



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Agenda

Meeting of Council

Tuesday, March 27, 2018
0900 hours — 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



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Meeting of Council

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

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1. Call to Order	W. Rabbie		0900 hrs
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- iii. In Camera Minutes of the meeting of Council of December 8, 2017 – Agenda item 6e: Diagnostic Medical Sonographers (to be circulated at the meeting)

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W. Rabbie

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| i. | About the Ministry – Minister of Health and Long-Term Care, The Honorable Dr. Helena Jaczek, printed March 6, 2018 | 359 |
| 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' | 360 – 361 |
| iii. | Organizational Structure of Ministry of Health and Long-Term Care, printed March 12, 2018 | 362 – 364 |

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| 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: | 365 |
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- ii. Email from Sebastien Audette, President,
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- i. Letter to Hon Dr. Eric Hoskins, Minister of
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- ii. Letter to Assistant Deputy Minister Ms.
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W. Rabbie

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March 27, 2018 387 - 388

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W. Rabbie



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).

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM#.....1bii.....



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

-6-

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.

CIRCULATED WITH AGENDA

Minutes

OF MAR 27 2018

COUNCIL
ITEM#.....3a1.....



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Meeting of Council

Friday, December 8, 2017

0900 hours — 1600 hours

CMRTO Council Room

Present:

Wendy Rabbie, President
Ebenezer Adiyiah
Susan Allen
Nathalie Bolduc
Elaine Bremer
Angela Cashell
Mary (Susan) Gosso
Janice Hoover
Ray Lappalainen, transitional Council member
Franklin Lyons
Jay Neadles
Cathryne Palmer
Janet Scherer
Carolyn Trottier, transitional Council member
Martin Ward
Sandra Willson

Guests:

Debbie Tarshis, WeirFoulds LLP, for agenda items 6e and 6f
Grant Jameson, Ontario Fairness Commissioner, for agenda item 7a
Doris Dumais, Director, Office of the Fairness Commissioner, for agenda item 7a

Staff:

Linda Gough, Registrar & CEO
Nerissa de Vera, Finance & HR Manager, for agenda items 4 & 6c
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.

a. Approval of the agenda

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

It was moved by S. Willson

Seconded by A. Cashell

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 Council members.

2. Declaration of Conflict of Interest

There were no conflicts of interest declared.

3. Minutes of the previous meeting

a. September 26, 2017

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

- i. Minutes of meeting of Council held on September 26, 2017

It was moved by J. Hoover

Seconded by C. Palmer

Resolved that the minutes of the Council meeting of September 26, 2017, be approved as circulated.

Carried.

L. Gough reviewed the action items with Council.

The following document was circulated at the meeting:

- ii. In Camera Minutes of the meeting of Council of September 26, 2017 – Agenda item 6a: Diagnostic Medical Sonographers

It was moved by N. Bolduc

Seconded by J. Scherer

Resolved that the in camera minutes of the meeting of Council of September 26, 2017, agenda item 6a, Diagnostic Medical Sonographers, be approved as circulated.

Carried.

b. October 20, 2017

The following document was circulated on pages 26 – 31 of the agenda:

- i. Minutes of meeting of Council held on October 20, 2017

It was moved by E. Bremer

Seconded by J. Neadles

Resolved that the minutes of the Council meeting of October 20, 2017, be approved as circulated.

Carried.

L. Gough reviewed the action items with Council.

4. Financial

Nerissa de Vera joined the meeting for the agenda items pertaining to the financial affairs of the College.

a. Finance & Audit Committee Report

The following was circulated on pages 32 – 35 of the agenda:

- i. Report to Council from J. Neadles, Chair, Finance and Audit Committee, dated November 10, 2017, 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 of the Finance & Audit Committee, reviewed the report with Council and responded to questions.

b. Financial Report for Q3 2017

The following was circulated on pages 36 – 40 of the agenda:

- i. Report to Council from the Finance and Audit Committee, dated November 10, 2017 regarding 'Financial Report to Council for Q3 2017 (July 1 – September 30, 2017)', with the following attachments:
 - CMRTO Summary of Statement of Revenue & Expenses for the period ending September 30, 2017
 - Balance Sheet as at September 30, 2017
 - Capital Budget and Expenditures Schedule for the period January 1, 2017 to September 30, 2017

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

It was moved by C. Palmer

Seconded by M. Ward

Resolved that the report to Council from the Finance and Audit Committee, dated November 10, 2017, regarding 'Financial Report to Council for Q3 2017 (July 1 - September 30, 2017)', and the following reports:

- **Statement of Revenue and Expenses for the period ending September 30, 2017**
- **Balance Sheet as at September 30, 2017**
- **Capital Budget and Expenditures Schedule for the period January 1, 2017 to September 30, 2017**

be approved.

Carried.

c. Investment Report for Q3 2017

The following was circulated on pages 41 – 42 of the agenda:

- i. Report to Council from the Finance and Audit Committee, dated November 10, 2017 regarding 'Investment Report to Council for Q3 2017 (July 1 – September 30, 2017)', with the following attachment:
 - CIBC Wood Gundy, Portfolio Evaluation as of September 29, 2017

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

It was moved by J. Hoover
Seconded by N. Bolduc

Resolved that the report to Council from the Finance and Audit Committee, dated November 10, 2017, regarding 'Investment Report to Council for Q3 2017 (July 1 – September 30, 2017)', and the report 'CIBC Wood Gundy Portfolio Evaluation as of September 29, 2017', be approved.

Carried.

5. Strategic Plan & Report

a. CMRTO Strategic Plan

The following was circulated on pages 43 – 61 of the agenda:

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

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

b. Balanced Scorecard Report

The following was circulated on page 62 of the agenda:

- i. CMRTO Dashboard: Q3 2017

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

It was moved by A. Cashell
Seconded by J. Neadles

Resolved that the CMRTO Dashboard Q3 2017, January 1 – September 30, 2017, be published on the CMRTO website.

Carried.

6. For Decision

a. 2018 Operational Plan

The following was circulated on pages 63 – 76 of the agenda:

- i. Briefing note to Council from Linda Gough, Registrar & CEO, dated November 17, 2017 regarding '2018 Operational Plan'
- ii. 2018 Operational Plan, Commitment to Regulatory Excellence, Draft 2, dated November 9, 2017

L. Gough reviewed the documents with Council and responded to questions. Lengthy discussion ensued, and amendments made to the draft Operational Plan.

It was moved by S. Allen

Seconded by C. Palmer

Resolved that the CMRTO 2018 Operational Plan, dated November 9, 2017, as circulated in the agenda and as amended is hereby approved.

Carried.

b. CMRTO Staff Salary Ranges

All the CMRTO staff, with the exception of the Internal Legal Counsel, left the meeting for this agenda item. The minutes of this portion of the meeting were recorded by T. Langlois.

The following was circulated on pages 77 – 79 of the agenda:

- i. Briefing note to Council from Linda Gough, Registrar & CEO, dated November 17, 2017 regarding 'Salary Ranges'
- ii. Report to Council from the Executive Committee, dated November 23, 2017 regarding 'CMRTO Salary Ranges'

W. Rabbie reviewed the documents with the Council and responded to questions.

It was moved by J. Neadles

Seconded by A. Cashell

Resolved that pursuant to Section 7(2)(b) of the Health Professions Procedural Code, the Council meeting move in camera to discuss the CMRTO staff salary ranges, on the basis that 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.

Carried.

It was moved by S. Willson

Seconded by J. Scherer

Resolved that:

- 1. **An increase be applied to the salary ranges of CMRTO support staff and directors, effective January 1, 2018, and that the amount of the increase be 1.4% percent for 2018, and**

- 2. An increase be applied to the salary range of the Registrar & CEO, effective January 1, 2018, and that the amount of the increase be 1.4% percent for 2018.**

Carried.

Staff returned to the meeting at the conclusion of this agenda item.

c. 2018 Budget and 2018 - 2020 Financial Plan

The following was circulated on pages 80 – 85 of the agenda:

- i. Report to Council from the Finance and Audit Committee, dated November 10, 2017, regarding '2018 Budget and 2018 – 2020 Financial Plan'
- ii. Draft CMRTO 2018 Budget, dated December 8, 2017
- iii. Draft CMRTO 2018 - 2020 Financial Plan, dated December 8, 2017

J. Neadles, Chair of the Finance and Audit Committee, reviewed the report, the proposed budget and the proposed financial plan with Council and responded to questions. Discussion ensued.

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

Be it resolved that the 2018 budget, dated December 8, 2017, as circulated with the agenda be approved.

Carried.

**It was moved by J. Scherer
Seconded by E. Bremer**

Be it resolved that the 2018 – 2020 financial plan, dated December 8, 2017, as circulated with the agenda be approved in principle.

Carried.

N. de Vera left the meeting

d. QA Program

The following was circulated on pages 86 – 98 of the agenda:

- i. Report to Council from Sandra Willson, Chair, Quality Assurance Committee, dated October 2, 2017, regarding 'Quality Assurance Assessments for 2018'

- ii. CMRTO Policy 7.1, Quality Assurance Portfolio: Percentage of MRTs, effective date March 27, 2015
- iii. CMRTO Policy 7.2, Peer and Practice Assessment by Multi-Source Feedback (MSF) or by an Assessor: Percentage of MRTs, effective date March 27, 2015
- iv. CMRTO Policy 7.3, Random selection without replacement, effective date March 27, 2015, amended date December 8, 2015
- v. Ontario Regulation 375/12 made under the *Medical Radiation Technology Act, 1991* (General)

S. Willson, Chair of Quality Assurance Committee and A. Hornby, Director of Quality Assurance reviewed the report regarding the quality assurance assessments, and responded to questions.

**It was moved by S. Willson
Seconded by M. Ward**

Whereas each year Council may approve, by resolution, the percentage of MRTs who are audited by the Quality Assurance (QA) Committee with respect to:

- **Quality Assurance (QA) Portfolio: Percentage of MRTs (Policy 7.1)**
- **Peer and Practice Assessment by Multi-Source Feedback (MSF) or by an Assessor: Percentage of MRTs (Policy 7.2)**

And whereas the QA regulation (O.Reg. 375/12) made under the MRT Act, subsection 5(3) requires a member to make his or her QA records (QA Portfolio) available to the QA Committee, for assessment at the request of the QA Committee,

And whereas the QA Committee has determined that in 2018, any members who have been registered with the College for over one year and who have never been randomly selected to submit their QA records for assessment or to undergo a peer and practice assessment by means of an MSF system, will be required to submit their 2018 QA records (QA Portfolio) for assessment in 2019,

Be it resolved that for the 2018 QA year:

- 1. That 7% of members be selected to participate in a peer and practice assessment by means of a multi-source feedback (MSF) assessment, and**
- 2. There be no random selection of members to make their QA Portfolio available to the QA Committee for assessment.**

Carried.

e. Diagnostic Medical Sonographers

Debbie Tarshis, WeirFoulds LLP, joined the meeting for next two agenda items.

The following was circulated on pages 99 – 102 of the agenda:

- i. Briefing note to Council from Linda Gough, Registrar & CEO, dated November 17, 2017, regarding 'Regulation of diagnostic medical sonographers'
- ii. CMRTO publication, DMS Updates # 3, entitled 'Bill 160', dated October, 2017
- iii. Record of attendees at CMRTO workshops, last updated November 8, 2017

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

The following was circulated on pages 103 – 108 of the agenda:

- iv. Proposed Ontario Regulation made under the *Medical Radiation Technology Act, 1991*, Amending O. Reg. 866/93 (Registration), dated November 6, 2017

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

It was moved by E. Bremer

Seconded by E. Adiyiah

Resolved that pursuant to Section 7(2)(e) of the Health Professions Procedural Code, the Council meeting move in camera to receive a report from legal counsel regarding the regulation of diagnostic medical sonographers, on the basis that instructions will be given to or opinions received from the solicitors for the College.

Carried.

The following was circulated on pages 109 – 168 of the agenda:

- v. CMRTO Survey on the Revised Standards of Practice, printed November 8, 2017

Following was circulated at the meeting:

- vii. Report to Council from Linda Gough, Registrar & CEO, dated December 5, 2017 regarding 'Standards of Practice and Code of Ethics Consultation', with the following attachments:
 - Summary of survey participant demographics respecting proposed changes to Standards of Practice and Code of Ethics, dated November 30, 2017

- Summary of survey responses received to November 30, 2017, respecting proposed changes to Standards of Practice and Code of Ethics, dated December 5, 2017
 - Details of survey responses received to November 30, 2017, respecting proposed changes to Standards of Practice and Code of Ethics, dated December 5, 2017
- viii. Draft 3 Standards of Practice with proposed amendments following Consultation, dated December 5, 2017

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

It was moved by E. Bremer
Seconded by J. Hoover

Whereas:

- A. A proposed regulation, which amends Ontario Regulation 866/93 for the purpose of the regulation of diagnostic medical sonography as a new specialty (the “Registration Regulation”) is awaiting approval by the Lieutenant Governor in Council and filing with the Registrar of Regulations;**
- B. The Registration Regulation comes into force on the later to occur of January 1, 2018 and the day on which the Registration Regulation is filed;**
- C. The CMRTO’s standards of practice set out the minimum requirements for professional practice and conduct for members of the CMRTO, and apply at all times and in all practice settings (“Standards of Practice”);**
- D. The Standards of Practice of the CMRTO have been revised for the purpose of the regulation of diagnostic medical sonography as a new specialty;**
- E. A draft of the revised Standards of Practice has been circulated for consultation;**
- F. At this meeting of Council, the Registrar has distributed to the Council a report on the comments received in connection with the consultation;**
- G. At this meeting of Council, the Registrar has also distributed to the Council revised Standards of Practice (“Revised Standards of Practice”) for Council’s consideration and, if appropriate, approval;**
- H. At this meeting of Council, the Council has proposed amendments to Indicators d.iii. and d.iv. of Practice Standard 3 and Indicator b. of Practice Standard 6;**
- I. In the Introduction to the Revised Standards of Practice, there are paragraphs that relate to Schedule 6 of Bill 160, titled “Medical Radiation and Imaging Technology Act, 2017” (“Bill 160 Paragraphs”); and**
- J. Schedule 6 of Bill 160 may be enacted on or before the day on which the Registration Regulation comes into force.**

Now therefore be it resolved that:

- 1. Subject to paragraphs 2 and 3, Council hereby approves the Revised Standards of Practice circulated at this meeting of Council held on December 8, 2017 as amended;**
- 2. Council hereby authorizes the Registrar to revise or delete the Bill 160 Paragraphs or any of them as she may determine, provided that the President or Vice-President has approved such revision or deletion; and**
- 3. The Revised Standards of Practice approved by Council under paragraph 1, as the same may be amended in accordance with paragraph 2, shall come into force on the later to occur of January 1, 2018 and the day on which the Registration Regulation is filed.**

Carried.

The following was circulated at the meeting:

- ix. CMRTO Draft By-Law No.58, dated December 8, 2017, with the following attachment:
 - Schedule "A" – Code of Ethics

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

It was moved by C. Palmer

Seconded by E. Adiyiah

Be it resolved that draft By-law No. 58, in the form circulated at this meeting of Council held on December 8, 2017, be and it is hereby enacted.

Carried.

