reviewed the documents with Council, and responded to questions.

f. AMRTRC

The following was circulated on pages 383 – 386 of the agenda:

- i. 2017 Annual Activity Summary, Alliance of Medical Radiation Technologists Regulators of Canada

L. Gough reviewed the documents with Council, and responded to questions.

8. Meeting evaluation

The following was circulated on pages 387 – 388 of the agenda:

- i. Post meeting evaluation: Council meeting, March 27, 2018

W. Rabbie asked the Council members to complete the meeting evaluation form and to give the completed forms to the CMRTO staff.

9. Termination of Meeting

The meeting was terminated by W. Rabbie, President at 1550 hours.

CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
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College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

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Report

To:	Council	Meeting:	June 15, 2018
From:	Jay Neadles, Chair Finance and Audit Committee	Date:	June 1, 2018
Subject:	Report from Finance and Audit Committee		

Since the last meeting of Council, the Finance & Audit Committee met on the following dates:

- May 10, 2018
- May 31, 2018

The Committee's reports regarding CMRTO's financial reports and investment reports are attached.

The Committee received notice from Joane Mui, KPMG LLP, of their resignation as CMRTO's financial auditors due to a conflict of interest. On May 10, 2018, the Committee met with Joane Mui, and discussed the process to find a new financial auditor and the RFP process.

On May 31, 2018, the Finance and Audit Committee met by teleconference to review the draft RFP, project plan and timelines.

The reports and material are enclosed in the agenda for Council's consideration and decision.



Terms of Reference for the Finance and Audit Committee

Policy 2.8

Section:	Governance	Public:	Yes
Approved By:	Council	Review Schedule:	Every 3 years
Approved Date:	March 28, 2014	Last Reviewed:	September 2017
Effective Date:	June 19, 2014	Next Review Date:	September 2020
Amended Date(s):	September 26, 2017		

Policy: Terms of Reference for the Finance and Audit Committee

Purpose

The role of the Finance and Audit Committee of the College of Medical Radiation Technologists of Ontario (CMRTO) is to assist the Council in meeting its financial responsibilities. The Committee shall provide guidance to Council on financial matters as required.

Responsibilities:

It is the responsibility of the Finance and Audit Committee to consider and make recommendations to the Council on the following matters:

Policies

1. Major policies governing financial, budgetary and investment matters
2. The accounting policies to be followed in the preparation of annual financial statements
3. Policies relating to discretionary expenditures, travel and expense accounts, credit cards and other benefits, including the use of corporate assets

Resource Planning

4. The three-year financial projection and annual budget
5. The appropriate level of unrestricted net assets balance to be maintained at year end

6. The annual fee to be paid by members, and other fees set out in the College's by-laws as the Council directs
7. The long-term commitments to be assumed

Financial Performance Monitoring

8. The results of quarterly financial performance relative to approved annual budget

Financial Reporting and Audit

9. The adequacy of a system of internal controls established by management to support financial risk management
10. The quality of annual financial statements relative to approved Council policies
11. The quality of an audit plan developed by the external auditors, the results of the audit contained in the opinion, and response to any items identified in the audit management letter
12. The nature and quality of any financial information provided to external stakeholders

Investments

13. The investment strategy to be adopted, at a minimum of every three years, or as directed by Council
14. The quality of investment proposal(s) from financial advisors on the investment of surplus funds in accordance with established investment policies
15. The quarterly and annual performance of the investment portfolio in the context of approved investment strategy and policies

Other

16. Any other responsibilities as determined by the Council, from time to time

Meeting Frequency

The Committee meets approximately four times per year.

Composition

A minimum of four (4) Councillors shall serve on the Finance and Audit Committee including at least one (1) Councillor appointed by the Lieutenant Governor in Council (public member). Other persons may be appointed to the Committee. The majority of members may be Executive

Committee members. Council will appoint the Chair of the Committee and that person shall not be the President of the Council.

A majority of the members of the Finance and Audit Committee shall constitute a quorum.

The Registrar & CEO shall attend all meetings of the Committee except for meetings or portions thereof dealing with matters with respect to which the Registrar & CEO has a conflict of interest.

OF JUN 15 2018

COUNCIL
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Report

To:	Council	Meeting:	June 15, 2018
From:	Finance and Audit Committee	Date:	May 10, 2018
Subject:	Financial Report to Council for Q1 2018 (January 1 – March 31, 2018)		

The Finance and Audit Committee has reviewed the attached annual financial performance reports for the quarter ending March 31, 2018 and is pleased to highlight the following matters for the CMRTO Council:

1. The 2018 financial year has been opened.
2. A budget for sonography regulation has been set up as part of the 2018 budget approved by Council in December 2017. A report on the Cost of Sonography Regulation is included.
3. There are no quarter end variances in excess of 5% of the approved budget identified. Management informed the Committee that at the end of the first quarter, revenue and spending forecasts are on target as per the 2018 budget approved by Council in December 2017.

Revenue

Revenue is on plan.

Expenses

Expenses are on plan.

Conclusion

At the end of the first quarter of 2018, the CMRTO's planned activities and projects are progressing well. There are no projected variances compared to budget at this point in time.

CIRCULATED WITH F4A AGENDA

DATE: MAY 10 2018

ITEM # 4ai

College of Medical Radiation Technologists of Ontario

Statement of Revenue and Expenses

For The Period Ending March 31, 2018

	Variance of <5% does not require explanation
	Variances of between 5% and 9% shall be explained detailing the causes of the variances and their effects on the planned activities
	Negative variances of 10% and over shall be explained as in the above and may require discussion among Committee or Council members
	Positive variances of 10% and over shall be explained as in the above and may require discussion among Committee or Council members
F	Favourable
U	Unfavourable

	Current YTD	Forecast YTD for Remaining Year	Annual Forecast	Annual Budget	Variance: Annual Forecast vs Annual Budget Bracketed denotes unfavourable variance	Variance %			VARIANCE EXPLANATION
REVENUE:									
Membership-related Revenue	961,532	3,490,306	4,451,838	4,451,838	0	0.00%		F	On plan
Revenue - Interest Earned	6,105	13,895	20,000	20,000	0	0.00%		F	On plan
Total Revenue:	967,637	3,504,201	4,471,838	4,471,838	0	0.00%		F	On plan
EXPENSES:									
Human Resources	515,959	1,708,799	2,224,758	2,224,758	0	0.00%		F	On plan
Operating Expenses	181,104	730,754	911,858	911,858	0	0.00%		F	On plan
Communication & Legal Fees	150,358	1,048,081	1,198,439	1,198,439	0	0.00%		F	On plan
Education, Q.A. & Other Expenses	40,777	218,523	259,300	259,300	0	0.00%		F	On plan
Governance & Committee Expenses	17,299	152,626	169,925	169,925	0	0.00%		F	On plan
TOTAL EXPENSES BEFORE DEPRECIATION	905,497	3,858,783	4,764,280	4,764,280	0	0.00%		F	On plan
Depreciation Expenses	70,424	221,569	291,993	291,993	0	0.00%		F	On plan
TOTAL EXPENSES AFTER DEPRECIATION	975,920	4,080,353	5,056,273	5,056,273	0	0.00%		F	On plan
Excess of Revenue over Expenses	(8,283)	(576,152)	(584,435)	(584,435)	0				On plan

College of Medical Radiation Technologists of Ontario

Balance Sheet As At March 31, 2018

CIRCULATED WITH	<u>F 4 A</u>	-94-
DATE:	MAY 10 2018	AGENDA
ITEM #		

	Current YTD	Previous YTD Quarter
ASSETS		
Current Account	244,564	127,032
Charge Card Clearing Account	(11,623)	(1,697)
Petty Cash	340	68
Interest Receivable	8,094	4,593
Accounts Receivable	0	42,418
Prepaid Expenses	28,823	52,276
Total current assets	270,198	224,690
Total fixed assets	949,064	931,210
Investments	1,609,615	1,757,506
TOTAL ASSETS	2,828,877	2,913,406
LIABILITIES		
Accounts Payable	25,951	215,939
Accruals	40,677	51,177
HOOPP Pension Payable	25,526	3,311
HST Receivable	(52,061)	(27,166)
HST Payable	126,924	0
Deferred Revenue *	1,606,547	1,606,547
Deferred Lease Inducement *	56,049	56,049
TOTAL LIABILITIES	1,829,612	1,905,858
EQUITY		
Surplus from Previous Year	1,007,548	1,190,619
Net Income/Loss Year to Date	(8,283)	(183,071)
TOTAL EQUITY	999,265	1,007,548
TOTAL LIABILITIES & EQUITY	2,828,877	2,913,406

* These balances are as at January 1st of the current year and will be adjusted as part of the audit process at year-end

College of Medical Radiation Technologists of Ontario
Capital Budget & Expenditures Schedule
For the Period January 1, 2018 To March 31, 2018

CIRCULATED WITH	<u>F4a</u>	AGENDA
DATE:	<u>MAY 10 2018</u>	
ITEM #	<u>4a.iii</u>	

	Current YTD	Forecast Remaining Year	Annual Forecast	Annual Budget	Variance	Variance Explanation
Computer Hardware	1,303	52,697	54,000	54,000	0	Computers & equipment for new staff related to sonography \$13,500; computer replacement plan \$16,500; notebooks committee portal \$15,000; server \$9,000
Computer Software	51,925	60,075	112,000	112,000	0	Change of name due to sonography for logo & signage \$45,000; eHealth \$5,000; template project \$2,000; CMM \$50,000; QA \$10,000
Office Equipment	3,122	0	3,122	0	(3,122)	No budget for 2018; carry over from 2017
Office Renovations	22,029	0	22,029	0	(22,029)	No budget for 2018; carry over from 2017
Website	9,900	15,100	25,000	25,000	0	Website design \$19,800
Total Expenditures	56,350	64,650	216,151	191,000	(25,151)	

Circulated with <u>F + A</u> Agenda <u>-96-</u>	
Date: <u>MAY 10 2018</u>	
Item # _____	Yearly _____
Variance _____	Budget _____

Cost of Sonography Regulation
For the Period Ending March 31, 2018

	Current Month	Current YTD		
Capital Expenditures				
Computer Hardware Sonography	0	0	13,500	13,500
Computer Software Sonography CMM Online Application	0	0	0	0
Computer Software Sonography Template Project	0	0	2,000	2,000
Computer Software Change of Name Logo/Signage	0	0	45,000	45,000
Website Sonography	9,900	9,900	15,100	25,000
Office Equipment	1,414	3,122	(3,122)	0
Office Renovations Sonography	2,290	22,029	(22,029)	0
Total Capital Expenditures	13,604	35,050	50,450	85,500
Operating Expenses				
Salaries Sonography	27,646	55,784	455,609	511,393
Outside Services Sonography	0	5,100	(5,100)	0
Printing & Stationery Sonography	0	0	0	0
Information Technology Sonography	0	0	0	0
Consulting Fees Sonography	0	0	0	0
Communication and Advertising Sonography	6,088	7,150	124,850	132,000
Publications Sonography	22,410	22,410	(22,410)	0
Legal Fees Contingency/Sonography	5,490	13,340	286,660	300,000
Total Operating Expenses	61,635	103,785	839,608	943,393
Total Sonography Costs	75,239	138,835	890,058	1,028,893

CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
ITEM# 1161College of
Medical Radiation
Technologists of
OntarioOrdre des
technologues en
radiation médicale
de l'Ontario

Report

To: Council **Meeting:** June 15, 2018

From: Finance and Audit Committee **Date:** May 10, 2018

Subject: Investment Report to Council for Quarter 1 2018 (January 1 – March 31, 2018)

The Finance and Audit Committee has reviewed the attached investment report for the quarter ending March 31, 2018 and is pleased to highlight the following matters for Council:

	Quarter 1 2018
Compliance with Investment Policy 4.7 approved December 9, 2014	Yes
Interest Earned in each quarter	\$5,609.88
Interest Earned year to date	\$5,609.88
Average Rate of Return year to date *	0.33%
Accrued Interest on Total Portfolio **	\$8,094
Total Portfolio Value including Accrued Interest	\$1,617,709

* Average Rate of Return year to date = Interest Earned year to date/Average Portfolio Value

** Accrued Interest on Total Portfolio is interest earned but not received yet



CIBC
Wood Gundy

PORTFOLIO EVALUATION (CAD)

As of March 30, 2018

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO (4151387420)

Your Investment Advisor Bryan Baker

CIBC Wood Gundy

CIRCULATED WITH	F 49	AGENDA
DATE:	Mar 10 2018	
ITEM #	4bi	

Last Purchase	Quantity	Description	Unit Cost	Book Value	Market Price	Market VL	% of Total	G/L (%)	Unrealized G/L **
Cash & Cash Equivalents									
Cash									
	6	ACCOUNT BALANCE CAD	1.000	5.93	1.000	5.93			
Securities Expiring Within a Year									
06/28/2016	250,000	B2B BK GIC A 1.8% 28JN18	100.000	250,000.00	100.000	250,000.00	15.53		
06/28/2016	250,000	LBC GIC A 1.8% 28JN18	100.000	250,000.00	100.000	250,000.00	15.53		
12/22/2014	100,000	MTL TR A 2.32% 22DC18	100.000	100,000.00	100.000	100,000.00	6.21		
Total Securities Expiring Within a Year				\$ 600,000.00		\$ 600,000.00	37.28 %		
Mutual Funds-Money Market									
09/21/2015	36,423.740	ALTA HIGH INT CASHPE(100)	1.000	36,423.45	1.000	36,423.74	2.26		0.29
06/25/2015	99,607.700	B2B BK HIGH INT INVS(100)	1.000	99,607.50	1.000	99,607.70	6.19		0.20
09/21/2015	10,196.246	BNS INVST SVG ACCOU(1300)	10.000	101,962.46	10.000	101,962.46	6.33		
09/21/2015	101,967.660	ML BK INVST SVG ACCO(510)	1.000	101,967.66	1.000	101,967.66	6.33		
09/21/2015	10,198.356	RBC INVST SVG ACCOU(2010)	10.000	101,983.56	10.000	101,983.56	6.34		
01/04/2018	362,661.450	REN HIGH INT SVG AC(5000)	1.000	362,660.72	1.000	362,661.45	22.53		0.73
09/23/2015	10,500.225	TD INVST SVG ACCOUN(8150)	10.000	105,002.25	10.000	105,002.25	6.52		
Total Mutual Funds-Money Market				\$ 909,607.60		\$ 909,608.82	56.51 %		\$ 1.22
Total Cash & Cash Equivalents				\$ 1,509,613.53		\$ 1,509,614.75	93.79 %		\$ 1.22
Short-Term									
Canadian Corporate Paper									
12/22/2014	100,000	NTL TR A 2.57% 22DC19	100.000	100,000.00	100.000	100,000.00	6.21		
Total Short-Term				\$ 100,000.00		\$ 100,000.00	6.21 %		
Total				\$ 1,609,613.53		\$ 1,609,614.75			\$ 1.22

Accrued Interest:	\$ 8,094
Declared and Unpaid Dividends:	
Total Portfolio Value:	\$ 1,617,709

** Where applicable, Unrealized G/L includes accumulated interest. Accumulated interest is included in the "Unit Cost" / "Invested Cost" and in the "Book Value" / "Invested Capital" columns.

This report is not an official record. The information contained in this report is to assist you in managing your investment portfolio recordkeeping and cannot be guaranteed as accurate for income tax purposes. In the event of a discrepancy between this report and your client statement or tax slips, the client statement or tax slip should be considered the official record of your account(s). Please consult your tax advisor for further information. Information contained herein is obtained from sources believed to be reliable, but is not guaranteed. Some positions may be held at other institutions not covered by the Canadian Investor Protection Fund (CIPF). Refer to your official statements to determine which positions are eligible for CIPF protection or held in segregation. Calculations/projections are based on a number of assumptions; actual results may differ. Yields/rates are as of the date of this report unless otherwise noted. Benchmark totals on performance reports do not include dividend values unless the benchmark is a Total Return Index, denoted with a reference to "TR" or "Total Return". CIBC Wood Gundy is a division of CIBC World Markets Inc., a subsidiary of CIBC.

OF JUN 15 2018

COUNCIL
ITEM#.....11d1.....College of
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technologues en
radiation médicale
de l'Ontario

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Briefing Note

To: Council

From: Linda Gough, Registrar & CEO**Date:** May 28, 2018

Subject: External Financial Auditors

This agenda item is for:

- ☒ Decision
- ☐ Direction to staff
- ☐ Discussion
- ☐ Information

On April 23, 2018, CMRTO received notice from KPMG LLP of their resignation as external auditors due to a conflict of interest. I have met with Joane Mui, KPMG LLP, and the Finance and Audit Committee regarding this matter.

As directed at the meeting of the Finance and Audit Committee on May 10, 2018, the CMRTO staff prepared the following:

1. Project Plan for the RFP for Financial Auditors
2. Draft RFP – Audit Services
3. A list of auditing firms and chartered accountants recommended by other health regulatory colleges

I contacted ten health regulatory colleges of similar size to the CMRTO. From those contacts, four firms have been recommended:

- a. Hilborn LLP
- b. Tator, Rose, Leong, Chartered Accountants
- c. Kriens – LaRose, LLP
- d. Kopstick Osher, Chartered Accountants

The Finance and Audit Committee met by teleconference on May 31, 2018 and reviewed the draft project plan and draft RFP, which are attached for Council's information and consideration. At the meeting, the Finance and Audit Committee passed the following motion:

Be it resolved that:

1. The draft RFP, as circulated be approved and referred to Council with a recommendation for approval;
2. The Project Plan for the RFP for financial auditors as circulated and as amended be approved; and
3. The four auditing firms of:
 - a) Hilborn LLP
 - b) Tator, Rose Leong
 - c) Kriens – Larose, LLP
 - d) Kopstick Osher

be referred to Council with a recommendation that the firms be invited to respond to the RFP.

Action required: For Council's review, amendment and approval, if appropriate.



KPMG LLP
Vaughan Metropolitan Centre
100 New Park Place, Suite 1400
Vaughan, ON L4K 0J3
Canada
Telephone (905) 265-5900
Telefax (905) 265-6390

CIRCULATED WITH	<u>F 4 A</u>	AGENDA
DATE:	MAY 10 2018	
ITEM #	<u>51</u>	

April 23, 2018

Ms. Linda Gough
Registrar and Chief Executive Officer
College of Medical Radiation Technologists of Ontario
375 University Ave,
Toronto, ON M5G 2J

CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
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Dear Linda,

Further to our recent discussions, we are writing in regards to the proposed acquisition by KPMG LLP ("KPMG") of the assets of Adoxio Business Solutions Limited ("Adoxio") (the "Transaction"). As you are an audit client of KPMG, there are professional and regulatory rules regarding the requirements of maintaining independence of KPMG as auditors.

We are writing today with respect to the appointment of KPMG LLP as external auditors of the College of Medical Radiation Technologists of Ontario for 2018.

Effective April 23, 2018, KPMG formally resigns as external auditors of the College of Medical Radiation Technologists of Ontario. Upon resignation, there would be no active audit contracts or agreements remaining between KPMG and the College of Medical Radiation Technologists of Ontario. We apologize for any inconvenience this may have caused and appreciate your understanding throughout this matter.

Please note your acknowledgement of this resignation by signing below.

Yours truly,

KPMG LLP

College of Medical Radiation Technologists of
Ontario

Per:

Linda Gough
Authorized Signing Officer
Ms. Linda Gough
Registrar and CEO

DATED the 23 day of April, 2018

OF JUN 15 2018

COUNCIL
ITEM# 11 d . ii

CONSOLIDATION OF BY-LAW NO. 13

CIRCULATED WITH	<u>F 9 a</u>	AGENDA
DATE:	MAY 10 2018	
ITEM #	<u>5 ii</u>	

March 27, 2018

A by-law relating generally to the transaction of the business and affairs of the College of Medical Radiation Technologists of Ontario (the "College").

BE IT ENACTED as a by-law of the College as follows:

HEAD OFFICE

1. The Head Office of the College shall be in the City of Toronto, in the Province of Ontario, and at such place therein as the Council of the College (the "Council") may, from time to time, determine.

SEAL

2. The seal, an impression whereof is stamped in the margin hereof, shall be the corporate seal of the College.

COUNCIL

3. The affairs of the College shall be managed and administered by the Council as the same is established under the *Regulated Health Professions Act*, as amended (the "Act"), the *Medical Radiation Technology Act*, as amended (the "MRT Act") and the regulations (the "Regulations") enacted thereunder.

The election of the elected members of the Council shall be carried out as determined, from time to time, by the Council and in accordance with the by-laws of the College. The returning officers and scrutineers need not, but may be, employees of the College.

QUORUM AND MEETING, COUNCIL

4. The Council shall be composed of the members elected as provided in the by-laws of the College and those members appointed by the Lieutenant Governor in Council. A majority of the members of Council (the "Councillors"), at least three (3) of whom are members of the College and at least one (1) of whom was appointed by the Lieutenant Governor in Council, shall form a quorum for the transaction of business. Except as otherwise required by law, the Council may hold its meetings at the Head Office of the College or at any such place or places as it may, from time to time, determine. No formal notice of any such meeting shall be necessary if all the Councillors be present, or if those absent have signified their consent to the meeting being held in their absence. Meetings of Council may be formally called by the President, the Vice-President or any two Councillors or by the Registrar on the direction of any of the foregoing. Notice of the meetings of Council shall

- (h) maintain the register in the form required by the MRT Act and the by-laws of the College,
- (i) invest the funds of the College in such manner as the Council may, from time to time, direct, and
- (j) perform such other duties as may be determined, from time to time, by the Council.

DUTIES OF OTHER OFFICERS

29. The duties of all other officers of the College shall be such as the terms of their engagement call for or as the Council or the Registrar shall require of them.

EXECUTION OF DOCUMENTS

30. Deeds, transfers, licences, contracts and engagements on behalf of the College shall be signed by any two of the President, the Vice-President and the Registrar, and the Registrar shall affix the seal of the College to such instruments as require the same.

Contracts in the ordinary course of the College's operations may be entered into on behalf of the College by any two of the President, the Vice-President, the Registrar, or by any persons authorized by the Council.

Any two of the President, the Vice-President, the Registrar, or any persons, from time to time, designated by resolution of the Council, may vote or transfer any and all shares, bonds or other securities standing, from time to time, in the name of the College in any capacity, and may accept, in the name and on behalf of the College, transfers of shares, bonds or other securities, from time to time, transferred to the College, and may affix the seal of the College to any such transfers or acceptances of transfer, and may make, execute and deliver, under the seal of the College, any and all instruments in writing necessary or desirable for such purposes, including the appointment of an attorney or attorneys to make or accept transfers of shares, bonds or other securities on the books of any company or corporation.

Notwithstanding any provision to the contrary contained in the by-laws of the College, the Council may, at any time, by resolution, direct the manner in which, and the person or persons by whom, any particular instrument, contract or obligation of the College or class of instruments, contracts or obligations of the College may or shall be executed.

BOOKS, RECORDS AND REPORTS

31. The Council shall ensure that all necessary books and records of the College required by the by-laws of the College or by any applicable statute or law are regularly and properly kept.

AUDITORS

32. The Council shall, annually, within six months after the end of the fiscal year of the College, appoint auditors to hold office until their successors are appointed. The Council may, by a resolution passed by at least two-thirds of the votes cast at a meeting of Council called for the purpose, remove the auditors before the expiration of the term of office and shall, by a majority of the votes cast at that meeting, appoint successor auditors for the remainder of the term. The remuneration of the auditors shall be fixed, from time to time, by the Council.

No one shall be appointed as an auditor who is a member of the Council or of the College.

The auditors shall make such examinations of the books and records of the College as will enable them to present to the Council a financial statement of the College together with a report which states that, in the auditors' opinion the financial statement presents fairly the financial position of the College and the results of its operations for the period under review in accordance with generally accepted accounting principles, applied on a basis consistent with the preceding period.

If the financial statement contains a statement of source and application of funds or a statement of change in net assets, the auditors shall include in the report a statement whether, in their opinion, in effect, the statement of source and application of funds or the statement of changes in net assets presents fairly the information shown therein.

The auditors have the right of access at all times to all records, documents, books, accounts and vouchers of the College and are entitled to require from the Councillors and officers of the College such information and explanation as in their opinion are necessary to enable them to report as required above.

FISCAL YEAR

33. The fiscal year of the College shall be the calendar year.

FEES

34. Each member of the College shall pay such fees as shall be fixed, from time to time, by the by-laws of the College.

MEETINGS

35. Any meetings of the Council, the Executive Committee or any other committee, that is held for a purpose other than conducting a hearing may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.

OF JUN 15 2018

Project Plan

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Ontario

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Ordre des
technologues en
radiation médicale
de l'Ontario**To: Finance and Audit Committee:**

Jay Neadles, Susan Allen, Elaine Bremer, Angela Cashell, Dina Longo

From: Linda Gough, Registrar & CEO**Date:** May 31, 2018**Copy: Selection Committee:**

Jay Neadles, Elaine Bremer, Dina Longo, Nerissa de Vera, Linda Gough

Resources:

Joanne Mui, KPMG, Shaukat Moloo

Subject: RFP for Financial Auditors

Date	Responsible Person(s)	Task	Status
May 18 – 22, 2018	Linda Gough Shaukat Moloo	Draft RFP	✓
May 22, 2018	Linda Gough	Draft RFP to KPMG	✓
May 23 – 28, 2018	Joane Mui	Review and comment on draft	✓
May 28, 2018	Joane Mui	Comments on RFP to CMRTO	✓
May 29, 2018	Linda Gough	Amend draft RFP and send to Selection Committee and Finance and Audit Committee	✓
May 29 – 31, 2018	Finance and Audit Committee and Selection Committee	Review draft RFP	✓
May 31, 2018 at noon	Finance & Audit Committee	Teleconference meeting to review, amend and approve draft RFP to be referred to Council. Select four audit firms to be invited to respond to RFP	✓

Date	Responsible Person(s)	Task	Status
June 6 – 13, 2018	Council	Council to review draft RFP in meeting agenda material	
June 15, 2018	Council	Review, amend and approve RFP for distribution to invited bids. Approve all audit firms for bids	
June 18, 2018	Linda Gough	Issue RFP to all selected audit firms	
July 3, 2018	Bidding firms	Notice of intention to respond due from bidding audit firms	
July 4 – 18, 2018	Linda Gough Nerissa de Vera	Provide information to bidders. Respond to questions	
July 27, 2018	Bidding firms	Written responses due	
August 1 – 8, 2018	Selection Committee	Meetings and oral presentations from bidding firms. Evaluate responses and develop recommendation for Finance & Audit Committee's consideration	
August 28, 2018	Finance & Audit Committee	Review of evaluations and recommendation from Selection Committee. Approval of recommendation for Council's consideration	
September 18, 2018	Council	Council reviews recommendation from Finance & Audit Committee and appoints auditor for 2018 audit	
September 19, 2018	Linda Gough	Communication of decision to bidders	
September 24, 2018	Successful bidder Linda Gough Nerissa de Vera	Planning and preparation for the 2018 audit starts	

June 18, 2018

DRAFT

Address of CPA firm invited to bid

CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
ITEM#.....11dv.....

Dear:

Re: Request for Proposal – Audit Services

The College of Medical Radiation Technologists of Ontario ("CMRTO") has decided to conduct a tender process for the provision of external audit services. The CMRTO auditor for the past several years, KPMG LLP, has resigned due to conflict of interest.

This document outlines the general principles of this Request for Proposal (RFP). Please note this RFP is also being extended to the following firms: <insert names of other firms being approached>

1. Background

The CMRTO is the regulatory body for medical radiation technologists (MRTs) in Ontario. Medical radiation technology is a regulated profession under Ontario's *Regulated Health Professions Act, 1991* (RHPA). The CMRTO operates as a not-for-profit organization and is not subject to income taxes.

The mission of the CMRTO is to regulate the profession of medical radiation technology to serve and protect the public interest. The CMRTO protects the public by setting standards of practice for the profession, by setting entry to practice requirements for medical radiation technologists and ensuring the continued competence of MRTs, and by addressing concerns from members of the public through the complaints and discipline process.

Recent legislative changes make it mandatory, effective January 1, 2019, for individuals currently working in diagnostic medical sonography to be registered with CMRTO in order to be legally authorized to practice diagnostic medical sonography in Ontario and to apply soundwaves for diagnostic ultrasound.

Further information about CMRTO, including copies of Annual Reports and Audited Financial Statements are available at <https://www.cmrto.org>. For ease of reference, CMRTO's Audited

Financial Statements for the year ended December 31, 2017 are attached to this RFP.

2. Scope of services

The CMRTO invites proposals from qualified firms to provide professional audit services related to the annual financial statements of the CMRTO beginning with the fiscal year ending December 31, 2018. The appointment is open-ended and renewable annually.

The scope of the engagement includes the following:

- a) Performing an annual audit in accordance with Canadian Generally Accepted Auditing Standards;
- b) Providing an opinion to the CMRTO Council as to the fair presentation of CMRTO's financial statements in accordance with Canadian Generally Accepted Accounting Principles;
- c) Assessing the effectiveness of internal controls and making recommendations for improvements where warranted;
- d) Discussing the audit result and management letter with the Registrar & CEO and the Finance and Audit Committee and addressing any questions that may arise;
- e) Advising and counselling the Registrar & CEO on emerging developments in areas of accounting and auditing that may affect CMRTO.