The following was circulated at the meeting:

- x. CMRTO Registration Policy 6.3, Approved examination in the specialties of radiography, radiation therapy, nuclear medicine and magnetic resonance, effective date March 27, 2015 with proposed amendments
- xi. CMRTO Registration Policy 6.5, Course in Jurisprudence set and approved by CMRTO - radiography, radiation therapy, nuclear medicine, and magnetic resonance, effective date March 27, 2015 with proposed amendments
- xii. Draft CMRTO Registration Policy 6.10, Educational programs approved by CMRTO in the specialty of diagnostic medical sonography

- xiii. Draft CMRTO Registration Policy 6.11, Approved examinations for the specialty of diagnostic medical sonography set and administered by Sonography Canada
- xiv. Draft CMRTO Registration Policy 6.12, Approved examinations for the specialty of diagnostic medical sonography administered by the ARDMS (time-limited)

L. Gough reviewed the proposed amendments to the reviewed policies 6.3 and 6.5 and the new policies 6.10, 6.11 and 6.12 with Council and responded to questions. Lengthy discussion ensued.

It was moved by S. Gosso

Seconded by C. Palmer

Whereas:

- A. A proposed regulation, which amends Ontario Regulation 866/93 for the purpose of the regulation of diagnostic medical sonography as a new specialty (the “Registration Regulation”) is awaiting approval by the Lieutenant Governor in Council and filing with the Registrar of Regulations;**
- B. The Registration Regulation comes into force on the later to occur of January 1, 2018 and the day on which the Registration Regulation is filed;**
- C. At this Council meeting, the Registrar has distributed to the Council the following registration policies for the purpose of implementing the Registration Regulation:**
 - a. draft Policy 6.10 regarding educational programs approved by CMRTO in the specialty of diagnostic medical sonography,**
 - b. draft Policy 6.11 regarding approved examinations for the specialty of diagnostic medical sonography set and administered by Sonography Canada, and**
 - c. draft Policy 6.12 regarding approved examinations for the specialty of diagnostic medical sonography administered by ARDMS (time-limited)**

(collectively, the “Registration Policies”); and
- D. At this Council meeting, the Registrar has also distributed to the Council a revised draft Policy 6.3 regarding the approved examination in the specialties of radiography, radiation therapy, nuclear medicine and magnetic resonance (“Policy 6.3”) and a revised draft Policy 6.5 regarding the course in jurisprudence set and approved by CMRTO (“Policy 6.5”).**

Now therefore be it resolved that:

1. Subject to paragraph 2, Council hereby approves the Registration Policies and the amendments to Policy 6.3 and Policy 6.5, all in the form circulated at this meeting of Council held on December 8, 2017; and
2. The Registration Policies and the amendments to Policy 6.3 and Policy 6.5 shall come into force on the later to occur of January 1, 2018 and the day on which the Registration Regulation is filed.

Carried.

Following was circulated on pages 169 – 170 of the agenda:

- vi. Email to Denise Cole, Assistant Deputy Minister, Health Workforce Planning & Regulatory Affairs, Ontario Ministry of Health & Long-Term Care from Linda Gough, Registrar & CEO dated November 23, 2017, regarding the next steps in regulation of diagnostic medical sonographers

f. Bill 160

The following was circulated on pages 171 – 196 of the agenda:

- i. Email to Linda Gough, Registrar & CEO from Patrick Dicerni, Assistant Deputy Minister, Strategic Policy Branch, MOHLTC dated September 27, 2017, regarding 'OHFDA Introduced in the legislature'
- ii. Email to Linda Gough, Registrar & CEO from Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch, Health Workforce Planning and Regulatory Affairs Division, MOHLTC, dated September 27, 2017, regarding '*Introduction of Strengthening Quality and Accountability for Patients Act, 2017*'
- iii. MOHLTC News Release entitled '*Strengthening Quality and Accountability for Patients Act, 2017*', dated September 27, 2017
- iv. *The Medical Radiation and Imaging Technology Act, 2017*, Schedule 6 of Bill 160, Strengthening Quality and Accountability for Patients Act, 2017, 1st Reading September 27, 2017
- v. Excerpt from 'Bills Current Session, Legislative Assembly of Ontario', Bill 160, *Strengthening Quality and Accountability for Patients Act, 2017*, printed October 30, 2017
- vi. Email exchange between Linda Gough, Registrar & CEO and Tanzima Khan, Procedural Services Assistant, Standing Committee on General Government, dated October 31, 2017, regarding 'CMRTO request to speak to Standing Committee on General Government regarding Bill 160'

- vii. Email exchange between Linda Gough, Registrar & CEO and Tanzima Khan, Procedural Services Assistant, Standing Committee on General Government, dated November 17, 2017, regarding 'Bill 160 – Confirmation of Appearance'
- viii. Submission to the Standing Committee on General Government re: Bill 160, *Strengthening Quality And Accountability for Patients Act, 2017*; Schedule 6, *Medical Radiation And Imaging Technology Act, 2017*, made by the College of Medical Radiation Technologists of Ontario, November 20, 2017
- ix. Report to Council from Linda Gough, Registrar & CEO, dated November 20, 2017 regarding 'Oral submission to the Standing Committee on General Government: Bill 160, *Strengthening Quality and Accountability for Patients Act, 2017*; Schedule 6, *Medical Radiation and Imaging Technology Act, 2017*'

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

D. Tarshis left the meeting.

7. Discussion

a. Ontario Fairness Commissioner

Mr. Grant Jameson, Ontario Fairness Commissioner and Ms. Doris Dumais, Director, Office of the Fairness Commissioner joined the meeting for this agenda item.

The following was circulated on pages 197 – 199 of the agenda:

- i. News from the Office of the Fairness Commissioner, September 2017

W. Rabbie extended a warm welcome and introduced the Fairness Commissioner to Council. A round-table of introductions was conducted.

The Fairness Commissioner gave a presentation and responded to questions. Discussion ensued.

G. Jameson & D. Dumais left the meeting at the conclusion of this agenda item.

b. HPRAC

The following was circulated on pages 200 – 201 of the agenda:

- i. Letter to Mr. Thomas Corcoran, Chair, Health Professions Regulatory Advisory Council from Dr. Eric Hoskins, Minister, MOHLTC, dated October 17, 2017, regarding the services and supports for children and youth with Autism Spectrum Disorder through the new Ontario Autism Program (OAP)

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

c. MOHLTC IPAC Knowledge Translation and Exchange Working Group

The following was circulated on pages 202 – 204 of the agenda:

- i. Email exchange between Linda Gough, Registrar & CEO and Janu Sritharan, Senior Policy & Program Advisor, Infectious Disease Policy & Programs Unit, Disease Prevention Policy & Program Branch, MOHLTC dated October 3, 2017, regarding 'Opportunity for participation – Infection Prevention and Control Working Group'

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

d. MOHLTC Taskforce for the Development of Standards for X-Rays

The following was circulated on pages 205 – 214 of the agenda:

- i. Email to Linda Gough, Registrar & CEO from Sean Court, Director, Strategic Policy Branch, MOHLTC dated October 18, 2017, regarding 'MOHLTC Task Force for the Development of Standards for X-rays – Call for applications'
- ii. Confidential information package entitled 'Task Force for the Development of Standards for X-rays', MOHLTC, undated
- iii. Document entitled 'Instructions for applying to participate as the Chair of the MOHLTC Task Force for the Development of Standards for X-rays', MOHLTC, October 2017
- iv. Completed Public Appointments Secretariat Application Summary for Linda Gough for the Task Force for the Development of X-Ray Standards, Ministry of Health and Long-Term Care, printed on November 3, 2017

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

e. Accreditation

The following was circulated on pages 215 – 224 of the agenda:

- i. Email from Louise Clement, Executive Director, Equal Accreditation Canada and Sebastien Audette, President, Global Programs, Health Standards Organization to Linda Gough, Registrar & CEO, dated October 26, 2017, regarding 'Equal Canada Update – Program Client critical mass reached'
- ii. Letter from Sebastien Audette, President, HSO, to Equal Canada Program Clients, dated November 2, 2017 regarding 'Program Council Inaugural Meeting – January 2018', with the following attachments:
 - Program Council Terms of Reference

- Program Council Executive Committee Terms of Reference

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

f. Citizen Advisory Group

The following was circulated on pages 225 – 241 of the agenda:

- i. Citizen Advisory Group Meeting Report, Saturday, October 21, 2017

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

8. Meeting evaluation

The following was circulated on pages 242 – 243 of the agenda:

- i. Post meeting evaluation: Council meeting, December 8, 2017

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 1525 hours.

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 491



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Report

To:	Council	Meeting:	March 27, 2018
From:	Jay Neadles, Chair Finance and Audit Committee	Date:	March 7, 2018
Subject:	Report from Finance and Audit Committee		

The Finance and Audit Committee met on March 7, 2018.

The Committee reviewed the following items:

- Reviewed the year 2017 Financial Reports
- Reviewed the year 2017 Investment Reports
- Met with Joane Mui, KPMG LLP, and reviewed the audited financial statements for the 2017 financial year and received the auditors opinion
- Developed the recommendation to Council for the audited financial statements for the year 2017
- Developed the recommendation to Council regarding the appointment of CMRTO's auditors for the 2018 financial year
- Performed the fee review for the 2019 annual fees and developed the recommendation for Council
- Reviewed the performance of the College's investment advisor and developed a recommendation for Council

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

CIRCULATED WITH	F 4 A	AGENDA
DATE:	MAR - 7 2018	
ITEM #	1 b i	



College of
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Terms of Reference for the Finance and Audit Committee

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 4 a i i

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.

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 461College of
Medical Radiation
Technologists of
OntarioOrdre des
technologues en
radiation médicale
de l'Ontario

Report

To:	Council	Meeting:	March 27, 2018
From:	Finance and Audit Committee	Date:	March 7, 2018
Subject:	Financial Report to Council for the Year 2017 (January 1 – December 31, 2017)		

The Finance and Audit Committee has reviewed the attached annual financial performance reports for the year ending December 31, 2017 and is pleased to highlight the following matters for the CMRTO Council:

1. The following year end variances in excess of 5% of the approved budget were identified. Management provided the Committee with the causes and effects of the variances and these are provided to the Council as information.

Revenue

In terms of revenue, the financial year 2017 ended with a favourable variance of 3.1% compared to the previous year's 1.4%.

Expenses

1. Human Resources: -9.0% unfavourable variance

The Human Resources expense group ended the year with an unfavourable variance of 9%. The variance was due to additional staff hiring related to sonography and staffing changes such as the new Program Associate position, the new Deputy Registrar position and the Registrar & CEO's salary review.

2. Operating Expenses: 6.8% favourable variance

The Operating Expenses expense group ended the year with a favourable variance of 7% due to savings from various expense lines such as postage and courier, printing and stationery, insurance, office supplies and consulting fees. However, some expense lines were over the budget such as travel expenses, outside services, IT and bank and credit card fees.

3. Communication & Legal Fees: 19.2% favourable variance

The Communication & Legal Fees expense group finished the year with a favourable variance

of 19%. There are savings from hearing costs, legal fees for general counsel and re-printing of publications which was deferred due to sonography implementation. This savings offset the legal fees incurred due to the regulation of sonography.

4. Education, QA & Other Expenses: 21.7% favourable variance

At the end of the year, the Education, QA & Other Expenses expense group finished with a favourable variance of 22%. This was due to no claim from the compensation fund and some savings from QA.

5. Committee Meeting Expenses: -21% unfavourable variance

The Committee Meeting Expenses expense group which was forecasted to have a 23% unfavourable variance due to additional meeting days for Council, ended with a 21% unfavourable variance.

6. Strategic Planning Projects: 59.4% favourable variance

The Strategic Planning Projects expense group finished the year with a favourable variance of 59% due to less activity than planned.

Conclusion

At the end of the year 2017, the CMRTO's total expenses before depreciation finished with a 2.5% favourable variance compared to the approved budget. Revenue ended with a favourable variance of 3.1%. This resulted in a decrease of the budgeted deficit from \$404,782 to \$183,072 as reflected on the Statement of Revenue and Expenses.

College of Medical Radiation Technologists of Ontario

Statement of Revenue and Expenses

For The Period Ending December 31, 2017

	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

CIRCULATED WITH F49 AGEND
 DATE: MAR - 7 2018
 ITEM # 491

VARIANCE EXPLANATION

REVENUE:

Membership-related Revenue	3,401,975	3,302,152	99,823	3.02%		F	Membership related revenue 3% favourable due to increase in volume of new members, reinstatements, applications and evaluations
Revenue - Interest Earned	29,935	25,139	4,796	19.08%		F	Interest from investment & current accounts 19% favourable
Total Revenue:	3,431,909	3,327,291	104,618	3.14%		F	The year ended at 3% favourable variance on revenue

EXPENSES:

Human Resources	1,669,157	1,530,292	(138,865)	-9.07%		U	Human Resources unfavourable variance due to staffing changes & sonography hiring
Operating Expenses	761,474	817,466	55,992	6.85%		F	Savings due to postage & courier, printing & stationery, office supplies & consulting
Communication & Legal Fees	590,845	731,614	140,769	19.24%		F	Savings due to unused hearing budget; deferred publications printing
Education, Q.A. & Other Expenses	123,090	157,200	34,110	21.70%		F	No claim from the Compensation fund, savings from QA
Committee Meeting Expenses	146,702	121,215	(25,487)	-21.03%		U	Additional meeting days for Council
Strategic Planning Projects	13,387	33,000	19,614	59.43%		F	Less activity than planned
TOTAL EXPENSES BEFORE DEPRECIATION	3,304,654	3,390,787	86,133	2.54%		F	The year ended at 2.5% favourable variance on expenses
Depreciation Expenses	310,327	341,286	30,959	9.07%		F	
TOTAL EXPENSES AFTER DEPRECIATION	3,614,981	3,732,073	117,092	3.14%		F	
Excess of Revenue over Expenses	(183,072)	(404,782)	221,710				Decrease of budgeted deficit from \$404,782 to \$183,072

College of Medical Radiation Technologists of Ontario

Balance Sheet
As At December 31, 2017

CIRCULATED WITH	F4a	AGENDA
DATE:	MAR - 7 2018	
ITEM #	4a11	

	Year End	Previous YTD Quarter
ASSETS		
Current Account	127,032	245,835
Charge Card Clearing Account	(1,697)	(5,081)
Petty Cash	67	169
Interest Receivable	4,593	11,966
Accounts Receivable	42,417	0
Prepaid Expenses	52,276	19,613
Total current assets	224,688	272,502
Total fixed assets	931,211	496,513
Investments	1,757,505	2,243,264
TOTAL ASSETS	2,913,404	3,012,278
LIABILITIES		
Accounts Payable	215,939	(5,081)
Accruals	51,177	0
HOOPP Pension Payable	3,311	18,515
HST Receivable	(27,166)	(65,487)
HST Payable	0	105,431
Deferred Revenue	1,606,547	1,589,080
Deferred Lease Inducement	56,049	84,074
TOTAL LIABILITIES	1,905,857	1,726,532
EQUITY		
Surplus from Previous Year	1,190,619	1,190,619
Net Income/Loss Year to Date	(183,072)	95,127
TOTAL EQUITY	1,007,547	1,285,747
TOTAL LIABILITIES & EQUITY	2,913,404	3,012,278

College of Medical Radiation Technologists of Ontario
Capital Budget & Expenditures Schedule
For the Period January 1, 2017 To December 31, 2017