The expected key dates and timing related to the audit are as follows. This timing should be considered indicative only and designed to meet the Finance & Audit Committee and Council annual calendar:

Activity	Date
Audit Plan presentation to Finance & Audit Committee	November 9, 2018
CMRTO year end	December 31, 2018
Completion of year end audit work	February 20, 2019
Presentation of audit results to Finance & Audit Committee	March 6, 2019
Council meeting to approve financial statements	March 29, 2019

3. RFP process

To help ensure an efficient and equitable proposal process, the CMRTO is requesting that each proposing firm comply with the following general guidelines:

- Indicate your intent to respond no later than 4:00 pm on July 3, 2018. The response can be sent by e-mail to ndevera@cmrto.org or faxed at 416.975.4355. Your response should include your name and details of your point of contact
- All inquiries relating to this proposal process, including arrangements for site visits and interviews, are to be directed to Nerissa de Vera, Manager of Finance & HR, at 416.975.4353 or by email at ndevera@cmrto.org

- Contacting any other member, officer or Council member will disqualify your firm from the proposal process
- If an inquiry results in a clarification of the RFP or proposal process, such clarification will be communicated to all proposing firms
- The CMRTO will make available a data room at its offices and staff will be available to provide any clarification about the CMRTO during the period between July 4 and 18, 2018. The firms will be required to enter into a confidentiality agreement to participate. Please contact Nerissa de Vera at the e-mail provided to schedule an appointment
- In addition, the Registrar & CEO, Linda Gough will be available to meet with and provide each firm with perspectives of the critical business issues facing the CMRTO. The meeting will be restricted to one hour in duration and firms may bring no more than three people to participate
- Eight hard copies of written proposals (to be hand delivered) as well as a PDF copy (sent by email to finance@cmrto.onmicrosoft.com) must be received at CMRTO offices no later than 4:00 pm on July 27, 2018 and should be directed to Jay Neadles, Chair, Finance & Audit Committee
- Based on our evaluation of the written proposals and our interaction with each firm during the proposal process, selected firms will be invited to make an oral presentation to our Selection Committee. The oral presentation will be limited to one hour in length, including a question and answer period, and will take place during the period August 1 to 8, 2018. Please limit the number of your firm's participants in the oral presentation to no more than three individuals

4. Proposal – form and content

Proposals should be a maximum of 20 pages including any appendices and should, at a minimum, cover the following.

- Executive summary
- Reasons why selecting you as external auditors is the best decision we could make
- Firm's credentials in the regulated health profession domain
- Declaration the proposing firm has no conflict of interest
- Knowledge, experience and thought leadership in the not-for-profit healthcare sector, including relevant client list
- Proposed service team including range of capabilities and experience
- At least three references relating to each senior member of the proposed service team
- Impact, if any, on CMRTO of the firm's partner rotation requirements
- Your firm's commitment to staff continuity and meeting our timelines
- Audit approach with clearly explained cohesive work plan

- Outline of your firm's quality control procedures
- Proposed approach to transition from our previous auditors
- Other value added advisory services you can offer to assist us to achieve our business objectives and manage risk
- Proposed fee structure
- Your acceptance of the CMRTO's RFP General Conditions set out below
- You may also provide any other information you think would assist in our selection process

5. Timeline

The following are key milestone dates relating to the RFP:

Activity	Date
Issuance of RFP	June 18, 2018
Intent to respond	July 3, 2018
Information session/site visit	July 4 to July 18, 2018
Written proposals due	July 27, 2018
Oral presentations	August 1 to 8, 2018
Communication of decision	September 19, 2018

6. General Conditions

- a) The CMRTO Selection Committee will use defined criteria, appropriately weighted, to evaluate the proposals. These include our rating of your responses to the information requested above under Proposal – form and content. We will also evaluate the experience and reputation of the engagement partner, the capability and experience of the audit team; performance during the proposal process and the organizational fit; proposed audit approach; sector knowledge, technical expertise, and commitment to meeting deadlines; and value for proposed fees.
- b) Any information about CMRTO obtained by the proposing firm as a result of participating in this RFP process is confidential and shall not be disclosed to any party without written authorization from CMRTO.
- c) This RFP may be canceled at the sole discretion of the CMRTO.
- d) All conditions and provisions of this RFP are to be accepted and incorporated by reference in the RFP submission.

- e) CMRTO reserves the right to accept any RFP submission that it deems to be prudent or to reject all submissions. RFP submissions that are incomplete, conditional or obscure may be rejected.
- f) CMRTO may decide not to accept any submission, or may award a bid that was not the bid with the lowest price.
- g) CMRTO shall not be liable for any of the costs incurred by the proposing firm in completing the RFP submission. The rejection of any or all RFP submission(s) shall not render the CMRTO liable for any costs or damages.
- h) CMRTO reserves the right to verify any statements by the proposing firm by whatever means it deems appropriate including contacting references other than those offered.
- i) This document embodies the entire request and no other understanding or agreement, oral or otherwise, exists. Any changes to this document will be provided in writing to all firms who have notified CMRTO of their intent to bid as described.
- j) The collection, maintenance, use, storage, general management and reporting of information relating to this RFP must be kept confidential.
- k) It is the responsibility of the proposing firm to review all aspects of this RFP before submitting a bid.

Once again, thank you for confirming your willingness to participate in CMRTO's tender for external audit services. We look forward to meeting representatives of your firm during the course of this proposal process.

Sincerely,

Linda Gough
Registrar & CEO

Encls.



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
ITEM#12ai.....

STRATEGIC PLAN

2017-2021



COMMITMENT TO REGULATORY EXCELLENCE

Approved by Council December 9, 2016

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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

VALUES

Integrity
—
Fairness
—
Transparency
—
Respect
—
Professionalism

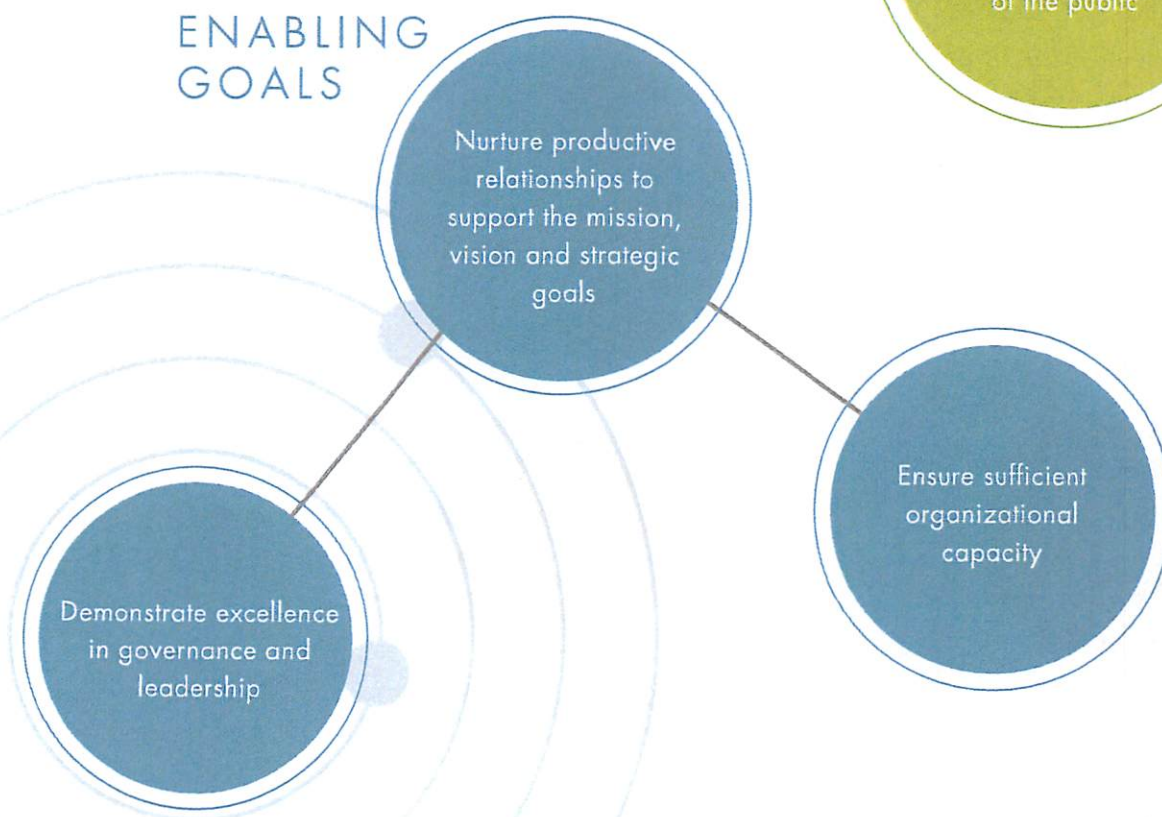
VISION

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

STRATEGIC GOALS



ENABLING GOALS



COMMITMENT TO REGULATORY EXCELLENCE

We are pleased to share with you the 2017-2021 Strategic Plan of the College of Medical Radiation Technologists of Ontario (CMRTO). This Plan commits us to the continuing pursuit of excellence and accountability in our public protection mandate. Health regulatory colleges, including the CMRTO, are part of the health care system in Ontario and help to ensure excellence in care delivery. Regulated health professionals, and, in our case, medical radiation technologists (MRTs), are accountable to their health regulatory colleges for the quality of care they provide.

Great change is underway in Ontario's health care system. We are seeing a heightened focus on the patient, new models of care, the relentless pursuit of optimal value for health care dollars spent, and expectations of professionals to continuously improve the delivery of quality health services. Further, the field of medical radiation technology is advancing as innovative technologies are introduced. In the context

of all these developments, MRTs will continue to experience change in their workplace environment and be called on to respond.

The Plan presents our roadmap for the next five years. We intend to make progress on our three strategic goals and reinforce our enabling capabilities. Faithful to our vision, mission, and values, we will continue to bring our regulatory lens to support the continuing competence of MRTs in the delivery of safe and effective services in this rapidly changing environment. We will increase our efforts to engage with and be accessible to the public. To help ensure a patient-centred effective health system, we will strengthen the work we do with our valued partners both in fulfilling our important regulatory role and serving as a trusted resource.

We look forward to meeting the challenges set out in this Strategic Plan.



Wendy Rabbie, MRT(R)
President



Linda Gough, MRT(R), MPA
Registrar & CEO

INTRODUCTION

ROLE

The College of Medical Radiation Technologists of Ontario (CMRTO) regulates medical radiation technologists (MRTs) in Ontario. In Ontario, regulated health professions are governed under the *Regulated Health Professions Act, 1991* (RHPA) and health profession Acts (for the CMRTO, the *Medical Radiation Technology Act, 1991*). This legislative framework establishes health regulatory colleges, which regulate the professions in the public interest. Health regulatory colleges are responsible for ensuring that regulated health professionals provide health services in a safe, effective and ethical manner. CMRTO does this by ensuring that MRTs are competent to practice and are practising professionally. Schedule 2 to the RHPA, the *Health Professions Procedural Code*, sets out requirements that ensure that health professional regulation in Ontario is transparent, objective, impartial and fair for those seeking to become regulated health professionals, for the regulated health professionals who are governed by the health regulatory colleges, and in particular, for patients and members of the public.

CMRTO's powers and duties derive from this legislative framework. The CMRTO Council recognizes these obligations as the central mandate of the organization.

GOVERNANCE

The Council is the governing body of the CMRTO. The Council is made up of both members of the public, who are appointed by the provincial government, and members of the profession who are elected from the membership. In addition to the Council, the CMRTO has a number of statutory committees to manage the regulatory activities of the CMRTO. The statutory committees are made up of members of the public who are appointed to the Council, members of the profession who are elected to the Council, and members of the profession who are appointed by the CMRTO Council.

The Council, its committees and management are committed to serve and protect the public interest through progressive, leading-edge governance and regulatory oversight processes.



THIS PLAN

Through the execution of the 2014-2016 Strategic Plan, CMRTO made substantial advancements in innovating and enhancing our regulation in the public interest. We helped facilitate patient-centred care through the development of practice guidelines for MRTs to communicate with patients, provided support to enhance the individual MRT's understanding of their role in self-regulation, and strengthened the profession's contribution to inter-professional teams and quality, safe care. We worked to ensure that the public and stakeholders know what we do through enhanced communications including a new website, electronic communications and social media, and we strengthened our organization and deepened collaboration with our partners.

While the Council felt the previous plan still had resonance, the Council undertook a planning process in the Summer/Fall of 2016. The goal was to step back, review progress, and – considering the environment for MRTs and the organization – renew and refresh the strategic direction of CMRTO identifying where to focus and redouble effort. We reviewed trends, priorities and opportunities for the CMRTO. In a scan of issues external to the organization, Council members reflected on the changes MRTs and the organization face in Ontario's evolving health care system. The senior management team identified changing demands from their perspective and what next steps were called for in certain initiatives underway.

In September 2016, the Council met in a planning session to reflect on the themes from the environment, review the CMRTO's mission, vision and values, and identify the key themes of future priority.

Through robust discussions, Council developed the draft 2017-2021 Strategic Plan. A further session with the Executive Committee and senior staff refined the draft plan. Finally, Council members reviewed the draft and provided further comment.

In December 2016, the Strategic Plan was approved by Council. This Strategic Plan will guide CMRTO through the next five years so that its obligations and mandate continue to be met while recognizing and responding to the rapidly evolving health care environment.

We helped facilitate patient-centred care through the development of practice guidelines for MRTs.

OUR MISSION, VISION AND VALUES



MISSION

Our mission is a statement of organizational purpose and reflects our core mandate as set out in legislation:

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



VISION

Our vision describes our organization as we work toward achieving our goals and our full potential. It inspires our future and shapes our directions:

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



VALUES

Our values shape our organizational culture and drive attitudes and behaviour. We seek to demonstrate these values in our decision-making and actions:

- Integrity
- Fairness
- Transparency
- Respect
- Professionalism



STRATEGIC GOALS

Building on a base of sound regulatory processes, these strategic goals have been set by Council because they are primary to the advancement of the CMRTO's mandate for the years 2017-2021. They focus us on what really matters in the context of our dynamic environment.

1. Ensure MRTs continue to practice safely, effectively and ethically in a changing health care environment

MRTs are part of the substantial changes happening in the province's complex health system. We must continue to uphold the highest expectations for public protection through the effective regulation of MRTs. We will deepen our understanding of how the *Patients First*¹ action plan, new models of care delivery, technological changes, and approaches to quality and efficiency are impacting MRT practice. We will ensure our regulatory framework is sufficiently robust and responding as appropriate with standards, policies and practice guidance. In the changing workplace, MRTs must learn what is necessary to continue to demonstrate professional competence and exercise their knowledge, skills and judgement appropriately. The changes affect both the readiness of new professionals and existing practitioners.

Notable in this next period, given the changing workplace environment and collaborative care priority, it is our intention to focus on MRTs communicating effectively and respectfully with others involved in the provision of health care, appreciating their differing scopes of practice.

¹ Patients First is Ontario's plan for changing and improving Ontario's health system. See its Action Plan for health care at http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/

MRTs must assess and respond to patient needs and expectations; they must be mindful of the patient experience and support it with appropriate communications.

Objectives are:

- Promote patient-centred care and collaborative practice by MRTs including effective communications with patients, their families and other health professionals
- Ensure transparent, objective, impartial and fair entry to practice requirements that provide effective public protection
- Advance the regulatory framework for MRTs relative to evolving technologies and practice
- Ensure MRTs maintain and improve their knowledge, skills and judgement required in changing practice
- Reinforce MRTs' awareness and understanding of their professional responsibilities and accountabilities

2. Enhance the confidence of all stakeholders in the regulation of MRTs

Regulation is about public protection and safety and must be built on a foundation of transparency, performance and accountability.

We will continue to ensure MRTs have the necessary tools to understand and communicate their public protection obligations. More broadly, we know that the public and key stakeholders such as patients, MRTs, employers and other health professionals need access to appropriate information in order to trust that the system of self-regulation works effectively. To strengthen public and stakeholder confidence in what we do, CMRTO will continue to examine and evolve our practices to ensure access by all stakeholders to relevant, credible and accurate information about our priorities and activities.

We recognize that our regulatory response can and should be informed by the experience and wisdom of patients, families, caregivers, employers, other health care professionals, and the public. We will ensure we have a good understanding of stakeholder perceptions of CMRTO's accountability and address any gaps. In particular, through mechanisms of deeper engagement, we will seek to listen to the voice of patients and incorporate their perspectives.

Objectives are:

- Engage the public in the effective regulation of MRTs
- Engage MRTs in fulfilling their role in self-regulation
- Support employers in meeting their obligations with respect to the regulation of MRTs
- Enhance understanding among health professionals about the role and regulation of MRTs

3. Contribute and respond to government initiatives to ensure the continued protection of the public

Heightened expectations of public safety, professionalism and accountability are driving public policy shifts. The landscape of regulation and health care policy is being reshaped. The CMRTO must stay current with rapidly responding system-and practice-level challenges and changes as they arise. We will aim to continue to be a trusted resource for government and other system stakeholders by proactively providing perspective and advice in areas related to our expertise, as requested and as appropriate. The CMRTO must respond in a timely and transparent fashion and adjust its work to support government and agency initiatives. In addition, CMRTO must ensure MRTs are aware of and understand the evolving

regulatory framework and their obligations, and can gain and exercise the appropriate knowledge, skills and judgement to continue to practise effectively, efficiently and safely.

It is anticipated that the public protection framework will be strengthened through the regulation of diagnostic medical sonographers with CMRTO. This major new responsibility will impact all parts of the organization and its functions. If the CMRTO is directed by the Ministry to assume this responsibility, we will effectively integrate diagnostic medical sonographers into the regulatory framework and amend our practice standards and guidelines as required.

In all these matters, we will work collaboratively and effectively with government, the public, MRTs and relevant stakeholders.

Objectives are:

- Participate in the development of public policy and regulatory innovation in the public interest
- Implement regulatory changes effectively and transparently
- Facilitate the regulation of diagnostic medical sonographers
- Be seen as a valued resource in regulatory change to protect the public

We will continue to ensure MRTs have the necessary tools to understand and communicate their public protection obligations.



ENABLING GOALS

Enabling Goals are the underpinning foundation for achieving the Strategic Goals. They identify critical success factors that must also be achieved over the next period.

4. Demonstrate excellence in governance and leadership

Building on the achievements of our last Strategic Plan, the CMRTO remains committed to strengthening and enhancing the quality of its governance and leadership. We recognize this aspect as critical to our strength and accountability. We will continue to ensure Council and committee members have the necessary resources and education to fulfil their obligations in an ever-changing and complex environment.

We will continue to monitor the effective implementation of the Strategic Plan, and promote a culture of integrity, fairness, transparency, respect, and professionalism. As we are dedicated to measuring and monitoring our effectiveness we will continue to provide relevant performance information in our public and government reports.

Objectives are:

- Maintain the effectiveness of the CMRTO Council and the committees
- Continue the systematic review of governance policies and processes and revise when necessary
- Continue to demonstrate regulatory accountability, performance and compliance

5. Ensure sufficient organizational capacity

The success of the CMRTO's work hinges on a well-aligned and high-performing organization to meet our statutory obligations and deliver on the mission, vision and strategic plan. The CMRTO must have the necessary financial resources, people and facilities to do the work of regulation.

Over the next period, the CMRTO Council will continue to demonstrate responsible stewardship of the organization's finances to maintain financial sustainability. We will strive to maintain the appropriate complement of high-functioning staff in a healthy work environment.

There are increased expectations for health regulatory colleges to facilitate ehealth and enhanced information to the government, its agencies and the public. CMRTO's systems must be robust for new requirements as they emerge while continuing to be utilized and improved to support our strategic goals and operational needs. In this Strategic Plan, we allocate effort to ensuring the continued sufficiency of our information management and technology.

Objectives are:

- Maintain an optimal level of:
 - Finances
 - Human Resources
 - Facilities
- Ensure that our information technology systems and content meet regulatory, operational and strategic requirements

6. Nurture productive relationships to support the mission, vision and strategic goals

A significant enabler of all the strategic goals is the quality of the relationships the CMRTO builds and maintains with stakeholders and other organizations. We believe that collaboration contributes to better outcomes. The CMRTO will continue to foster strong partnerships and work with stakeholders including government and its agencies, the professional associations of MRTs and diagnostic medical sonographers, our peer regulators in other provinces, educational institutions, and others. Working with other organizations informs our efforts, advances our goals and maximizes our potential.

We recognize the on-going initiatives of the provincial government and other stakeholders to transform and restructure the health care system — making it more integrated, accessible, transparent and accountable. Using our insights, expertise and passion for public protection, we will support this wider work as part of Ontario's health care system.

Our objective is to foster effective relationships with stakeholders and organizations, including:

- Ministry of Health and Long-Term Care (MOHLTC)
- HealthForceOntario (HFO)
- Health Quality Ontario (HQP)
- Office of the Fairness Commissioner (OFC)
- Federation of Health Regulatory Colleges of Ontario (FHRCO)
- Alliance of Medical Radiation Technologists Regulators of Canada (AMRTRC)

- Ontario Association of Medical Radiation Sciences (OAMRS)
- Canadian Association of Medical Radiation Technologists (CAMRT)
- Ontario Association of Radiology Managers (OARM)
- Sonography Canada
- Other professional associations
- Other regulators
- Educational institutions
- Employer groups
- Other organizations, agencies, and service providers

We recognize the on-going initiatives of the provincial government and other stakeholders to transform and restructure the health care system...



CONCLUSION

Our past achievements demonstrate that the CMRTO is already a highly effective, responsive and collaborative regulator.

This Strategic Plan sets out the roadmap for an exciting journey and the CMRTO Council is committed to ensuring the execution of the plan. The Council has directed staff to develop annual operating plans articulating strategies and tactics to implement the Strategic Goals and their objectives.

The Council will review this 2017-2021 Strategic Plan annually and update it as necessary given developments internally and externally.



APPENDIX A: Environmental Scan

These themes, amongst others, informed the Council's planning and shaped the directions of the Strategic Plan.

Patients First

The Ministry of Health and Long Term Care (MOHLTC) is continuing to transform and restructure the health care system — making it more integrated, accessible, transparent and accountable. Its "Patients First" action plan contemplates fundamental changes to the system to address the disparate way different health services are planned and managed. On December 7, 2016, the Ontario Legislature passed Bill 41, the *Patients First Act*. This legislation proposes a reorganization of Ontario's health care system, with a strengthened role and mandate for Ontario's 14 Local Health Integration Networks.

Radiation Protection Legislation

In July 2016 Health Quality Ontario (HQP) issued its *Report and Recommendations of Modernizing Ontario's Radiation Protection Legislation* which made recommendations regarding expanding the scope of legislation for radiation protection in Ontario to include all energy-applying medical devices and introducing modernized legislation, regulation, and accountability mechanisms. The government is currently considering the recommendations which would require legislative and organizational changes. Changes to this legislation will impact most MRTs in Ontario.

Independent Health Facilities Regulation

The 2015 data from the Canadian Institute of Health Information (CIHI) indicates that 15% of the CMRTO members are employed in Independent Health Facilities. Any changes in this sector will directly affect those members. In 2016, HQO issued its report *Building an Integrated System for Quality Oversight in Ontario's Non-Hospital Medical Clinics* which made thirteen broad recommendations. One major recommendation was that the Independent Health Facilities and Out-of-Hospital Premises quality programs should be consolidated into a single regulatory model that can easily encompass procedures not currently regulated in existing programs. The government is currently considering the recommendations which would require legislative and organizational changes to the current system.

Regulated Health Professions Act (RHPA)

MOHLTC continues to press forward with its transparency initiative which may include amendments to the RHPA directing what information health regulatory colleges must make available on their public registers and websites. The *Sexual Abuse Task Force (SATF) Report* also recommends changes to the RHPA structure. The government is expected to act in response and has already indicated their intention to introduce an initial set of amendments to the RHPA in the fall of 2016.

Health Information Protection Act

Bill 119, the *Health Information Protection Act*, received Royal Assent in May 2016. It was aimed at protecting patient privacy and improving transparency. The Act amends two key pieces of legislation, the *Personal Health*

Information Protection Act (PHIPA) and the *Quality of Care Information Protection Act (QCIPA)*. Changes now require organizations to report to the relevant health regulatory colleges if there is believed to be professional misconduct, or if the health practitioner in question is incompetent or incapacitated. There is also the requirement to alert the relevant health colleges in cases where an employee or agent of a health information custodian is terminated, suspended or subject to disciplinary action arising out of unauthorized collection, use, disclosure and other privacy infringements.

Bill 119 also allows the MOHLTC to prescribe by regulation the information that health regulatory colleges are required to obtain from their members and provide to MOHLTC in order to facilitate ehealth. The full implementation of ehealth will rely on regulatory colleges' member data and information.

The proposed regulation of diagnostic medical sonographers

Diagnostic medical sonographers are health care practitioners who use soundwaves for diagnostic ultrasound to produce diagnostic images of the body. Diagnostic medical sonographers are not regulated and under the Controlled Acts regulation of the RHPA, any person is authorized to apply soundwaves for diagnostic ultrasound provided the procedure is ordered by an authorized health practitioner. This is a serious gap in the public protection framework for diagnostic imaging, and the position of the CMRTO Council is that it is in the public interest to regulate diagnostic medical sonographers with CMRTO under the RHPA.

In September 2000, the Health Professions Regulatory Advisory Council (HPRAC) recommended to the Minister of Health and Long Term-Care that diagnostic sonographers be regulated under the RHPA and as part of the profession of medical radiation technology governed by the CMRTO. In July 2008, the Minister of Health and Long-Term Care requested HPRAC to make recommendations on the currency of, and any additions to, advice provided in relation to the regulation of diagnostic sonographers. The HPRAC report was released in August 2015 and recommends that diagnostic medical sonographers be regulated with CMRTO as a fifth specialty.

CMRTO Council approved the formation of a Sonography Implementation Group (SIG) to advise Council on the required amendments should the government decide to regulate diagnostic medical sonographers with CMRTO. SIG met five times in early 2016, and developed 27 recommendations for amendments to the MRT Act, the registration, quality assurance and professional misconduct regulations, the CMRTO standards of practice and other policies, should the government decide to regulate diagnostic medical sonographers with CMRTO. The 27 recommendations were presented to the CMRTO Council in June 2016, and Council released a public statement supporting the proposed regulation of diagnostic medical sonographers in the public interest.

In September 2016, the recommendations of the Sexual Abuse Task Force (appointed by the Minister of Health and Long-Term Care to provide advice on strengthening the sexual abuse provision of the RHPA), were released. These recommendations include one that states that diagnostic medical sonographers should be regulated under the RHPA with an existing college.

The CMRTO continues to work with the Ministry of Health and Long-Term Care, professional associations, and diagnostic medical sonographers to support and implement the regulation of diagnostic medical sonographers with CMRTO, should the government decide to act on the advice provided by HPRAC and the Sexual Abuse Task Force.

Technological advances in diagnostic and therapeutic equipment

Therapeutic and diagnostic imaging technology is rapidly evolving. As recognized in the environmental scan done prior to the last strategic plan, developments in hybrid technologies are requiring MRTs who have previously specialized in one modality to operate in an additional modality. Other technological advancements are happening too. MRTs at all stages of their professional career must have the requisite knowledge, skills and judgement to use these advances in equipment safely.

The changing workplace

Optimizing utilization of health human resources has been a consistent theme over the last decade. The result has been a real focus on “lean” and finding efficiencies as well as leveraging and optimizing health care teams. Providers of health care must work together to provide and improve health care services in the best interests of the public. Yet, their effectiveness depends greatly on the team members’ knowledge of one another’s roles and scopes of practice, mutual respect, willingness to cooperate and collaborate, and organizational supports. MRTs are part of the interprofessional care team, where work processes are changing including the “who does what.” It is becoming important

to understanding other health professionals and their scope. MRTs must be able to function and exercise the knowledge, skills and judgement to successfully adapt to changes in health care delivery models.

Increasing patient expectations of health care and health professionals

As noted three years ago in the environmental scan, patients and their families may know a great deal about the tests and treatments being performed and the technology to be used. In the health care system today, there is an increased focus on the patient’s experience, and making the patient a central member of the team. Patients and their families expect to be listened to and receive timely, accurate and complete information that will help empower them about their own care. MRTs must be able to provide appropriate responses to patient inquiries about procedures and related issues in an increasingly complex and multi-cultural health care delivery setting.

Professional accountability and transparency

The public is engaged and interested to the health system’s performance. Health professionals and their regulatory colleges continue to experience an increased demand for strong oversight and accountability as well as transparency. Health colleges must make responsibilities clear for their members and provide mechanisms to hold members to account. In addition, regulators must facilitate the public having easy access to accurate and relevant information so that patients are confident that there are vigorous regulatory processes designed to protect them.

NOTES



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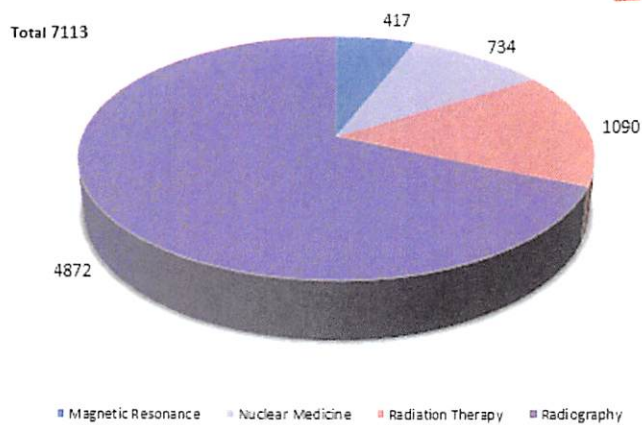
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CMRTO Dashboard Q1 2018: January 1 - March 31, 2018

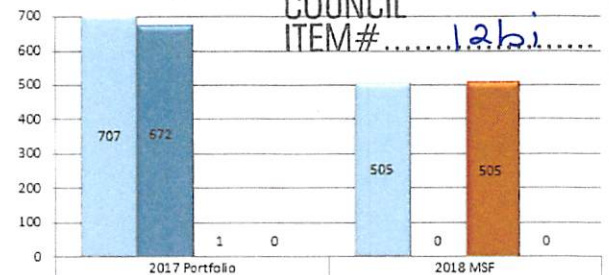
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CIRCULATED WITH AGENDA/
Regulatory
OF JUN 15 2018

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Active Members by Primary Specialty

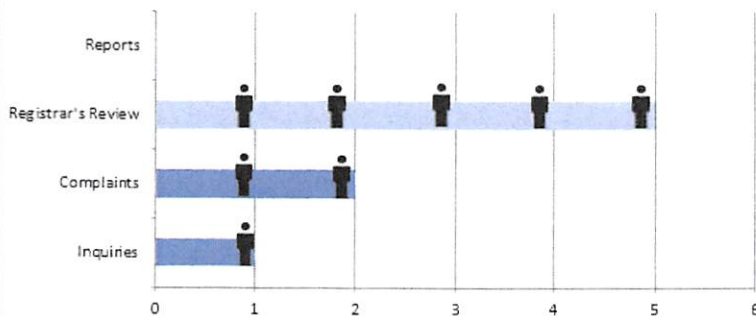


Quality Assurance

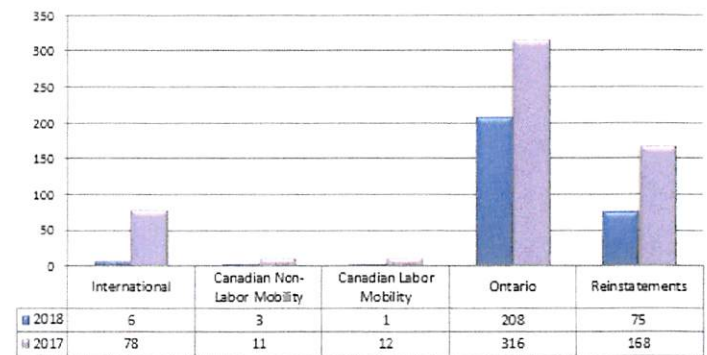


Req'd to Submit	707	505
Met Requirements	672	0
In Progress	1	505
Referred to ICRC	0	0

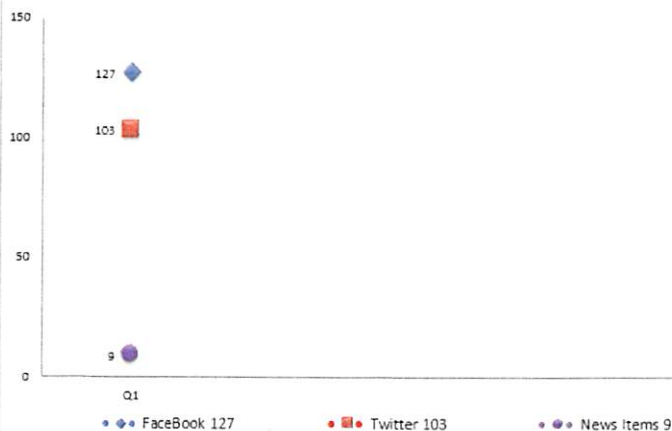
Professional Conduct New Cases



Registration Applications



Social Media Use



Strategic & Member Engagement



Strategic Plan Progress

Ensure MRTs continue to practise safely, effectively and ethically in a changing health care environment

Enhance the confidence of all stakeholders in the regulation of MRTs

Contribute and respond to government initiatives to ensure the continued protection of the public

On
target



Conference Booth Visits— 45
of Conferences— 1

OF JUN 15 2018

COUNCIL
ITEM#.....13a1.....-133-
College of
Medical Radiation
Technologists of
OntarioOrdre des
technologues en
radiation médicale
de l'Ontario

Briefing Note

To: Council

From: Tina Langlois, Director of Professional Conduct and Internal Legal Counsel **Date:** May 31, 2018

Subject: Proposed By-law No. 60

This agenda item is for:

- ☒ Decision
- ☐ Direction to staff
- ☐ Discussion
- ☐ Information

Background

Section 94(1) of the Health Professions Procedural Code (the Code), being Schedule 2 to the *Regulated Health Professions Act, 1991* (RHPA), provides the Council of the College of Medical Radiation Technologists of Ontario (CMRTO) the authority to make by-laws relating to the administrative and internal affairs of the College.

As part of the CMRTO's 2018 Operational Plan: Commitment to Regulatory Excellence, commitments were made to:

1. Amend the CMRTO by-laws to remove the restriction that the President and Vice-President must be professional members (2018);
2. Continue to implement the CMRTO Transparency Implementation Plan, including by-law changes (2018); and
3. Review and update the CMRTO by-laws to improve plain language and format (2018-19).

By-law No. 59, amending By-law No. 13, was approved by Council on March 27, 2018. By-law No. 59 removed the restriction that the President and Vice-President be professional members.

Council members participated in a workshop held on March 26, 2018 to discuss commitments (2) and (3) above. Specifically, this workshop focused on:

- The need to review and update the CMRTO by-laws to improve plain language and format to improve transparency;
- The impact of changes brought about by the *Medical Radiation Imaging Technology Act, 2017*, if it is proclaimed; and
- The changes required to Council composition and electoral districts to incorporate the specialty of diagnostic medical sonography, focussing on trends in regulatory governance including the preference for smaller boards and competency-based appointments.

Based on the information gathered during the workshop, staff began the process of consolidating the CMRTO's by-laws into a single by-law, using plain language and the College's brand standards.

Given the rapidly changing legislative landscape and the Minister's regulation making authority set out in section 43(1)(t) of the Code, the by-law was drafted to defer to legislation wherever possible, as opposed to reproducing or duplicating legislation that may very well change. Reference to policy was also a key change in the consolidated by-law. Following the CMRTO's governance review, a robust policy framework was created. Given that policies are reviewed in accordance with a review schedule set by Council, deferring to policy is preferable.

The draft consolidated by-law was reviewed by the Executive Committee at their meeting on May 11, 2018. At the meeting, the draft by-law was discussed, direction was given and amendments were proposed. The Executive Committee resolved to forward the draft to Council with a recommendation for approval for circulation in accordance with the Code.

The draft was also reviewed by external legal counsel.

Proposed By-law No. 60

Attached to this briefing note you will find proposed By-law No. 60, dated May 31, 2018. This by-law is, to the extent possible, written in plain language. It also uses gender neutral terminology and reflects the College's current governance structure. The by-law is formatted as follows:

- Page 1: Table of Amendments
- Page 2: Table of Contents
- Pages 3 – 5: Definitions
- Pages 5 – 34: By-law provisions

Not all content from the CMRTO's current by-laws (By-law No. 4, 9, 11, 12, 13, 23, 28 and 43) has been carried over into the proposed bylaw. This is because (a) there are provisions in our current by-laws that are now in conflict with legislation and (b) there are provisions in our current by-laws that are now covered by Council policy.

However, any provision relating to the administrative and internal affairs of the CMRTO that is not covered in policy remains in by-law. A detailed review was conducted to ensure that there are no gaps in the CMRTO's governance framework. The provisions that have been removed were either (a) redundant or (b) duplicative.

As noted above, transparency was an important consideration in reviewing the CMRTO's current by-laws. Past by-law consultation periods have shown that a source of particular confusion among members is the register – specifically the distinction between information to be maintained in the register and what information in the register is available to the public on the public register. To increase the readability and transparency of this section, a shift has been made to clearly distinguish information to be maintained in the register (which is available to the public), and other information to be provided to the College.

To improve transparency, the proposed by-law also contains placeholders for hyperlinks. For the purposes of the draft, the hyperlinks are signaled with blue, underlined text. The same goes for CMRTO policies that have been specifically referenced. These policies have already been designated as public for the purposes of the CMRTO policy framework and will be available on the CMRTO website in due course.

In addition to the direction received from Council during the workshop, Linda Gough, Registrar & CEO, directed staff to make three additions. These additions relate to fees (ss. 26.8 and ss. 26.9) and eligibility criteria (ss. 28.5.1.9.1, for example).

The proposed additions with respect to ss. 26.8 and 26.9 require Council to consider reducing registration fees in certain circumstances.

The addition of ss. 26.8 would allow for flexibility in how fees are managed when a member resigns before the date on which their annual fee is due. The provision provides that the College will bank a pro-rated portion of the annual fee for future credit if a member resigns their membership in good standing before the date on which their annual fee is due. The credit would be applied automatically to a member's annual fee if and when they reinstate, provided they reinstate within five (5) years of the date of their resignation. The credit available under this section is not a refund – the by-law still does not allow for refunds.

The proposed amendment to ss. 26.9 adds flexibility with respect to the penalty for late payment of the annual fee.

Finally, the proposed addition with respect to eligibility criteria that appears first in ss. 28.5.1.9.1 disqualifies those individuals who are employed by an professional association representing the profession. The previous by-law disqualified only those individuals who were directors or officers. This addition is in-line with the eligibility criteria set out by other Colleges.

Electoral Districts: Transitional Period

Based on Council's direction, proposed By-law No. 60 reflects an evolving Council composition where the number of professional members is eventually reduced by one. It is proposed that the professional members on Council will be as follows:

- 5 Elected Councillors who represent the five specialties of medical radiation and imaging technology: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography,

- 1 Elected Councillor who represents the entirety of the membership of the College, or a member-at-large, and
- 1 Academic Councillor who is appointed to the Council from among the members of the College who satisfy the requirements of a Faculty Member set out in Council policy.

You will note that the revised subsection provides that Councillors elected in accordance with the previous by-law remain in office until their term expires.

The section also provides that the districts set out in the previous by-law will cease to exist upon the expiration of the terms of those members who were elected in accordance with the previous by-law.

The transition is reflected in the chart below:

Existing District	Election Cycle	Current Member	District Under Consolidated By-law	Next Election Date
1 Radiography (North)	April 2010 and every third April after	N. Bolduc	District 6 Member-at-Large	April 2019
2 Radiography (East)	April 2012 and in every third April after	W. Rabbie	District 1 Radiography	April 2021 (just elected in 2018)
3 Radiography (Central)	April 2011 and every third April after	E. Adiyiah	N/A: will cease to exist after expiration of current term	April 2020
4 Radiography (West)	April 2010 and every third April after	J. Scherer	District 5 DMS	April 2019
5 Radiation Therapy	April 2012 and in every third April after	A. Cashell	District 2 Radiation Therapy	April 2021 (just elected in 2018)
6 Nuclear Medicine	April 2011 and every third April after	S. Wilson	District 3 Nuclear Medicine	April 2020
7 Faculty	April 2010 and every third April after	C. Palmer	N/A: will transition to an appointment process	April 2019
8 Magnetic Resonance	April 2010 and every third April after	J. Neadles	District 4 Magnetic Resonance	April 2019

Circulation

In accordance with subsection 94(2) of the Code, certain by-laws cannot be made unless they are circulated before being approved by Council. Specifically, a by-law shall not be made under clause (1), (1.2), (1.3), (s), (t), (v), (w) or (y) of subsection 94(1) of the Code unless the proposed by-law is circulated to every member at least 60 days before it is approved by the Council.

Notwithstanding our legislated obligation regarding circulation related to only certain by-law amendments, Council should consider whether this might be an opportune time to circulate the entire by-law. In light of the CMRTO's ability to conduct consultations online and the fact that this is the consolidation of the CMRTO's existing by-law structure, and with the regulation of diagnostic medical sonography as a fifth specialty, circulating proposed By-law No. 60 would provide an opportunity for all members to review the by-laws that relate to the internal and administrative affairs of the College. This would also support Council's ongoing commitment to transparency.

In order to ensure transparency and encourage engagement from members, stakeholders and the public, the feedback received during any consultation period is posted to the CMRTO website in accordance with the posting guidelines found in the CMRTO Social Media Policy.

Council considers, and ultimately approves, all CMRTO by-laws. Council will carefully consider all comments from members, stakeholders and the public received through the consultation process, keeping in mind the CMRTO's mandate to protect the public interest.

CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
ITEM#.....1391.....



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

The College of Medical Radiation Technologists of Ontario

DRAFT By-law No. 60

Draft Date: May 31, 2018

Table of Amendments

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Bylaw No. 60 of the College of Medical Radiation Technologists of Ontario¹

Approved Date: [DATE]

This by-law is made in accordance with the *Health Professions Procedural Code*, Schedule 2 of the *Regulated Health Professions Act, 1991*, which authorizes Council to make by-laws relating to the administration and internal affairs of the College.

1. DEFINITIONS

- 1.1. In the by-laws, unless otherwise defined or required by the context,
- 1.1.1. "Academic Councillor" means a Councillor who is a Faculty Member appointed to Council in accordance with this by-law;
 - 1.1.2. "Act" means the *Medical Radiation Technology Act, 1991*;²
 - 1.1.3. "By-laws" means the by-laws of the College;
 - 1.1.4. "Code" means the *Health Professions Procedural Code* set out in Schedule 2 to the *Regulated Health Professions Act, 1991* which forms part of the Act;
 - 1.1.5. "College" means the College of Medical Radiation Technologists of Ontario;
 - 1.1.6. "committee" means a committee set out in section 10 of the Code or this by-law or as appointed by Council;
 - 1.1.7. "Committee member" means a member of a committee;
 - 1.1.8. "Council" means the Council of the College;
 - 1.1.9. "Councillor" means an Academic Councillor, an Elected Councillor or a Publicly-Appointed Councillor;
 - 1.1.10. "count" means "tabulate" or "tabulation", depending on whether the word is used as a verb or as a noun

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. As a result, the name of the College of Medical Radiation Technologists of Ontario (CMRTO) will be changed to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) and the CMRTO will continue as the CMRITO.

² On a date to be named by proclamation of the Lieutenant Governor, the *Medical Radiation Technology Act, 1991* is repealed and the *Medical Radiation and Imaging Technology Act, 2017* will come into force.

- 1.1.11. "Debt obligations" means bonds, debentures, banker's acceptances, notes or other similar obligations or guarantees of such obligation, whether secured or unsecured;
- 1.1.12. "Elected Councillor" means a member of the Council elected in accordance with this by-law;
- 1.1.13. "educational institution" means an institution whose training program is approved by the College;
- 1.1.14. "Faculty Member" means a person who is a faculty member of an educational institution in the province of Ontario that grants a diploma or degree in the profession;
- 1.1.15. "Fiscal year" means the calendar year;
- 1.1.16. "instruments in writing" includes but is not limited to contracts, documents, deeds, mortgages, charges, security interests, conveyances, transfers and assignments of property, agreements, tenders, releases, receipts and discharges for the payment of money or other obligations and all paper writings.
- 1.1.17. "mail" means to send by regular postal mail, courier, facsimile or e-mail;
- 1.1.18. "member" means a member of the College;
- 1.1.19. "Non-Council Committee Member" means a member of the profession who is not a Councillor and who is appointed to serve on a committee of the College in accordance with this by-law;
- 1.1.20. "President" means the President of Council and the Chair of the Executive Committee;
- 1.1.21. "profession" means the profession of medical radiation technology, which includes five specialities: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography;
- 1.1.22. "Professional Councillor" means an Elected or Academic Councillor;
- 1.1.23. "Publicly-Appointed Councillor" means a member of Council appointed by the Lieutenant Governor in Council;
- 1.1.24. "recount" means "retabulate" or "retabulation", depending on whether the word is used as a verb or as a noun
- 1.1.25. "Register" means the register required by subsection 23(1) of the Code and as further described in this by-law;

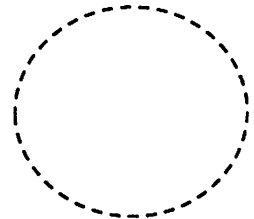
- 1.1.26. "Registrar & CEO" means the Registrar & CEO of the College as required by the Code and as further described in this by-law;
- 1.1.27. "Regulations" mean the regulations under the RHPA and the Act;
- 1.1.28. "RHPA" means the Regulated Health Professions Act, 1991 and includes the Code;
- 1.1.29. "RTA" means the *Radiological Technicians Act*;
- 1.1.30. "Specialty" means a specialty of the profession and includes radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography;
- 1.1.31. "Specialty Electoral District" means electoral districts 1, 2, 3, 4, and 5, which are established for the purpose of electing members to Council;
- 1.1.32. "Vice-President" means the Vice-President of Council.

2. HEAD OFFICE

The Head Office of the College shall be in the City of Toronto, in the Province of Ontario, and at a location determined by Council.

3. SEAL

The seal depicted on the right is the corporate seal of the College.



4. COUNCIL

- 4.1. The Council, established under the Act, shall manage and administer the affairs of the College in accordance with the RHPA, the Act, the Regulations and the By-laws.
- 4.2. The composition of Council shall be as follows:
 - 4.2.1. From January 1, 2019 to the first meeting of Council after the April 2019 election, Council shall include eight Professional Councillors, including four (4) Elected Councillors from the specialty of radiography, one (1) Elected Councillor from each of the specialties of radiation therapy, nuclear medicine, and magnetic resonance and one faculty member;
 - 4.2.2. From the first meeting of Council after the April 2019 election to the first meeting of Council after the April 2020 election, Council shall include eight Professional Councillors including two Elected Councillors from the specialty of radiography, one Elected Councillor from each of the specialties of radiation therapy, nuclear medicine, magnetic resonance

and diagnostic medical sonography, one Elected Councillor from the membership at large and one Academic Councillor; and

- 4.2.3. From the first meeting of Council after the April 2020 election, Council shall include seven Professional Councillors including one Elected Councillor from each of the specialties of radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography, one Elected Councillor from the membership at large and one Academic Councillor.

5. POWERS OF COUNCIL

- 5.1. Council is the board of directors of the College.
- 5.2. Council has full power with respect to the affairs of the College, including the enactment, amendment and revocation of by-laws.
- 5.3. No by-law or resolution passed or enacted by Council, or any other action, requires confirmation by members of the College to be valid or binding.

6. COUNCIL MEETINGS

- 6.1. Council meetings may be held at the College's head office or at any other place as determined by Council.
- 6.2. A majority of Councillors, at least three (3) of whom are Elected Councillors or Academic Councillors and at least one (1) of whom is a Publicly-Appointed Councillor, shall form a quorum for the transaction of business at Council meetings.
- 6.3. Council meetings may be called by the President, the Vice-President or any two Councillors, or by the Registrar & CEO on the direction of the President, the Vice-President or any two Councillors.
- 6.4. Notice of the time and place of Council meetings shall be given by the Registrar & CEO not less than five (5) days before the meeting is to take place.
- 6.5. Notice of all Council meetings shall be given to members, the Minister of Health and Long-Term Care and the public in accordance with the Act.
- 6.6. No formal notice shall be necessary if all the Councillors are present, or if those who are absent have signified their consent to the meeting being held in their absence.
- 6.7. Any Councillor may, at any time, waive notice of any such meeting and may ratify and approve any or all proceedings taken or had at such meeting.

- 6.8. No error or omission in giving notice for a meeting of Council shall invalidate such meeting or invalidate or make void any proceedings taken or had at such meeting.

7. MEETINGS HELD BY ELECTRONIC COMMUNICATION

Any Council meeting or committee meeting that is held for a purpose other than conducting a hearing, may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously. Those who participate in a Council meeting or committee meeting by such means are deemed to be present at the meeting.

8. VOTING

- 8.1. Questions arising at any Council meeting shall be decided by a majority of votes of Councillors present at the meeting. If there is an equality of votes, the chair of the meeting shall not have a second, or casting vote and the motion shall be lost.
- 8.2. All votes at any Council meeting shall be taken in the usual way by assent or dissent unless:
- 8.2.1. a Councillor demands that the vote be taken by ballot, in which case the vote shall be taken by ballot, or
- 8.2.2. the vote relates to the making, amending or revoking of a regulation, in which case the vote shall be taken by poll, the method of which shall be determined by the chair of the meeting.
- 8.3. A declaration by the chair of the meeting that a resolution has been carried and an entry to that effect in the minutes shall be admissible in evidence as prima facie proof of the fact, without proof of the number or proportion of the votes recorded in favour of or against such resolution.

9. REMUNERATION

- 9.1. All Professional Councillors shall receive the following remuneration per day while carrying out their duties as members of Council:
- 9.1.1. President (or person Chairing a Council or committee meeting): \$250.00
- 9.1.2. Vice-President: \$175.00
- 9.1.3. Member of Council: \$150.00
- 9.2. All those members of the committees of the College who are not Councillors shall receive remuneration in the amount of \$150.00 per day while carrying out their duties as members of such committees.

10. DUTIES OF COUNCILLORS

The Councillors shall act in the best interests of the College and of the public and shall not act in any way in the interests of any group or segment of the College or the public if such interests are not in the best interests of the College or the public as a whole. Councillors and members of committees shall at all times adhere to and respect the policies of the College and shall not engage in conduct or actions which are detrimental to the College or contrary to any of its policies.

11. CONFLICT OF INTEREST

- 11.1. A conflict of interest is a situation in which a Member has a direct or indirect private or personal interest sufficient, on a reasonable basis, to influence or appear to influence the exercise of their duties.
- 11.2. A conflict of interest includes, but is not limited to, situations involving a direct or indirect financial interest of the Member, organizations to which a Member or a member of their immediate family has a direct or indirect obligation, or a professional or personal relationship.
- 11.3. All Councillors and Non-Council Committee Members must comply with College's policy regarding conflict of interest in order to support the integrity of the decision-making processes of Council and its committees.

12. OFFICERS OF THE COLLEGE

- 12.1. The officers of the College shall be the President, the Vice-President and the Registrar & CEO and such other officers as the Council may, from time to time, determine.
- 12.2. No person may hold more than one office.
- 12.3. The duties of all other officers of the College shall be such as the terms of their engagement call for or as the Council or the Registrar & CEO shall require of them.
- 12.4. The President and Vice-President shall be elected annually by Council from among the Councillors at the first meeting of Council after each election of the elected Councillors, provided that, in default of an election, the incumbents, being Councillors, shall hold office until their successors are elected.
- 12.5. All nominations for President and Vice-President must be received by the Nominating Committee on or before the date and time set by the Nominating Committee. No other nominations will be accepted after that date and time.
- 12.6. A Councillor may not be the Registrar & CEO.

13. DUTIES OF THE PRESIDENT AND VICE-PRESIDENT

- 13.1. When present, the President shall preside at all meetings of the College, Council and the Executive Committee.
- 13.2. Subject to the authority of Council, the President shall have the general supervision of the affairs and business of the College.
- 13.3. The President shall be, ex officio, a member of all committees. For calculating the quorum required for meetings of a committee (except the Executive Committee and any other committee of which the President is a member) the President shall not be included in the total membership of the committee. If present at the meeting, the President shall be included in determining whether a quorum is present.
- 13.4. The President shall perform other duties as determined by Council.
- 13.5. The President's duties and powers may be exercised by either the Vice-President or another Councillor appointed by Council for that purpose.
- 13.6. The President and the Registrar & CEO, or other person appointed by the Council for that purpose, shall sign all by-laws.

14. DUTIES OF THE REGISTRAR & CEO

- 14.1. The Registrar & CEO shall be responsible for and direct the administration of the affairs and operations of the College in accordance with the RHPA, the Act, and the by-laws, policies and guidelines of the College.
- 14.2. The Registrar & CEO shall, among other things,
 - 14.2.1. be the clerk of Council,
 - 14.2.2. attend all meetings of Council, the committees of Council and the panels of such committees, and record all minutes of proceedings in the manner required by Council,
 - 14.2.3. give all required notices to Councillors and members,
 - 14.2.4. act as the custodian of the seal of the College and of all College documents, which shall be delivered up only when required,
 - 14.2.5. keep a full and accurate account of all financial affairs of the College in the proper form,
 - 14.2.6. deposit all monies and other valuables in the name and to the credit of the College in the manner directed by Council,

- 14.2.7. disburse the funds of the College under the direction of Council and render to Council, whenever required, an account of all transactions and the financial position of the College,
- 14.2.8. hire, orient, supervise and dismiss staff as appropriate and determine the terms of employment of all other employees of the College,
- 14.2.9. maintain the register in the form required by the Act and this by-law,
- 14.2.10. invest the funds as directed by Council, and
- 14.2.11. perform such other duties as directed by Council.

15. EXECUTION OF DOCUMENTS

- 15.1. Instruments in writing made on behalf of the College may be signed by any two of the President, the Vice-President and the Registrar & CEO or by any persons authorized by the Council.
- 15.2. Notwithstanding any provision to the contrary contained in the by-laws of the College, the Council may, at any time, by resolution, direct the manner in which, and the person or persons by whom, any instrument in writing or class of instruments in writing made on behalf of the College may or shall be executed.
- 15.3. A person who may sign a document may impress the seal of the College upon the document if the seal is required and if the document has been signed as required by the bylaws.

16. BOOKS, RECORDS AND REPORTS

The Council shall ensure that all necessary books, records and reports of the College required by the by-laws or by any applicable statute or law are regularly and properly kept.

17. FISCAL YEAR

The fiscal year of the College shall be the calendar year.

18. AUDITORS

- 18.1. Council shall annually, within six (6) months after the end of the fiscal year, appoint one or more auditors to hold office until their successors are appointed.
- 18.2. Council may remove the auditor before the expiration of their term of office by resolution passed by at least two-thirds of the votes cast at a meeting of Council called for that purpose. Council shall appoint successor auditors for the remainder of the term by a majority of the votes cast at that meeting.
- 18.3. The auditors shall examine the books and records of the College to enable them to present to Council a financial statement of the College, together with a

report, which states that, in the auditor's opinion, the financial statement fairly presents the financial position of the College and the results of its operations for the period under review. The financial statement and report shall be prepared in accordance with generally accepted accounting principles, applied on a basis consistent with the preceding period.

18.4. The auditors have the right of access to all records, documents, books, accounts and vouchers of the College at all times and are entitled to require from Councillors and officers of the College such information and explanation as in their opinion are necessary to enable them to report as required under this section.

18.5. No one shall be appointed as an auditor who is a Councillor or a member.

19. BORROWING

19.1. By resolution, Council may, without authorization, confirmation or ratification by members of the College,

19.1.1. borrow money on the credit of the College,

19.1.2. limit or increase the amount or amounts to be borrowed,

19.1.3. issue, reissue, sell or pledge debt obligations of the College, and

19.1.4. mortgage, hypothecate, pledge or otherwise create a security interest in all or any property of the College owned or subsequently acquired, to secure any obligation of the College.

19.2. Council may authorize any Councillor or Councillors, officer or officers or agent of the College to make and modify arrangements made with reference to the monies, loans and securities in subsection 19.1 above.

19.3. The Executive Committee is authorized to exercise all powers of Council under subsection 19.

20. CHEQUES

All cheques, bills of exchange or other orders for the payment of money, notes or other evidence of indebtedness issued in the name of the College shall be signed by the officers, agent or agents of the College as directed by Council.

21. DEPOSITS

The moneys and securities of the College shall be deposited for safekeeping with one or more bankers, trust companies or other financial institutions selected by the Council.

22. NOTICE

Unless otherwise provided, when notice is required under this by-law, notice may be given either personally or by mail to the address or addresses provided in accordance with this by-law. Any such notice is deemed to have been sent when it is personally served or sent by mail.

23. INDEMNIFICATION

23.1. All Councillors, officers, committee members and College staff, and their heirs, executors, administrators and estates and effects, shall at all times be indemnified and saved harmless out of the funds of the College from and against:

23.1.1. all costs, charges and expenses whatsoever that such person sustains or incurs in or about any action, suit or proceeding that is brought, commenced or prosecuted against such person for or in respect of any act, deed, matter or thing whatsoever, made, done or permitted by such person in or about the execution of the duties of their office, the performance of committee duties, or the execution of duties carried out as College staff;

23.1.2. all other costs, charges and expenses that such person sustains or incurs in or about or in relation to the affairs of the College; and

23.1.3. provided that such costs, charges, or expenses are occasioned or incurred as a result of an act done in good faith in the performance or intended performance of a duty or in the exercise of a power under the RHPA, the Act or a regulation or by-law under those Acts or as a result of any neglect or default in performance or exercise in good faith of the duty or power.

24. PROCEDURE

The rules of procedure in Bourinot's Rules of Order shall be followed for meetings of Council.

25. ENACTING, AMENDING AND REPEALING BY-LAWS

Council may enact, amend or repeal any by-law and any such action by Council shall be effective immediately without any confirmation by members or otherwise.

26. FEES

26.1. A person who submits an application for a certificate of registration for consideration by the Registrar & CEO shall pay an application fee of \$100.00.

26.2. Where consideration of an application for registration involves an evaluation by the Registration Committee of an applicant's educational program, the applicant shall pay an evaluation fee of \$250.00, in addition to the application fee.

- 26.3. A person who applies for a certificate of registration in more than one specialty shall pay, for each specialty, the application fee and, where applicable, the evaluation fee.
- 26.4. A person shall pay, for registration as a member, the annual fee of \$470.00. The annual fee shall be prorated by the percentage of the year remaining until the birthday of the person.
- 26.5. Every member shall pay an annual fee of \$470.00 on or before the member's birthday in the year.
- 26.6. No later than thirty (30) days before the annual fee referred to in subsection 26.5 is due, the Registrar & CEO shall notify the member of the amount of the fee and the date on which the fee is due.
- 26.7. The obligation to pay the annual fee continues even if the Registrar & CEO fails to provide notice or if the member fails to receive such notice.
- 26.8. If a member is in good standing and resigns before the date on which their annual fee is due, the member will receive a fee credit of a percentage of the annual fee, pro-rated from the date on which the member resigned to their renewal date. The fee credit will be applied automatically to the member's annual fee if and when they are reinstated, provided that they are reinstated within five (5) years from the date of their resignation.
- 26.9. If a member fails to pay the annual fee within fourteen (14) days after the due date but does pay the fee within three (3) months after the due date, the member shall pay a penalty equal to twenty-five (25) percent of the annual fee in addition to the annual fee.
- 26.10. If a member fails to pay the annual fee and penalty within three (3) months after the due date, the Registrar & CEO shall suspend the member's certificate of registration and notify the person by mail that the certificate of registration has been suspended.
- 26.11. Subject to subsection 26.13, the Registrar & CEO may lift a suspension under subsection 26.10 if the former member,
- 26.11.1. meets the registration requirements outlined in Ontario Regulation 866/93, as amended from time to time; and
- 26.11.2. pays a re-registration fee equal to the annual fee prorated by the percentage of the year remaining until the person's birthday but in any event no less than 50 percent of the annual fee, together with a penalty of 100 percent of the annual fee.

- 26.12. Subject to subsection 26.13, the Registrar & CEO may re-register a person who has submitted a written resignation during the registration year in which the person ceased to practise the profession if the former member,
- 26.12.1. meets the registration requirements outlined in Ontario Regulation 866/93, as amended from time-to-time; and
 - 26.12.2. pays a registration fee equal to the annual fee prorated by the percentage of the year remaining until the person's birthday.
- 26.13. A former member whose certificate of registration is suspended or revoked as a result of disciplinary or incapacity proceedings and who applies to have a new certificate issued or the suspension removed shall pay an application fee for reinstatement of \$100.00.
- 26.14. A former member who applies for reinstatement in more than one specialty and who is required to successfully complete an examination for the purposes of reinstatement in each specialty shall pay the examination fee of \$450.00 for each specialty.
- 26.15. The fee for an application for a certificate of authorization for a health profession corporation is \$500.00.
- 26.16. The fee for the annual renewal of a certificate of authorization for a health profession corporation is \$425.00.
- 26.17. The fee for an application to reinstate a certificate of authorization for a health profession corporation is \$500.00.
- 26.18. The fee for issuing a revised certificate of authorization for a health profession corporation is \$50.00.
- 26.19. The fee for the issuing of a document or certificate respecting a health profession corporation, other than for a document referred to in subsections 26.16, 26.17, 26.18 or 26.19, is \$50.00.
- 26.20. The Registrar & CEO may charge a fee for anything they are required or authorized to do, and except where fees for those things are prescribed, the fees charged shall be set by the Registrar & CEO.
- 26.21. Wherever in this by-law there is reference to a fee or penalty, the person or member shall pay, in addition to the fee or penalty, as the case may be, the amount of any applicable taxes.
- 26.22. No fee or penalty referred to in this by-law is refundable.