CIRCULATED WITH	<u>FQA</u>	AGENDA
DATE:	<u>MAR - 7 2018</u>	
ITEM #	<u>4aiii</u>	

	Year End Expenditure	Annual Budget	Variance	Variance Explanation
Computer Hardware	55,024	66,000	10,976	AV upgrade 32.2k actual (25k budget); desktops & monitors 6.5k actual (7k budget); notebooks 3.3k actual (10k budget); server battery 4.1k actual (13k budget); scanners 5.5k actual (6.5k budget); firewall 3.4k actual (contingency 4.5k budget)
Computer Software	505,860	465,250	(40,610)	CRM2016 upgrade College Membership Management (CMM) 367.3k actual (430k budget), CMM online application 80k & template project 37.8k actual (US budget 80k); QA portfolio & jurisprudence enhancements 15.4 actual (10k budget); Accpac upgrade 5.7k; Savings from committee portals for agendas 15k; eHealth project 5k; project site 3k; Adobe security options software 2.2k
Website Software	0	25,000	25,000	Website enhancements costs not capitalized; charged to operations
Office Equipment	151,039	10,000	(141,039)	New furniture and work stations for additional staff to support the regulations of sonographers
Office Renovations	112,782	0	(112,782)	Renovation costs to accommodate additional staff to support the regulation of sonographers
Total Expenditures	824,705	566,250	(258,455)	

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM#.....4c1.....College of
Medical Radiation
Technologists of
OntarioOrdre des
technologues en
radiation médicale
de l'Ontario

Report

To:	Council	Meeting:	March 27, 2018
From:	Finance and Audit Committee	Date:	March 7, 2018
Subject:	Investment Report to Council for the year 2017 (January 1 – December 31, 2017)		

The Finance and Audit Committee has reviewed the attached investment report for the year ending December 31, 2017 and is pleased to highlight the following matters for Council:

	Quarter 1 2017	Quarter 2 2017	Quarter 3 2017	Quarter 4 2017
Compliance with Investment Policy 4.7 approved December 9, 2014, last amended September 26, 2017	Yes	Yes	Yes	Yes
Interest Earned in each quarter	\$7,027	\$6,986	\$7,728	\$6,869
Interest Earned year to date	\$7,027	\$14,013	\$21,741	\$28,610
Average Rate of Return year to date *	0.31%	0.63%	0.97%	1.31%
Accrued Interest on Total Portfolio **	\$10,558	\$6,446	\$11,966	\$4,593
Total Portfolio Value including Accrued Interest	\$2,240,517	\$2,247,502	\$2,255,230	\$1,762,099

* 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

Also attached to this report is the 2017 Year-end Account Report from CIBC Wood Gundy. Page 2 of the report confirms the market value of our investment portfolio at \$1.76 million. In comparison to the previous year's performance, the average rate of return in 2017 increased from 1.17% to 1.31%. The Committee is satisfied with the performance of the portfolio in 2017.

A total of \$500,000 was withdrawn from the investment portfolio in 2017, in order to fund the unplanned expenses to regulate diagnostic medical sonographers with CMRTO. The Finance and Audit Committee is pleased to report that the investment portfolio has met the objectives of preservation of capital and liquidity to be able to support this unplanned expense.

The total portfolio value at year end is above the minimum reserve value recommended by the Finance & Audit Committee (\$1.6 million).

The Finance & Audit Committee also reviewed the performance of the Investment Advisor as required by CMRTO Policy 4.7 and is pleased to recommend to Council to continue to engage Bryan J.W. Baker, First Vice-President, CIBC Wood Gundy, as the CMRTO's Investment Advisor.



CIBC
Wood Gundy

PORTFOLIO EVALUATION (CAD)

As of December 31, 2017

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO (415138742C)

Your Investment Advisor Bryan Baker
CIBC Wood Gundy

CIRCULATED WITH F49 AGENDA

DATE: MAR - 7 2018

451

Last Purchase	Quantity	Description	ACB	Book Value	Market Price	Market VL	% of Total	G/L (%)	Unrealized G/L **
Cash & Cash Equivalents									
Cash									
	462,017	ACCOUNT BALANCE CAD	1.000	462,016.97	1.000	462,016.97	26.28		
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	14.22		
06/28/2016	250,000	LBC GIC A 1.8% 28JN18	100.000	250,000.00	100.000	250,000.00	14.22		
12/22/2014	100,000	MTL TR A 2.32% 22DC18	100.000	100,000.00	100.000	100,000.00	5.69		
Total Securities Expiring Within a Year				\$ 600,000.00		\$ 600,000.00	34.13 %		
Mutual Funds-Money Market									
09/21/2015	36,362.350	ALTA HIGH INT CASHPE(100)	1.000	36,362.06	1.000	36,362.35	2.07		0.29
06/25/2015	99,431.630	B2B BK HIGH INT INVS(100)	1.000	99,431.43	1.000	99,431.63	5.66		0.20
09/21/2015	10,179.923	BNS INVST SVG ACCOU(1300)	10.000	101,799.23	10.000	101,799.23	5.79		
09/21/2015	101,799.800	ML BK INVST SVG ACCO(510)	1.000	101,799.80	1.000	101,799.80	5.79		
09/21/2015	10,181.263	RBC INVST SVG ACCOU(2010)	10.000	101,812.63	10.000	101,812.63	5.79		
06/15/2016	50,057.890	REN HIGH INT SVG AC(5000)	1.000	50,057.24	1.000	50,057.89	2.85		0.65
09/23/2015	10,482.756	TD INVST SVG ACCOUN(8150)	10.000	104,827.56	10.000	104,827.56	5.96		
Total Mutual Funds-Money Market				\$ 596,089.95		\$ 596,091.09	33.91 %		\$ 1.14
Total Cash & Cash Equivalents				\$ 1,658,106.92		\$ 1,658,108.06	94.31 %		\$ 1.14
Short-Term									
Other									
12/22/2014	100,000	NTL TR A 2.57% 22DC19	100.000	100,000.00	100.000	100,000.00	5.69		
Total Short-Term				\$ 100,000.00		\$ 100,000.00	5.69 %		
Total				\$ 1,758,106.92		\$ 1,758,108.06			\$ 1.14

Accrued Interest:	\$ 4,631
Declared and Unpaid Dividends:	
Total Portfolio Value:	\$ 1,762,739

** Where applicable, Unrealized G/L includes accumulated interest.

Accumulated interest is included in the "ACB" / "Invested Cost" and in the "Book Value" / "Invested Capital" columns.

This report is not an official record, but is supplemental to your official account statements. In the event of discrepancy between this report and your CIBC Wood Gundy client statement or tax package, the client statement or tax package should be considered the official record of your accounts. 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.



CIRCULATED WITH	<u>F 9 9</u>	AGENDA
DATE:	<u>MAR - 7 2018</u>	
ITEM #	<u>4biv</u>	



Your Year-end Account Report

Your Year-end Account Report offers a clearer picture of how your investment accounts are performing and what they cost you. Your report contains information to help you assess your progress towards reaching your investment goals.

Account performance

Your report shows how your account's value has changed over time, and considers all activity - deposits, withdrawals, change in value - in your account. Called the individual rate of return, this performance measure presented in your report is unique to your account.

Account fees

Your report also summarizes all fees related to your account that CIBC Wood Gundy has collected during the year. It identifies fees we received from you and any we may have received from others related to investment products and services provided to you over the year.

If you have questions about your Year-end Account Report, please contact us.

Thank you for choosing CIBC Wood Gundy. We appreciate your business and look forward to continuing our relationship.

Bryan J. W. Baker
First Vice President,
Portfolio Manager

Contact Us

Your Investment Advisor
Bryan J. W. Baker

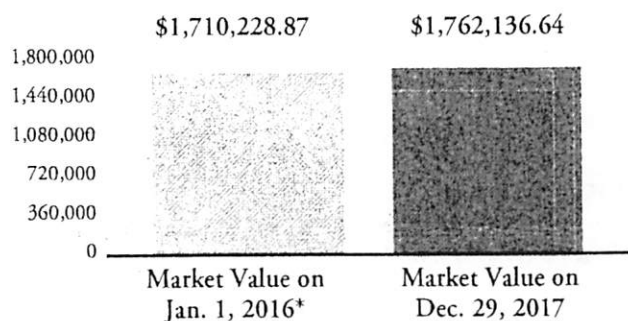
Email
bryan.baker@cibc.ca

Phone
(416) 594-7954

Branch Address
333 Bay Street 28th floor
West Tower
Toronto ON M5H 2R2

The Performance of Your Account #415-13874

How Your Account's Market Value Has Changed



Q: The Closing Market Value on my Account Performance Report doesn't match the December month-end value on my statement. Why?

A: Your Account Performance Report includes accrued dividends, distributions, and interest related to your account. As these amounts have not yet been paid, they are not included in your December month-end statement value. Instead, they will be included in the statement for the month you receive them.

	This year	Since Jan. 1, 2016* (CAD)
Opening Market Value	\$2,233,489.93	\$1,710,228.87
+ Deposits**	500,000.00	1,000,000.00
- Withdrawals**	-1,000,000.00	-1,000,000.00
+ Change in Value†	28,646.71	51,907.77
= Closing Market Value	\$1,762,136.64	\$1,762,136.64

How Your Account Has Performed

YOUR AVERAGE ANNUAL INDIVIDUAL RATES OF RETURN

	This year	Since Jan. 1, 2016*
Per Year	1.31%	1.28%

The percentages in this table are your individual rates of return calculated using a money-weighted rate of return after fees have been deducted. The calculation considers the performance of the investment(s) in your account, including both realized and unrealized gains and losses and any income from the investment(s), as well as any deposits to or withdrawals from your account. Contact us for more details about this calculation.

* Although the first transaction in your account occurred prior to January 1, 2016, the start date for your individual rate of return is January 1, 2016.

** Deposits include the total market value of all deposits, contributions, internal and external transfers of cash and securities into the account during the reporting period. Withdrawals include the total market value of all withdrawals, de-registrations, internal and external transfers of cash and securities out of the account during the reporting period. Due to the way we process certain transfers between accounts and transaction cancellations, the Deposit and Withdrawal values may differ from the actual amounts added to or deducted from your account.

† Change in Value of your investments includes income (dividends, interest) and distributions, including reinvested income or distributions, realized and unrealized capital gains or losses in the account, changes in dividend receivables and interest accruals, as well as operating and transaction charges you have paid.



The Cost of Your Account #415-13874

Fees You Paid

	This Year (CAD)
Total Account Operation Fees	\$0.00
Total Transaction Fees	\$0.00
Total Fees You Paid	\$0.00

Fees Paid By Others In Connection With Your Account

	This Year (CAD)
Service Fee *	2,279.34
Total Fees Paid By Others In Connection With Your Account	\$2,279.34

* An investment fund pays a management fee to its manager from the assets of the fund. Out of that fee the manager pays us an ongoing Service Fee, also known as a trailing commission, for the services we provide you. The amount of the Service Fee depends on the sales charge option you chose when you purchased the fund. Although you don't pay this fee directly, it does reduce the fund's return to you. For more information about this fee, see the Fund Facts document for the specific fund or contact us for more information.

Q: Is this an invoice?

A: No, these fees have already been paid. For more information about fees, please contact us.

Q: What is an Account Operation Fee?

A: Account Operation Fees are charges associated with the administration and non-trade related activities in your account and will vary dependent upon the account type, investments, and type of activities in your account.

Q: What is a Transaction Fee?

A: Transaction Fees are expenses incurred when you buy or sell securities. Transaction fees include compensation and other costs. Transaction fees also reflect the payments that the dealer receives for their work in processing these transactions.

Q: Why does CIBC Wood Gundy receive fees from others?

A: We receive these fees from others in connection with some of the investments you purchased or the services and advice you received.

You were not directly charged these fees. Contact us for more information about these fees.

Additional Information About Your Report

- For more information about fees applicable to your account, please speak with us.
- The definition of the total percentage return is the cumulative realized and unrealized capital gains and losses of an investment, plus income from the investment, over a specified period of time, expressed as a percentage.
- If the market value for a particular security position is not determinable, the security position will be assigned a value of zero at that time for the performance calculation. Therefore, if the market value for any of your securities becomes not determinable during the reporting period, it may have a negative impact on the performance of your account. If the market value for any of your securities is not determinable, and subsequently becomes determinable during the reporting period, it may have a positive impact on the performance of your account.
- Performance calculations and fees are based on the original process date of the transaction. Subsequent corrections or adjustments processed after year-end do not appear in this report. They will appear in the report for the period in which the transaction is processed. For Money Weighted Rate of Return calculations, all cash corrections or adjustments processed during the year will be reflected as of the processing date.
- Performance calculations are inclusive of accrued, but not paid interest/dividends, and may not be reflective of displayed Market Values.
- This report reflects all fees charged or credited in relation to your account during the previous calendar year and is considered accurate at the time of printing. This report is provided for information purposes only and should not be considered an official tax document. You should consult your tax advisor regarding your own particular tax circumstances and the deductibility of fees for your accounts.
- If your account was opened during this past calendar year, performance will be calculated from the date of account opening and not annualized as suggested by the rate of return table.

Do you have any questions about what you're seeing here?

For more details, contact us or visit our Performance and Cost Report webpage at

www.cibc.com/investmentreport

Q: How is the individual rate of return calculated?

A: Individual rate of return is calculated based on the performance of your investment(s) in your account and also includes the amount and timing of any cash flows into or out of the account. This calculation is also known as the money-weighted, or Internal Rate of Return (IRR).

DRAFT #4
February 23, 2018

CIRCULATED WITH	<u>F4a</u>	AGENDA
DATE:	MAR - 7 2018	
ITEM #	<u>5a1</u>	

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 4di

Financial Statements of

**THE COLLEGE OF MEDICAL
RADIATION TECHNOLOGISTS
OF ONTARIO**

Year ended December 31, 2017

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of The College of Medical Radiation Technologists of Ontario, which comprise the statement of financial position as at December 31, 2017, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Page 2

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of The College of Medical Radiation Technologists of Ontario as at December 31, 2017, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

DRAFT

Chartered Professional Accountants, Licensed Public Accountants

Vaughan, Canada

THE COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

DRAFT Statement of Financial Position

December 31, 2017, with comparative information for 2016

	2017	2016
Assets		
Current assets:		
Cash	\$ 125,403	\$ 251,103
Accounts receivable and prepaid expenses	99,283	102,397
	<u>224,686</u>	<u>353,500</u>
Capital assets (note 2)	931,211	416,832
Investments (note 3)	1,757,505	2,228,492
	<u>\$ 2,913,402</u>	<u>\$ 2,998,824</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 243,261	\$ 135,052
Deferred revenue (note 4)	1,606,546	1,589,080
	<u>1,849,807</u>	<u>1,724,132</u>
Deferred lease inducements (note 5)	56,048	84,073
Net assets:		
Unrestricted	132,384	857,860
Invested in capital assets	875,163	332,759
	<u>1,007,547</u>	<u>1,190,619</u>
Commitments (note 7)		
	<u>\$ 2,913,402</u>	<u>\$ 2,998,824</u>

See accompanying notes to financial statements.

On behalf of the Council:

_____ Member

_____ Member

THE COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

DRAFT Statement of Operations

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Revenue:		
Fees	\$ 3,401,975	\$ 3,344,567
Interest	29,935	23,191
	<u>3,431,910</u>	<u>3,367,758</u>
Expenses:		
Human resources (note 6)	1,669,157	1,505,618
Operating	761,474	709,562
Communications and legal	590,845	438,827
Amortization of capital assets	310,327	236,714
Education, quality assurance and other	123,090	162,193
Committee meetings	146,702	129,206
Projects	13,387	52,951
	<u>3,614,982</u>	<u>3,235,071</u>
Excess of revenue over expenses		
(expenses over revenue)	\$ (183,072)	\$ 132,687

See accompanying notes to financial statements.

THE COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

DRAFT Statement of Changes in Net Assets

Year ended December 31, 2017, with comparative information for 2016

			2017	2016
	Invested in capital assets	Unrestricted	Total	Total
Net assets, beginning of year	\$ 332,759	\$ 857,860	\$ 1,190,619	\$ 1,057,932
Excess of revenue over expenses (expenses over revenue)	(282,302)	99,230	(183,072)	132,687
Investment in capital assets	824,706	(824,706)	—	—
Net assets, end of year	\$ 875,163	\$ 132,384	\$ 1,007,547	\$ 1,190,619

See accompanying notes to financial statements.

THE COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

DRAFT Statement of Cash Flows

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Operations:		
Excess of revenue over expenses (expenses over revenue)	\$ (183,072)	\$ 132,687
Items not involving cash:		
Amortization of capital assets	310,327	236,714
Amortization of deferred lease inducements	(28,025)	(28,025)
Change in non-cash operating working capital	128,789	1,068
	<u>228,019</u>	<u>342,444</u>
Investments:		
Purchase of capital assets	(824,706)	(102,785)
Disposal of investments	470,987	800,000
Purchase of investments	—	(1,318,672)
	<u>(353,719)</u>	<u>(621,457)</u>
Decrease in cash	(125,700)	(279,013)
Cash, beginning of year	251,103	530,116
Cash, end of year	<u>\$ 125,403</u>	<u>\$ 251,103</u>

See accompanying notes to financial statements.

THE COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

DRAFT Notes to Financial Statements

Year ended December 31, 2017

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

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

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

1. Significant accounting policies:

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

(a) Capital assets:

Capital assets are recorded at cost. Amortization of computer hardware, computer software, office equipment and website is provided from the date of acquisition on a straight-line basis over the useful life of the asset. Leasehold improvements are amortized on a straight-line basis over the lesser of the estimated useful life and the term of the lease.

THE COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

DRAFT Notes to Financial Statements (continued)

Year ended December 31, 2017

1. Significant accounting policies (continued):

(b) Financial instruments:

Investments are recorded initially and subsequently measured at fair value.

Accounts receivable and accounts payable and accrued liabilities are recorded initially at fair value and are subsequently measured at amortized costs.

(c) Revenue recognition:

Membership and registration fees are recognized as revenue in the fiscal year to which they relate. Fees paid in advance are not considered earned and are recorded as deferred revenue. Interest revenue is recognized when earned.

(d) Deferred lease inducements:

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

(e) Pension plan:

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

(f) Use of estimates:

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

THE COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

DRAFT Notes to Financial Statements (continued)

Year ended December 31, 2017

2. Capital assets:

			2017	2016
	Cost	Accumulated amortization	Net book value	Net book value
Computer hardware	\$ 146,287	\$ 113,300	\$ 32,987	\$ 21,985
Computer software	875,027	298,785	576,242	222,815
Office equipment	302,099	151,164	150,935	18,450
Website	140,388	103,683	36,705	64,783
Leasehold improvements	409,228	274,886	134,342	88,799
	\$ 1,873,029	\$ 941,818	\$ 931,211	\$ 416,832

3. Investments:

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

	2017	2016
Cash and cash equivalents	\$ 1,057,505	\$ 978,241
High interest savings securities	700,000	1,250,251
	\$ 1,757,505	\$ 2,228,492

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

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

The high interest savings securities bear a yield to maturity from 1.80% to 2.57% (2016 - 1.28% to 2.57%) maturing between June 2018 and December 2019.

THE COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

DRAFT Notes to Financial Statements (continued)

Year ended December 31, 2017

4. Deferred revenue:

	2017	2016
Balance, beginning of year	\$ 1,589,080	\$ 1,576,779
Amounts received	3,324,542	3,276,877
Amounts recognized as revenue	(3,307,076)	(3,264,576)
Balance, end of year	\$ 1,606,546	\$ 1,589,080

5. Deferred lease inducements:

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

The components of deferred lease inducements are as follows:

	2017	2016
Leasehold improvements received as inducements	\$ 280,245	\$ 280,245
Less accumulated amortization	224,197	196,172
	\$ 56,048	\$ 84,073

6. Pension plan:

Some of the employees of CMRTO have become members of the HOOPP (the "Plan"), which is a multi-employer defined benefit pension plan. Plan members will receive retirement benefits based on the member's contributory service, the highest average annualized earnings during any consecutive five-year period, and the most recent three-year average year's maximum pensionable earnings. As at December 31, 2017, the Plan is ___% funded. Contributions to the Plan made during the year ended December 31, 2017 by CMRTO on behalf of its employees amounted to \$84,258 (2016 - \$69,361) and are included in the statement of operations. Employees' contributions to the Plan in 2017 were \$66,871 (2016 - \$55,048).

THE COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

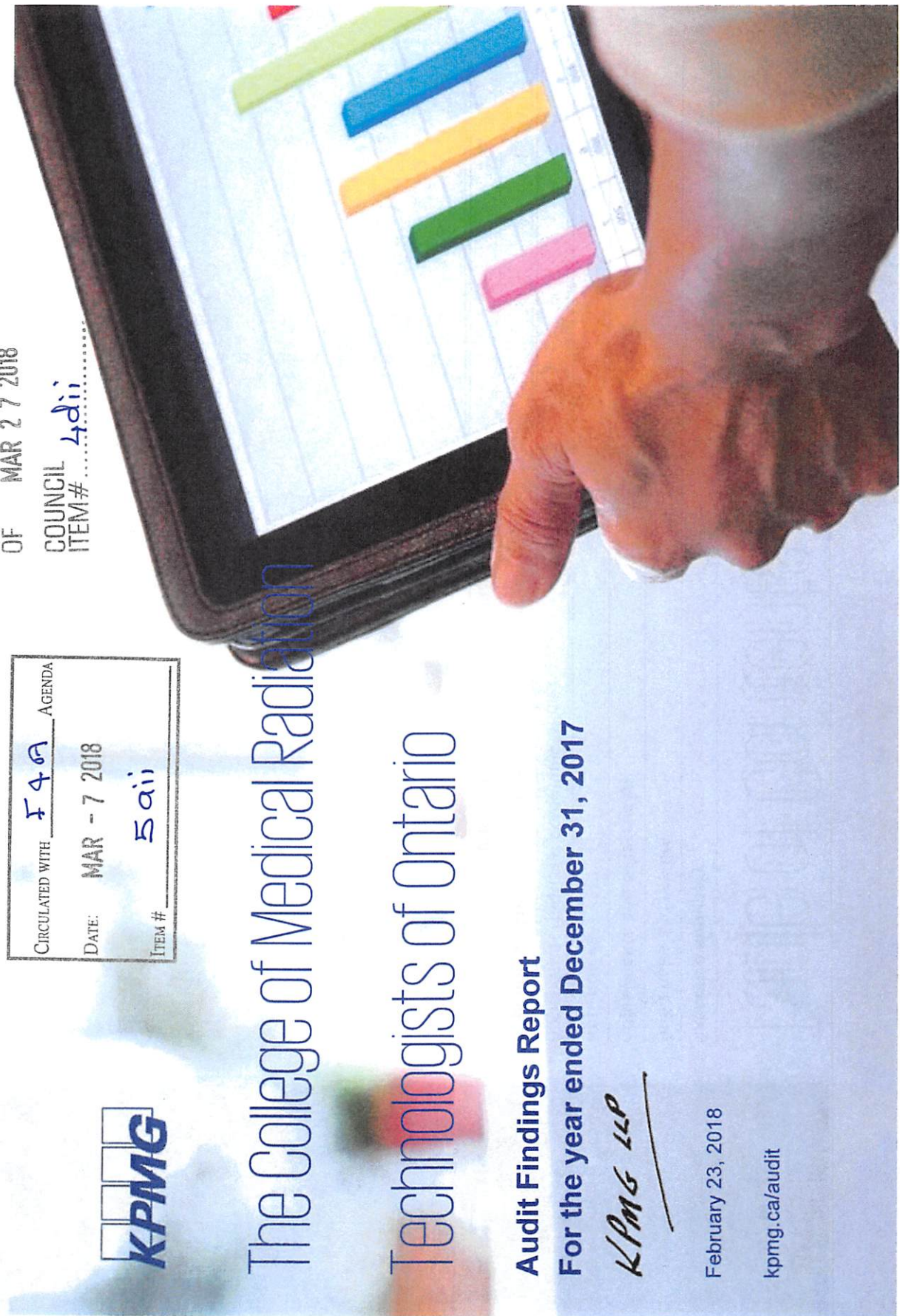
DRAFT Notes to Financial Statements (continued)

Year ended December 31, 2017

7. Commitments:

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

2018	\$ 177,000
2019	176,000
2020	6,000
2021	6,000
2022	6,000
Thereafter	3,000
	<hr/>
	\$ 374,000



CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 4dii

CIRCULATED WITH	54a	AGENDA
DATE:	MAR - 7 2018	
ITEM #	5a ii	



The College of Medical Radiation Technologists of Ontario

Audit Findings Report
For the year ended December 31, 2017

KPMG LLP

February 23, 2018

kpmg.ca/audit

The contacts at KPMG in connection with this report are:

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Lead Audit Engagement
Partner
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Appendix 1: Required communications	7
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Executive summary

Purpose of this report

The purpose of this Audit Findings Report is to assist you, as a member of the Finance & Audit committee, in your review of the results of our audit of the financial statements of The College of Medical Radiation Technologists of Ontario as at and for the year ended December 31, 2017.

This Audit Findings Report builds on the Audit Plan we presented to the Audit Committee on November 10, 2017.

Changes from the Audit Plan

There have been no significant changes regarding our audit from the Audit Planning Report previously presented to you. Materiality was reassessed based on year-end results and maintained at the amount originally communicated.

Finalizing the audit

As of February 23, 2018, we have completed the audit of the financial statements, with the exception of certain remaining procedures, which include amongst others:

- completing our discussions with the Finance & Audit committee;
- completion of our subsequent event review procedures;
- receipt of the signed management representation letter (to be signed upon Council approval of the financial statements),
- obtaining evidence of the Board's approval of the financial statements.

We will update the Finance & Audit committee, and not solely the Chair (as required by professional standards), on significant matters, *if any*, arising from the completion of the audit, including the completion of the above procedures. Our auditors' report will be dated upon the completion of any remaining procedures.

Adjustments and differences

We identified one adjustment that was communicated to management and subsequently corrected in the financial statements.

We identified one uncorrected misstatement that was communicated to management and remain uncorrected in the financial statements.

We concur that the adjustments are not material to the financial statements.

See page 5.

Independence

We are independent and have extensive quality control and conflict checking processes in place. We provide complete transparency on all services and follow Audit Committee approved protocols.

Significant accounting policies and practices

There have been no initial selections of, or changes to, significant accounting policies and practices to bring to your attention.

Financial statement presentation and disclosure

The presentation and disclosure of the financial statements are, in all material respects, in accordance with the CMRTO's relevant financial reporting framework.

Audit risks and results

Findings from the audit regarding other areas of focus are as follows:

Other areas of focus	KPMG comments
Capital asset additions	<p>In current fiscal year, the College had significant capital asset expenditures. We selected a sample of significant capital asset additions and reviewed supporting documentation. We note that significant capital asset expenditures relate to the new system and office renovations. We verified they were recorded accurately and properly classified.</p> <p>During our review of the amortization expense, we noted that the office renovations completed during 2017 were amortized over ten years. As there are no current signed commitment for the lease to extend beyond the current lease term, it would be appropriate to amortize the office renovations over the current lease term of three years (2017-2019). We proposed an adjustment to increase amortization expense in 2017 by \$26,316. Management agrees with the audit adjustment and has included the corrected amount in the financial statements.</p>
Diagnostic medical sonographers	<p>In discussions with management during the year, we note that in August 2017, CMRTO have been approved to regulate diagnostic medical sonographers under the Regulated Health Professions Act, effective January 1, 2018. Effective January 1, 2019, it will be mandatory for diagnostic medical sonographers to be registered with the CMRTO in order to be legally authorized to practice diagnostic medical sonography in Ontario and to apply soundwaves for diagnostic ultrasound.</p> <p>We understand that in anticipation of regulating sonographers in 2018, in 2017, there were significant amount of preparation work that had to be done quickly. Management incurred significant expenses during the year in legal costs, office renovations, acquisition and implementation of software, and the revision of Standards of Practice and Code of Ethics.</p> <p>During the audit, we reviewed the correspondence received from the Ministry, and performed sample testing on the increased expenses listed above. We verified that they were recorded accurately and properly classified. No issues were noted, we did not identify significant adjustment to report.</p> <p>We also note that as at December 31, 2017, The Medical Radiation and Imaging Technology Act, 2017 has received Royal Assent., but not yet proclaimed. Upon a date to be proclaimed by the Lieutenant Governor, The Medical Radiation Technology Act, 1991 will be repealed and the College of Medical Radiation Technologists of Ontario will be continued under the name College of the Medical Radiation and Imaging Technologists of Ontario.</p> <p>Understanding this significant change that is in progress, we reviewed the overall disclosure requirements on the financial statements. Although the Act is not yet proclaimed, as the change is considered significant, we recommended management to include verbiage in the notes to the financial statements to provide such information to the users.</p>

Adjustments and differences

Adjustments and differences identified during the audit have been categorized as "Corrected adjustments" or "Uncorrected differences". These include disclosure adjustments and differences. Professional standards require that we request of management and the audit committee that all identified differences be corrected. We have already made this request of management.

Corrected adjustments

We identified one corrected adjustment. We proposed an adjustment of \$26,316 to increase amortization expense of office renovations to spread the amortization of office renovations over the remaining lease term.

Uncorrected differences

The management representation letter includes the Summary of Uncorrected Audit Misstatements, which discloses the impact of all uncorrected differences considered to be other than clearly trivial.

We proposed an adjustment related to the step-up rent expense for the lease of the office space. A total of \$27,991 was proposed to be adjusted to reduce opening net assets, with \$9,330 of this amount relating to the overstatement of rent expenses for the current period and the remaining \$18,661 set up as deferred rent.

It is management's preference to keep step up lease unrecorded and does not believe the uncorrected difference has a material impact to the financial statements. We concur with management's representation that the uncorrected differences are not material to the financial statements. Accordingly, the uncorrected differences have no effect on our auditors' report.

Appendices

Appendix 1: Required communications
Appendix 2: Audit Quality and Risk Management
Appendix 3: Background and professional standards

Appendix 1: Required communications

In accordance with professional standards, there are a number of communications that are required during the course of and upon completion of our audit. These include:

- **Auditors' report** – the conclusion of our audit is set out in our draft auditors' report attached to the draft financial statements
- **Management representation letter** – In accordance with professional standards, copies of the management representation letter are provided to the Audit Committee.

Appendix 2: Audit Quality and Risk Management

KPMG maintains a system of quality control designed to reflect our drive and determination to deliver independent, unbiased advice and opinions, and also meet the requirements of Canadian professional standards. Quality control is fundamental to our business and is the responsibility of every partner and employee. The following diagram summarises the six key elements of our quality control systems.