27. PROFESSIONAL LIABILITY INSURANCE

- 27.1. A member who engages in the practice of the professions must hold, or otherwise be covered by, professional liability insurance that provides the member with coverage for the practice of the profession in each place in which the member practises.
- 27.2. The professional liability insurance referred to in subsection 27.1 must meet the following requirements:
 - 27.2.1. for each insured individual, a minimum amount of \$1,000,000.00 per occurrence;
 - 27.2.2. must not be subject to a deductible which is greater than \$1,000.00; and
 - 27.2.3. must be provided by an insurer that is licensed under the Financial Services Commission of Ontario.
- 27.3. Within thirty (30) days of any request by the Registrar & CEO, and at the time or times determined by the Registrar & CEO, a member shall provide confirmation of insurance coverage, acceptable to the Registrar & CEO.

28. ELECTION OF COUNCILLORS

28.1. Electoral Districts

The following Electoral Districts are established for electing members to Council:

- 28.1.1. Electoral District 1, which includes the whole province, is established for electing a member to Council registered in the specialty of radiography.
- 28.1.2. Electoral District 2, which includes the whole province, is established for electing of a member to Council registered in the specialty of radiation therapy.
- 28.1.3. Electoral District 3, which includes the whole province, is established for electing a member to Council registered in the specialty of nuclear medicine.
- 28.1.4. Electoral District 4, which includes the whole province, is established for electing a member to Council registered in the specialty of magnetic resonance.
- 28.1.5. Electoral District 5, which includes the whole province, is established for electing a member to Council registered in the specialty of diagnostic medical sonography.
- 28.1.6. Electoral District 6, which includes the whole province is established for electing a member-at-large.

28.2. Numbers of Members Elected

One member shall be elected from each Electoral District.

28.3. Term of Office

- 28.3.1. The term of office for a member elected to Council is three (3) years, commencing at the first regular meeting of Council following the election.
- 28.3.2. Subject to subsection 28.4.3, an Elected Councillor shall continue to serve until a successor takes office or the Elected Councillor is disqualified in accordance with this by-law.
- 28.3.3. Subject to the terms of this by-law, an Elected Councillor is eligible for re-election.
- 28.3.4. No Elected Councillor shall serve on the Council for more than nine (9) consecutive years.
- 28.3.5. The balance of an unexpired term served by a person who becomes a member of Council by filling a vacancy in accordance with this by-law shall not be included in calculating the number of years served for the purposes of this by-law.

28.4. Election Date

- 28.4.1. Elections shall be held as follows:
 - 28.4.1.1. An election of members to Council to be elected from Electoral Districts 4, 5 and 6 shall be held in the month of April 2019 and in April in every third year after that.
 - 28.4.1.2. An election of a member to Council to be elected from Electoral District 3 shall be held in the month of April 2020 and in every third year after that.
 - 28.4.1.3. An election of members to the Council to be elected from Electoral Districts 1 and 2 shall be held in the month of April 2021 and in April every third year after that.
- 28.4.2. Council shall set the date for the election of members to Council.
- 28.4.3. The term of all Councillors elected pursuant to CMRTO By-law No. 12 shall terminate when their terms under that By-law expire; namely, the term of office of a member elected to the Council in April 2016, April 2017 or April 2018 shall terminate at the first regular meeting of the

Council following the election of members to the Council in April 2019, April 2020 or April 2021 respectively.

- 28.4.4. Any Councillor who was elected pursuant to CMRTO By-law No. 12 and whose term of office continues after this By-law comes into force shall be deemed to have been elected from the specialty and the geographic area to which their Electoral District under By-law No. 12 related but without reference to the Electoral District number. For greater certainty, the electoral district number under CMRTO By-law No. 12 are deemed to have no effect as of the date this By-law comes into force.

28.5. Eligibility for Election

- 28.5.1. A member is eligible for election to Council for an Electoral District if, on the date of nomination,
- 28.5.1.1. for the purpose of the Specialty Electoral Districts, the member is registered in the Specialty of the Electoral District in which they are nominated;
 - 28.5.1.2. for the purpose of Electoral District 6, the member is registered with the College in any of the Specialties;
 - 28.5.1.3. the member resides in or practises in Ontario;
 - 28.5.1.4. the member is not in default of any payment of any fees required by this by-law or any fine imposed under the Act or the RHPA;
 - 28.5.1.5. the member is not the subject of proceedings for professional misconduct, incompetence or incapacity;
 - 28.5.1.6. there has not been a finding of professional misconduct, incompetence or incapacity with respect to the member in the three (3) years before the date of the election;
 - 28.5.1.7. the member's certificate of registration has not been revoked or suspended in the six (6) years before the date of the election;
 - 28.5.1.8. the member holds a specialty certificate of registration in one or more specialties and the member's certificate of registration is not subject to a term, condition or limitation other than one prescribed by regulation; and
 - 28.5.1.9. the member is not:

- 28.5.1.9.1. an officer, director or a person employed by a professional association representing the profession or any of the Specialities or both,
- 28.5.1.9.2. An executive officer of a bargaining unit of a union representing members of the profession or any of the Specialities or both, or
- 28.5.1.9.3. An executive officer of an association of managers of members of the profession or any of the Specialities or both.

- 28.5.2. Even though a member is registered in more than one Specialty, no member is eligible for election to Council in more than one electoral district.

28.6. Registrar & CEO to Supervise Nominations

- 28.6.1. The Registrar & CEO shall supervise and administer the nomination of candidates and, for the purpose of carrying out that duty, the Registrar may establish the nomination procedures, including, without limiting the generality of the foregoing,
 - 28.6.1.1. the information to be provided to members eligible to vote to facilitate the nomination procedure; and
 - 28.6.1.2. the procedures, using electronic means, for a member to nominate a candidate and for a candidate to confirm his or her nomination.
- 28.6.2. The Registrar & CEO may enter into an agreement or agreements with a third party for the purpose of the election, including, without limiting the generality of the foregoing, for the purpose of using electronic means for the nomination of candidates, for voting and for counting and recounting of votes.

28.7. Nomination and Election Procedure

- 28.7.1. Each member who is eligible to vote shall be notified of the date and time of the election or by-election, the nomination procedure and the deadline for receipt of nominations.
- 28.7.2. The notice referred to in subsection 28.7.1 shall be sent to members no later than 120 days before the date of an election or by-election.

- 28.7.3. The nomination of a candidate for election as a member of Council shall be submitted in the form and manner required by the Registrar & CEO at least ninety (90) days before the date of election.
- 28.7.4. The nomination shall be confirmed by the candidate and made and by at least two (2) members who support the nomination and who are eligible to vote in the electoral district in which the election will be held.
- 28.7.5. On receipt of a valid nomination, the Registrar & CEO shall send notice to each candidate regarding how the candidate may obtain access, by electronic means, to a biographical summary form and a candidate's statement form.
- 28.7.6. A candidate shall submit a completed biographical summary form and, if the candidate chooses, a candidate's statement, in the form and manner required by the Registrar & CEO, so that they are received no later than the deadline set by the Registrar & CEO.
- 28.7.7. A member may request a list of names of members eligible to vote in the electoral district in which the election is to be held, for purposes of nomination and election.
- 28.7.8. Ballots may be cast using any system approved by Council, provided that the system allows for the re-count and destruction of ballots.
- 28.7.9. Where no nomination is received for an electoral district, Council shall appoint a member who is eligible for election to the Council in the electoral district to fill the vacancy. The term of a member appointed under this clause shall continue until the time the Council member's term would have expired had they been elected.
- 28.7.10. If only one candidate is nominated for an electoral district, the Registrar & CEO shall declare the candidate to be elected by acclamation.

28.8. Registrar & CEO's Electoral Duties

- 28.8.1. The Registrar & CEO shall supervise and administer the election and, for the purpose of carrying out that duty, shall,
 - 28.8.1.1. appoint scrutineers and returning officers if necessary;
 - 28.8.1.2. no later than thirty days before the date of an election, the Registrar & CEO shall send to every member eligible to vote in an electoral district in which an election is to take place, notice of how such member may obtain access, by electronic means, to a ballot, an explanation of the voting procedures including the

deadline for receipt of ballots and the candidates' biographical information and statements submitted to the College;

28.8.1.3. establish a deadline for the receipt of ballots;

28.8.1.4. where there is an interruption of service during an election, extend the date for holding of the election for a period of time, if any, that the Registrar & CEO in her discretion considers necessary to compensate for the interruption;

28.8.1.5. establish procedures for the validating, counting and re-counting of the ballots;

28.8.1.6. provide for the notification of all candidates and members of the results of the election; and

28.8.1.7. provide for the destruction of ballots following an election.

28.8.2. In addition to any method of giving notice permitted under the Act or by-laws of the College, a notice or document to be given to a member under this By-law is sufficiently given if it is sent by e-mail to the e-mail address of the member last recorded in the records of the College. Any notice or document sent by e-mail shall be deemed to be sent when the same was transmitted electronically.

28.8.3. Eligibility to Vote

28.8.3.1. Every member who is registered to practise the profession in Ontario and who is not in default of payment of the annual fee is entitled to vote in an election.

28.8.3.2. Subject to subsection 28.8.3.1,

28.8.3.2.1. every member who resides in Ontario is eligible to vote in district 6;

28.8.3.2.2. every member who engages in the practice of the profession in a specialty is eligible to vote in the Electoral District of the specialty in which they are registered; and

28.8.3.2.3. a member who holds an employment specific certificate – nuclear medicine is eligible to vote in the Specialty Electoral District of nuclear medicine.

28.8.3.3. If a member is registered in more than one specialty, the member shall select one Specialty Electoral District in which they intend to vote when the member pays their annual fee.

28.8.4. Number of Votes to Be Cast

- 28.8.4.1. A member may cast as many votes on a ballot in an election of members to Council as there are members to be elected to Council from the Electoral District(s) in which the member is eligible to vote.
- 28.8.4.2. A member shall not cast more than one vote for any one candidate.
- 28.8.4.3. Voting for candidates for election to Council shall be by ballot cast by electronic means.
- 28.8.4.4. Unless there is a request for a recount, the Election Committee shall declare the candidate receiving the greatest number of votes in each electoral district to be elected.

28.8.5. Tie Votes

Where there is a tie in an election, the Election Committee shall break the tie by lot.

28.8.6. Recounts

- 28.8.6.1. Within fifteen (15) days from the date of the election, a candidate may request in writing a recount of the ballots in the electoral district in which the member was nominated, along with a fee equal to the annual fee received by the Registrar & CEO.
- 28.8.6.2. The Registrar & CEO shall hold the recount no more than fifteen (15) days after receiving the written request.
- 28.8.6.3. The recount shall be conducted in the same manner as the original counting of the ballots.
- 28.8.6.4. The candidate or a representative named by the candidate may be present at the recount.
- 28.8.6.5. A representative of the College named by the Election Committee may be present at the recount.
- 28.8.6.6. The fee required by this by-law shall be returned in full to the candidate who requested a recount if the recount changes the result of the election and the candidate is elected.

28.9. Disqualification of Elected Councillors

- 28.9.1. Council shall disqualify an Elected Councillor from sitting on Council if the Elected Councillor,
- 28.9.1.1. is found by a panel of the Discipline Committee to have committed an act of professional misconduct or is found to be incompetent;
 - 28.9.1.2. is found by a panel of the Fitness to Practise Committee to be an incapacitated member, unless in the opinion of Council the Elected Councillor should continue to sit on Council;
 - 28.9.1.3. fails, without cause, to attend two (2) consecutive meetings of Council;
 - 28.9.1.4. fails, without cause, to attends two (2) consecutive meetings of a committee of which the Elected Councillor is a member;
 - 28.9.1.5. ceases to reside in Ontario;
 - 28.9.1.6. fails, without cause, to attend a hearing or proceeding of a panel for which the Elected Councillor has been selected;
 - 28.9.1.7. becomes the subject of a proceeding with respect to professional misconduct, incompetence or incapacity; or
 - 28.9.1.8. ceases to be a member.
- 28.9.2. Subject to subsection 28.9.1.2, if an Elected Councillor is disqualified from sitting on Council, then the member ceases to be a member of Council.
- 28.9.3. No Elected Councillor is eligible to serve on a committee as a Non-Council Committee Member.

28.10. Filing of Vacancies

- 28.10.1. If the seat of an Elected Councillor becomes vacant in an Electoral District Council may,
- 28.10.1.1. leave the seat vacant;
 - 28.10.1.2. appoint the candidate, if any, who was the runner-up in the last election of Council members for the electoral district that is vacant; or
 - 28.10.1.3. direct the Registrar & CEO to hold an election for that electoral district in accordance with this by-law.

- 28.10.2. The term of a member appointed or elected under subsection 28.10.1.2 or 28.10.1.3 shall continue until the time the former Elected Councillor's term would have expired.

29. APPOINTMENT OF THE ACADEMIC COUNCILLOR

29.1. Number of Members Appointed

One member shall be appointed the Academic Councillor.

29.2. Eligibility for Appointment

- 29.2.1. A member is eligible for appointment to the Council as the Academic Councillor if, on the date of nomination:
- 29.2.1.1. the member is a Faculty Member;
 - 29.2.1.2. the member is not in default of any payment of any fees required by this by-law or any fine imposed by the Act or the RHPA;
 - 29.2.1.3. the member is not the subject of proceedings for professional misconduct, incompetence or incapacity;
 - 29.2.1.4. there has not been a finding of professional misconduct, incompetence or incapacity with respect to the member in the three (3) years before the date of the appointment;
 - 29.2.1.5. the member's certificate of registration has not been revoked or suspended in the six (6) years before the date of the appointment; and
 - 29.2.1.6. the member is not:
 - 29.2.1.6.1. an officer, director or a person employed by a professional association representing the profession or any of the Specialities or both,
 - 29.2.1.6.2. an executive officer of a bargaining unit of a union representing the profession or any of the Specialities or both, or
 - 29.2.1.6.3. an executive officer of an association of managers of members of the profession or any of the Specialities or both.

- 29.2.1.7. No person may be appointed as the Academic Councillor if they are a candidate for election or have been elected under subsection 28.

29.3. Term of Office

- 29.3.1. The term of office of the Academic Councillor is three (3) years, commencing at the first regular meeting of Council following the appointment.
- 29.3.2. No person may serve as the Academic Councillor under subsection 29 for more than nine (9) consecutive years.
- 29.3.3. Subject to the terms of this by-law, an Academic Councillor is eligible for re-appointment.
- 29.3.4. The balance of an unexpired term served by a person who becomes a member of Council by filling a vacancy in accordance with this by-law shall not be included in calculating the number of years served for the purposes of this by-law.

29.4. Appointment Procedure

- 29.4.1. A call for members interested in being appointed as the Academic Councillor will be sent by the Registrar & CEO to all members, no later than one hundred and twenty (120) days before the date of appointment.
- 29.4.2. The Executive Committee shall receive all expressions of interest submitted for Academic Councillor and make such enquiries as it deems appropriate, before making a recommendation to Council.

29.5. Appointment Date

- 29.5.1. The Council shall appoint an Academic Member by resolution prior to the first regular meeting of Council after the election to be held in the month of April 2019 and the election held in April every third year after that.

29.6. Disqualification of the Academic Councillor

- 29.6.1. Council shall disqualify an Academic Councillor from sitting on Council if the Academic Councillor,
- 29.6.1.1. is found by a panel of the Discipline Committee to have committed an act of professional misconduct or is found to be incompetent;

- 29.6.1.2. is found by a panel of the Fitness to Practise Committee to be an incapacitated member, unless in the opinion of Council the Academic Councillor should continue to sit on Council;
- 29.6.1.3. fails, without cause, to attend two (2) consecutive meetings of Council;
- 29.6.1.4. fails, without cause, to attends two (2) consecutive meetings of a committee of which the Academic Councillor is a member;
- 29.6.1.5. ceases to reside in Ontario;
- 29.6.1.6. fails, without cause, to attend a hearing or proceeding of a panel for which the Academic Councillor has been selected;
- 29.6.1.7. becomes the subject of a proceeding with respect to professional misconduct, incompetence or incapacity; or
- 29.6.1.8. ceases to be a member.
- 29.6.2. Subject to subsection 29.8.1.2, if an Academic Councillor is disqualified from sitting on Council, then the member ceases to be a member of Council.
- 29.6.3. The Academic Councillor is not eligible to serve on a committee as a Non-Council Committee Member.

29.7. Filling of Vacancies

- 29.7.1. If the seat of the Academic Councillor becomes vacant Council may,
 - 29.7.1.1. leave the seat vacant; or
 - 29.7.1.2. appoint another member who is eligible to by the Academic Councillor.
- 29.7.2. The terms of a member appointed under subsection 29.3.1.2 shall continue until the time the former Academic Councillor's term would have expired.

30. COMPOSITION OF STATUTORY COMMITTEES

- 30.1. The committees referred to in this section shall carry out their duties as provided in the RHPA, the Act and the Regulations and shall have no additional powers or obligations. All other committees except for the Executive Committee, the Election Committee and the Privacy Committee, shall only have

the power to make recommendations to the Council or the Executive Committee.

30.2. The Executive Committee of Council shall be composed of:

- 30.2.1. At least two (2) Professional Councillors, and
- 30.2.2. At least two (2) Publicly-Appointed Councillors.
- 30.2.3. The President and Vice-President shall be among the members of the Executive Committee.
- 30.2.4. The President shall be the chair of the Executive Committee. A majority of the members of the Executive Committee shall constitute a quorum.
- 30.2.5. The Executive Committee shall have all the powers of Council (except the power to make, amend or revoke Regulations or By-laws), between the meetings of Council.

30.3. The Registration Committee shall be composed of:

- 30.3.1. At least one (1) Professional Councillor,
- 30.3.2. At least (1) Publicly-Appointed Councillor, and
- 30.3.3. At least (3) Non-Council Committee Members.

30.4. The Inquiries, Complaints and Reports Committee shall be composed of:

- 30.4.1. At least two (2) Professional Councillors,
- 30.4.2. At least two (2) Publicly-Appointed Councillors, and
- 30.4.3. At least four (4) Non-Council Committee Members.

30.5. The Discipline Committee shall be composed of:

- 30.5.1. At least two (2) Professional Councillors,
- 30.5.2. At least two (2) Publicly-Appointed Councillors, and
- 30.5.3. At least four (4) Non-Council Committee Members.

30.6. The Fitness to Practise Committee shall be composed of:

- 30.6.1. At least two (2) Professional Councillors,

30.6.2. At least one (1) Publicly-Appointed Councillor, and

30.6.3. At least two (2) Non-Council Committee Members.

30.7. The Quality Assurance Committee shall be composed of:

30.7.1. At least two (2) Professional Councillors,

30.7.2. At least one (1) Publicly-Appointed Councillor, and

30.7.3. At least three (3) Non-Council Committee Members.

30.8. The Patient Relations Committee shall be composed of the members of the Executive Committee.

31. ELECTION, NOMINATING, FINANCE AND AUDIT AND PRIVACY COMMITTEES

31.1. The Election Committee shall be composed of three (3) persons appointed by the Council. The Election Committee shall perform such duties as the Council shall determine.

31.2. The Nominating Committee shall be composed of four (4) Councillors. The Nominating Committee shall perform such duties as the Council shall determine.

31.3. There will be a Finance and Audit Committee composed of at least four (4) Councillors and such other persons as may be appointed by Council. The Finance and Audit Committee shall perform such duties as the Council shall determine.

31.4. There will be a Privacy Committee composed of the members of the Executive Committee. The Privacy Committee shall perform such duties as the Council shall determine.

32. ADDITIONAL COMMITTEES

32.1. Council may appoint additional committees as it considers advisable. The duties of additional committees will be determined by Council.

33. MEMBERSHIP OF COMMITTEES

33.1. Annually, Council shall appoint all members of committees except the President and Vice-President of the Executive Committee, who are elected in accordance with this by-law.

33.2. No employee of the College shall be eligible to be a member of any committee.

- 33.3. Council or the Executive Committee may disqualify a Councillor from sitting on a committee or take other appropriate action if, in the opinion of the Council or the Executive Committee the conduct or actions of the Councillor are detrimental to the College or contrary to any of its policies. The disqualification of a Councillor is to be determined by a majority of votes cast at either a meeting of Council or the Executive Committee. If a Councillor is disqualified in accordance with this subsection, they will cease to be a member of the committee.
- 33.4. Council or the Executive Committee may remove from office any member of any committee and may fill any vacancy.
- 33.5. The term of office of a member of a committee begins on the date of appointment and the member shall continue to serve until a successor is appointed or a member is disqualified in accordance with this by-law.

34. COMMITTEE CHAIRS

Council may appoint or remove the Chair of any committee.

35. APPOINTMENT OF NON-COUNCIL COMMITTEE MEMBERS TO COMMITTEES OF THE COLLEGE

35.1. Eligibility for Appointment

- 35.1.1. A member is eligible for appointment to serve as a Non-Council Committee Member if, on the date of the appointment,
- 35.1.1.1. the member is not in default of any payment of any fees required by this by-law or any fine imposed under the Act or the RHPA;
 - 35.1.1.2. the member is not the subject of a proceeding for professional misconduct, incompetence or incapacity
 - 35.1.1.3. there has not been a finding of professional misconduct, incompetence or incapacity with respect to the member in the three (3) years before the date of appointment;
 - 35.1.1.4. the member's certificate of registration has not been revoked or suspended in the six (6) years before the date of appointment;
 - 35.1.1.5. the member holds a specialty certificate of registration in one or more specialties and the member's certificate of registration is not subject to a term, condition or limitation other than one prescribed by regulation; and
 - 35.1.1.6. the member is not:

- 35.1.1.6.1. an officer, director or a person employed by a professional association representing the profession or any of the Specialities or both,
 - 35.1.1.6.2. an executive officer of a bargaining unit of a union representing the profession or any of the Specialities or both, or
 - 35.1.1.6.3. an executive officer of an association of managers of members of the profession or any of the Specialties or both.
- 35.1.2. Council shall disqualify a Non-Council Committee Member from sitting on a committee, and the member shall cease to be a member of the committee if the Non-Council Committee Member,
- 35.1.2.1.1. is found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent;
 - 35.1.2.1.2. is found by a panel of the Fitness to Practise Committee to be an incapacitated member;
 - 35.1.2.1.3. fails, without cause, to attend two (2) consecutive meetings of the committee or of a subcommittee of which they are a member;
 - 35.1.2.1.4. fails, without cause, to attend a hearing or proceeding of a panel for which the member has been selected;
 - 35.1.2.1.5. ceases to reside in Ontario; or
 - 35.1.2.1.6. ceases to be a member.
- 35.1.3. Council shall disqualify a member appointed to a committee from sitting on the committee if the member becomes the subject of a proceeding for professional misconduct, incompetence or incapacity.
- 35.1.4. Council or the Executive Committee may disqualify a member from sitting on a committee or take other appropriate action if, in the opinion of the Council or the Executive Committee the conduct or actions of the member are detrimental to the College or contrary to any of its policies. The disqualification of a member is to be determined by a majority of votes cast at either a meeting of Council or the Executive Committee. If a member is disqualified in accordance with this subsection, they will cease to be a member of the committee.

36. THE REGISTER

36.1. Maintaining the Register

- 36.1.1. The Registrar & CEO shall maintain a register in accordance with the section 23 of the Code.

36.2. Name in the Register

- 36.2.1. Unless section 36.3 applies, a member's name in the Register shall be the full name indicated on the documents used to support the member's initial registration with the College.
- 36.2.2. The member shall notify the Registrar & CEO in writing of any change of name and provide the Registrar & CEO with proof of the change of name within seven (7) days of the effective date of the change.

36.3. Change of Name

- 36.3.1. The Registrar & CEO may enter a name other than the name referred to in subsection 36.2.1 of this by-law in the Register if the Registrar & CEO:
- 36.3.1.1. has received a written request from the member,
 - 36.3.1.2. is satisfied that the member has legally changed their name, and
 - 36.3.1.3. is satisfied that that change of name is not for an improper purpose.
- 36.3.2. The Registrar & CEO may give a direction under subsection 65.3 of this by-law before or after the initial entry of the member's name in the Register.

36.4. Given Name

- 36.4.1. The Registrar & CEO may direct that a given name, in addition to the name(s) referred to in subsections 36.2 and 36.3 of this by-law be entered in the Register if the Registrar & CEO:
- 36.4.1.1. has received a written request from the member, and
 - 36.4.1.2. such given name is used by the member in their practice of the profession.

- 36.4.2. The Registrar & CEO may give a direction under subsection 36.4 of this by-law before or after the initial entry of the member's name in the Register.

36.5. Information in the Register

- 36.5.1. In addition to the information required under subsection 23(2) of the Code and the regulations made under clause 43(1)(t) of the RHPA, the Register shall contain the following information with respect to each member, which is designated as public for the purposes of subsection 23(5) of the Code:
- 36.5.1.1. the member's name, including any given name directed to be entered in the Register under subsection 35.4 of this by-law.
 - 36.5.1.2. the member's registration number.
 - 36.5.1.3. the member's registration status.
 - 36.5.1.4. the date when the member's certificate of registration was first issued or, if the member held a certificate under the RTA, the date when the member was first issued a certificate by the Board of Radiological Technicians.
 - 36.5.1.5. where the person has resigned as a member, a notation to this effect and the date upon which the person resigned.
 - 36.5.1.6. the date on which each specialty certificate of registration held by the member was issued and, if applicable, the date on which the member ceased to hold that specialty certificate of registration.
 - 36.5.1.7. where a member's certificate of registration is reinstated, a notation to that effect and the date of reinstatement.
 - 36.5.1.8. where a member's specialty certificate of registration is reinstated, a notation to this effect and the date of reinstatement.
 - 36.5.1.9. where the member's certificate of registration is suspended for non-payment of the annual fee or any fee required by the College, a notation of that fact, the date upon which the suspension took effect and, if applicable, the date upon which the suspension was removed.
 - 36.5.1.10. any information that the College and the member have agreed should be included in the Register.

36.6. Health Professions Corporation

- 36.6.1. In addition to the information required under section 23(2) of the Code, the Register shall contain the following information with respect to each health profession corporation to which a certificate of authorization has been issued by the College, which is available to the public:
- 36.6.1.1. The practice name(s) or business name(s) used by the health profession corporation, if any.
 - 36.6.1.2. A brief description of the professional activities carried on by the health profession corporation.
 - 36.6.1.3. If the certificate of authorization has been revoked a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for revocation.

36.7. Information to be Provided to the College

- 36.7.1. A member shall provide to the College the following information, in the form and at the time(s) determined by the Registrar & CEO:
- 36.7.1.1. The member's home address and home telephone number.
 - 36.7.1.2. The member's gender.
 - 36.7.1.3. The member's birth date.
 - 36.7.1.4. The member's preference to communicate with the College in either English or French.
 - 36.7.1.5. Whether or not the member is bilingual.
 - 36.7.1.6. The member's business address(es) (including the name of the member's employer) and business telephone number(s) for:
 - 36.7.1.6.1. The member's primary place of practice; and
 - 36.7.1.6.2. All other places of practice.
 - 36.7.1.7. The member's email address, which is unique to the member and checked regularly by the member.
 - 36.7.1.8. The member's employment information including employment status, period of employment, practice hours, practice hours related to area(s) of responsibility, and historical information, and, for each place of employment, employment category, full

time/part-time status, position, type of facility, area(s) of responsibility, area(s) of practice, and categories of patients seen.

- 36.7.1.9. The language(s) in which the member provides services.
- 36.7.1.10. Information about the member's education related to the practice of the profession including, for each program or course of study, the credential, name of institution at which a member completed their education, name of location of institution, year of graduation or successful completion, and specialty(ies) or area(s) of practice.
- 36.7.1.11. Information about the member's education not related to the practice of the profession including, for each program or course of study, the credential, field of study, location of institution, and year of graduation or completion.
- 36.7.1.12. Information about the examination(s) successfully completed by the member related to the practice of the profession and other imaging modalities, including for each examination, the designation, year of completion, name of institution, and specialty(ies) or area(s) of practice.
- 36.7.1.13. The date on which the member successfully completed the examination set or approved by Council.
- 36.7.1.14. The address at which the member prefers to receive communications from the College.
- 36.7.1.15. If the member is eligible to vote in more than one of Electoral District 1, 2, 3, 4, or 5, the member's selection of the specialty electoral district in which the member intends to vote.
- 36.7.1.16. Information about any other jurisdictions in which the member has practised as a medical radiation and imaging technologist, and the period of practice in any such jurisdiction(s).
- 36.7.1.17. Any information required to be kept in the Register.
- 36.7.1.18. Any information which the College may be required to collect for the purpose of health human resources planning of the Ministry of Health and Long-Term Care in accordance with the RHPA.
- 36.7.2. For every health profession corporation of which the member is a shareholder, the member shall provide the following information to the

College in the form and at the time(s) determined by the Registrar & CEO:

- 36.7.2.1. The certificate of authorization number.
- 36.7.2.2. The business address and business telephone number, facsimile number, mailing address and email address of the health profession corporation.
- 36.7.2.3. A brief description of the professional activities carried on by the health profession corporation.
- 36.7.2.4. The date upon which the certificate of authorization was first issued.
- 36.7.2.5. If the certificate of authorization was revised or a new certificate of authorization was issued to the health profession corporation, a notation of that fact and the date when that occurred.
- 36.7.2.6. The address and telephone number of each location at which the health profession corporation carries on the practice of the profession.
- 36.7.2.7. The name of the health profession corporation as registered with the Ministry of Government Services.
- 36.7.2.8. Any practice or business name(s) used by the health profession corporation.
- 36.7.2.9. The name, as set out in the Register, and resignation number of each shareholder of the health profession corporation.
- 36.7.2.10. The name of each officer and director of the health profession corporation, and the title or office held by each.
- 36.7.3. If there has been any change in the information required to be provided under subsection 36.7, the member shall notify the Registrar & CEO of the change in writing or by a method of electronic communication acceptable to the College within seven (7) days of the effective date of the change.

37. CODE OF ETHICS

Council shall establish and prescribe a code of ethics with which all members shall comply. The current Code of Ethics is attached as "Schedule A" and forms part of this By-law.