Visit our [Audit Quality Resources page](#) for more information including access to our audit quality report, [Audit quality: Our hands-on process](#).

- Other controls include:
 - Before the firm issues its audit report, the Engagement Quality Control Reviewer reviews the appropriateness of key elements of publicly listed client audits.
 - Technical department and specialist resources provide real-time support to audit teams in the field.
- We conduct regular reviews of engagements and partners. Review teams are independent and the work of every audit partner is reviewed at least once every three years.
- We have policies and guidance to ensure that work performed by engagement personnel meets applicable professional standards, regulatory requirements and the firm's standards of quality.
- All KPMG partners and staff are required to act with integrity and objectivity and comply with applicable laws, regulations and professional standards at all times.



- We do not offer services that would impair our independence.
- The processes we employ to help retain and develop people include:
 - Assignment based on skills and experience;
 - Rotation of partners;
 - Performance evaluation;
 - Development and training; and
 - Appropriate supervision and coaching.
- We have policies and procedures for deciding whether to accept or continue a client relationship or to perform a specific engagement for that client.
- Existing audit relationships are reviewed annually and evaluated to identify instances where we should discontinue our professional association with the client.

Appendix 3: Background and professional standards

Internal control over financial reporting

As your auditors, we are required to obtain an understanding of internal control over financial reporting (ICFR) relevant to the preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, but not for the purpose of expressing an opinion on internal control. Accordingly, we do not express an opinion on the effectiveness of internal control.

Our understanding of ICFR was for the limited purpose described above and was not designed to identify all control deficiencies that might be significant deficiencies and therefore, there can be no assurance that all significant deficiencies and other control deficiencies have been identified. Our awareness of control deficiencies varies with each audit and is influenced by the nature, timing, and extent of audit procedures performed, as well as other factors.

The control deficiencies communicated to you are limited to those control deficiencies that we identified during the audit.

Documents containing or referring to the audited financial statements

We are required by our professional standards to read only documents containing or referring to audited financial statements and our related auditors' report that are available through to the date of our auditors' report. The objective of reading these documents through to the date of our auditors' report is to identify material inconsistencies, if any, between the audited financial statements and the other information. We also have certain responsibilities, if on reading the other information for the purpose of identifying material inconsistencies, we become aware of an apparent material misstatement of fact.

We are also required by our professional standards when the financial statements are translated into another language to consider whether each version, available through to the date of our auditors' report, contains the same information and carries the same meaning.

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DRAFT

CIRCULATED WITH	<u>F4A</u>	AGENDA
DATE:	MAR - 7 2018	
ITEM #	<u>5 aiii</u>	

KPMG LLP
Vaughan Metropolitan Centre
100 New Park Place, Suite 1400
Vaughan, ON L4K 0J3
Canada

March 27, 2018

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 4 diii

Ladies and Gentlemen:

We are writing at your request to confirm our understanding that your audit was for the purpose of expressing an opinion on the financial statements (hereinafter referred to as "financial statements") of College of Medical Radiation Technologists of Ontario ("the Entity") as at and for the period ended December 31, 2017.

GENERAL:

We confirm that the representations we make in this letter are in accordance with the definitions as set out in **Attachment I** to this letter.

We also confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

RESPONSIBILITIES:

- 1) We have fulfilled our responsibilities, as set out in the terms of the engagement letter dated October 19, 2017, including for:
 - a) the preparation and fair presentation of the financial statements and believe that these financial statements have been prepared and present fairly in accordance with the relevant financial reporting framework.
 - b) providing you with all information of which we are aware that is relevant to the preparation of the financial statements, such as all financial records and documentation and other matters, including (i) the names of all related parties and information regarding all relationships and transactions with related parties; and (ii) the complete minutes of meetings, or summaries of actions of recent meetings for which minutes have not yet been prepared, of shareholders, board of directors and committees of the board of directors that may affect the financial statements, and providing you with access to such relevant information. All significant board and committee actions are included in the summaries.
 - c) providing you with additional information that you may request from us for the purpose of the engagement.
 - d) providing you with unrestricted access to persons within the Entity from whom you determined it necessary to obtain audit evidence.
 - e) such internal control as we determined is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. We also acknowledge and understand that we are responsible for the design, implementation and

Page 2

maintenance of internal control to prevent and detect fraud.

- f) ensuring that all transactions have been recorded in the accounting records and are reflected in the financial statements.
- g) providing you with written representations that you are required to obtain under your professional standards and written representations that you determined are necessary.
- h) ensuring that internal auditors providing direct assistance to you, if any, were instructed to follow your instructions and that management, and others within the entity, did not intervene in the work the internal auditors performed for you.

INTERNAL CONTROL OVER FINANCIAL REPORTING:

- 2) We have communicated to you all deficiencies in the design and implementation or maintenance of internal control over financial reporting of which we are aware.

FRAUD & NON-COMPLIANCE WITH LAWS AND REGULATIONS:

- 3) We have disclosed to you:
 - a) the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud
 - b) all information in relation to fraud or suspected fraud that we are aware of and that affects the financial statements and involves: management, employees who have significant roles in internal control over financial reporting, or others, where the fraud could have a material effect on the financial statements.
 - c) all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements, communicated by employees, former employees, analysts, regulators, or others.
 - d) all known instances of non-compliance or suspected non-compliance with laws and regulations, including all aspects of contractual agreements, whose effects should be considered when preparing financial statements.
 - e) all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

SUBSEQUENT EVENTS:

- 4) All events subsequent to the date of the financial statements and for which the relevant financial reporting framework requires adjustment or disclosure in the financial statements have been adjusted or disclosed.

RELATED PARTIES:

- 5) We have disclosed to you the identity of the Entity's related parties.
- 6) We have disclosed to you all the related party relationships and transactions/balances of which we are aware.
- 7) All related party relationships and transactions/balances have been appropriately accounted for and disclosed in accordance with the relevant financial reporting framework.

ESTIMATES:

- 8) Measurement methods and significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

Page 3

GOING CONCERN:

- 9) We have provided you with all relevant information relevant to the use of the going concern assumption in the financial statements.

MISSTATEMENTS:

- 10) The effects of the uncorrected misstatements described in Attachment II are immaterial, both individually and in the aggregate, to the financial statements as a whole.
- 11) We approve the corrected misstatements identified by you during the audit described in Attachment II.

NON-SEC REGISTRANTS OR NON-REPORTING ISSUERS:

- 12) We confirm that the Entity is not a Canadian reporting issuer (as defined under any applicable Canadian securities act) and is not a United States Securities and Exchange Commission ("SEC") Issuer (as defined by the Sarbanes-Oxley Act of 2002). We also confirm that the financial statements of the Entity will not be included in the consolidated financial statements of a Canadian reporting issuer audited by KPMG or an SEC Issuer audited by any member of the KPMG organization.

Yours very truly,

By: Ms Linda Gough, Registrar

Attachment I – Definitions

MATERIALITY

Certain representations in this letter are described as being limited to matters that are material. Misstatements, including omissions, are considered to be material if they, individually or in the aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements. Judgments about materiality are made in light of surrounding circumstances, and are affected by the size or nature of a misstatement, or a combination of both.

FRAUD & ERROR

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity's assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorization.

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.

RELATED PARTIES

In accordance with Canadian accounting standards for not-for-profit organizations *related party* is defined as:

- Related parties exist when one party has the ability to exercise, directly or indirectly, control, joint control or significant influence over the other. Two or more parties are related when they are subject to common control, joint control or common significant influence. Related parties also include management and immediate family members.

In accordance with Canadian accounting standards for not-for-profit organizations a *related party transaction* is defined as:

- A related party transaction is a transfer of economic resources or obligations between related parties, or the provision of services by one party to a related party, regardless of whether any consideration is exchanged. The parties to the transaction are related prior to the transaction. When the relationship arises as a result of the transaction, the transaction is not one between related parties.

Attachment II

Summary of uncorrected misstatement

Method used to evaluate differences: Income statement (Roll over)

							Impact on financial statement captions - DR(CR)										
#	Account #	Account Name	Description / Identified During	Error Type	Amount	Income Effect DR (CR)			Balance Sheet Effect					Cash Flow Effect			Statement of Comprehensive Income - Debit (Credit)
					DR (CR)	Income effect of correcting the balance sheet in prior period	Income effect of current period balance sheet	Income effect (Rollover method)	Equity at period end	Current Assets	Non-Current Assets	Current Liabilities	Non-Current Liabilities	Operating Activities	Investing Activities	Financing Activities	
					\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
1	3000	Surplus *	To record the step up lease impact (rounded for SAM purposes)	Factual	27,991				27,991								
	2005	Accruals			(18,661)							(18,661)					
	5100	Rent Expense			(9,330)		(9,330)	(9,330)	(9,330)								
Total uncorrected misstatements						-	(9,330)	(9,330)	18,661	-	-	(18,661)	-	-	-	-	-

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 4 div



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Report

To:	Council	Meeting:	March 27, 2018
From:	Finance and Audit Committee	Date:	March 7, 2018
Subject:	CMRTO Auditors		

The Finance and Audit Committee met with Joanne Mui, KPMG LLP, on March 7, 2018 and reviewed the results of the 2017 financial audit, the auditor's opinion, and the 2017 audited financial statements.

The Finance and Audit Committee is pleased to report to Council that it is satisfied with the quality of the financial audit and recommends that KPMG be appointed as the auditors of the College.

OF MAR 27 2018

COUNCIL
ITEM# 4 e1-71-
College of
Medical Radiation
Technologists of
OntarioOrdre des
technologues en
radiation médicale
de l'Ontario

Report

To:	Council	Meeting:	March 27, 2018
From:	Finance and Audit Committee	Date:	March 7, 2018
Subject:	Fee Review for 2019		

Issue

Each year, Council performs a fee review.

The Finance & Audit Committee performed a review of the fees at their meeting on March 7, 2018 and is recommending that Council maintain the fees set out in By-law No. 23 at the current level for the year 2019.

Background

The Consolidation of By-law No. 23 enacted on January 1, 2011 sets out the existing annual fees applicable to the members of the CMRTO.

The Finance and Audit Committee has the responsibility pursuant to its Terms of Reference to annually consider and make recommendation to the Council on the fee to be paid by members, and other fees set out in the College's by-laws.

The time lag between the Finance and Audit Committee's recommendation (normally made a year in advance) and the effective date of the revised annual fee is to enable amendment of the existing By-Law if needed.

As at December 31, 2017, the CMRTO had a reserve in the form of liquid investments amounting to \$1.8 million whose objectives include providing a 'cushion' in case of unforeseen expenditure such as a lengthy disciplinary hearing or to fund special projects. In 2017, the reserve fund was reduced by \$500,000 to fund the implementation of the sonography regulation project.

Factors considered by the Committee

The Finance and Audit Committee considered the following factors in making their recommendation and the attached Appendix A provides the supporting analysis:

1. The CMRTO is conservative in its budget setting approach and with the exception of 2017, has generated surpluses even after funding special projects. For the years 2014, 2015 and 2016 the CMRTO generated surpluses of 5.6%, 7.7% and 3.9% respectively. In 2017, CMRTO incurred a deficit of 20.3% due to the costs of implementing the regulation of sonographers, which was funded from the investments.
2. It is projected that in 2018, CMRTO will incur a further 6.5% deficit, but a turnaround is expected in 2019 by a 5.6% surplus and a 3.4% surplus in 2020 before special projects. These projections indicate that the CMRTO will be able to meet its normal operating costs within the existing fee structure.
3. After factoring the projected special projects in 2018, 2019 and 2020 the net drawdown on reserves could be 27.4% for 2018 and none for 2019 and 2020.
4. The Committee is aware that the implementation of the regulation of sonography has impacted the operating results of the year 2017, and that it will continue to do so in the next couple of years but should stabilize by 2020 when full revenue from member sonographers is realized. In 2020 it is projected that the reserve will be back up to the minimum \$1.6 million.
5. In the event that we may need to draw on the existing reserves further, Council could:
 - a. Authorize the drawdown based on supportable business case; or
 - b. Scale back planned special projects as appropriate.

Appendix A

CMRTO Analysis of Reserves (in \$000s)

	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Projected 2018	Projected 2019	Projected 2020
Revenue	3,438	3,359	3,368	3,432	4,472	4,772	4,772
Operating Expenses*	3,244	3,102	3,235	4,130	4,764	4,503	4,608
Annual Surplus (Deficit)	194	257	133	(698)	(292)	268	164
Surplus (Deficit) as % of Revenue	5.6%	7.7%	3.9%	(20.3%)	(6.5%)	5.6%	3.4%
Special Projects (Projection)					191	54	54
Net Draw Down of Reserves					483	0	0
Draw Down as % of Reserves					27.4%	0%	0%

* Operating Expenses for the years 2014 – 2017 include special projects

Source: Audited Financial Statement & Internal Projections

CONSOLIDATION OF BY-LAW NO. 23

(January 1, 2011)

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM#.....4e1;.....

A By-law relating to fees of the College of Medical Radiation Technologists of Ontario (the "College")

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

1. Fees Related To Application For Registration

- 1.1 A person who submits an application for a certificate of registration shall pay an application fee of \$100.00.
- 1.2 Where consideration of an application for registration involves an evaluation by the Registration Committee of the applicant's educational program, the applicant shall pay an evaluation fee of \$250.00, in addition to the application fee.
- 1.3 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.

2. Annual Fee And Penalty

- 2.1 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.
- 2.2 Every member shall pay an annual fee of \$470.00 on or before the member's birthday in the year.
- 2.3 No later than 30 days before the annual fee referred to in section 2.2 is due, the Registrar shall notify the member of the amount of the fee and the day on which the fee is due.
- 2.4 The obligation to pay the annual fee continues even if the Registrar fails to mail a notice or the member fails to receive such notice.
- 2.5 If a member fails to pay the annual fee on or before the day on which the fee is due but does pay the fee within three months after the due date, the member shall pay a penalty equal to 25 per cent of the annual fee in addition to the annual fee.
- 2.6 If a member fails to pay the annual fee and penalty within three months after the due date, the Registrar shall suspend the member's certificate of registration and notify the person by mail, at his or her address shown on the register, that the certificate of registration has been suspended.

3. **Fees and Penalty Related To Reinstatement**

3.1 Subject to section 3.3, the Registrar may lift a suspension under section 2.6 if the former member,

- (a) meets the registration requirements outlined in Ontario Regulation 866/93, as amended from time to time; and
- (b) 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 per cent of the annual fee, together with a penalty of 100 per cent of the annual fee.

3.2 Subject to section 3.3, the Registrar may re-register a person who has submitted a written resignation during the registration year in which the person ceased to practise as a medical radiation technologist if the former member,

- (a) meets the registration requirements outlined in Ontario Regulation 866/93, as amended from time to time; and
- (b) pays a registration fee equal to the annual fee prorated by the percentage of the year remaining until the person's birthday.

3.3 If the former member referred to in section 3.1 or 3.2 has not engaged in competent practice for a period of five consecutive years, the person shall pay, in addition to the fee and penalty, if any, payable under section 3.1 or 3.2, an application fee for reinstatement of \$100.00 and, where the person is required to successfully complete an examination for the purposes of reinstatement, an examination fee of \$450.00.

3.4 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.

3.5 If an order is made under subsection 73(5) or subsection 74(1) of the Health Professions Procedural Code, the former member shall pay a registration fee equal to the annual fee prorated by the percentage of the year remaining until the person's birthday and, where the person is required to successfully complete an examination for the purposes of reinstatement, an examination fee of \$450.00.

3.6 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 for each specialty.

4. **Health Profession Corporation**

- 3 -

- 4.1 The fee for an application for a certificate of authorization is \$500.00.
- 4.2 The fee for the annual renewal of a certificate of authorization is \$425.00.
- 4.3 The fee for an application to reinstate a certificate of authorization is \$500.00.
- 4.4 The fee for the issuing of a revised certificate of authorization is \$50.00.
- 4.5 The fee for the issuing of a document or certificate respecting a health profession corporation, other than for a document referred to in sections 4.1, 4.2, 4.3 or 4.4, is \$50.00.
- 4.6 A health profession corporation or a member listed in the College's records as a shareholder of a health profession corporation shall pay an administrative fee of \$50.00 for each notice sent by the Registrar to the corporation or a member for failure of the corporation to renew its certificate of authorization on or before the date for renewal. The fee is due within 30 days of the notice being sent.

5. **Miscellaneous**

- 5.1 The continuing education fee (per day) shall be set by the Registrar.
- 5.2 The Registrar may charge a fee for anything he or she is required or authorized to do, and except where fees for those things are prescribed, the fees charged shall be set by the Registrar.
- 5.3 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.
- 5.4 No fee or penalty referred to in this By-law is refundable.

6. **Effective Date**

- 6.1 This By-law comes into force on January 1, 2004 (the "Effective Date").
- 6.2 On the Effective Date, By-law No. 10, as amended by By-law No. 22, is revoked.

CIRCULATED
WITH AGENDA

OF FEB 27 2018

EXECUTIVE
ITEM#4ai.....



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM#5ai.....

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

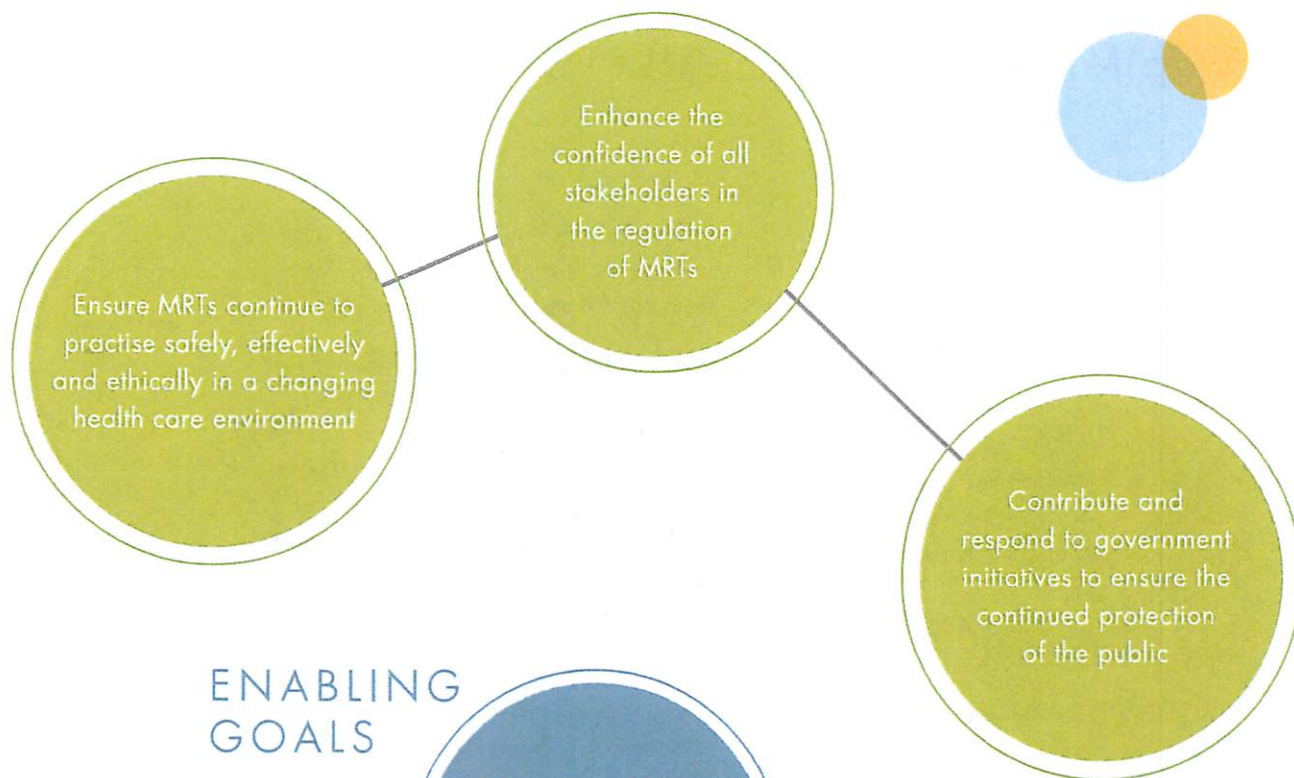
VALUES

Integrity
—
Fairness
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Transparency
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Respect
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Professionalism

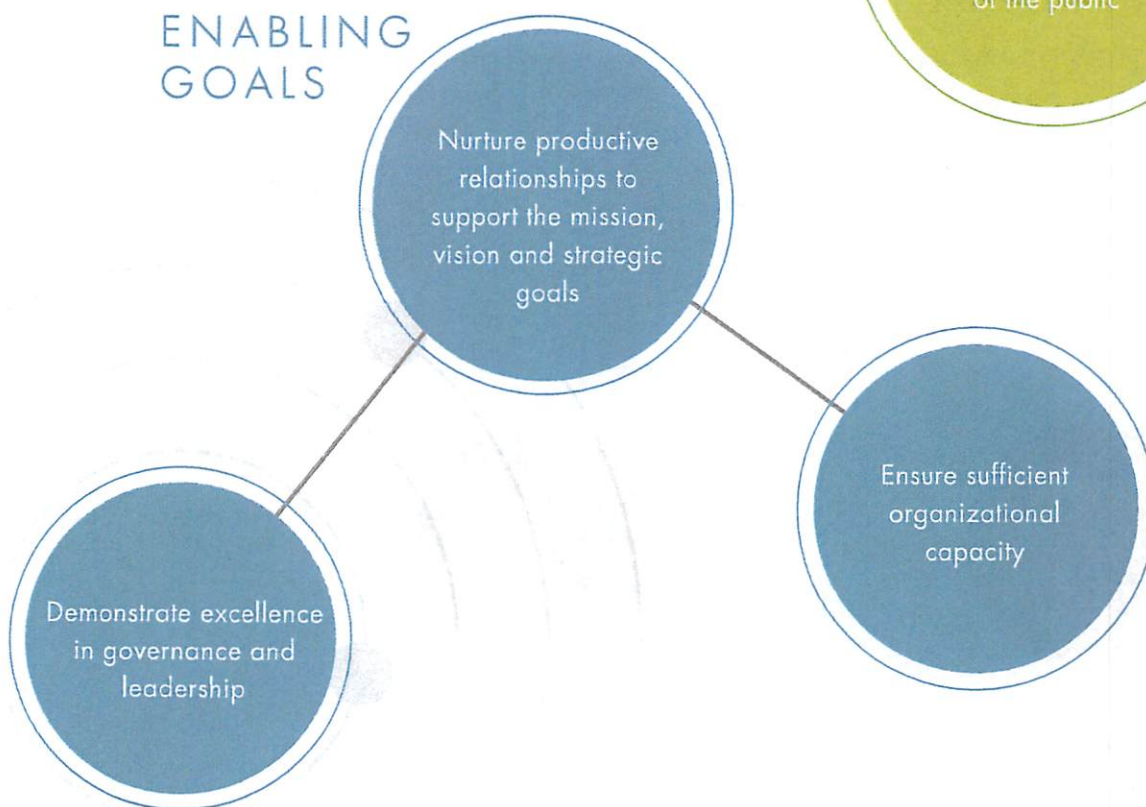
VISION

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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Medical Radiation
Technologists of
Ontario

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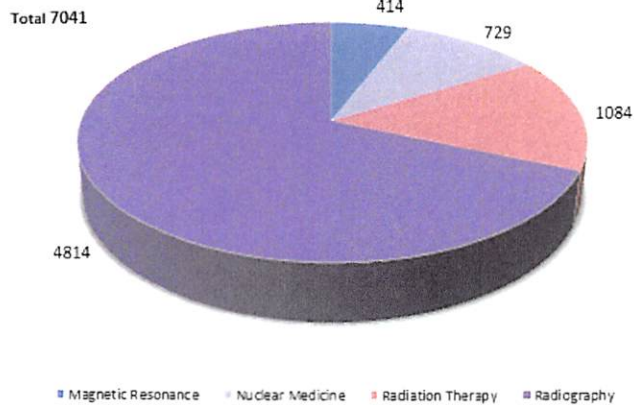
CMRTO Dashboard Q4 2017: January 1 - December 31, 2017

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CIRCULATED WITH AGENDA

Regulatory

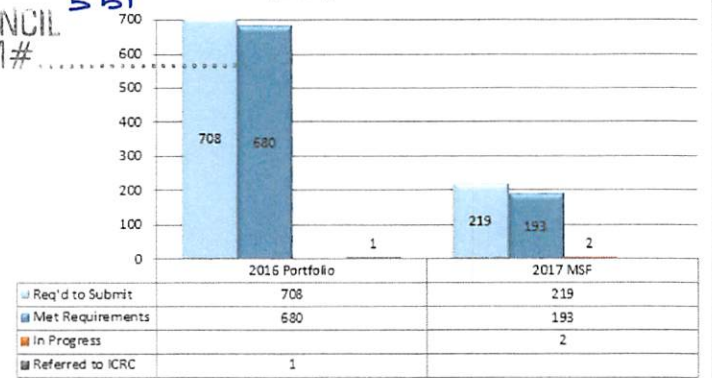
Active Members by Primary Specialty



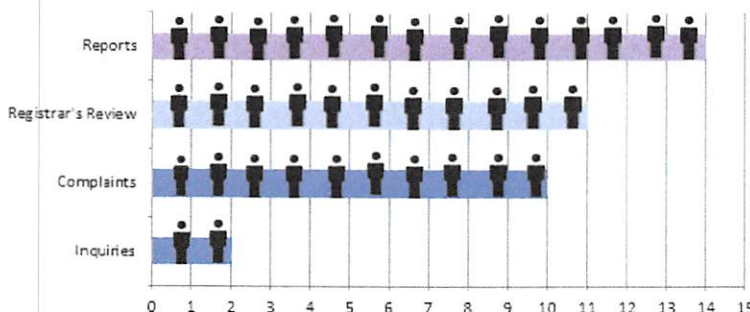
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MAR 27 2018

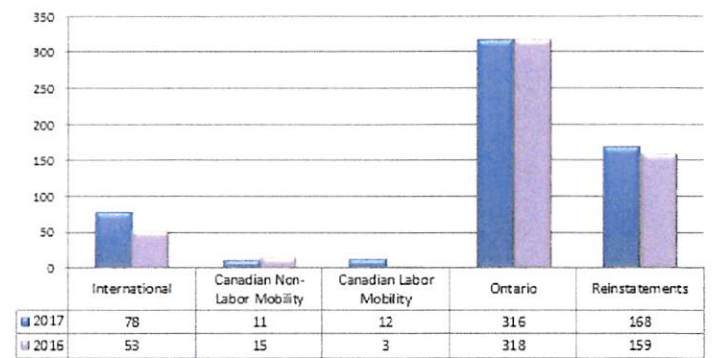
Quality Assurance



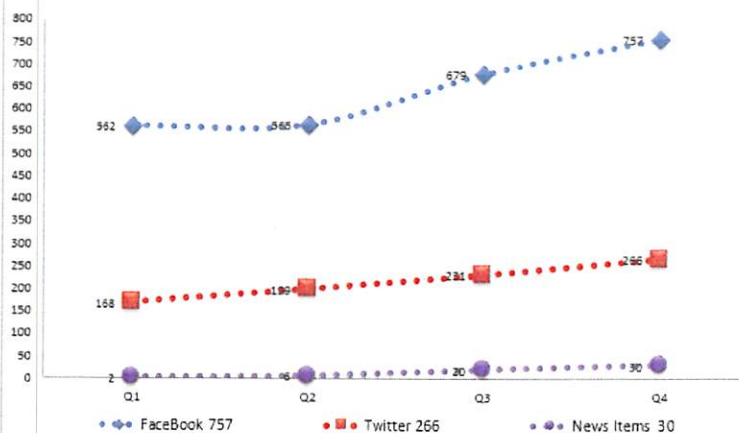
Professional Conduct New Cases



Registration Applications



Social Media Use



Strategic & Member Engagement



Conference Booth Visits— 1232

of Conferences— 8

Strategic Plan Progress

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

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



OF MAR 27 2018

COUNCIL
ITEM# 5c1College of
Medical Radiation
Technologists of
OntarioOrdre des
technologues en
radiation médicale
de l'Ontario

Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** March 6, 2018

Subject: CMRTO Draft Annual Report 2017

This agenda item is for:

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

The RHPA, sub section 6(i), states the following:

"Each College and the Advisory Council [HPRAC] shall report annually to the Minister on its activities and financial affairs".

The CMRTO's draft annual report for 2017 will be circulated at the meeting for your review.

In addition, this year the Chair of each statutory committee will be presenting to Council on the activities of their respective Committees for 2017. Following Council's review, the Annual Report will be sent to our publications consultants, for design and publication.

Action required:

Council to review the draft report and, if appropriate, approve in principle the draft 2017 annual report as circulated.

OF MAR 27 2018

COUNCIL
ITEM#.....5d1



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Briefing Note

To: Council

From: Executive Committee

Date: March 6, 2018

Subject: Registrar's Performance Review

This agenda item is for:

☐

Decision

☐

Direction to staff

☐

Discussion

☒

Information

In accordance with the provisions of CMRTO Policy 1.6, Performance Review Process of the Registrar & CEO, the annual performance review of the Registrar & CEO was completed on February 27, 2018.

The Executive Committee will report on the results of the performance review of the Registrar & CEO as approved by the Executive Committee, in an in camera session of the Council meeting.



Performance Review Process of the Registrar & CEO

Policy 1.6

Section:	Administration	Public:	No
Approved By:	Council	Review Schedule:	Every 3 years
Approved Date:	December 09, 2014	Last Reviewed:	September 2017
Effective Date:	January 1, 2015	Next Review Date:	September 2020
Amended Date(s):	December 9, 2016		

Policy

1. Purpose

The purpose of this Policy is to provide a process for an annual performance review of the Registrar & CEO. The objectives of the performance review are to:

- assess and recognize the performance of the individual in the Registrar & CEO's position with respect to the achievement of the objectives for the previous year and the fulfillment of the responsibilities of the position,
- identify opportunities for the Registrar & CEO's development or education, and
- set objectives for the current year.

2. Definitions

"Review Group" means a sub-group of the Executive Committee composed of the President and two other members of the Executive Committee, who have been appointed by the Executive Committee.