38. COMING INTO FORCE

This By-law comes into force January 1, 2019.

On January 1, 2019, the following by-laws are repealed: By-law No. 4, By-law No. 9, By-law No. 11, By-law No. 12, By-law No. 13, By-law No. 23, By-law No. 28 and By-law No. 43.

CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
ITEM#.....174.....



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

-174-

Briefing Note

To: Executive Committee

From: Linda Gough, Registrar & CEO **Date:** May 28, 2018

Subject: Diagnostic medical sonographers (DMSs)

This agenda item is for:

☐

Decision

☐

Direction to staff

☒

Discussion

☒

Information

A verbal update on the status of the regulation of diagnostic medical sonographers will be provided at the meeting.

CIRCULATED
WITH AGENDA
OF MAY 11 2018CIRCULATED WITH AGENDA
OF JUN 15 2018**Kirusha Kobindarajah**

From: Cole, Denise (MOHLTC) <Denise.Cole@ontario.ca>

Sent: April 2, 2018 1:15 PM

To: Linda Gough <LGough@CMRTO.org>

Cc: Bianchi, Agnese (MOHLTC) <Agnese.Bianchi@ontario.ca>; Henry, Allison (MOHLTC) <Allison.Henry@ontario.ca>; de Braganca, Lorraine (MOHLTC) <Lorraine.deBraganca@ontario.ca>; Holm, Bruna E. (MOHLTC) <Bruna.Holm@ontario.ca>

Subject: Re: Thanks from CMRTO and next steps

EXECUTIVE

ITEM#.....5.....

COUNCIL

ITEM#.....136.....

Dear Linda,

This is to confirm I have received your email. Again, I will thank CMRTO for the work to regulate diagnostic sonographers.

I have made note of the items you raise. With regard to approval of the proclamation date of the Medical Radiation and Imaging Technology Act, 2017, as I stated at the Council meeting, this will not occur before the provincial election. However, the ministry will endeavour to seek approval as soon as possible thereafter.

We look forward to working with you and Council on the matters raised.

Best,
Denise

Denise A. Cole

Assistant Deputy Minister

Health Workforce Planning & Regulatory Affairs Division Ministry of Health and Long-Term Care

56 Wellesley Street West, 12th Floor

Toronto ON M5S 2S3

T: 416-212-7688 | C: 647-282-8624 | E: Denise.Cole@ontario.ca

Sent from my BlackBerry 10 smartphone on the Rogers network.

From: Linda Gough

Sent: Monday, April 2, 2018 12:25 PM

To: Cole, Denise (MOHLTC); Henry, Allison (MOHLTC)

Cc: Bianchi, Agnese (MOHLTC)

Subject: Thanks from CMRTO and next steps

Hello Denise and Allison

Thank you so much for attending the CMRTO Council meeting last week. Council was very pleased that you were able to attend in person to hear first hand how CMRTO has closed the gap in public protection by regulating diagnostic medical sonographers as a fifth specialty. They were also interested to hear from you directly about the important work of your unit and the findings of the McMaster Health Forum.

Thank you and your team for all of your hard work in achieving both the regulation of diagnostic medical sonography under the MRT Act as a new specialty and for achieving Royal Assent of the Strengthening Quality and Accountability for Patients Act, 2017, Schedule 6 of which is the Medical Radiation and Imaging Technology Act, 2017 (MRIT Act).

As I have heard at the Council meeting, we would like to discuss three things with you as soon as possible:

1. Cabinet approval, in early 2018 (and before the election), of proclamation of the Medical Radiation and Imaging Technology Act, 2017 (MRIT Act) on January 1, 2019;
2. The possibility and timing of “clean up” regulations so that the regulations made under the MRT Act are made consistent in language with the MRIT Act when the MRIT Act comes into force; and
3. Assistance with obtaining the addresses of certain physicians’ offices (and if possible the names of those physicians) where diagnostic medical sonography procedures are performed by reference to billing codes for diagnostic medical sonography procedures, which the CMRTO has.

Proclamation of the MRIT Act

As you are aware, the amendments to the registration regulation and the forms of energy regulation for the purpose of regulation of diagnostic medical sonography under the MRT Act as a new specialty is just the first step with respect to the regulation of diagnostic medical sonography in Ontario in the public interest. In order to fully achieve the goal of regulating diagnostic medical sonography in Ontario in the public interest, it is essential that the CMRTO become the “College of Medical Radiation and Medical Imaging Technologists of Ontario” and that the governing legislation prohibit a person who is not a member of the College from using the title “diagnostic medical sonographer” and/or holding themselves out as a person qualified to practise in Ontario as a diagnostic medical sonographer. In addition, the CMRTO received many comments during the two consultations in connection with the amending regulation and the standards of practice that indicate that diagnostic medical sonographers do not see themselves as medical radiation technologists and they believe they should be regulated by a regulatory body that reflects that they are medical imaging technologists, not medical radiation technologists.

I believe that you would agree that, by the end of the grandparenting period and when the amendments to the controlled acts regulation related to the application of soundwaves for diagnostic ultrasound come into force (January 1, 2019), it is essential that the MRIT be in force.

Given the short period of time between now and an election, it seems that there is only a small window of opportunity to obtain Cabinet approval of proclamation of the MRIT Act on January 1, 2019. However, given the significant changes to all aspects of the College and its programs that come with a change in the name of the College, a change in the name of the profession and the new restricted titles, the College cannot find itself in the same position in the fall of 2018 as it found itself in this the fall of 2017; that is, counting days until the possible coming into force of regulations. The College must be able to know months ahead of time, not days, when the MRIT Act will come into force.

In addition, it would be preferable for the regulations made under the MRIT Act to use language that is consistent with the language used in the MRIT Act. For example, the registration regulation made under the MRT Act, as amended, refers frequently to “medical radiation technology” and “medical radiation technologist”.

Addresses of Physicians’ Offices

As you are aware, many sonographers work in public hospitals and IHFs. Communicating with sonographers who work in public hospitals and IHFs will be achievable for the CMRTO through the organizations to which we already have connections. However, there are a number of sonographers who work in physicians’ offices (e.g. echocardiography clinics). It will be difficult for the CMRTO to reach sonographers who work in physicians’ offices that are not IHFs. We know what the billing codes are for particular ultrasound procedures. If the CMRTO had the addresses for those physicians’ offices where ultrasound procedures are performed, then the CMRTO could send communications to those physicians so that the sonographers that work in their offices would be made aware of the need for sonographers to become registered.

We suspect that a number of these sonographers may be foreign trained physicians who will likely only be eligible for registration during the grandparenting period or sonographers who have received only on the job training. We would

like to avoid difficulty in January 2019 when we are contacted by sonographers who complain that they didn't know¹⁷⁷ – about the change in the law.

One year is not a lengthy period of time for sonographers in Ontario to become aware of the regulation of diagnostic medical sonography. So the CMRTO wants to be able to send a communication to sonographers who work in these settings. The CMRTO would appreciate your assistance in this regard. It may simply consist of providing us with an introduction to the person or persons in the appropriate branch of the Ministry who can provide the CMRTO with the information and requesting such person or persons to cooperate with the CMRTO in providing the necessary information.

A meeting would be very helpful with respect to the above three matters because you may have different options to propose for achieving the same goals and/or a plan to achieve these goals.

Thanks again for all of your assistance to date and for meeting with our Council last week. I look forward to continuing to work with you and your team in 2018 with respect to the regulation of diagnostic medical sonography.

Warm regards
Linda

Linda Gough, MRT(R) Registrar & CEO

[Description: Description: CMRTO_REVISED_Symbol_Green]

College of Medical Radiation Technologists of Ontario
375 University Avenue, Suite 300
Toronto, Ontario, M5G 2J5
tel 416.975.4353 1.800.563.5847
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email lgough@cmrto.org<mailto:lgough@cmrto.org>
www.cmrto.org

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**Ministry of Health
and Long-Term Care**

**Health Workforce Planning and
Regulatory Affairs Division**

**Assistant Deputy Minister's
Office**

12th Floor
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Toronto ON M5S 2S3
Tel.: 416 212-6115
Fax: 416 327-0167

**Ministère de la Santé
et des Soins de longue durée**

**Division de la planification et de la réglementation
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domaine de la santé**

Bureau du sous-ministre adjoint

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Télec.: 416 327-0167



CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
ITEM#.....13 biii.....

CIRCULATED AT MEETING

OF MAY 11 2018

EXECUTIVE
ITEM#.....5 evi.....

HLCT-2968IT-2018-63

MAY 08 2018

Ms. Linda Gough
Registrar
College of Medical Radiation Technologists of Ontario
375 University Avenue, Suite 300
Toronto ON M5G 2J5

Dear Ms. Gough:

Thank you for your letter dated March 27, 2018, providing an update on the work that the College of Medical Radiation Technologists of Ontario's (CMRTO) Council, Committees and staff have undertaken to facilitate the regulation of diagnostic medical sonographers as a fifth speciality of medical radiation technology.

I appreciate the extensive work that the CMRTO has completed to date, including communications and consultations with members, diagnostic sonographers and other stakeholders, as well as updating the CMRTO's Standards of Practice and Code of Ethics. This work is critical to ensuring the smooth implementation of the regulation of diagnostic sonographers.

I look forward to future updates on the status of the regulation of diagnostic sonographers as the grandparenting period progresses.

Ms. Linda Gough

- 2 -

As your work continues, please do not hesitate to contact Allison Henry, Director, Health Workforce Regulatory Oversight Branch at 416-327-8543 or allison.henry@ontario.ca if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Denise Cole', with a stylized, cursive script.

Denise Cole
Assistant Deputy Minister
Health Workforce Planning and Regulatory Affairs Division

Enclosure

c: Wendy Rabbie, President, CMRTO
Allison Henry, Director, Health Workforce Regulatory Oversight Branch

CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
ITEM# 136iv



College of
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-180-

April 19, 2018

Noah Morris, Assistant Deputy Minister (Acting)
Advanced Education Learner Supports Division
Ministry of Advanced Education and Skills Development
Mowat Block, 9th Floor
900 Bay Street
Toronto, ON M7A 1L2

Sent by mail and email: noah.morris@ontario.ca

Dear Mr. Morris:

This letter is to advise you that the College of Medical Radiation Technologists of Ontario (CMRTO) has received direction from the Ministry of Health and Long-Term Care to regulate diagnostic medical sonographers in Ontario. Regulating diagnostic medical sonographers will bring them under the same regulatory framework as other members of the CMRTO, enhancing patient protection through the establishment of minimum entry to practice requirements. As regulated professionals, diagnostic medical sonographers will be subject to a number of regulatory processes, including the CMRTO's complaints and discipline mechanisms and participation in ongoing quality assurance.

O. Reg. 866/93 (the Registration Regulation) made under the *Medical Radiation Technology Act, 1991* (MRT Act) has been amended to enable the CMRTO to register diagnostic medical sonographers as a fifth specialty and sets out the registration requirements for an applicant to be issued a certificate of registration in diagnostic medical sonography. These amendments came into force on January 1, 2018.

The Registration Regulation includes a list of approved programs in diagnostic medical sonography offered at various educational institutions in Ontario. These are the accredited programs approved by the CMRTO for the purposes of registration.

The approved educational programs in diagnostic medical sonography were notified on January 29, 2018 of the amendments to the Registration Regulation and the additional provincial requirements for accreditation. The notice letter, a copy of which is attached, details how diagnostic medical sonography students, the curriculum and accreditation are affected, and provides information on the resources available to approved educational programs on the CMRTO website.

The CMRTO very much values the essential role the educational programs have in educating future diagnostic medical sonographers who are competent to practise the profession safely, effectively

and ethically. If you have any questions regarding the regulation of diagnostic medical sonographers with the CMRTO, I would be pleased to discuss them with you. You can contact me by phone at (416) 975-4353 or 1 (800) 563-5847, or by email at lgough@cmrto.org.

Yours sincerely,

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

Linda Gough, MRT(R), MPA, BSc
Registrar

Encl. Letter to approved educational institutions dated January 29, 2018 and attachment

CC: Noel Abbott, Manager, Registration Unit, Private Career Colleges Branch, Advanced Education Learner Supports Division, Ministry of Advanced Education and Skills Development

Lexie Charchuk, Senior Policy Advisor, Quality & Partnerships Unit, Private Career Colleges Branch, Advanced Education Learner Supports Division, Ministry of Advanced Education and Skills Development

Katie Yew, Inspector, Private Career Colleges Branch, Advanced Education Learner Supports Division, Ministry of Advanced Education and Skills Development

Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division, Ministry of Health and Long-Term Care

Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Health Workforce Planning and Regulatory Affairs Division, Ministry of Health and Long-Term Care

Advanced Education Learner
Supports Division

Division du soutien aux apprenants au
niveau postsecondaire

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Toronto ON M7A 1L2



Ontario

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MAY 23 2018

OF JUN 15 2018

COUNCIL
ITEM# 136v.....

Linda Gough
Registrar

College of Medical Radiation Technologists of Ontario (CMRTO)
375 University Avenue, Suite 300
Toronto, Ontario, M5G 2J5

Dear Ms. Gough,

Thank you for your letter dated April 19, 2018 providing us with an update on the role of the College of Medical Radiation Technologists of Ontario (CMRTO) in regulating diagnostic medical sonographers in Ontario.

Given the May 9, 2018 dissolution of the Legislative Assembly, and in order to ensure that we observe the traditional rules followed by the Ontario Public Service during an election period, the ministry will be unable to make any changes with respect to the changes to accreditation of programs at this time. We look forward to continuing these discussions with you in the near future.

Thank you again for taking the time to write.

Sincerely,

Noah Morris

Kirusha Kobindarajah

Attachments: CMRTO Information Sessions Spring 2018.pdf

From: CMRTO Communications

Sent: April-03-18 2:41 PM

Subject: Information sessions coming to a location near you!

CIRCULATED WITH AGENDA OF MAY 11 2018

OF JUN 15 2018

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WITH AGENDA

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ITEM#.....*Seni*.....

Dear CMRTO members and sonographers:

COUNCIL
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The Registrar & CEO, Linda Gough will be leading information sessions for CMRTO members and sonographers across the province this Spring. Linda will be talking about the *why*, *when* and *how* of applying to the CMRTO in the specialty of diagnostic medical sonography, and the revised Standards of Practice and Code of Ethics.

The information sessions are free for members and sonographers and no registration is required. And don't forget - the two-hour sessions can go towards your annual QA hours! So come out for a free education session, network with your colleagues, and enjoy some light refreshments!

The first session will be on Tuesday, April 10 in Hamilton. Full details on the information sessions can be found in the 'What's New' section of the CMRTO website (www.cmrto.org), and the schedule is also attached to this email. Follow us on Facebook and Twitter to get information on upcoming sessions and watch Linda as she meets with members and sonographers across the province!

Thank you,

CMRTO Communications



College of Medical Radiation Technologists of Ontario

375 University Avenue, Suite 300
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email communications@cmrto.org
www.cmrto.org



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

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ITEM#.....

See - Attachment



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CMRTO Information Sessions Spring 2018

City	Date & Time	Location
Hamilton	Tuesday April 10, 2018 7:00-9:00 p.m.	Carmen's Banquet Centre 1520 Stone Church Road East Room: Venetian Ballroom
Brampton	Wednesday April 11, 2018 7:00- 9:00 p.m.	Courtyard Marriott Toronto Brampton 90 Biscayne Crescent Room: Windsor B
Toronto	Thursday April 12, 2018 7:00-9:00 p.m.	The Michener Institute for Applied Health Sciences 222 St. Patrick Street Room: Auditorium, Ground Floor
Ottawa	Monday April 16, 2018 7:00-9:00 p.m.	Infinity Convention Centre 2901 Gibford Drive Room: Salon A, Main Floor
Kingston	Tuesday April 17, 2018 7:00-9:00 p.m.	Ambassador Hotel & Conference Centre 1550 Princess Street Room: Ontario Room
Ajax	Wednesday April 18, 2018 7:00-9:00 p.m.	Ajax Convention Centre 550 Beck Crescent Room: Westney Ballroom, Main Level
Windsor	Monday April 23, 2018 7:00-9:00 p.m.	Best Western Plus Waterfront Hotel 277 Riverside Drive West Room: Great Lakes Ballroom, Second Floor of Hotel
London	Tuesday April 24, 2018 7:00-9:00 p.m.	Four Points by Sheraton London 1150 Wellington Road South Room: Balmoral A, Mezzanine Floor, Main Entrance
Sudbury	Tuesday May 1, 2018 7:00-9:00 p.m.	Holiday Inn Sudbury 1696 Regent Street Room: Georgian Room D
Barrie	Wednesday May 2, 2018 7:00-9:00 p.m.	Holiday Inn Barrie Hotel & Conference Centre 20 Fairview Road Room: Churchill South, Ground Floor
Thunder Bay	Monday May 7, 2018 7:00-9:00 p.m.	Valhalla Inn 1 Valhalla Inn Road Room: Ballroom

- Sessions are free for CMRTO members and sonographers. No registration is required.
- Light refreshments will be available.
- Rooms may change on actual day. Check with venue on arrival.

Record of Attendees at CMRTO Workshops

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	Spring 2010	Fall 2011	Fall 2013	Fall 2014	Fall 2015	Fall 2017	Spring 2018
Location & Topic	Interprofessional Collaboration	Scope of Practice, Authorized Acts, Standards of Practice	ePortfolio, PLI	Patient Communication Guidelines	Professional Accountability	Regulation of Sonographers (# of sonographers)	Registration of DMSs (#of sonographers)
Barrie	33	32	27	27	16	27 (24)	12 (5)
Hamilton	26	54	67	52	16	28 (25)	16 (13)
London	26	43	73	33	20	21 (19)	7 (3)
Oshawa/Ajax	53	62	45	61	54	45 (13)	28 (18)
Ottawa	19	43	44	45	27	38 (32)	12 (11)
Sudbury	38	22	20	26	19	36 (12)	12 (3)
Thunder Bay	21	18	25	53	22	21 (10)	10 (5)
Timmins	20	16	14	4	6	----	24 (OTN)
Toronto	75	72	72	108	49	62 (36)	43 (36)
Windsor	6	----	48	23	28	23 (20)	4 (1)
Kingston	----	36	28	25	17	16 (10)	9 (6)
Brampton	----	----	----	----	----	30 (27)	26 (22)
Workshop Total	317	398	463	457	274	347 (228)	203 (123)
Other Presentations						277 (231)	561
Total	317	398	463	457	274	624 (459)	764

Last updated: June 1, 2018

Record of Attendees at CMRTO Workshops



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List of other presentations

Date	Location	No of participants
February 22, 2018	CMRTO Webinar: Regulation of sonography – Sonography is being regulated, now what?	209
March 1, 2018	St. Michael's Hospital, Toronto	62
March 22, 2018	Hospital for Sick Children, Toronto	18
March 22, 2018	CMRTO Webinar: Applying and Registration of DMSs	157
May 26, 2018	Sonography Canada Conference, St. Johns	115
Total		561

Kirusha Kobindarajah

Attachments:

Official Mark Certificate - DMS.pdf

From: John Wilkinson <JWILKINSON@weirfoulds.com>

Sent: April 10, 2018 9:42 AM

To: Linda Gough <LGough@CMRTO.org>

Cc: Debbie Tarshis <DTARSHIS@weirfoulds.com>

Subject: Official Mark: DMS

CIRCULATED WITH AGENDA

OF JUN 15 2018

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CIRCULATED
WITH AGENDA

OF MAY 11 2018

EXECUTIVE
ITEM# 5eiv

Hi Linda.

I am pleased to report that the official mark, "DMS", has been advertised in the Trade-marks Journal dated April 4, 2018.

Accordingly, this mark now has official mark status.

Attached with this email is a copy of the Certificate received from the Canadian Intellectual Property Office.

Regards,
John

JOHN WILKINSON | Partner | T. 416-947-5010 | C. 416-450-7774 | JWILKINSON@weirfoulds.com

WeirFoulds LLP

66 Wellington Street West, Suite 4100, P.O. Box 35, TD Bank Tower, Toronto, Ontario, Canada. M5K 1B7 | T. 416-365-1110 | F. 416-365-1876 | www.weirfoulds.com

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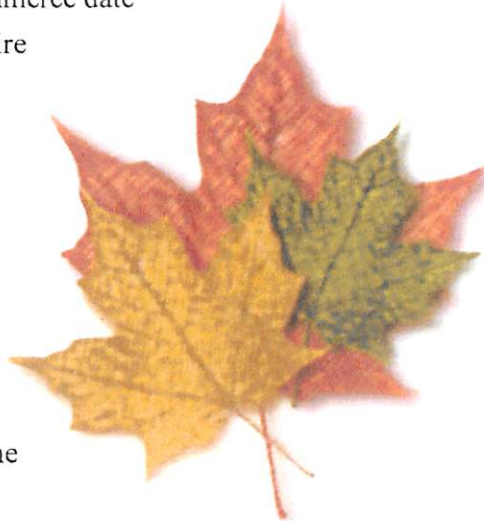
Certificat

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Certificate

EXECUTIVE
ITEM# *Seiv-attachment*

Il est par la présente certifié que, dans le
Journal des marques de commerce daté
du 04 avril 2018, le registraire
des marques de commerce
a donné, en vertu du
sous-alinéa 9(1)(n)(ii) de la
*Loi sur les marques de
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ci-dessous de l'insigne,
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This is to certify that in the Trade-marks
Journal dated April 04, 2018,
the Registrar of Trade-marks
gave public notice
under subparagraph
9(1)(n)(ii) of the
Trade-marks Act
of the adoption
and use by the
requesting party identified
below of the badge,
crest, emblem or
mark shown below.

DMS

Numéro de dossier
File Number

924756

Demandeur
Requesting Party

College of Medical Radiation Technologists of Ontario

Registraire des marques de commerce
Registrar of Trade-marks

FILE No./No DOSSIER 924 756
Subparagraph 9(1)(n)(ii)

ADVERTISED/ANNONCÉE DANS LE JOURNAL

FILING DATE/DATE DE PRODUCTION:
PUBLIC NOTICE DATE/DATE DE L'AVIS PUBLIC:

01 août/Aug 2017
04 avr/Apr 2018

REQUESTING PARTY/DEMANDEUR:
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375 University Avenue
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4100 - 66 Wellington Street West
P.O. Box 35, Toronto-Dominion Centre
Toronto
ONTARIO M5K 1B7

**PROHIBITED MARK; BADGE, CREST, EMBLEM OR MARK/
MARQUE INTERDITE; INSIGNE, ÉCUSSON, MARQUE OU EMBLÈME:**

DMS

INDEX HEADINGS/RUBRIQUES:

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Action / Action	Date / Date	BF/ BF	Commentaires/ Comments
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-190-

Memo

To: Linda Gough

From: Caroline Morris **Date:** April 13, 2018

Copy: Annette Hornby

Subject: Feedback on Sonography Canada National Competency Profile revalidation

Background:

On March 23, 2018 Yardstick Assessment Strategies, on behalf of Sonography Canada sent the following request.

Sonography Canada is currently in the process of updating the Entry-to-Practice National Competency Profiles (NCPs) for Generalist Sonographers, Cardiac Sonographers and Vascular Sonographers. The current NCP (Version 5.1) can be found on Sonography Canada's website (<http://www.sonographycanada.ca/Apps/Pages/national-competency-profiles-7>). The primary uses of the NCP are to (a) provide guidance for the curriculum of accredited educational programs in Diagnostic Medical Sonography and (b) inform the blueprints for Sonography Canada's Certification Examinations.

To ensure the entry-to-practice requirements for sonographers in Canada continue to reflect current and emerging practice, Sonography Canada reviews and updates the NCP at least every five years. This involves an initial critical review by an expert committee, followed by consultation with key stakeholders including regulators, education programs, practitioners, and employers (service department heads/managers).

On behalf of Sonography Canada, I would like to invite you to review an initial draft of the updated competencies (Version 6.0) and provide feedback on this draft. A pdf file of the Draft NCP document is attached to this email.

When reviewing this document, we ask that you consider the proposed changes that have been made to:

1. the **Competencies** - the "Proposed Revisions" column lists which competencies have been revised, deleted, moved, or newly added; and

2. the **Assessment Environments** - the "Proposed Revisions" column lists any changes made to the Assessment Environments.

We have created an online survey for you to enter your feedback about the Draft NCPs.

You can access the survey at the following link: https://www.research.net/r/Sonography_NCP-survey_R

We strongly recommend that you complete this survey as a group within your work setting. Please note that we only require **one completed survey from your organization**.

Your feedback is a critical component of the competency revalidation process and your input is important. In order to meet our own mandate, we are asking that you electronically complete and submit the survey by the deadline of **April 13**.

Once all surveys have been submitted, we will be using this data to inform further revisions to the NCPs.

Sonography Canada extends its sincere thanks in advance for your valuable contribution.

Response from CMRTO in online survey completed April 13, 2018:

The CMRTO provided the following responses to the request for feedback in the survey tool.

Comments in Area 1: Communication

Suggestion:

1.2 d. include a reference to the documentation including signatures and dates as appropriate.

Comments in Area 2: Professional Responsibilities

Suggestions:

2.1.c. Add reference to employer "Adhere to employer or facility policies and procedures"

add another item to 2.2 "Verify the patient's identity for all diagnostic procedures"

Comments to Area 3: Patient Assessment and Care

Suggestions:

3.3 d. We do not know what "provocative maneuvers" are suggest changing to clarify or adding a glossary

Comments to Appendix 1.3 - Abdomen

The headings on this page are a little confusing - layout on the page with the details under the Biliary system and the gastrointestinal tract and liver sections make it a little difficult to read

Additional Feedback Section

Feedback provided on the Sonography Canada National Competency profiles (NCPs) in the online survey tool.

The CMRTO thanks Sonography Canada for the opportunity to provide feedback at this stage of the competency profile review process. The CMRTO review has focused on ensuring there is congruency between the competency profiles and the CMRTO Standards of Practice.

The CMRTO also reviewed the NCPs to determine if the NCPs include the following four competencies:

1. Follow national association and provincial regulatory body code of ethics
2. Follow national association and provincial regulatory body standards of practice
3. Follow legislation, regulation/bylaws regulating diagnostic medical sonographers
4. Perform all duties in compliance with the sexual abuse prevention guidelines

The CMRTO has noted that the NCP's include in 2.1.a. adhere to relevant provincial and federal legislation and regulations (similar to #3 above) and in 2.1.b. to adhere to relevant professional scope of practice and code of ethics (similar to #1 above). CMRTO would recommend that items #2 and #4 above be added to the NCPs as these are statutory competencies at entry level for practice in Ontario.

The CMRTO will be pleased to provide you with further feedback on these important documents in your final review process. If you have any questions about this feedback, please feel free to call.

OF JUN 15 2018

COUNCIL
ITEM# 13c1-193-
College of
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Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** June 1, 2018

Subject: CMRTO Visual Identity Update

As we prepare for transition to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO), we need to have a logo and brand standards to support our new name. As we will be building our new website in the latter half of the year, and updating all our publications ready for launch on January 1, 2019, we need to have a decision from Council on the updated logo at the June meeting.

You will recall that Geordie Allen, C Group gave a presentation to Council on March 26, 2018 regarding the logo design and identity redesign process.

In accordance with the Creative Brief and Timeline received by Council at the last meeting, the design team at Crescent has been busy working on logo and identity concepts. On May 30, 2018, Geordie Allen presented five possible solutions to the CMRTO staff working group, which shortlisted to two solutions and recommended further refinements. On June 14, 2018, Mr. Allen will present the two recommended solutions for Council's consideration.

As much of the information and work Mr. Allen is providing his proprietary information, this will be presented in the governance session. The vote on the final solution will take place in the open Council meeting on June 15, 2018.

OF JUN 15 2018

COUNCIL
ITEM# 13di-194-
College of
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Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** June 1, 2018

Subject: What you must know about.... updates

This agenda item is for:

☐

Decision

☒

Direction to staff

☒

Discussion

☒

Review

The CMRTO publishes a series of documents called 'What you must know about...' (WYMKA), which provide guidance to members on practice issues and legislation affecting their practice. With the addition of Diagnostic Medical Sonographers, it is time for CMRTO to review and update these documents.

Attached are two draft documents:

1. WYMKA....mandatory reporting, which includes updates to our existing publication as a result of recent amendments to the RHPA, and
2. WYMKA...orders, which is a new publication.

Please review the draft documents and provide staff with any proposed corrections or amendments at the meeting on June 15, 2018.

OF JUN 15 2018

COUNCIL
ITEM#13dii.....

DRAFT REVISIONS (June 2018)

What you must know about...mandatory reporting

Introduction

Mandatory reporting refers to the obligation under the *Regulated Health Professions Act, 1991* (RHPA) and the Health Professions Procedural Code (the Code) for ~~medical radiation technologists (MRTs)~~ members of the College of Medical Radiation Technologists of Ontario (CMRTO or the College), employers and facility operators to file written reports to the College in a number of circumstances as outlined here. In this publication, "members" refers to all members of the CMRTO; that is, members of all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

Mandatory reporting is considered an essential professional obligation because it is the best means of ensuring that instances of professional misconduct, incompetence, professional negligence, sexual abuse or concerns regarding incapacity are brought to the attention of the College. It is the responsibility of the College to review or investigate any report in the context of its self-regulatory role to protect the public from harm.

As health professionals, MRTs-CMRTO members may also have mandatory duties to report information to named officials or agencies under other pieces of provincial legislation. For example, Section 72-125(1) of the *Child, Youth and Family Services Act, 2017* outlines the public and professional's duty to report a child in need of protection if ~~he or she has~~ they have reasonable grounds to suspect abuse as defined under that Act. These Acts also define to whom health professionals are required to report.

However, this publication is focused solely on the duties that MRTs-CMRTO members must fulfill to report actions and behaviours to the College and reports to the College that may be required to be made by others regarding MRTsmembers.

Importance of Departmental Policies re: Reporting

Reporting of sexual abuse, professional misconduct, incompetence and incapacity by MRTsCMRTO members, employers and facility operators can be complex and sensitive. Facility operators and department managers are encouraged to develop policies that help guide individual MRTsmembers in how they are to handle these situations.

In particular, the policies should define who is responsible within the organization for preparing the report for filing with the College Registrar.

Reporting by MRTsCMRTO membersSexual Abuse

The College publishes a more detailed description of its program to prevent sexual abuse, and the expectations of MRTs-CMRTO members under the RHPA and the ~~Health Professions Procedural~~ Code with respect to suspected sexual abuse, in its *What You Must Know About . . . Sexual Abuse*.