3. Responsibilities of the Executive Committee

The responsibilities of the Executive Committee under this Policy are to:

- establish the Review Group in accordance with the composition described in section 2,

- b. approve the annual objectives of the Registrar & CEO in the manner described in section 6, and
- c. report to Council on the completion of the performance review process for the Registrar & CEO and the annual objectives for the Registrar & CEO as approved by the Executive Committee.

4. Responsibilities of the Review Group

The responsibilities of the Review Group under this Policy are to:

- a. manage the performance review process of the Registrar & CEO,
- b. determine the timing and steps of the Registrar & CEO's performance review process for a particular year,
- c. prepare any survey(s) or other instruments to solicit input regarding the Registrar & CEO's performance,
- d. in accordance with this Policy, solicit the input of Council members, staff and a wider group of individuals who interact with the Registrar & CEO through the completion of a survey or other instruments regarding the Registrar & CEO's performance,
- e. collate the results from any survey(s) or other instruments regarding the Registrar & CEO's performance,
- f. review the Registrar & CEO's achievements for the previous year and proposed performance objectives for the current year, and
- g. meet with the Registrar & CEO to review and discuss the results of the performance review and the proposed performance objectives for the current year.

5. Basis for Performance Review

In the review of the Registrar & CEO's performance, the Review Group considers, as the performance expectations for that year, the Registrar & CEO's position description in combination with the objectives for the current year as approved by the Executive Committee.

6. Setting of Annual Objectives for the Registrar & CEO

- a. The Registrar & CEO's annual objectives must align with the CMRTO's statutory obligations and its mission, vision and goals, and must take into account CMRTO's operational plan, fiscal capacity and resource capacity. The Registrar & CEO's annual

objectives shall, as required, identify any areas for personal development or focus in the role.

- b. Each year, objectives for the Registrar & CEO are considered and, if appropriate, approved by the Executive Committee in accordance with the process as described in paragraph 3.
- c. Within 30 days of the beginning of the financial year, the Registrar & CEO prepares draft objectives for that year, for review and comment by the Review Group.
- d. The Review Group then meets with the Registrar & CEO to discuss the draft objectives for that year and proposes any changes to the objectives that may be necessary or advisable. After discussion with the Registrar & CEO, the Review Group and the Registrar & CEO shall determine appropriate revisions to the draft objectives (the draft objectives, as revised, are herein referred to as the "proposed objectives").
- e. The Registrar & CEO then presents the proposed objectives to the Executive Committee for its consideration and, if appropriate, approval, with or without revisions. In the event that the Executive Committee proposes revisions to the proposed objectives, after discussion with the Registrar & CEO, the Executive Committee and the Registrar & CEO shall determine appropriate revisions to the proposed objectives which the Executive Committee shall consider for approval (the proposed objectives, as approved by the Executive Committee, are herein referred to as the "approved annual objectives").
- f. The approved annual objectives are documented and a copy is retained by the President, on behalf of the Executive Committee, and by the Registrar & CEO.

7. Conducting the Review Process

- a. The Review Group is responsible for managing an annual performance review process of the Registrar & CEO, based on the performance expectations described in section 5.
- b. The Review Group determines the timing and steps of the Registrar & CEO's performance review process for a particular year.
- c. The review process may solicit the input of Council members and staff members.
- d. The review process may also solicit input from a wider group of individuals who interact with the Registrar & CEO.

- e. The Review Group prepares the survey(s) or other instruments to be used to obtain any input from Council members and other individuals who interact with the Registrar & CEO.
- f. The Review Group provides the Registrar & CEO an opportunity to comment on the timing and steps of the review process, any survey(s) or other instruments and, as applicable, the individuals referred to in paragraph d above.
- g. The Review Group requests the Registrar & CEO to conduct a self-assessment of the Registrar & CEO's own performance, in the form provided by the Review Group, and to provide additional information as requested or as the Registrar & CEO considers appropriate in support of the Registrar & CEO's self-assessment.
- h. The Review Group collates the results from the input received from Council members, if any, and other individuals who were asked to provide input, if any, considers the Registrar & CEO's self-assessment and additional information, and prepares a draft performance review report. The draft performance review report presents any input received from Council members and other persons in such a manner that the identity of any person relative to the input provided by that person cannot reasonably be ascertained.
- i. The Review Group may engage a third party to prepare any survey(s) or other instruments, and the form for the Registrar & CEO's self-assessment, to collate the results of the survey(s) or other instruments, and to assist with any other part of the performance review process as the Review Group may determine.
- j. At a meeting with the Registrar & CEO, the Review Group reviews the draft performance review report with the Registrar & CEO and finalizes the performance review report. The final performance review report is signed by the President, one other member of the Review Group and the Registrar & CEO. One signed copy is retained by the President, on behalf of the Executive Committee, and one signed copy is retained by the Registrar & CEO.
- k. The Review Group reports to the Executive Committee on the completion of the performance review process and its results.

8. No Limitation

This Policy does not preclude the Executive Committee from deciding that other reviews of the Registrar & CEO's performance may be conducted, from time to time.

9. Timing

The objective is for the Review Group to complete the performance review process by the end of March of each year, if possible, and for the Executive Committee to consider and, if appropriate, approve the annual objectives for the Registrar & CEO for that year by the end of April of each year, if possible. Keeping in mind these targets, attached as Schedule "A" is a possible timetable for the annual performance review process of the Registrar & CEO.

SCHEDULE "A"

POSSIBLE TIMETABLE FOR ANNUAL PERFORMANCE REVIEW PROCESS

TIMING	Activity
November	Executive Committee determines the composition of the Review Group
December	Council reviews and approves the CMRTO's operational plan for the next year
January/ February	<p>Review Group determines the timing and steps for the review process and provides them to the Registrar & CEO for comment.</p> <p>Review Group prepares the survey(s) or other instruments to be used to obtain the input of Council members and others and the form to be used by the Registrar & CEO for the Registrar & CEO's self-assessment.</p> <p>Review Group provides to the Registrar & CEO, for comment, the form of survey(s) or other instruments to be used and the form of self-assessment, and the other individuals who will be asked to provide input regarding the Registrar & CEO's performance</p> <p>Review Group circulates the survey to those persons from whom input regarding the Registrar & CEO's performance is to be sought, and collates feedback</p> <p>Registrar & CEO provides to the Review Group draft annual objectives for the current year, the Registrar & CEO's self-assessment and additional information in support of the Registrar & CEO's self-assessment.</p>
February/ March	<p>Review Group meets to discuss the results of the survey(s) and the Registrar & CEO's self-assessment and additional information and drafts a performance review report.</p> <p>Review Group discusses the draft annual objectives prepared by the Registrar & CEO and proposes revisions, if any.</p> <p>Review Group meets with the Registrar & CEO to discuss:</p> <ul style="list-style-type: none"> - draft performance review report - draft annual objectives and proposed revisions, if any - final rating of the Registrar & CEO's performance

March/April	<p>At a meeting of the Executive Committee, the Review Group reports that the performance review process is complete and shares the rating.</p> <p>At that meeting, the Registrar & CEO presents the proposed annual objectives for the Registrar & CEO for that year and, if appropriate, the Executive Committee approves the annual objectives with or without amendment.</p>
May/June	<p>Executive Committee reports to Council on the <u>completion</u> of the performance review process for the Registrar & CEO (but <u>not</u> on the results of the performance review process unless in an <i>in camera</i> session) and <u>approval</u> of the annual objectives for the Registrar & CEO as approved by the Executive Committee (but <u>not</u> on the approved annual objectives themselves unless in an <i>in camera</i> session).</p>

OF MAR 27 2018

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-107-

Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** March 12, 2018

Subject: Diagnostic medical sonographers (DMSs)

This agenda item is for:

☐

Decision

☐

Direction to staff

☒

Discussion

☒

Information

As you are aware, the regulations required to regulate DMSs with CMRTO were filed on Dec 20, 2017 and came in force on January 1, 2018.

Over the time period January 1 – 3, 2018 the following publications were posted to the CMRTO website:

- DMS regulation and FAQ's
- On-line application process and Application Guide
- Revised Standards of Practice
- Revised Code of Ethics
- Revised QA Program
- Revised Legislation Learning Package (Jurisprudence Program)

Notices were sent to CMRTO members and stakeholders by email. All the notices, documents and emails are attached in chronological order for your review.

A verbal update on the status of the regulation of diagnostic medical sonographers will be provided at the meeting. Ms. Denise Cole, Assistant Deputy Minister, has been invited to attend this portion of the meeting. Debbie Tarshis, WeirFoulds LLP will provide an overview of the regulatory changes to CMRTO and the regulatory and legislative framework.

From: CMRTO Communications
Sent: December-15-17 3:53 PM
To: CMRTO Communications
Subject: Diagnostic medical sonographers update
Attachments: DMS Updates 4.pdf

EXECUTIVE
ITEM#.....591.....CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM#.....691.....

On December 8, 2017, Council considered feedback from the consultation survey on the CMRTO Standards of Practice and Code of Ethics and approved the revised Standards of Practice and Code of Ethics to come into effect when the registration regulation comes into force on January 1, 2018 or the date on which it is filed. When the new Standards of Practice come into effect, (expected on January 1, 2018 or shortly after) CMRTO will send all current members notice by email, and the PDF documents will be posted to the CMRTO website.

CMRTO will continue to update you on our journey towards regulation. Please look for emails, Facebook posts, Tweets and updates to the CMRTO website for the latest information about the regulation of diagnostic medical sonographers.

Please share this last newsletter with your diagnostic medical sonographer colleagues and friends and encourage them to visit the CMRTO website, follow us on social media or subscribe to our RSS to receive updates on the regulation of diagnostic medical sonographers.

Our goal as the CMRTO is to work with sonographers and MRTs to ensure a smooth and seamless implementation of diagnostic medical sonographers as a fifth specialty within the CMRTO.

Thank you,

CMRTO Communications



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CMRTO Standards of Practice to include diagnostic medical sonography

The Council of the College of Medical Radiation Technologists of Ontario (CMRTO) has proposed revisions to the CMRTO Standards of Practice and Code of Ethics in preparation for the regulation of diagnostic medical sonographers with CMRTO. The registration regulation establishing diagnostic medical sonography as a fifth specialty with CMRTO is expected to come into force on January 1, 2018 or shortly thereafter.

The CMRTO's Standards of Practice and Code of Ethics set out the minimum requirements for professional practice and conduct for members, and are meant to assure the quality of professional practice.

Because the practice of medical radiation technology will now include the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedure, the Standards of Practice and Code of Ethics have to be amended.

Standards of Practice & Code of Ethics Consultation

In November, the CMRTO circulated a survey to all medical radiation technologists, diagnostic medical sonographers, other health professionals and members of the public to get feedback regarding the proposed revisions to these standards.

The survey closed at midnight on November 30, 2017 and Council considered all feedback about the proposed revisions, keeping in mind the CMRTO's mandate to protect the public interest. We received and reviewed almost 200 comments on the proposed amendments from current members and diagnostic medical sonographers, and made further changes based on those comments.

New Standards of Practice & Code of Ethics

On December 8, 2017, Council considered the feedback from the consultation survey and approved the revised Standards of Practice and Code of Ethics to come into effect when the registration regulation comes into force on January 1, 2018 or the date on which it is filed. CMRTO will announce the date on which everything comes into force as soon as we receive confirmation from the provincial government.

Format of Standards of Practice & Code of Ethics

In the consultation survey, we asked members and diagnostic medical sonographers to indicate whether they prefer to receive the new publications in electronic or paper format. Over 80% of respondents indicated they would prefer an electronic copy. When the new Standards of Practice come into effect, (expected on January 1, 2018 or shortly after) CMRTO will send all current members notice by email, and the PDF documents will be posted to the CMRTO website.



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Kirusha Kobindarajah

From: Regulatory Projects (MOHLTC) <RegulatoryProjects@ontario.ca>
Sent: December-20-17 2:28 PM
Cc: Henry, Allison (MOHLTC); Holm, Bruna E. (MOHLTC); Cheng, Stephen (MOHLTC); D'Souza, Quincy (MOHLTC); Ross, Douglas (MOHLTC)
Subject: Regulation of Diagnostic Medical Sonographers

Hello,

On behalf of the Ministry of Health and Long-Term Care, I am pleased to be writing to inform you that starting January 1, 2018, the College of Medical Radiation Technologists of Ontario (CMRTO) will begin regulating diagnostic medical sonographers.

For more information please view the Health Bulletin at:

English: http://www.health.gov.on.ca/en/news/bulletin/2017/hb_20171220.aspx

French: http://www.health.gov.on.ca/fr/news/bulletin/2017/hb_20171220.aspx

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Sincerely,

OF MAR 27 2018

Health System Labour Relations and Regulatory Policy Branch
Health Workforce Planning and Regulatory Affairs Division
Ministry of Health and Long-Term Care

COUNCIL
ITEM#.....6a111.....

Bonjour,

De la part du Ministère de la Santé et des Soins de longue durée, j'ai le plaisir de vous informer qu'à compter du 1er janvier 2018, l'Ordre des technologues en radiation médicale de l'Ontario régira les techniciens en échographie diagnostique.

Pour plus d'information, veuillez consulter l'annonce du ministère aux liens ci-dessous:

Anglais : http://www.health.gov.on.ca/en/news/bulletin/2017/hb_20171220.aspx

Français : http://www.health.gov.on.ca/fr/news/bulletin/2017/hb_20171220.aspx

Sincèrement,

Direction des politiques du marché du travail du secteur de la santé
Division de la planification et de la réglementation relatives aux ressources humaines dans le domaine de la santé
Ministère de la Santé et des Soins de longue durée

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OF FEB 27 2018

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ITEM#.....5a111.....



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MINISTRY OF HEALTH AND LONG-TERM CARE

<http://www.health.gov.on.ca/en/>

Health Bulletins

E-mail <#> Print <javascript:window.print()>

Ontario Regulating Diagnostic Medical Sonographers

Province Increasing Protections for Patients Using Ultrasound Services

December 20, 2017

Starting January 1, 2018, the College of Medical Radiation Technologists of Ontario (CMRTO) will regulate diagnostic medical sonographers.

Bringing diagnostic medical sonographers under the *Regulated Health Professions Act, 1991*— the legislation that regulates 28 other health care professions in the province including physicians and nurses — will ensure that more important safeguards are in place to protect patients.

People currently working in diagnostic medical sonography will have one transitional year to apply for registration with the College of Medical Radiation Technologists of Ontario.

Regulating diagnostic medical sonography (ultrasound) within the CMRTO will further strengthen the safety, quality, oversight and transparency of ultrasound services by:

- Setting and enforcing ethics, standards, guidelines and policies for the practise and conduct of practitioners.
- Making sure practitioners meet training and educational standards before they can practise or use a professional title.
- Developing programs to help practitioners continually improve their skills and knowledge, upholding the quality of care.
- Providing a single, province-wide complaints and discipline process under the CMRTO, regardless of where services were provided (e.g., hospital, independent health facility, etc.).

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OF FEB 27 2018

EXECUTIVE
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attachment

-114-

- Providing current information about a practitioner's qualifications and past conduct on the CMRTO's public website.

Ontario's plan to create fairness and opportunity during this period of rapid economic change includes a higher minimum wage and better working conditions, free tuition for hundreds of thousands of students, easier access to affordable child care, and free prescription drugs for everyone under 25 through the biggest expansion of medicare in a generation.

"Practising better oversight and quality of service are vital parts to increasing positive patient experience. Our professionals work hard to provide the best service possible and we are here to support them in offering higher standards of care for our patients."