However, it is mandatory under the RHPA for an MRTa member to file a written report to the College if the MRT-member has reasonable grounds, obtained in the course of ~~his or her~~ their

practice, to believe that a patient has been sexually abused by any member of the CMRTO or by any member of another health regulatory college.

It is compulsory for MRTs-CMRTO members to file a report of sexual abuse of a patient, unless the MRT-member does not know the name of the member who would be the subject of the report. In fact, failure to do so when there are reasonable grounds to believe the abuse has occurred is an offence under the Health Professions Procedural Code, and can lead to severe penalties.

Professional Negligence and Offences

Under section 85.6.2 of the Health Professions Procedural Code, an-MRTa member must file a written report to the College if the MRT-member has had a finding of professional negligence or malpractice made against him or her/them. These findings are made by a court in a civil proceeding or lawsuit. They often result in an award of damages by the court. The College is required to post the court's finding of professional negligence or malpractice against the MRT-member on the public register.

Under section 85.6.1 of the Health Professions Procedural Code, an-MRTa member must file a written report to the College if the MRT-member has been found guilty of an offence. A person may be found guilty of an offence if the person breaches a provincial law (e.g. *Healing Arts Radiation Protection Act, 1990*) or a federal law (e.g. Criminal Code of Canada). The Registrar will review the report made by the MRT-member and determine whether to conduct further investigation into the incident. For example, if the offence is related to the practice of medical radiation technology or an-MRT'sa member's suitability to practise.

Charges and Bail Conditions

Under section 85.6.4 of the Code, a member must file a written report to the College if the member has been charged with an offence. The report must contain information about every bail condition or other restriction imposed upon, or agreed to, by the member in connection with the charge.

Other Professional Memberships and Findings

Under section 85.6.3 of the Code, a member must file a written report to the College if the member is a member of another body that governs a profession inside or outside of Ontario. A member shall also file a written report to the College if there has been a finding of professional misconduct or incompetence made against the member by another body that governs a profession inside or outside of Ontario.

Reporting by Employers, Facilities and Others

Under section 85.5 of the Health Professions Procedural Code, a report must be sent to the College by a person whenever a person:

- Terminates the employment of a practitioner-member, *for reasons of professional misconduct, incompetence or incapacity*
- Revokes, suspends or imposes restrictions on the privileges of a practitioner-member, *for reasons of professional misconduct, incompetence or incapacity*

- Dissolves a partnership, a health profession corporation or association with a ~~practitioner~~member, for reasons of professional misconduct, incompetence or incapacity

The person also has an obligation to file a report if the ~~practitioner~~member resigns to avoid the actions defined above.

Under section 85.2 of the ~~Health Professions Procedural~~ Code, a report must be sent to the College by a person who operates a facility whenever that person:

- Has reasonable grounds to believe that a member who practises at the facility is incompetent, incapacitated or has sexually abused a patient

Health information custodians also need to be aware of their reporting obligations under the Personal Health Information Protection Act, 2004 (PHIPA). Health information custodians are required to report certain actions taken in response to privacy breaches to the College. Under PHIPA, a privacy breach is the unauthorized collection, use, disclosure, retention or disposal of personal health information.

If a health information custodian takes any disciplinary action against a member because of that member's unauthorized collection, use, disclosure, retention or disposal of personal health information, the health information custodian must file a report with the College. This includes where a health information custodian suspends or terminates a member's employment or restricts a member's privileges. It also includes where a member resigns to avoid such actions.

Determining Professional Misconduct, Incompetence, Incapacity or Sexual Abuse

Sometimes ~~CMRTO~~ members-of-the-College have difficulty determining what constitutes professional misconduct, incompetence or incapacity.

In general, professional misconduct results from a failure to do something required by the practice of our profession or doing something which violates the legislation or standards of practice governing our profession. The means for assessing whether any conduct or action constitutes professional misconduct are the College's Standards of Practice and the legislation which governs the profession, including the professional misconduct regulation of the College (available on the College website, www.cmrto.org).

Both incompetence and incapacity are defined in the ~~Health Professions Procedural~~ Code. Incapacity occurs when a professional "is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's practice be subject to terms, conditions or limitations or that the member no longer be permitted to practise."

Incompetence occurs when a professional's care of a patient displays "a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practise or that the member's practice should be restricted."

Sexual abuse of a patient by a member is defined in the ~~Health Professions Procedural~~ Code and includes: sexual intercourse or other forms of physical sexual relations; touching of a sexual nature; behaviour or remarks of a sexual nature. For more detailed information please refer to *What You Must Know About . . . Sexual Abuse*.

Rules for Filing Reports

Section 85.3 of the ~~Health Professions Procedural~~ Code outlines in detail the processes and rules for persons operating a facility who are required to submit a report of incompetence or incapacity, as well as for persons operating a facility and ~~MRTs-members~~ who are required to submit a report of sexual abuse to the College Registrar. Here are some important points to remember:

- A report must be filed in writing with the Registrar of the College of the member who is the subject of the report. (~~Written reports should not be submitted by email since they must be signed~~)
- Usually reports must be filed with the appropriate College Registrar within thirty days after the obligation to report arises. However, if there are reasonable grounds to believe that sexual abuse of the same patient will continue or of other patients will occur, or that the incompetence or incapacity of the member will expose a patient to harm or injury, and there is urgent need for intervention, the report must be filed immediately
- The report must contain,
 - a) the name of the person filing the report
 - b) the name of the member who is the subject of the report
 - c) an explanation of the alleged sexual abuse, incompetence or incapacity
- The report may only contain the name of the patient who may have been sexually abused if the patient consents in writing to ~~his or her~~their name being included in the report
- If ~~an MRT~~a member is required to file a report of sexual abuse because of reasonable grounds obtained from one of ~~his or her~~their patients, the ~~MRT-member~~ must use ~~his or her~~their best efforts to advise the patient of the requirement to file the report before doing so.

Section 85.5 of the ~~Health Professions Procedural~~ Code provides the following rules for submitting a report regarding termination of employment, revocation, suspension or imposition of restrictions on a practitioner's privileges or dissolution of a partnership, health profession corporation or association with a member, in each case, for reasons of professional misconduct, incompetence or incapacity:

- A report must be filed in writing with the Registrar of the College of the member who is the subject of the report. (Written reports should not be submitted by email since they must be signed)
- A report must be filed with the appropriate College Registrar within 30 days after the termination of employment, revocation, suspension or imposition of restrictions on privileges or dissolution of the partnership, health profession corporation or association

- A report must set out the reasons for the termination of employment, revocation, suspension or imposition of restrictions on privileges or dissolution of the partnership, health profession corporation or association

A report should also contain full details of the concern including:

- A summary of the nature of the concern
- A description of the details of the conduct in issue
- A list of the individuals who witnessed the conduct
- A copy of the policies of the facility (or partner) that apply to the conduct
- The response of the practitioner to the concern
- The action taken by the facility (or partner)

A person filing a report in good faith under these provisions of the Health Professions Procedural Code is given legal protection from an action or other proceeding against him or her them for doing so.

Sections 85.6.1 and 85.6.2 of the Code set out the following requirements for a report made by an MRT a member regarding a finding of guilt of an offence or finding of professional negligence or malpractice:

- The report must be in writing and be filed as soon as reasonably practical after the member receives notice of the finding of guilt or finding of professional negligence or malpractice
- The report must include the nature and description of the offence or finding, the date of the finding, name and location of the court which made the finding and a notation of any appeal

The MRT-member is required to file an additional report if the status of the finding changes as a result of an appeal.

Section 85.6.3 of the Code sets out the following requirements for a report made by a member regarding other professional memberships and findings:

- The report must be in writing and be filed as soon as reasonably practicable after the member receives notice of the finding made against the member
- The report must include the name of the member filing the report, the nature of, and a description of, the finding, the date that the finding was made against the member, the name and location of the body that made the finding against the member, and the status of any appeal initiated respecting the finding made against the member

The member is required to file an additional report if there is a change in the status of the finding made against the member as the result of an appeal.

Section 85.6.4 of the Code sets out the following requirements for a report regarding charges and bail conditions:

- The report must be in writing and be filed as soon as reasonably practicable after receiving notice of the charge, bail condition or restriction
- The report must include the name of the member filing the report, the nature of, and a description of, the charge, the date the charge was laid against the member, the name and location of the court in which the charge was laid, or in which the bail condition or restriction was imposed on or agreed to by the member, every bail condition imposed on the member as a result of the charge, any other restriction imposed on or agreed to by the member relating to the charge, and the status of any proceedings with respect to the charge

The member is required to file an additional report if there is a change in the status of the charge or bail conditions.

Section 17.1 of PHIPA sets out the following requirements for a report filed by a health information custodian in response to the unauthorized collection, use, disclosure, retention or disposal of personal health information by a member:

- A report must be filed with the College within thirty days after the termination of employment, revocation, suspension or imposition of restrictions on privileges or if the employee resigns and the health information custodian has reasonable grounds to believe that the resignation is related to an investigation or other action by the custodian with respect to the alleged unauthorized collection, use, disclosure, retention or disposal of personal health information by the member.

What You Must Know About... Mandatory Reporting is also available on the College website www.cmrto.org.

OF JUN 15 2018

DRAFT

COUNCIL
ITEM#.....13diii

What you must know about ... orders for applying forms of energy and performing procedures

As regulated health professionals, members of the College of Medical Radiation Technologists of Ontario (CMRTO) are accountable to their patients and the public to provide safe, effective and ethical medical radiation and imaging technology services.

Members of CMRTO are qualified medical radiation and imaging professionals who use radiation, electromagnetism, and soundwaves to produce diagnostic images of a patient's body or who administer radiation to treat patients for certain medical conditions, on the order of a physician or other authorized health professional.

The CMRTO's Standards of Practice require members to ensure that the appropriate order authorizing the performance of a procedure, treatment or intervention is in place.¹ This applies to all procedures performed by all members in all five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

What is an order?

An order is an authorizing statement from a regulated health professional with prescribing authority, permitting members to perform a procedure, treatment or intervention that falls within a member's scope of practice. An order may also be called a requisition or treatment plan.

Members must ensure that the appropriate order is in place prior to performing a procedure, treatment or intervention.

Who can issue an order?

The regulated health professional with ordering authority will vary depending on the procedure, treatment or intervention. The source of the ordering authority will also vary, as set out in the table below:

Type of Procedure, Treatment or Intervention	Required order(s)
Application of ionizing radiation	The order must be from a physician or other authorized health professional listed in the <i>Healing Arts Radiation Protection Act</i> or regulations ²
Nuclear medicine procedures	The order must be from a person authorized under the regulations made under the <i>Public Hospitals Act</i> or in accordance with generally

¹ This standard of practice is set out in indicator (d) of Standard 3: Diagnostic and Therapeutic Procedures. The Standards of Practice are sent to all CMRTO members by e-mail and are available on the CMRTO website at www.cmrto.org

² The *Healing Arts Radiation Protection Act* provides that no person shall operate an x-ray machine for the irradiation of a human being unless the irradiation has been prescribed by: (a) a legally qualified medical practitioner; (b) a member of the Royal College of Dental Surgeons of Ontario; (c) a member of the College of Chiropodists of Ontario who has been continuously registered as a chiropodist under the *Chiropody Act* and the *Chiropody Act, 1991* since before November 1, 1980 or who is a graduate of a four-year course of instruction in chiropody; (d) a member of the College of Chiropractors of Ontario; (e) a member of the College of Nurses of Ontario who holds an extended certificate of registration under the *Nursing Act, 1991*; or (f) a member of the College of Physiotherapists of Ontario if the irradiation is prescribed in a manner permitted by the regulations.

	accepted professional standards established under the <i>Independent Health Facilities Act</i>
Application of electromagnetism for magnetic resonance imaging procedures	The order must be from a physician or another authorized health professional listed in the Controlled Acts regulation made under the <i>Regulated Health Professions Act</i>
Application of soundwaves for diagnostic medical sonography	The order must be from a physician or another authorized health professional listed in the Controlled Acts regulation made under the <i>Regulated Health Professions Act</i>
Performance of authorized acts ³	The order must be from a physician

Types of Orders

An order may be one of two types: (1) direct order or (2) medical directive or protocol.

A. Direct Orders

An order may be a direct order for a specific procedure, treatment or intervention, for a specific patient, by a physician or other authorized health professional.

Under the regulations made under the *Public Hospitals Act* (PHA), every order must be:

- In writing⁴
- Dated
- Authenticated by the ordering physician or other authorized health professional.

The order should also include the details required to perform the procedure, treatment or intervention. For example:

- Patient name and date of birth
- Date and time the order was made
- Name of the procedure or substance being ordered, and, when a substance is being ordered, the details required to administer the substance.⁵

In order to deal properly with telephone orders or requests, members who work in hospitals governed by the PHA are expected to:

- Ensure they have been designated by the administrator as someone who can accept telephone orders;
- Transcribe the order along with the name of the physician or other authorized health professional who dictated the order, along with the date and time it was received;
- Sign the order; and

³ Other than the application of electromagnetism for magnetic resonance imaging procedures and the application of soundwaves for the purposes of diagnostic medical sonography

⁴ Although directed orders are generally in writing, provision has been made pursuant to regulations made under the *Public Hospitals Act* for telephone and electronically transmitted orders. Verbal prescriptions, on the other hand, are made pursuant to the provisions of the *Drug and Pharmacies Regulation Act*

⁵ The details required to administer the substance may include the dosage, the route of administration, and the frequency with which the substance is to be administered

- Ensure that if someone else has transcribed the telephone order, that the person has the authority to accept such orders before procedure, treatment or intervention is performed.⁶

B. Medical Directive or Protocol

An order may also be made through a medical directive or protocol (also known as a standing order). A medical directive is an order for a procedure, treatment or intervention for a range of patients who meet specific conditions, authorized by a physician, and implemented by another health professional, such as a nurse, physiotherapist or member of the CMRTO.

Medical directives are always written or documented electronically. They cannot be verbal.

Medical directives or protocols must contain:

- A standardized reference number;
- Identification of the specific procedure, treatment or range of treatments being ordered
- Identification of who specifically may implement the procedure under the authority of and according to the medical directive;
- Specific patient conditions that must be met before the procedure(s) can be implemented;
- Any circumstances that must be met before the procedure(s) can be implemented;
- Any contraindications for implementing the procedure(s);
- Documentation requirements;
- Quality monitoring mechanisms;
- The name and signature of the physician, or other authorized health professional, authorizing the medical directive; and
- The date and signature of the administrative authority approving the medical directive.

When to use a medical directive or protocol

Generally, medical directives or protocols may be used as the authority for performing procedures when a health professional has the knowledge, skills and judgment to determine that the conditions and circumstances described in the medical directive have been met. Procedures that require the direct assessment of a patient by a physician require direct orders and are not appropriate for implementation under a medical directive or protocol.

For example: an order to perform a brain scan on a particular patient, which is a kind of nuclear medicine procedure, would be a direct order from the patient's physician; whereas the injection of the radiopharmaceutical necessary to complete the brain scan may be covered under a medical directive or protocol from the department's nuclear medicine physician.

What other conditions must be met prior to performing a procedure, treatment or intervention?

Despite the existence of an order, members are required to have the knowledge, skills and judgment necessary to perform the procedure, treatment or intervention. If they do not, they must refrain from performing the procedure, treatment or intervention.

⁶ The responsibilities of members in relation to telephone orders are set out in the Hospital Management Regulation made under PHA at s. 24(3)

The conditions which must be met before performing procedures or treatments are set out in the CMRTO Standards of Practice. In accordance with Practice Standard 3: Diagnostic and Therapeutic Procedures, members must:

1. Ensure that the appropriate order authorizing the procedure is in place
2. Perform procedures, including authorized acts, only in the course of engaging in the practice of medical radiation and imaging technology
3. Not perform procedures contrary to any terms, conditions or limitations placed upon the member's certificate of registration⁷
4. Have and apply the necessary knowledge, skill and judgment to perform and manage the outcomes of performing the procedure safely, effectively and ethically
5. Ensure that patient consent has been obtained⁸
6. Be responsible and accountable for performing the procedure and managing the outcomes, having considered:
 - a. The known risks to the patient in performing the procedure
 - b. The predictability of the outcomes in performing the procedure
 - c. Whether the management of the possible outcomes is within the member's knowledge, skill and judgment, given the situation
 - d. Any other factors specific to the situation to ensure the procedure is implemented safely, effective and ethically
7. Not perform any procedure or provide any advice which may result in serious bodily harm unless that procedure or advice is within the scope of practice of the profession or the member is authorized or permitted to do so by legislation.

What should a member do if they are not competent to perform a procedure?

Members must maintain competence in their current area of practice, must refrain from acting if not competent, and must take appropriate action to address the situation. The appropriate action when not competent to perform a procedure will vary depending on the situation.

For example: if performing the procedure is part of a member's regular role expectations within a particular practice setting, then the member should obtain the competencies necessary to provide safe, effective and ethical services to those patients in their care. The member may also consult with their supervisor or manager to determine how this may be achieved. On the other hand, if performing the procedure is not part of a member's regular role expectations, the appropriateness of obtaining the competencies should be evaluated.

In making this decision, the member is ultimately responsible to ensure that they are competent to provide the medical radiation or imaging services required by patients within a particular practice setting.

⁷ As of January 1, 2018, a new condition was added to each member's certificate of registration. The new condition is as follows: "The member shall practise only in the areas of medical radiation technology in which the member is educated and experienced." This addition was made to accommodate the different areas in within each specialty in which members are practising, and to provide for the growing trend for hybrid imaging equipment.

⁸ It is important to note that consent may be withdrawn at any time. If a patient withdraws their consent, a member must discontinue the treatment or procedure, notwithstanding the existence of an order. For more information, please consult the CMRTO publication WYMKA...health care consent act. This publication contains consent guidelines for members of CMRTO.

At the end of this publication, members will find a decision-making guide to assist them in determining whether or not they should implement a procedure.

What should a member do if they have concerns about an order or treatment plan?

If a member has a concern about the accuracy or appropriateness of an order or treatment plan, they should take appropriate action to address the situation. Although the appropriate steps may vary depending on the situation, resolving the concerns will involve:

1. Discussing the concern directly with the health professional responsible for the order or treatment plan
2. Identifying the outcomes desired for resolution
3. Providing a rationale and best practice evidence in support of the concern
4. Documenting the concern and the steps taken to resolve the concern in the appropriate record

Delegation

Under the *Regulated Health Professions Act* (RHPA), regulated health professionals may be authorized to perform one or more of 14 controlled acts. Controlled acts may only be performed by health professionals in their practice if:

- The controlled act is authorized to them; or
- The controlled act is delegated to them by a health professional who is authorized to perform it; or
- An exception or exemption exists.

Under the *Medical Radiation Technology Act* (MRT Act), members of CMRTO are authorized to perform five of the 14 controlled acts set out in the RHPA (the authorized acts).

Under the RHPA, delegation is the process by which a regulated health professional authorized to perform a controlled act confers that authority to someone – regulated or unregulated – who is not authorized. Delegation may be conferred and established by order or by designation.

Members of CMRTO do not typically perform delegated acts, as most of the controlled acts they perform in their practice fall under the five authorized acts they have the authority to perform. However, on occasion, some members will accept delegation of a controlled act which is not one of the five authorized acts.

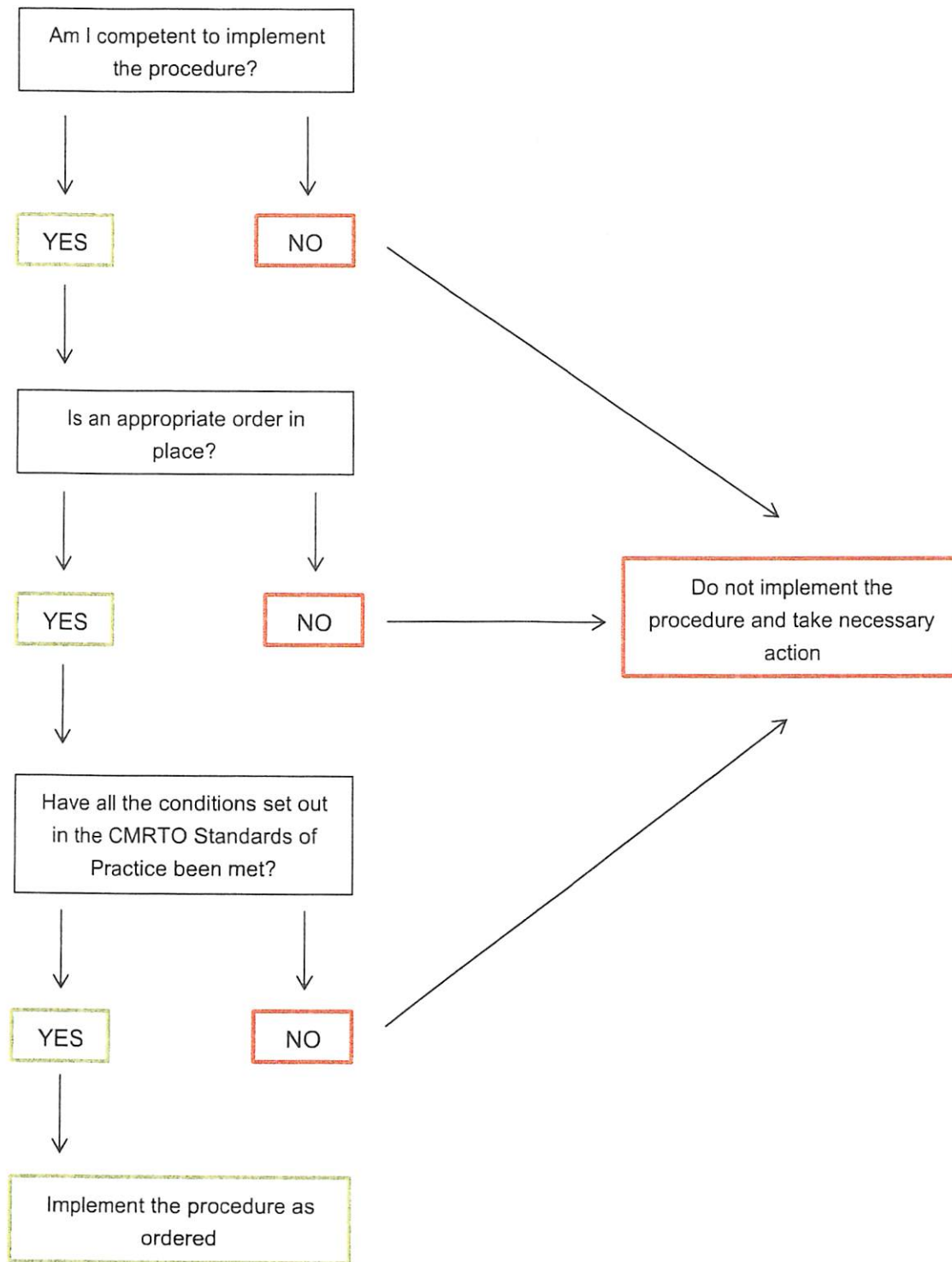
For example: communicating to an individual or their personal representative a diagnosis is not one of the controlled acts authorized to members of CMRTO. However, members in the specialty of nuclear medicine may need to communicate the results of a pregnancy test to their patient after performing a pregnancy test. This is because pregnancy may be a contraindication for certain nuclear medicine procedures, due to the high risk to the fetus.

Under the CMRTO Standards of Practice, members may accept the delegation of controlled acts under the RHPA that are not authorized under the MRT Act, provided that members comply with the RHPA and the CMRTO Standards of Practice. Members may perform controlled acts on the basis of delegation only when the following conditions have been met:

- The health professional who is delegating the controlled act (the delegator) is a member of a regulated health profession authorized by their health profession Act to perform the controlled act;
- The delegator is acting in accordance with any applicable legislation and any guidelines and policies of their regulatory body governing delegation, and has not been restricted or prohibited from delegating the controlled act;
- The delegator has the knowledge, skills and judgment to perform and delegate the controlled act;
- The member has the knowledge, skills and judgment to perform the controlled act delegated to them safely, effectively and ethically given the circumstances of the situation;
- A written record of the transfer of authority (delegation) and certification of the CMRTO member's competence is maintained; and
- The member complies with any conditions established by the delegator in order for the member to maintain the authority of the controlled act.

It is important for members to understand, however, that under the CMRTO Standards of Practice, CMRTO members cannot delegate their authorized acts to other individuals.

Decision-Making Guide for Implementing a Procedure



OF JUN 15 2018

COUNCIL
ITEM#.....13ei.....



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** June 1, 2018

Subject: RHPA

This agenda item is for:

- ☐ Decision
- ☐ Direction to staff
- ☒ Discussion
- ☒ Information

Debbie Tarshis will provide an update on the status of the proclamation of certain sections of the *Protecting Patients Act, 2017* and new regulations under the *Regulated Health Professions Act, 1991* at the meeting.

OF JUN 15 2018 -209-

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Health Workforce Planning and
Regulatory Affairs Division

Division de la planification et de la réglementation
relatives aux ressources humaines dans le
domaine de la santé

Health Workforce Regulatory
Oversight Branch

Direction de la surveillance réglementaire relative
aux ressources humaines dans le domaine de la
santé

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Télec.: 416 327-0167



CIRCULATED
WITH AGENDA

OF MAY 11 2018

EXECUTIVE
ITEM# 5211

HLTC2968IT-2018-61

APR 20 2018

MEMORANDUM TO: Presidents and Registrars
Health Regulatory Colleges

FROM: Allison Henry
Director
Health Workforce Regulatory Oversight Branch

RE: Proclamation of certain sections of the *Protecting Patients Act, 2017* and new regulations under the *Regulated Health Professions Act, 1991*

I am pleased to advise you that the Lieutenant Governor in Council has proclaimed May 1, 2018 as the date on which certain sections of Schedules 1 and 5 of the *Protecting Patients Act, 2017* will come into force. Three new regulations made under the *Regulated Health Professions Act, 1991* (RHPA) will also come into force on that date.

Specifically, the sections are Schedule 1, s. 3, 4 (3), 5 and Schedule 5, s. 5 (1), (7), 6, 7, 18, 26, 27, 28, 31 of the *Protecting Patients Act, 2017*. E-laws has been updated to reflect the proclamation.

The regulations are those made under subsection 1 (6), 23 (2) and for the purposes of clause 51 (5.2) (a) of the Health Professions Procedural Code (HPPC). An electronic copy of the regulations is attached and they may also be viewed on e-laws.

Together, the proclamation and the regulations will further strengthen Ontario's zero tolerance for sexual abuse of patients by regulated health professions and will bring greater consistency between the *Drug and Pharmacies Regulation Act*, and the RHPA with respect to interim suspensions.

In advance of May 1, 2018, Colleges should ensure their respective readiness for the coming into force of these legislative amendments and new regulations. This includes Colleges' processes and practices that reflect the new statutory and regulatory obligations, as well as, updated guidance documents for members of your respective colleges, including those associated with the regulation made under subsection 1 (6) of the HPPC.

If you have any questions about the proclamation or the regulations, please do not hesitate to contact Stephen Cheng, Manager, Strategic Regulatory Policy Unit at 416-327-8540.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Henry".

Allison Henry
Director

Attachments

CONFIDENTIAL
Until filed with the
Registrar of Regulations

REG2017.0585.e
6-SB

ONTARIO REGULATION

made under the

REGULATED HEALTH PROFESSIONS ACT, 1991

**PATIENT CRITERIA UNDER SUBSECTION 1 (6) OF THE HEALTH PROFESSIONS
PROCEDURAL CODE**

1. The following criteria are prescribed criteria for the purposes of determining whether an individual is a patient of a member for the purposes of subsection 1 (6) of the Health Professions Procedural Code in Schedule 2 to the Act:

1. An individual is a patient of a member if there is direct interaction between the member and the individual and any of the following conditions are satisfied:
 - i. The member has, in respect of a health care service provided by the member to the individual, charged or received payment from the individual or a third party on behalf of the individual.
 - ii. The member has contributed to a health record or file for the individual.
 - iii. The individual has consented to the health care service recommended by the member.
 - iv. The member prescribed a drug for which a prescription is needed to the individual.
2. Despite paragraph 1, an individual is not a patient of a member if all of the following conditions are satisfied:
 - i. There is, at the time the member provides the health care services, a sexual relationship between the individual and the member.

- ii. The member provided the health care service to the individual in emergency circumstances or in circumstances where the service is minor in nature.
- iii. The member has taken reasonable steps to transfer the care of the individual to another member or there is no reasonable opportunity to transfer care to another member.

Commencement

2. This Regulation comes into force on the latest of,

- (a) the day section 6 of Schedule 5 to the *Protecting Patients Act, 2017* comes into force;
- (b) May 1, 2018; and
- (c) the day this Regulation is filed.

CIRCULATED
WITH AGENDA
OF MAY 11 2018

-213-

EXECUTIVE
ITEM#.....5cii, attachment

[Bilingual]

CONFIDENTIAL
Until filed with the
Registrar of Regulations

REG2017.0552.e
4-SB

ONTARIO REGULATION

made under the

REGULATED HEALTH PROFESSIONS ACT, 1991

PRESCRIBED OFFENCES – HEALTH PROFESSIONS PROCEDURAL CODE

Prescribed offences

1. The offences mentioned in sections 151, 152, 153, 153.1, subsection 160 (3) and sections 162, 162.1, 163.1, 170, 171.1, 172.1, 172.2, 271, 272 and 273 of the *Criminal Code* (Canada) are prescribed offences for the purposes of clause 51 (5.2) (a) of the Health Professions Procedural Code in Schedule 2 to the Act.

Commencement

2. This Regulation comes into force on the later of May 1, 2018 and the day it is filed.

CIRCULATED
WITH AGENDA
OF MAY 11 2018

EXECUTIVE
ITEM# 5.11.17 attachment

Bilingual

CONFIDENTIAL
Until filed with the
Registrar of Regulations

REG2017.0553.e
9edi-SB

ONTARIO REGULATION

made under the

REGULATED HEALTH PROFESSIONS ACT, 1991

INFORMATION PRESCRIBED UNDER SUBSECTION 23 (2) OF THE HEALTH PROFESSIONS PROCEDURAL CODE

Prescribed information

1. (1) The following information, if known to the College, is prescribed information to be contained in a College's register for the purposes of paragraph 19 of subsection 23 (2) of the Code and is designated as information subject to subsection 23 (13.1) of the Health Professions Procedural Code in Schedule 2 to the Act:

1. If there has been a finding of guilt against a member under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subsection (2) have been satisfied,
 - i. a brief summary of the finding,
 - ii. a brief summary of the sentence, and
 - iii. if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.
2. With respect to a member, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.
3. If a member has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding,

- i. the fact and content of the charge, and
 - ii. the date and place of the charge.
- 4. If a member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction,
 - i. the fact of the finding,
 - ii. the date of the finding,
 - iii. the jurisdiction in which the finding was made, and
 - iv. the existence and status of any appeal.
- 5. If a member is currently licenced or registered to practice another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

(2) The conditions referred to in paragraph 1 of subsection (1) are the following:

- 1. The Parole Board of Canada has ordered a record suspension in respect of the conviction.
- 2. A pardon in respect of the conviction has been obtained.
- 3. The conviction has been overturned on appeal.