- Dr. Eric Hoskins, Minister of Health and Long-Term Care

"The CMRTO is delighted the government has approved the regulations necessary to regulate diagnostic medical sonographers under the Regulated Health Professions Act and within the CMRTO. I am looking forward to working with diagnostic medical sonographers at the CMRTO council table."

- Wendy Rabbie, President, College of Medical Radiation Technologists of
Ontario

"This is a historic and meaningful day for Sonographers and patients across Ontario. As the official voice and Association representing Diagnostic Medical Sonographers, the Ontario Association of Medical Radiation Sciences (OAMRS) have been advocating and working with the Ontario government to achieve regulation of the profession on behalf of Sonographers and in the public interest. I want to thank Minister Hoskins and his team for moving these legislative and regulatory changes forward in the interest of public protection and the advancement of health services."

- Greg Toffner, President and CEO, Ontario Association of Medical
Radiation Sciences

QUICK FACTS

- Diagnostic sonography uses high frequency sound waves (ultrasound) to produce data or images of organs, tissues or blood flow inside the body.
- There are approximately 3,000 diagnostic medical sonographers in Ontario.

LEARN MORE

- Patients First: Action Plan for Health Care
<<http://ontario.ca/patientsfirst>>
- College of Medical Radiation Technologists of Ontario
<<https://www.cmrto.org/>>

For More Information

If you are a reporter with a question for a story, or with comments about how this News Room section could serve you better, send us an e-mail at: media@moh.gov.on.ca <<mailto:media@moh.gov.on.ca>>

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LAST MODIFIED: 2017-12-20

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-116-

From: CMRTO Communications
Sent: December-20-17 2:35 PM
To: CMRTO Communications
Subject: CMRTO will start to regulate sonographers on January 1, 2018!
Attachments: CMRTO News Release Dec 20 2017.pdf

EXECUTIVE
ITEM# 5 aiv
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OF MAR 27 2018

COUNCIL
ITEM# 6 aiv

CMRTO is pleased to share the news that today the Ontario Ministry of Health and Long-Term Care has announced that the regulations necessary to regulate diagnostic medical sonographers under the *Regulated Health Professions Act* and within CMRTO as a fifth specialty have been approved, effective January 1, 2018!

Attached to this email please find CMRTO's news release giving more information about the registration regulation and what this means for sonographers and CMRTO.

To read the Ministry's health bulletin about the regulations, please click [here](#).

CMRTO will be posting information and the application form for sonographers on its website over the next few weeks.

Please share this news release with your diagnostic medical sonographer colleagues and friends and encourage them to visit the CMRTO website, follow us on social media or subscribe to our RSS to receive updates on the regulation of diagnostic medical sonographers.

Thank you,

CMRTO Communications



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Ontario government approves regulation of sonographers with CMRTO!

Toronto, December 20, 2017...The College of Medical Radiation Technologists of Ontario (CMRTO) welcomes the announcement today by the Ontario Ministry of Health and Long-Term Care that the regulations necessary to regulate diagnostic medical sonographers under the *Regulated Health Professions Act* and within the CMRTO have been approved, effective January 1, 2018.

Diagnostic medical sonographers use medical equipment to direct high frequency sound waves into a patient's body for the purpose of diagnostic procedures, evaluate the related images and data, and assess individuals before, during and after the procedures. These procedures are most often known as ultrasounds, sonograms or cardiac and vascular sonography.

The regulation amending the registration regulation enables the CMRTO to regulate diagnostic medical sonographers as a fifth specialty within the College. It also sets out the registration requirements for an applicant to be issued a certificate of registration in the new specialty. By the end of a one-year grandparenting period (December 31, 2018), anyone practising as a diagnostic medical sonographer must register as a member of the CMRTO in order to be authorized to practise diagnostic medical sonography in Ontario. Another regulation adds the use of sound waves for diagnostic ultrasound to the scope of practice of the profession.

"We welcome the revised regulatory framework to include all medical radiation and imaging technologists under the CMRTO," said Wendy Rabbie, CMRTO President. "We fully support these regulations that extend the public protection framework and improve transparency for medical radiation and imaging technology."



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Linda Gough, CMRTO Registrar & CEO said "The CMRTO has been working for many years to assist the Ontario Ministry of Health and Long-Term Care in improving transparency and completing the public protection framework for medical radiation and imaging technology by including diagnostic medical sonographers in the CMRTO."

The CMRTO is the regulatory body for medical radiation technology in Ontario, a regulated profession under Ontario's *Regulated Health Professions Act, 1991* (RHPA). The four specialties the CMRTO currently regulates are radiography, radiation therapy, nuclear medicine and magnetic resonance imaging. The mission of the CMRTO is to regulate the profession to serve and protect the public interest.

For further information contact communications@cmrto.org, or call 416.975.4353, or 1.800.563.5847.



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Ministry of Health
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Ministère de la Santé
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Regulatory Policy Unit

Unité des Politiques de Réglementation

Health System Labour Relations
and Regulatory Policy Branch

Direction des Relations de Travail et des
Politiques de Réglementation au Sein du Système
De Santé

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OF MAR 27 2018
COUNCIL
ITEM#.....6av.....

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EXECUTIVE
ITEM#.....5av..... HLTC2968IT-2017-295

Ms. Linda Gough
Registrar
College of Medical Radiation Technologists of Ontario
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Toronto ON M5G 2J5

BY EMAIL AND MAIL

Re: 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.

Dear Ms. Gough:

I am pleased to advise you that the above-mentioned regulations were filed with the Registrar of Regulations as O. Reg. 564/17, O. Reg. 565/17 and O. Reg. 566/17 respectively and are anticipated to be published on E-laws shortly.

I ask that you please inform stakeholders and prospective members of the College of Medical Radiation Technologists of Ontario about these developments and communicate how the amended regulations will impact the practice of medical radiation technology.

Yours truly,

A handwritten signature in black ink, appearing to read "Stephen Cheng", with a stylized flourish at the end.

Stephen Cheng
Manager

c: Doug Ross, Senior Policy Analyst

[HOME PAGE](#) / [LAWS](#) / O. REG. 866/93: REGISTRATIONCIRCULATED
WITH AGENDA

OF FEB 27 2018

EXECUTIVE
ITEM#59vi.....

Medical Radiation Technology Act, 1991
Loi de 1991 sur les technologues en radiation médicale

ONTARIO REGULATION 866/93

REGISTRATION

Consolidation Period: From January 1, 2018 to the e-Laws currency date.

Last amendment: 564/17.

Legislative History: [+]

This Regulation is made in English only.

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM#69vi.....

GENERAL

1. (1) The following are prescribed as classes of certificates of registration:

1. Specialty.
2. Employment specific — nuclear medicine.
- 3., 4. REVOKED: O. Reg. 389/11, s. 1.

O. Reg. 866/93, s. 1 (1); O. Reg. 389/11, s. 1.

(2) A specialty certificate of registration shall authorize a member to practise one or more of the following specialties:

1. Radiography.
2. Radiation therapy.
3. Nuclear medicine.
4. Magnetic resonance.
5. Diagnostic medical sonography. O. Reg. 866/93, s. 1 (2); O. Reg. 227/03, s. 1 (1); O. Reg. 564/17, s. 1.

(3) A member may be authorized to practise more than one specialty if the member has satisfied the registration requirements for each specialty. O. Reg. 227/03, s. 1 (2).

2. A person may apply for a certificate of registration by submitting a completed application form to the Registrar together with the appropriate fee. O. Reg. 866/93, s. 2.

3. (1) The following are registration requirements for a certificate of registration of any class:

1. The applicant must provide details of any of the following that relate to the applicant:
 - i. A finding of guilt for a criminal offence or of any offence related to the regulation of the practice of the profession.
 - ii. A current investigation involving an allegation of professional misconduct, incompetency or incapacity in Ontario in relation to another health profession, or in another jurisdiction in relation to the profession or another health profession.
2. The applicant must not have been the subject of a finding of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction.
3. The applicant must not currently be the subject of a proceeding involving an allegation of professional misconduct, incompetency or incapacity in relation

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to the profession or another health profession, either in Ontario or in another jurisdiction.

4. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant,

i. will practise medical radiation technology with decency, honesty and integrity, and in accordance with the law,

ii. does not have any physical or mental condition or disorder, that could affect his or her ability to practise medical radiation technology in a safe manner, and

iii. will display an appropriate professional attitude.

5. The applicant must be able to speak and write either English or French with reasonable fluency.

6. The applicant must be a Canadian citizen or a permanent resident of Canada or authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession.

7. The applicant must have successfully completed a course in jurisprudence set or approved by the College. O. Reg. 866/93, s. 3 (1); O. Reg. 227/03, s. 2 (1); O. Reg. 389/11, s. 2 (1); O. Reg. 564/17, s. 2 (1).

(1.0.1) It is a registration requirement for a certificate of registration of any class that an applicant who, after having applied for but before being issued a certificate, is found guilty of an offence referred to in subparagraph 1 i of subsection (1) or becomes the subject of an investigation described in subparagraph 1 ii of that subsection or a finding or proceeding described in paragraph 2 or 3 of that subsection shall immediately inform the Registrar. O. Reg. 389/11, s. 2 (2).

(1.1) Despite any other provision in this Regulation, an applicant who makes or permits to be made a false or misleading statement, representation or declaration in or in connection with his or her application, by commission or omission, shall be deemed, with respect to the application, not to satisfy, and not to have satisfied, the requirements for a certificate of registration in any class. O. Reg. 227/03, s. 2 (2).

(2) The following are conditions of a certificate of registration of any class:

1. The member shall provide the College with details of any of the following that relate to the member and that occur or arise after the registration of the member:

i. A finding of guilt for any offence, including any criminal offence and any offence related to the regulation of the practice of the profession.

ii. A finding of professional misconduct, incompetency or incapacity, in Ontario in relation to another health profession or in another jurisdiction in relation to the profession or another health profession.

iii. An investigation or a proceeding involving an allegation of professional misconduct, incompetency or incapacity, in Ontario in relation to another profession or in another jurisdiction in relation to the profession or another health profession.

2. The member shall maintain professional liability insurance or protection against professional liability in accordance with the requirements, if any, set out in the by-laws of the College. O. Reg. 389/11, s. 2 (3).

(3) The following are conditions of a specialty certificate of registration:

1. The member shall, within every five-year period after the issuance of the certificate, engage in competent practice as a medical radiation technologist in at least one of the specialties in which the member holds a certificate of registration, and provide to the College satisfactory evidence of having done so.

2. The member shall practise only in the areas of medical radiation technology in which the member is educated and experienced. O. Reg. 564/17, s. 2 (2).

SPECIALTY CERTIFICATE OF REGISTRATION

4. (1) The following are non-exemptible registration requirements for a specialty certificate of registration in the specialties of radiography, radiation therapy and nuclear medicine:

1. The applicant must have successfully completed a medical radiation technology program in one or more of the specialties which program is,

i. offered in Ontario and listed in Schedule 1 or offered in Ontario and considered by the Council to be equivalent to a program listed in Schedule 1,

ii. offered outside Ontario and considered by the Council to be equivalent to a program described in subparagraph i, or

iii. subject to paragraph 5, offered outside Ontario and considered by the Registration Committee to be substantially similar to, but not equivalent to, a program described in subparagraph i.

2. The applicant must have successfully completed the examination set or approved by the Council in one or more of the specialties.
 3. The applicant must have engaged in clinical practice in one or more of the specialties within the five years immediately preceding the date of the application or must have successfully completed a program referred to in paragraph 1 within the five years preceding the date of the application.
 4. The applicant must pay the annual fee required by the by-laws and the examination fee.
 5. An applicant who has successfully completed a program described in subparagraph 1 iii must also provide the Registration Committee with satisfactory evidence, of a type approved by the Registration Committee and in the form and manner approved by the Registration Committee, as to the applicant's competence to practise in Ontario as a medical radiation technologist in one or more of the specialties.
 6. An applicant for a specialty certificate of registration — radiography must comply with all of the requirements of paragraphs 1, 2, 3 and 5 in radiography.
 7. An applicant for a specialty certificate of registration — radiation therapy must comply with all of the requirements of paragraphs 1, 2, 3 and 5 in radiation therapy.
 8. An applicant for a specialty certificate of registration — nuclear medicine must comply with all of the requirements of paragraphs 1, 2, 3 and 5 in nuclear medicine. O. Reg. 866/93, s. 4 (1); O. Reg. 53/00, s. 1; O. Reg. 227/03, s. 3 (1); O. Reg. 69/06, s. 1; O. Reg. 564/17, s. 3.
- (2) REVOKED: O. Reg. 227/03, s. 3 (2).

4.1 (1) The following are non-exemptible registration requirements for a specialty certificate of registration in the specialty of magnetic resonance:

1. The applicant must have successfully completed a medical radiation technology program in the specialty which program is,
 - i. offered in Ontario and listed in Schedule 1.1 or offered in Ontario and considered by the Council to be equivalent to a program listed in Schedule 1.1,
 - ii. offered outside Ontario and listed in Schedule 1.2 or offered outside Ontario and considered by the Council to be equivalent to a program described in subparagraph i, or
 - iii. subject to paragraph 5, offered outside Ontario and considered by the Registration Committee to be substantially similar to, but not equivalent to, a program described in subparagraph i.
 2. The applicant must have successfully completed the examination set or approved by the Council in the specialty.
 3. The applicant must have engaged in clinical practice in the specialty within the five years immediately preceding the date of the application or must have successfully completed a program referred to in paragraph 1 within the five years preceding the date of the application.
 4. The applicant must pay the annual fee required by the by-laws and the examination fee.
 5. An applicant who has successfully completed a program described in subparagraph 1 iii must also provide the Registration Committee with satisfactory evidence, of a type approved by the Registration Committee and in the form and manner approved by the Registration Committee, as to the applicant's competence to practise in Ontario as a medical radiation technologist in the specialty. O. Reg. 227/03, s. 4; O. Reg. 69/06, s. 2; O. Reg. 564/17, s. 4.
- (2), (3) REVOKED: O. Reg. 389/11, s. 3.

4.2 (1) The following are non-exemptible registration requirements for a specialty certificate of registration in the specialty of diagnostic medical sonography:

1. The applicant must have successfully completed a medical radiation technology program in the specialty which program is,
 - i. offered in Ontario and listed in Schedule 1.3 or offered in Ontario and considered by the Council to be equivalent to a program listed in Schedule 1.3,
 - ii. offered outside Ontario and considered by the Council to be equivalent to a program described in subparagraph i, or
 - iii. subject to paragraph 5, offered outside Ontario and considered by the Registration Committee to be substantially similar to, but not equivalent to, a program described in subparagraph i.
2. The applicant must have successfully completed one or more of the examinations set or approved by the Council in the specialty.
3. The applicant must have engaged in clinical practice in the specialty within the five years immediately preceding the date of the application or must have successfully completed a program referred to in paragraph 1 within the five years preceding the date of the application.
4. The applicant must pay the annual fee required by the by-laws and the examination fee.
5. An applicant who has successfully completed a program described in subparagraph 1 iii must also provide the Registration Committee with satisfactory evidence, of a type approved by the Registration Committee and in the form and manner approved by the Registration Committee, as to the applicant's competence to practise in Ontario as a medical radiation technologist in the specialty.

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6. An applicant must comply with all of the requirements described in