(3) Nothing in this Regulation shall be interpreted as authorizing the disclosure of identifying information about an individual other than a member.

(4) In this section,

“identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

Commencement

- 2. This Regulation comes into force on the later of May 1, 2018 and the day it is filed.

OF JUN 15 2018

-216-

Kirusha Kobindarajah

COUNCIL

ITEM#13 fi.....

CIRCULATED
WITH AGENDA

OF MAY 11 2018

EXECUTIVE
ITEM#5 di.....**Attachments:**

OHFDA Overview 2018Mar9 v3.pdf

From: OHFDA - EADMDs (MOHLTC) <EADMD.INFO@ontario.ca>**Sent:** March 9, 2018 1:22 PM**Cc:** OHFDA - EADMDs (MOHLTC) <EADMD.INFO@ontario.ca>**Subject:** Input for X-ray Standards

Hello,

The Ministry of Health and Long-Term Care (the Ministry) is working to develop regulations for the energy applying and detecting medical device (EADMD) regime introduced under the *Oversight of Health Facilities and Devices Act, 2017* (OHFDA). EADMDs are prescribed devices that apply or detect acoustic, electromagnetic or particle radiation in relation to human beings. For more information on the OHFDA, which passed December 12, 2017, please see the attached document.

These regulations will prescribe new and enhanced safety and quality standards for X-ray devices (including conventional X-ray machines, CT scanners, and fluoroscopy), which are currently regulated under the *Healing Arts Radiation Protection Act* (HARP Act).

To inform this work, the Minister of Health and Long-Term Care has launched a Task Force to seek advice from medical and technical experts on standards for X-rays.

In parallel, the Ministry is seeking input from the sector on the HARP Act and its Regulation 543 (X-ray Safety Code), including about:

- Changes to existing requirements;
- New requirements to address current gaps; and,
- Considerations for transitioning from the HARP Act to the OHFDA.

If you have any advice or recommendations about these topics, please send your input to EADMD.info@ontario.ca no later than **April 13, 2018**.

This input will be used to support the development of draft X-ray regulations under the OHFDA. There will be additional opportunity to comment on any proposed regulations later in the year.

If you have any questions about this process, please email EADMD.info@ontario.ca.

We look forward to receiving your input to inform this important work.

Sincerely,
Sean Court

Director, Strategic Policy Branch
Ministry of Health and Long-Term Care

Overview of the Oversight of Health Facilities and Devices Act, 2017

EXECUTIVE
ITEM # 581 - attachment

The *Oversight of Health Facilities and Devices Act, 2017* (OHFDA) was passed on December 12, 2017.

The OHFDA will:

- Establish a single legislative framework for both energy applying and detecting medical devices (EADMDs) and community health facilities (CHFs);
- Expand the scope of regulation beyond X-ray machines to include all EADMDs in all facilities;
- Consolidate oversight of Independent Health Facilities and Out-of-Hospital Premises;
- Establish licensing regimes for both EADMDs and CHFs;
- Establish a harmonized governance and oversight, accountability, and enforcement structure that would be responsible for ensuring the safety, quality, and transparency of EADMD procedures and CHF services;
- Establish evidence-based safety, quality, and transparency standards for EADMDs and CHFs;
- Continue to fund some CHFs and protect all persons from inappropriate charges for OHIP-insured services; and
- Repeal and replace the *Healing Arts Radiation Protection Act* (HARP Act), the *Independent Health Facilities Act* and, at a date to be proclaimed later, the *Private Hospitals Act*.

Community health facility (CHF) is a new term that captures several types of existing community-based health facilities that are regulated under different statutes. CHFs will initially include Independent Health Facilities and Out-of-Hospital Premises.

Energy applying and detecting medical device (EADMD) refers to a prescribed device that applies or detects acoustic, electromagnetic or particle radiation in relation to human beings.

A full version of the OHFDA is available at <https://www.ontario.ca/laws/statute/17o25>.

Implementation

The OHFDA will come into force on a date to be named by the Lieutenant Governor in Council. Until this time, existing Acts will continue to apply (the HARP Act will continue to apply to X-ray machines, the IHFA will continue to apply to Independent Health Facilities, and the *Medicine Act*, its regulations and related policies apply in support of the Out-of-Hospital Premises Inspection Program).

CHFs

- The Ministry of Health and Long-Term Care (the ministry) is currently developing a range of CHF regulations to make the oversight framework whole and operable and includes identifying the services and facilities that define a CHF, the organizations to be designated as inspecting bodies and their powers and responsibilities, licensing requirements and who can provide funding of certain CHFs and conditions of funding.

The ministry will be undertaking stakeholder consultation throughout the development of these regulations.

EADMDs

- For the EADMD regime, the Minister of Health and Long-Term Care has launched a Task Force in the coming months to advise Ontario on new and enhanced safety and quality standards for X-ray devices that are currently regulated under the HARP Act (i.e., conventional X-ray machines, CT scanners, and fluoroscopy). In parallel, the ministry is seeking input from the sector on new and enhanced requirements for X-ray devices.
- This advice from the Task Force and input from the sector will inform development of draft regulations for X-ray devices. Draft X-ray regulations, once available, will be posted on the Regulatory Registry for additional feedback from the sector. The draft regulations may be amended in response to feedback received at that time.
- The regulations will specify a transition period to support providers who are currently using X-ray devices (with appropriate approvals under the HARP Act) as they will be required to apply for a licence under the OHFDA.
- If the X-ray regulations are approved, the EADMD provisions in the OHFDA will come into effect at the same time as the regulations, including the provision to repeal and replace the HARP Act with the OHFDA. **Until this time, the HARP Act will continue to apply to X-ray machines in the province.**

Linda Gough

From: Court, Sean (MOHLTC) <Sean.Court@ontario.ca>
Sent: May 8, 2018 10:04 AM
To: DOWDELLT@smh.ca; mgardner@rcdso.org; Dina Longo;
michael.munro@sunnybrook.ca; nicholas.shkumat@sickkids.ca; whillier@cpso.on.ca;
Linda Gough; Greg Toffner; Ernest.Lam@dentistry.utoronto.ca;
Hamideh.Alasti@rmp.uhn.on.ca; BBaylis@iqmh.org
Cc: Wicks, Mikayla (MOHLTC); David.Jaffray@rmp.uhn.ca
Subject: Task Force Update
Attachments: X-Ray TF M4 MinFinal.pdf
Importance: High

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OF JUN 15 2018

COUNCIL
ITEM#.....13fi.....

Dear Task Force members,

I am writing to inform you that we will have to suspend all Task Force activities – including meetings, assignments, and correspondences as a result of the upcoming provincial election. I apologize for this interruption in work so close to our final meeting and the completion of our final report.

I would like to thank you all for your significant contribution to this work through participation in the meetings, as well as the homework assignments. Your expertise has been invaluable, and the ministry truly appreciates the time and dedication you have given to this process.

Since the final meeting, and based on feedback from the Meeting 4 minutes, we have developed a draft version of the final report, which we will continue working on internally. Once the new government has completed its transition period and subject to its feedback, our aim will be to reconvene the Task Force to review and complete the report.

To finalize the work we have accomplished over the last four meetings, please see attached the Meeting 4 minutes, which have been updated based on the comments received. The minutes from all four of our meetings will be an invaluable guide for us to continue our internal work to implement the OHFDA regime.

For all Task Force members who have submitted claims for work completed up to the launch of the writ period, we will be working to process these shortly. If you have any outstanding claims, please contact Mikayla Wicks.

Please do not hesitate to contact myself or Mikayla Wicks if you have any questions or concerns.

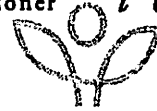
Sincerely,
Sean

CIRCULATED
WITH AGENDA
OF MAY 11 2018

EXECUTIVE
ITEM#.....6ai.....

Office of the
fairness
commissioner

Bureau du
commissaire à
l'équité



595 Bay Street, Suite 1201, Toronto ON M7A 2B4
phone 416.325.9380 fax 416.326.6081

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OF JUN 15 2018

COUNCIL
ITEM#.....14ai.....

595, rue Bay, Bureau 1201, Toronto ON M7A 2B4
téléphone: 416.325.9380 télécopieur 416.326.6081

ofc@ontario.ca | www.fairnesscommissioner.ca

March 6, 2018

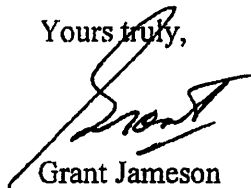
Ms. Elinor Larney
Federation of Health Regulatory Colleges of Ontario
396 Osborne Street, Suite 301 PO Box 244
Beaverton, ON
L0K 1A0

Dear Elinor Larney:

Thank you for joining us for the inaugural meeting of our Stakeholder Engagement Committee. We appreciate the commitment that you have made to work with us to enhance our fair registration practices role and mandate.

As promised we are following up with a summary of the discussions which took place at the meeting. We are also enclosing a contact list for the Committee as well as a copy of the survey sent to Colleges on February 15th with respect to French Language Services. We look forward to seeing you at the next SEC meeting which has been scheduled for April 28th, 2018.

Yours truly,


Grant Jameson

Stakeholder Engagement Committee Meeting Summary January 31, 2018

Our first Stakeholder Engagement Committee (SEC) meeting provided a forum for input and feedback from an excellent cross section of our stakeholders. Our aim was to ensure stakeholders have a greater understanding of the role and mandate of the Fairness Commissioner and the operations of the Office of the Fairness Commissioner. In turn we gain greater insights into the concerns and challenges facing stakeholders.

Throughout the meeting a number of themes emerged as described below:

General Overarching Comments

- Ensuring diverse and inclusive work places continues to be a priority for all stakeholders
- Employers in particular need to work to create an inclusive work place and move beyond compliance to enthusiasm
- Social and economic integration of immigrants is a priority
- Recognition that immigrants play a role in the success of our community

Learning about the Fairness Commissioner's Mandate and Role

- SEC members want to learn more about our future direction
- Greater understanding our role and the role of the Colleges is required for stakeholders.
- Greater collaborate with us and SEC especially with respect to Internationally Educated Health Professionals (IEHP) seeking access and information
-

Improving Our Assessments

- The assessment process needs to be streamlined with previous assessment results being leveraged to improve registration practices
- We need to strengthen our enforcement approach rather than continue relying on persuasion to improve registration practices
- We should look at how incentives can be used in its compliance approach to improve registration practices
- We need to better share best practices we encounter during our assessments.

Learning about Colleges

- Increased awareness of compulsory trades and the role the College of Trade plays in protecting the consumer and public interest is required

Better preparing Immigrants

- Need exists for increased communication to prospective immigrants on regional information, labour market and licensing requirements
- Is there a role for the Fairness Commissioner in removing silos and increasing understanding of foreign credentials
- Opportunity exists for federal and provincial counterparts to work together to support immigration from a national perspective.
- Francophone community is challenged when it comes to immigration, and we need to look at what else can be done to support francophone immigrants
- There is a need for greater collaboration and integration of efforts among parties so that newcomers are able to better understand where employment opportunities exist. It is critical for all parties to understand who does what and where accountabilities lie.

Addressing the Licensing Gaps

- Improving bridging funding for newcomers from being project-based to permanently supported
- Is there a role for Professional Colleges to play in helping individuals find alternative career paths when a newcomer does not meet a college's licensure requirements
- The juncture between licensing and employment outcomes needs to be better managed to ensure newcomers have access to employment opportunities
- Work of the federal panel on foreign credential recognition is critical to address the gap between the Federal government and College's credential recognition process.
- Need to break silos and foster collaboration to address employers' concerns that they cannot find talent and newcomers finding that they cannot find jobs.
- Working with employers to identify talent needed rather than only focusing on finding jobs for newcomers

Stakeholder Engagement Committee

Directory

Contact	Alt. Contact
<p>Priya Bhatia Law Society of Ontario Phone: (416) 947-3466 Email: pbhatia@lsuc.on.ca</p>	
<p>Dr. Catherine Chandler-Crichlow 3C Workforce Solutions Phone: (905) 706-7195 Email: catherine@3cworkforce.com</p>	
<p>Denise Cole Ministry of Health and Long-Term Care Phone: (416) 212-7688 Email: Denise.cole@ontario.ca</p>	<p>Andreea Iacob Phone: (416) 212-6115 Email: Andreea.iacob3@ontario.ca</p>
<p>Alain Dobi Reseau de Soutien A l'immigration francophone du centre-Sud-Ouest de l'ontario Phone: (905) 528-0163 X 3223 Email: Alain.Dobi@cschn.ca</p>	
<p>Debbie Douglas Ontario Council for Agencies Serving Immigrants (OCASI) Phone: (416) 322-4950 x 229 Email: ddouglas@ocasi.org</p>	
<p>Margaret Eaton Toronto Region Immigrant Employment Council (TRIEC) Phone: (416) 944-1946 x 233 Email: meaton@triec.ca</p>	
<p>George Gritziotis Ontario College of Trades Phone: (647) 847-3022 Email: george.griziotis@collegeoftrades.ca</p>	<p>John Vander Doelen Phone: (855) 299-0028x110 Email: John.vanderdoelen@collegeoftrades.ca</p>
<p>Cindy Lam Ministry of Citizenship and Immigration Phone: (416) 212-2783 Email: Cindy.lam@ontario.ca</p>	<p>Debbie Strauss Phone: (416) 212-3285 Email: Debbie.strauss@ontario.ca</p>
<p>Elinor Larney Federation of health Regulatory Colleges of Ontario Phone: (416) 214-1177x233 Email: elarney@cto.org</p>	
<p>Mark Patterson Hireimmigrants.ca Phone: (416) 500-2054 Email: m2patter@ryerson.ca</p>	

<p>Corinne Prince-St.Amand Immigration, Refugees and Citizenship Canada (IRCC) Phone: (613) 437-6249 Email: corinne.prince-st-amand@cic.gc.ca</p>	
<p>Michael Salvatori Ontario College of Teachers Phone: (416) 961-8800 x 684 Email: msalvatori@oct.ca</p>	
<p>Phil Schalm Tri-Campus Expansion and International Professionals Initiatives, School of Continuing Studies, University of Toronto Phone: (416) 804-5606 Email: philschalm@gmail.com</p>	
<p>Roz Smith Health Force Ontario (HFO) Phone: (416) 945-3661 Email: r.smith@healthforceontario.ca</p>	<p>Jasmine Singh Phone: (416) 945-3624 Email: j.singh@healthforceontario.ca</p>
<p>Johnny Zuccon Professional Engineers Ontario Phone: (416) 840-1102 Email: jzuccon@peo.on.ca</p>	<p>Michael Price Phone: (416) 840-1060 Email: mprice@peo.on.ca</p>

Office of the Fairness Commissioner
Contact Information

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Angelika Neuenhofen	Phone: (416) 325-9484 Email: Angelika.neuenhofen@ontario.ca
Susanna Tam	Phone: (416) 314-2977 Email: Susanna.tam@ontario.ca
Compliance Analysts	
James Mendel	Phone: (416) 314-2977 Email: james.mendel@ontario.ca
Patricia Houghton	Phone: (416) 314-2977 Email: patricia.houghton@ontario.ca
Peter Youssef	Phone: (416) 314-2977 Email: peter.youssef@ontario.ca
Mabel Opoku, Business Operations Advisor	Phone: (416) 314-2977 Email: mabel.opoku@ontario.ca
Lulu Sun, Project Assistant	Phone: (416) 314-2977 Email: lulu.sun@ontario.ca

Futures list of agenda items

1. Business Plan of the Office of the Fairness Commissioner for 2018
2. Presentation on the Quebec Fairness Commissioner
3. Update on Cycle 3 Assessments
4. Presentation on the Labour Mobility Provisions of the Canada Free Trade Agreement
5. Presentation on Canada-European Union Comprehensive Economic and Trade Agreement (CETA)
6. Impacts of Trans-Pacific Partnership (TPP) on Fair Registration Practices Legislation in Ontario

Future Meeting Dates

- April 26, 2018
- September 15, 2018
- December 6, 2018

Kirusha Kobindarajah

From: OAMRS <membership@oamrs.org>
Date: April 20, 2018 at 7:00:03 PM EDT
To: <lindagough74@gmail.com>
Subject: We need your input!
Reply-To: OAMRS <membership@oamrs.org>

CIRCULATED
WITH AGENDA
OF MAY 11 2018

EXECUTIVE
ITEM# 6bi

CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
ITEM# 14bi

Dear Radiographer,

The Ontario Society of Medical Technologists (OSMT) and the Ontario Association of Medical Radiation Sciences (OAMRS) are jointly exploring the role of Combined Laboratory and X-Ray Technologists (CLXTs) in Ontario. The government of Ontario has identified the need for assistance in areas of the laboratory and medical imaging in remote and rural areas of the province. We have created a survey to collect the opinions regarding CLXT's of those currently working in these professions

We need your input!

[Click here to complete this quick survey.](#)

We would appreciate your response by May 3rd, 2018

Thank you in advance for your participation.

Additional Information:

What is a CLXT?

"They are responsible for collecting, preparing and analyzing patient samples, providing general patient care and taking blood. They conduct medical laboratory tests and administer electrocardiograms. They are also responsible for general radiography exams (X-ray)."

Definition of a CLXT from Alberta Health Services – available at:

<https://www.albertahealthservices.ca/careers/Page11693.aspx>

Why are CLXTs around?

CLXTs evolved from the need of x-ray and laboratory services in rural communities. Rural communities are challenged to retain and support MLTs and MRTs due to the lower demand of these services. This role was introduced in the early 1940s and currently is a regulated profession in Alberta. There are two technical schools in Canada 1) Saskatchewan Institute of Applied Science and Technologies (SIAST) in Saskatchewan and 2) Northern Alberta Institute of Technology (NAIT) in Alberta, that train CLXTs.



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Hamilton, ON L8P 0A1

www.oamrs.org

membership@oamrs.org

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CLXTs in Ontario Survey

The Ontario Society of Medical Technologists (OSMT) and the Ontario Association of Medical Radiation Sciences (OAMRS) are jointly exploring the role of Combined Laboratory and X-Ray Technologists (CLXTs) in Ontario. The government of Ontario has identified the need for assistance in areas of the laboratory and medical imaging in remote and rural areas of the province. We have created a survey to collect the opinions regarding CLXT's of those currently working in these professions

We would appreciate your response by May 3, 2018.

Additional Information

What is a CLXT?

"They are responsible for collecting, preparing and analyzing patient samples, providing general patient care and taking blood. They conduct medical laboratory tests and administer electrocardiograms. They are also responsible for general radiography exams (X-ray)." *Definition of a CLXT from Alberta Health Services – available*

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CLXT evolved from the need of x-ray and laboratory services in rural communities. Rural communities are challenged to retain and support MLTs and MRTs due to the lower demand of these services. This role was introduced in the early 1940s and currently is a regulated profession in Alberta. There are two technical schools in Canada 1) Saskatchewan Institute of Applied Science and Technologies (SIAST) in Saskatchewan and 2) Northern Alberta Institute of Technology (NAIT) in Alberta.

We thank you in advance for your participation.

-229-

This survey is intended for MLTs, MLATs and MRTs in Ontario to assess the need for CLXTs (Combined Laboratory and X-Ray Technologists) in Ontario.

Please take a minute to answer our questions.

*** 1. I am a:**

- ☐ MLT
- ☐ MLAT
- ☐ MRT
- ☐ Other:

*** 2. I work in a:**

- ☐ Remote Area
- ☐ Suburban Area
- ☐ Urban Area

*** 3. Are you aware of CLXTs working in Ontario?**

- ☐ Yes
- ☐ No

4. If yes, where?

If no, please skip to Q5.

*** 5. Do you feel there is a need for CLXTs in Ontario?**

- ☐ Yes
- ☐ No
- ☐ Unsure

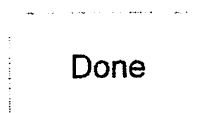
*** 6. Why or Why Not?**

*** 7. Where do you think CLXTs would be best suited to work?**


- ☐ Hospitals
- ☐ Private Clinics
- ☐ Public Labs
- ☐ Private Labs

*** 8. What duties/tasks do you think CLXTs would perform?***** 9. What training do you think should be required for CLXT's to work safely and accurately?***** 10. What training options are available to CLXTs that you know of?
(University, College, on the job training, other?)***** 11. Do you think CLXTs should be introduced in Ontario?**

- ☐ Yes
- ☐ No
- ☐ Unsure

12. Please share any further comments you have regarding CLXTs:

-231-

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Sonography Canada



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OF MAY 11 2018

OF JUN 15 2018

COUNCIL
ITEM#.....14ci.....Français
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ITEM#.....6ci.....[HOME](#)[ABOUT US](#)[REGULATION](#)[PROFESSIONAL LIABILITY INSURANCE \(PLI\)](#)[CREDENTIALS & EXAMS](#)[MEMBERS ONLY](#)[JOURNAL](#)[EVENTS](#)[RESOURCES](#)

Sonography Canada Appoints New Executive Director

-233-



I am pleased to announce that Susan Clarke has been appointed as the Executive Director of Sonography Canada. Susan will start effective April 9, 2018 sclarke@sonographycanada.ca.

Susan is a highly accomplished professional who previously worked as the Executive Director to the Canadian Association of Chiefs of Police Research Foundation. In joining Sonography Canada, she brings a wealth of knowledge and experience in senior leadership, marketing, communications and digital education.

Susan holds a MBA from Queen's University and a B.A. in Mass Communications and Canadian Studies from Carleton University. She is currently working towards the Certified Association Executive designation from the Canadian Society of Association Executives and has served as a volunteer with the Ottawa-Gatineau Chapter.

With this news, we would also like to extend a big thank-you to Tom Hayward for filling-in as the interim Executive Director from October 2017 to April 2018. Tom previously worked as the Executive Director from 2012-2016. Although he will be dearly missed, we wish him well with his future endeavours.

Cathy Babiak

Chair, Sonography Canada Board of Directors

PO Box 1220 Kemptville, ON K0G 1J0 | Tel.: 613-258-0855 | 1-888-273-6746 | Fax: 613-258-0899 | 1-888-743-2952 |
Email: info@sonographycanada.ca

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College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

April 13, 2018

Tom Hayward
Sonography Canada
PO Box 1220
Kemptville, ON K0G 1J0

CIRCULATED
WITH AGENDA
OF MAY 11 2018

EXECUTIVE
ITEM#.....6cii.....

CIRCULATED WITH AGENDA
OF JUN 15 2018
COUNCIL
ITEM#.....14cii.....

Dear Mr. Hayward:

On behalf of the College of Medical Radiation Technologists of Ontario (CMRTO), I would like to extend hearty congratulations to you on your retirement (again!) from the position of Executive Director at Sonography Canada.

I also want to extend sincerest thanks to you on behalf of our Council and staff for all your help communicating with diagnostic medical sonographers across Ontario as they were regulated within the CMRTO.

I know that you will certainly be missed at Sonography Canada, and at CMRTO as well.

Congratulations again on this well-deserved announcement. I'm sure you are looking forward to all the new challenges and opportunities awaiting you!

Yours sincerely,

Linda Gough, MRT(R), MPA
Registrar & CEO

Copy: Cathy Babiak, Chair, Sonography Canada Board of Directors

CIRCULATED
WITH AGENDA
OF MAY 11 2018

EXECUTIVE
ITEM#.....6Ciii.....

College of
Medical Radiation
Technologists of
Ontario



CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
ITEM#.....14Ciii.....

Ordre des
technologues en
radiation médicale
de l'Ontario

April 13, 2018

Susan Clarke, Executive Director
Sonography Canada
PO Box 1220
Kemptville, ON K0G 1J0

Dear Ms. Clarke:

On behalf of the College of Medical Radiation Technologists of Ontario (CMRTO), I would like to extend hearty congratulations to you on your appointment to Executive Director of Sonography Canada.

Your experience with digital education, marketing, communications and leadership have absolutely prepared you for this new and exciting challenge.

The relationship between CMRTO and Sonography Canada is an important one, now more than ever with the diagnostic medical sonographers of Ontario being regulated with the CMRTO. We look forward to continuing inter-professional collaborations and a positive relationship between CMRTO and Sonography Canada, and are here to assist with anything you may need.

Please allow me to extend an invitation to you to come to the CMRTO office in Toronto at any time.

Congratulations again on this wonderful appointment.

Yours sincerely,

Linda Gough, MRT(R), MPA
Registrar & CEO

Copy: Cathy Babiak, Chair, Sonography Canada Board of Directors

CIRCULATED
WITH AGENDA

OF MAY 11 2018

EXECUTIVE
ITEM# 6 di



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

-236-

By electronic mail and courier

March 28, 2018

CIRCULATED WITH AGENDA

OF JUN 15 2018

COUNCIL
ITEM# 14 di

Ms. Kavita Sharma
Project Coordinator, Quality Management Division
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, ON M5G 2E2

Dear Ms. Sharma:

**Re: Independent Health Facilities – Clinical Practice Parameters and Facility Standards
for Nuclear Medicine – Fifth Edition, January 2018**

Thank you for providing the College of Medical Radiation Technologists of Ontario (CMRTO) with the opportunity to review and comment on the draft document entitled "Independent Health Facilities – Clinical Practice Parameters and Facility Standards for Nuclear Medicine – Fifth Edition, January 2018" prepared by the College of Physicians and Surgeons on Ontario (CPSO).

In order to respond to your request to provide comments on the document, the CMRTO carefully reviewed the document. The comments below are made within the context of providing nuclear medicine services in Independent Health Facilities.

Comments

We note that in Chapter one in the Overview last line of the third bullet, the statement should read "...a medical radiation technologist (MRT) must be registered with the College of Medical Radiation Technologists of Ontario (CMRTO)." Please add the full name of the College with the acronym in brackets.

In section 1.7 "Medical Radiation Technologists" we note that in general the overview of medical radiation technologists (MRTs) is much more descriptive and explanatory of the profession and consistent with the regulatory framework. The duties and responsibilities are compliant with the CMRTO Standards of Practice and by defining the specific duties and responsibilities under the areas "Patient Examination" and "Throughout the Examination" clearly emphasizes the importance of the role of the MRT in providing safe quality care to patients.

In Chapter Four "Requesting and Reporting Mechanisms" we note that in section 4.3.1 "Reporting Attributes" at the very end of the section an additional bullet should be included with "date transcribed".

In section 4.3.2.3 "Limitations" the examples that are listed in brackets appear to be radiography examples (dense breast patterns, the low sensitivity of a chest x-ray for pulmonary embolism). Our suggestion is to remove the examples or change them to nuclear medicine specific examples.

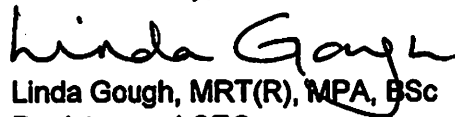
We also noted in Chapter Four there is no documentation or reference to the retention of patient records. We feel this should be added referencing compliance with the *Ontario Regulation 57/92* s.11, Also charges for copying patient records and the turnaround time for requests from other institutions for access to patient records is suggested to be added to this document.

The general framework of the document is well laid out and consistent with the framework of the draft document "Independent Health Facilities – Clinical Practice Parameters and Facility Standards for Diagnostic Imaging – Fifth Edition, February 2018". Given the importance of consistency in language and formatting, we support the continued work and effort that is evident in these draft documents.

In general, we feel the guidelines provided in this document provide a comprehensive framework for safe practice for nuclear medicine technology in Ontario's independent health facilities.

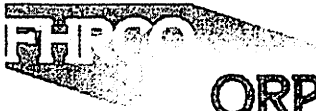
The CMRTO would like to thank the Task Force for the opportunity to provide feedback and input on the CPSO "Independent Health Facilities – Clinical Practice Parameters and Facility Standards for Nuclear Medicine – Fifth Edition, January 2018". We look forward to continuing to work collaboratively to address the important issue of diagnostic medical imaging services for the public of Ontario. If you would like to discuss the comments and suggestions provided, please don't hesitate to call.

Yours sincerely,

A handwritten signature in black ink that reads "Linda Gough". The signature is fluid and cursive, with the first name "Linda" and last name "Gough" clearly distinguishable.

Linda Gough, MRT(R), MPA, BSc
Registrar and CEO

Copy: Mr. Dan Faulkner, Interim Registrar, CPSO



Federation of Health Regulatory Colleges of Ontario (FHRCO)
Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
email: bakenny@regulatedhealthprofessions.on.ca
web: www.regulatedhealthprofessions.on.ca
Phone: 416-493-4076/Fax: 1-866-814-6456

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OF JUN 15 2018

April 6, 2018

COUNCIL
ITEM#.....14e1.....

CIRCULATED
WITH AGENDA

OF MAY 11 2018

EXECUTIVE
ITEM#.....6e1.....

Hon. Dr. Helena Jaczek, Minister
Ministry of Health and Long-Term Care (MOHLTC)
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto ON M7A 2C4

Dear Minister Jaczek:

Re. Health Sector Payment Transparency Act, 2017 – New Regulation (#HLTC017)

On behalf of the members of the Federation of Health Regulatory Colleges of Ontario, I am writing to you regarding the New Regulation referenced above. While we do not have specific comments on the draft Regulation, it is important to reiterate Colleges' commitment to enhanced transparency.

Additionally, Colleges address issues related to conflict of interest for healthcare professionals through a variety of rules and standards. If you would like more information about health regulatory bodies' practices, I would encourage your Ministry to contact the Federation office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stanchak', is positioned above the printed name of the sender.

Shenda Tanchak
President

cc. Ministry of Health and Long-Term Care
Dr. Bob Bell, Deputy Minister
Ms Denise Cole, Assistant Deputy Minister
Patrick Dicerri, Assistant Deputy Minister, Strategic Policy and Planning Division
Sharon Lee Smith, Associate Deputy Minister – Policy and Transformation
Kelci Gershon, Manager, Strategic Policy and Planning Division

Board of Directors, Federation of Health Regulatory Colleges of Ontario

OF JUN 15 2018

Kirusha Kobindarajah

COUNCIL

Attachments:

WYMKA Health Care Consent Act.pdf ITEM# 44 fi.....

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WITH AGENDA

OF MAY 11 2018

From: CMRTO Communications**Sent:** March-23-18 1:57 PM**Subject:** Action Requested: Survey - consent and capacity knowledgeEXECUTIVE
ITEM# 69i.....

Dear CMRTO members and sonography applicants:

We're looking for your input about Consent & Capacity.

The Federation of Health Regulatory Colleges of Ontario has assembled a Consent & Capacity Working Group to determine the possibility of creating collaborative educational materials to improve all health care professionals' understanding of their legal and professional obligations for obtaining consent and assessing capacity in their practice settings.

The Group's first task is to assess the current knowledge of all regulated health professionals in Ontario regarding consent and capacity.

We are requesting your input in a short survey and encourage all members and applicants to respond to the survey. In order to refresh your knowledge about consent and capacity, the CMRTO publication 'What you must know about...the Health Care Consent Act' is attached to this email.

The survey should only take approximately 10 minutes. Your responses are anonymous and will only be used and communicated in aggregate format. Please provide your input by **April 15, 2018**.

To complete the survey click [here](#).

Thank you in advance for taking the time to complete this survey.

CMRTO Communications

College of Medical Radiation Technologists of Ontario

375 University Avenue, Suite 300

Toronto, Ontario, M5G 2J5

tel 416.975.4353 1.800.563.5847

fax 416.975.4355

email communications@cmrto.orgwww.cmrto.org

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



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OF MAY 1 1 2018

EXECUTIVE
ITEM#.....691.....attachment

health care consent act

What you must know about...

(On March 29, 1996 the Health Care Consent Act (HCCA) replaced the Consent to Treatment Act when the Advocacy, Consent and Substitute Decisions Statute Law Amendment Act was brought into force. At the same time, the Advocacy Act was repealed and the Substitute Decisions Act was amended. The legislation now governing consent to treatment is the HCCA, not the Consent to Treatment Act. This publication replaces the November 1995 'What you must know about . . .' on the Consent to Treatment Act.)

Introduction

As a medical radiation technologist (MRT) you are considered a health practitioner for the purposes of the HCCA and need to be familiar with its requirements. This Act applies to most treatments wherever they are provided and to most of the regulated health professions.

As its central principle, the HCCA provides that a health practitioner who proposes a treatment to a person shall not administer the treatment and shall take reasonable steps to ensure that it is not administered unless he or she believes that the person is:

- Capable with respect to the treatment, and has given consent; or
- Incapable with respect to the treatment, and another person has given consent in accordance with the HCCA

This means that any health practitioner who proposes a treatment to a person must not administer the treatment, and must take reasonable steps to ensure that the treatment is not done unless a valid consent has been given.

Explained here are a number of terms used in the HCCA, and in this outline, which have a specific meaning.

September, 1997

CMRTO
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Fax: (416) 975 4355
Web: www.cmрто.org

Definitions

Capable

A patient is mentally capable of making a treatment decision if he or she is able to:

- Understand the information that is relevant to making a decision about the proposed treatment, and
- Appreciate the reasonably foreseeable consequences of accepting or refusing the treatment, or of making no decision

Consent

In giving consent, the patient's consent must:

- Relate to the treatment
- Be informed
- Be given voluntarily, and
- Not have been obtained through misrepresentation or fraud

Proposer

Under the HCCA, the health practitioner who proposes the treatment is responsible to assess the capacity of the patient and to obtain the informed consent. The "proposer" is the health practitioner who is:

- Responsible for deciding what treatment should be offered
- Able to provide the information which a reasonable person in the same circumstances would need to give informed consent, and
- Able to answer questions about the information

Treatment

Treatment is defined as anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course or plan of treatment.

Course of Treatment

A course of treatment is defined as a series or sequence of similar treatments administered to a person over a period of time for a particular health problem.

Plan of Treatment

A plan of treatment is defined as a plan that:

- Is developed by one or more health practitioners

- Deals with one or more of the health problems that a person has and may, in addition, deal with one or more of the health problems that the person is likely to have in the future given the person's current health condition, and
- Provides for the administration to the person of various treatments or courses of treatment and may, in addition, provide for the withholding or withdrawal of treatment in light of the person's current health condition

***Guidelines for
the MRT***

Only a health practitioner who has the knowledge to obtain informed consent - including being able to answer the person's questions about the treatment - is able to obtain an informed consent to the treatment.

The health practitioner giving an order for a treatment is the person responsible for ensuring that informed consent for that treatment is obtained. A health practitioner performing a treatment under the order (often the case for MRTs) should be able to rely on the informed consent having been obtained if it is reasonable to do so.

If a "plan of treatment" is to be proposed for a patient, one health practitioner may, on behalf of all the health practitioners involved in the plan of treatment:

- Propose the plan of treatment
- Determine the person's capacity with respect to the treatments referred to in the plan of treatment, and
- Obtain a consent or refusal of consent from either the patient, if capable, or the patient's substitute decision-maker if the patient is found to be incapable

MRTs perform procedures on the basis of an order from a physician. Therefore, in most circumstances it is the responsibility of the physician to assess the capacity of the patient and to obtain informed consent.

Although the responsibility to obtain the patient's informed consent rests in most circumstances with the physician, as an MRT you still have certain obligations which include the following:

- You should ensure that the physician obtained the patient's consent by determining whether the consent is documented in the patient record, or there is other reasonable evidence that consent was obtained.

- Before beginning the procedure or treatment, you should fully explain to the patient what you are going to do and why. This is particularly important when the procedure forms part of a plan or course of treatment.
- If the patient gives any sign of not knowing or understanding the procedure, then you should not perform it, even if the patient's record indicates that consent has been given. You should refer the patient back to the physician to ensure informed consent is obtained.
- There may be indications that the patient has withdrawn consent to the procedure, or he or she may even resist. Assuming the patient is mentally capable, he or she can withdraw consent to a procedure at any time. If there are any indications consent has been withdrawn, you should not perform the procedure until the patient's consent is obtained.
- Although a patient may have been capable of giving consent at the beginning of a course of treatment, he or she may become incapable at some stage during the course of treatment. Especially in the context of radiation therapy, you must be aware of signals that the patient may no longer be capable of giving consent. You may be obliged to ensure that the physician assesses the patient's capacity during a course of treatment in order to ensure the patient's continuing consent to the course of treatment.
- If you are in doubt about whether the patient is capable of giving consent, or has given an informed consent, you should refer the patient back to the responsible physician.
- You should make certain that your hospital or facility has procedures or protocols in place which address the following:
 - Who is the appropriate health care provider to inform the patient about the proposed treatment and to obtain the consent
 - How will the patient's consent be documented so that other members of the health care team know the consent was obtained
 - What steps should be taken if a health care professional has reason to believe that the patient's consent was not informed, that the patient has changed his or her mind, or that he or she is not, or was not, capable of giving consent to the proposed treatment

**Review of the
HCCA**

In order to fully appreciate these guidelines, it is important to understand in more depth some of the provisions of the HCCA as outlined here.

Activities not considered "treatment" under the HCCA

Certain activities that would otherwise be considered a treatment have been specifically excluded from the Act. Some of these specific exclusions are:

- The assessment or examination of a person to determine the general nature of the person's condition
- The taking of a person's health history
- The communication of an assessment or diagnosis
- The admission of a person to a hospital or other facility
- Assistance with, or supervision of, hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulating, positioning or any other routine activity of living
- A treatment that in the circumstances poses little or no risk of harm to the person.

Since the use of ionizing radiation is done for either a diagnostic or therapeutic purpose, and it is unlikely that any of the exceptions apply, it can be assumed the procedures performed by the MRT will be governed by the HCCA.

Consent must be specific and informed

Under the HCCA, consent must be specific and informed. In order for the consent to be informed, the person who is to give consent must first receive information that a reasonable person in the same circumstances would require in order to make a decision, that is information about:

- The nature of the treatment
- Expected benefits of the treatment
- Material risks of the treatment
- Material side effects of the treatment
- Alternative courses of action
- The likely consequences of not having the treatment

In addition, the health practitioner must also respond to the person's requests for other information about these aspects of the treatment.

Although the HCCA does not define the meaning of “material risks of the treatment” or “material side effects of the treatment”, it is likely that they include:

- Those which are probable or likely to occur
- Those which are possible if they carry serious consequences
- Those which a reasonable person in the patient’s specific circumstances would require in order to make a decision to give or refuse consent

The consent may be in writing or it may be oral, but it must be obtained before the treatment begins. It is important to note that consent may be withdrawn at any time.

The HCCA permits a health practitioner to presume that a consent to treatment also includes consent for variations or adjustments in the treatment, or the continuation of the treatment in a different setting, if the expected benefits, material risks or material side effects do not change significantly.

Language and culture may affect the giving of informed consent to treatment. The health practitioner should use - to the best of his or her ability - a means of communication which takes into account the person’s education, age, language, culture and special needs. Where the health practitioner and the patient (or if the patient is incapable, the substitute decision-maker) cannot communicate because of language, an interpreter will be required. (See also ‘Exceptions in Emergency Treatment’)

Who is authorized to give consent to a treatment?

If the health practitioner proposing the treatment believes that the patient is capable with respect to the treatment, then the patient is the person from whom the consent should be obtained. However, if the health practitioner proposing the treatment believes the patient is incapable with respect to the treatment, then consent must be obtained from a substitute decision-maker. The HCCA describes who can be a substitute decision-maker with respect to the proposed treatment.

Exception in emergency treatment

The HCCA provides an exception to the requirement to obtain consent when emergency treatment is required. It is considered an emergency if a person is apparently experiencing severe suffering or is at risk of sustaining serious bodily harm.

The exception for emergency treatment applies if:

- The patient is mentally incapable of making the treatment decision
- The delay required to obtain consent will prolong the suffering or put the person at risk of sustaining serious bodily harm

The exception for emergency treatment also applies if:

- The patient is apparently capable, but communication cannot occur because of a language barrier or a disability
- Reasonable steps have been taken to find a practical means of communicating with the patient but such steps have been unsuccessful, and
- The delay required to find a practical means to communicate will prolong the suffering or put the person at risk of sustaining serious bodily harm

In addition, a health practitioner who believes that a person is mentally incapable, or where communication cannot take place after reasonable steps have been taken, may conduct an examination or diagnostic procedure without consent, if the examination or diagnostic procedure is reasonably necessary to determine whether there is an emergency.

A person who is mentally capable has a right to refuse treatment even if it is an emergency. If there is a language barrier, or the person has a disability which prevents communication, treatment cannot be performed without consent, where there is reason to believe that the person does not want the treatment.

Capacity and incapacity under the HCCA

Capacity has been defined above. Mental capacity is specific to the treatment being performed. Mental capacity may also depend on timing; a person may be considered incapable with respect to treatment at one time and capable at another time. Nor is there a fixed age at which a person becomes mentally capable of consenting to treatment.

The HCCA states that a person is presumed to be capable with respect to treatment. A health practitioner is entitled to rely on this presumption, unless there are reasonable grounds to believe otherwise. Some of the observations which may give rise to a concern about the person's capacity include:

- The person shows evidence of confused or delusional thinking, or appears unable to make a settled choice about treatment
- The person is experiencing severe pain or acute fear or anxiety
- The person appears to be severely depressed
- The person appears to be impaired by alcohol or drugs.

The following factors on their own should not cause the health practitioner to presume that the person is incapable with respect to a treatment:

- The existence of a psychiatric or neurological diagnosis
- The existence of a disability, including a speech or hearing impairment
- A refusal of a proposed treatment that is contrary to the advice of the health practitioner or of another person
- A request for an alternative treatment, or
- The person's age

Providing consent when the patient is incapable

The HCCA provides the following hierarchy of substitute decision-makers (in order of authority):

- A guardian of the person who has been appointed by the court under the Substitute Decisions Act 1992 if the guardian has authority to give or refuse consent to the treatment
- An attorney for personal care under a power of attorney that confers the authority to give or refuse consent to the treatment
- A representative appointed by the Consent and Capacity Board (the "Board")
- A spouse or partner of the patient
- A child (at least 16 years of age) of the patient, parent of the patient, or a Children's Aid Society or some other person who is entitled to give or refuse consent to the treatment instead of the parent. (Parents who only have a right of access are not included in this level of the hierarchy. Parents are also not included in this level of hierarchy where a Children's Aid Society or other person

is lawfully entitled to give or refuse consent to treatment instead of the parents)

- A parent of the patient who only has a right of access
- A brother or sister of the patient
- Any other relative of the patient or
- The Public Guardian and Trustee

The substitute decision-maker must be at least 16 years of age (unless a parent of a patient), capable with respect to consenting to the treatment, available, willing to assume the responsibility for giving or refusing consent, and is not prevented by court order or separation agreement from having access to the patient for giving or refusing consent on the patient's behalf.

Steps to obtain consent to treatment

The following are the steps which the health practitioner who is proposing a treatment must follow in order to obtain consent:

- Determine the patient's capacity to consent to the proposed treatment
- If the patient is capable of giving consent, the patient makes the decision
- If the health practitioner believes the patient is incapable, he or she should determine whether the provisions respecting the emergency treatment of an incapable person without consent applies.
- If the patient is incapable and the emergency treatment provisions do not apply, the health practitioner must comply with his or her College's guidelines on the information to be provided to patients who are found incapable of making treatment decisions (See, for example, the CMRTO's guidelines below.)
- If, before treatment begins, the health practitioner is informed that the patient either intends to, or has, applied to the Board:
 - For a review of the finding of incapacity, or
 - For the appointment of a representative to give or refuse consent on his or her behalf,or that another person intends to, or has, applied to the Board to be appointed representative of the incapable person to give or refuse consent, the health practitioner must ensure that the treatment is not given until certain time periods have elapsed without an application being made to the Board (or until the Board has made a decision which has not been appealed.)

- If the health practitioner is not informed that the steps referred to in the paragraph above have been or are intended to be taken before the treatment begins, the health practitioner must identify who the appropriate substitute decision-maker is in accordance with the provisions of the HCCA. The health practitioner then obtains consent to the proposed treatment from the substitute decision-maker.

Protection from liability

If treatment is administered to a person with a consent that a health practitioner believes - on reasonable grounds and in good faith - to be sufficient for the purposes of the HCCA, he or she is not liable for administering the treatment without consent.

The HCCA also provides protection if a practitioner withholds or withdraws treatment, provided the treatment is withheld or withdrawn in accordance with a plan of treatment for which a valid consent was obtained.

Offences

It is professional misconduct under the Professional Misconduct Regulation made under the Medical Radiation Technology Act for an MRT to do anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

For MRTs who propose a treatment - special guidelines with respect to patients found incapable of making treatment decisions

Some MRTs - for example, those who operate an x-ray machine in breast screening programs - may propose a treatment, because mammograms do not have to be done on the order of a physician when they are part of a breast screening program. If that is the case, there are a special set of guidelines that apply with respect to patients found incapable of making treatment decisions. The HCCA provides certain rights to these patients.

These rights include an entitlement to:

- Apply to the Board for a review of the finding of incapacity
- Request that the Board appoint a representative to give or refuse consent on his or her behalf

The HCCA does not, however, have any specific requirements for advising incapable persons that:

- They have been found incapable
- They have the option of applying to the Board for a review of the finding of incapacity, or
- They may request a representative be appointed to make decisions on their behalf.

It does require that a health practitioner shall, in the circumstances and manner specified in guidelines established by his or her College, provide information to the person found incapable about the consequences of the findings. The CMRTO's guidelines are set out below.

Special Guidelines for MRTs Who Propose a Treatment

These guidelines have been developed to assist MRTs with discussions with patients found by you to be incapable. The guidelines apply unless the emergency provisions of the Act are applicable.

1. If the MRT proposing a treatment determines that the patient is incapable of making the decision and the MRT believes that the patient is able to understand the information, the MRT informs the patient that a substitute decision-maker will be asked to make the final decision. This is communicated in a way that takes into account the particular circumstances of the patient's condition and the MRT-patient relationship.
2. If there is an indication that the patient disagrees with this information, and, if it relates to the finding of incapacity or to the choice of substitute decision-maker, the MRT informs the patient of his or her options to apply to the Consent and Capacity Board for a review of the finding of incapacity, and/or for the appointment of a representative of the patient's choice.
3. If the patient expresses a desire to exercise these options, the MRT is expected to provide assistance.
4. If there is an indication that the patient disagrees with the finding of incapacity when the finding was made by another health care practitioner, the MRT explores and clarifies the nature of the patient's disagreement. If it relates to the finding of incapacity or to the choice of substitute decision-maker, the MRT informs the health care practitioner who made the finding of incapacity and discusses appropriate follow-up with such health care practitioner.

5. The MRT uses professional judgment to determine whether the patient is able to understand the information. For example, a young child or a patient suffering advanced dementia is not likely to understand the information. It would not be reasonable in these circumstances for the MRT to inform the patient that a substitute decision maker is going to be asked to make a decision on his or her behalf.
6. The MRT uses professional judgment to determine the scope of assistance to provide to the patient in exercising his or her options. The MRT documents her or his actions, according to departmental policy.

Important Note

This publication is not intended to be a comprehensive review of the Health Care Consent Act. It is also not intended to provide legal advice. The HCCA may be amended in the future. You should not act on information in the publication without referring to the specific provisions of the HCCA in force at the time, and without seeking specific advice from an appropriate person on the particular matters which are of concern to you.



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OF MAY 11 2018

EXECUTIVE

ITEM#

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Ontario College of
Social Workers and
Social Service Workers



Ordre des travailleurs
sociaux et des techniciens
en travail social de l'Ontario

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PROFESSIONAL • ETHICAL • QUALIFIED • ACCOUNTABLE JUN 15 2018

COUNCIL

ITEM#

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Child, Youth and Family Services Act, 2017 proclaimed in force

01/05/2018

The College has learned that the new *Child, Youth and Family Services Act, 2017* (CYFSA) and its supporting regulations have been proclaimed in force as of April 30, 2018. While the majority of provisions in the CYFSA are now in effect, Part X (Personal Information) will come into force January 1, 2020.

The CYFSA replaces the *Child and Family Services Act, RSO 1990* (CFSA), which has been repealed. Members can access the CYFSA and its supporting regulations on the e-Laws website at <https://www.ontario.ca/laws/statute/17c14>. Information about the changes and their impact on service delivery can be found on the Ministry of Children and Youth Services (MCYS) website at <http://www.ontario.ca/children>.

Of particular relevance to social workers and social service workers is section 125, which sets out the duty to report. Members are reminded that the College's Standards of Practice require them to maintain current knowledge of legislation relevant to their practice. They are strongly encouraged to review the College's article on the duty to report, which can be found on the College website and has been updated to reflect this important legislative change.

Regulations under the CYFSA

The College has worked with government to address its concerns about regulations under the new CYFSA which set out the qualifications of Children's Aid Society (CAS) staff. Upon learning in late November that the proposed regulations would continue to allow CAS workers to avoid registration with the College, the College immediately engaged with MCYS and outlined its strong concerns in a letter to the Minister of Children and Youth Services and a submission to the Ministry of Children and Youth Services during the consultation period.

The new regulation was updated to require Local Directors of Children's Aid Societies to be registered with the College. We are pleased to note that, while the new regulation does not currently require CAS supervisors to be registered, we have received a commitment from government to work with the College and the Ontario Association of

-253-

Children's Aid Societies toward a goal of requiring registration of CAS supervisors beginning January 2019.

However, the College also wishes to express its serious concerns about the new regulation's lack of any requirement for child protection workers to be registered with the College.

Key concerns

The absence of a requirement for CAS child protection workers to be registered with the College:

- ignores the public protection mandate of the *Social Work and Social Service Work Act, 1998* (SWSSWA);
- avoids the fact that social workers and social service workers are regulated professions in Ontario and ignores the College's important role in protecting the Ontario public from harm caused by incompetent, unqualified or unfit practitioners;
- allows CAS staff to operate outside the system of public protection and oversight that the Government has established through professional regulation; and
- fails to provide the assurance to all Ontarians that they are receiving services from CAS staff who are registered with, and accountable to, the College.

The Ontario government has promised to further discuss requirements for other society staff positions in the future. The College will continue to work with the government and sector partners to emphasize its important role and relevance in the child welfare sector and to seek changes to the regulations which would address the risks to the public associated with the fact that many CAS workers in Ontario are unregulated by a professional regulatory body.

If you have any practice questions related to the new CYFSA, please contact the Professional Practice Department at 416-972-9882 or 1-877-828-9380 or email practice@ocswssw.org.

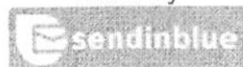
About the College

The Ontario College of Social Workers and Social Service Workers (OCSWSSW) is the regulatory body for social workers and social service workers in Ontario. Its mandate is to serve and protect the public interest and govern its members.

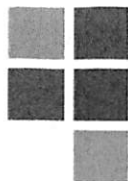
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OF JUN 15 2018

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ITEM#146i.....

2017 Annual Activity Summary

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AMTRTC is the Alliance of the provincial medical radiation technologist (MRT) regulators, formed to ensure public protection by advancing MRT regulation, professional standards, patient care, and regulatory issues. For five years since incorporation, the Alliance continues to work to achieve the following goals:

- Develop, promote and evaluate common standards between jurisdictions
- Encourage and promote standardised regulatory policies and procedures
- Facilitate communication and information sharing
- Facilitate MRT mobility between regulated jurisdictions
- Support other provincial/territorial MRT organizations in their pursuit of MRT regulation

Alliance members are MRT regulators, responsible for ensuring safe, quality, professional, ethical and competent imaging and radiation therapy services in their respective jurisdictions. This is achieved through the regulation and licensing of MRTs which helps ensure that MRTs practice in accordance with defined practice, competence, conduct, ethical and professional standards.



AMTRTC celebrated Canada's 150th with its Board of Directors Meeting and Education Day in Halifax, Nova Scotia, in Conjunction with the Canadian Network of Agencies for Regulation (CNAR)



HIGHLIGHTS

CHANGES TO ACCREDITATION OF MRT EDUCATION PROGRAMS

On January 22, 2016, the Canadian Medical Association's (CMA's) Conjoint Accreditation Services announced that it would be, after 80 years, "divesting itself of responsibility for assessing and accrediting Canadian Health education programs in designated health science professions within the next 24 months." AMRTRC immediately began work with others affected by this change, forming the Allied Health Program Accreditation Working Group. Health Standards Organization (HSO) and its affiliate Accreditation Canada (AC), were selected to deliver accreditation services for medical radiation technology education programs through their new EQual Canada Program. AMRTRC has representatives on the Equal Canada Program Council and Technical Committee.

REGULATION OF DIAGNOSTIC MEDICAL SONOGRAPHERS (DMS)

Alberta and Ontario will be regulating DMS beginning in 2018. This achievement was recognized by the Board; and the many regulations, standards, and processes needed to make regulation of DMS a reality were shared during the year as progress continued. This serves as an excellent demonstration of the importance of a regulator's role to protect the public.

REGULATION OF MRTS IN BRITISH COLUMBIA (BC)

In March 2017, AMRTRC wrote to the BC Minister of Health to support the regulation of MRTs in BC, specifically indicating that all specialties of MRT would be included. The BC government decided, alternatively, to regulate only one specialty—radiation therapists—through a multi-profession regulatory body.

*The April 25th Board of Directors meeting was held in our
Nation's capital, Ottawa, Ontario.*



HIGHLIGHTS

CANADIAN FREE TRADE AGREEMENT (CFTA) CERTIFICATE

A revised certificate is now available for AMRTRC members which was changed when the CFTA replaced the Agreement on Internal Trade (AIT).

CANADIAN COMPARISON CHART OF REGULATORS AND ASSOCIATIONS FOR MEDICAL DIAGNOSTIC AND THERAPEUTIC TECHNOLOGISTS

ACMDTT drafted and shared a chart that compares the organizations involved in AMRTRC for easy access to important information including specialties regulated, numbers of members, registration fees, etc.

IMPLEMENTATION OF STRATEGIC PLAN—PROGRESS ON STRATEGIC DIRECTIONS

AMRTRC is achieving the goals set out in the 2015-2018 Strategic Plan. It is planned that a goal-setting exercise will be held in 2018, recognizing AMRTRC's strategic directions will be consistent for years to come.

- **Engaging non-regulated provincial associations in advancing their progress toward regulation and Alliance membership:** 100% of MRT regulators are members of AMRTRC; the Board supports those jurisdictions who are progressing toward regulation
- **Promoting safe and ethical practices of the profession through regulatory excellence:** members regularly share information and promising practices and include not-yet-regulated jurisdictions, e.g.:
 - Education Days, including the following topics:
 - Road to Regulation—Tips and Lessons Learned
 - Strategic Conversations:
 - Communicating the Value of Self-Regulation
 - Resources re. Self-Regulation
 - Titles and Credentials
 - Continuing Competency: Outcomes and Lessons Learned from an Alberta Regulator Regarding Enforcement and Remediation Options Available to Regulators
 - The “Best of Everything” (sharing of favourite resources)
 - Roundtable on Regulatory Issues (at each Meeting)
- **Committing to responsible and sustainable financial and people resourcing to ensure capacity and continuity for strategic delivery:** AMRTRC's Executive Coordinator supports the organization's operational functions.

AMRTRC

BOARD OF DIRECTORS

- ♦ *Julie Avery, NSAMRT*
- ♦ *Jennifer Carey, NBAMRT (to October 6, 2017)*
- ♦ *Alain Crompt, OTIMROEPMQ*
- ♦ *Johnathan Galloway, NBAMRT (as of October 2017)*
- ♦ *Linda Gough, CMRTO*
- ♦ *Debbie Schatz, SAMRT (as of April 2017)*
- ♦ *Karen Stone, ACMDTT*
- ♦ *Chelsea Wilker, SAMRT (to April 2017)*

AMRTRC

OFFICERS

- *Linda Gough, President*
- *Chelsea Wilker, Vice-President until March 3, 2017*
- *Alain Crompt, Vice-President as of March 3, 2017*
- *Jenn Carey, Secretary-Treasurer until March 3, 2017*
- *Julie Avery, Secretary-Treasurer as of March 3, 2017*

Alliance of Medical Radiation Technologists Regulators of Canada (AMRTRC)

Members:

Alberta College of Medical Diagnostic & Therapeutic Technologists (ACMDTT)

College of Medical Radiation Technologists of Ontario (CMRTO)

New Brunswick Association of Medical Radiation Technologists (NBAMRT)

Nova Scotia Association of Medical Radiation Technologists (NSAMRT)

Ordre des technologues en imagerie médicale, en radio-oncologie et en
électrophysiologie médicale du Québec (OTIMROEPMQ)

Saskatchewan Association of Medical Radiation Technologists (SAMRT)



For more information, visit us online at www.amrtrc.ca

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Alliance of Medical Radiation
Technologists Regulators of Canada
Alliance des Organismes de Réglementation
des Technologistes en Radiation Médicale du Canada

Français

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About us

AMRTRC is an alliance of six provincial MRT regulators who have come together to ensure public protection by further advancing MRT regulation and standards, regulatory issues and patient care.

As individual provincial MRT regulators we help ensure safe, quality, professional, competent imaging and radiation therapy services in our respective jurisdictions.

Our goals

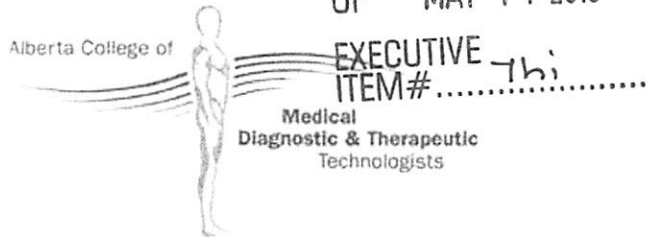
- Develop, promote and evaluate common standards between jurisdictions.
- Encourage and promote standardised regulatory policies and procedures.
- Facilitate communication and information sharing.
- Facilitate MRT mobility between regulated jurisdictions.
- Support other provincial/territorial MRT organizations in their pursuit of MRT regulation.

Quick Links:
News
FAQs
Associations
Resources

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CIRCULATED AT MEETING

OF MAY 11 2018



Dear Linda,

The Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) is pleased to announce that Pree Tyagi has been appointed Registrar and CEO.

Pree has over 15 years of post MBA experience in self-regulation of healthcare professionals, including her most recent six years with the ACMDTT. She is a highly accomplished professional with extensive experience and skills in strategic planning, policy and regulatory program management. Pree also serves as a Board Member of the Alberta Federation of Regulated Health Professionals and as a public member through Alberta Municipal Affairs.

The ACMDTT Council looks forward to Pree's continuing leadership and fulfilling our mandate to work in the interest of the public.



Pree can be contacted at ptyagi@acmdtt.com.

OF JUN 15 2018

COUNCIL
ITEM# 15j

Post Meeting Evaluations: Council Meeting, June 14 & 15, 2018

Please complete after the meeting and give to Linda Gough or Kirusha Kobindarajah

1 = Improvement Needed (*Please explain/suggest improvements in comments section*)

2 = Good/Okay

3 = Very Good

Information for Decision-making	1	2	3
a. The Council information package was received in a timely manner.			
b. Appropriate information was available in advance or at the meeting to support the Council in making informed decisions. Reports were clear and contained needed information.			
c. I had adequate opportunities to discuss the issues presented and ask questions.			
Effective Meetings	1	2	3
d. Agenda items were appropriate for Council discussion. Topics were relevant to the mandate and goals of CMRTO and identified as for information, discussion or decision.			
e. Time was used effectively; discussions were on topic.			
f. We avoided getting into administrative/ management details.			
g. Council members remained focused during the meeting -- avoiding sidebar conversations, responding to emails, etc.			
Directors fulfilling duty of care and diligence and instilling positive culture and values	1	2	3
h. All Council members seemed well-prepared for the meeting.			
i. There was a positive climate of trust, candour and respect.			
j. Council members participated responsibly -- exercising judgement and making decisions with a public interest and fiduciary perspective.			
k. Council members demonstrated the stated values of integrity, fairness, transparency, respect and professionalism			

COMMENTS

Please explain answers/ Make suggestions/ Offer observations:

I'd like more information concerning:

Name please _____

(Optional) Take-away or key learning from this meeting:
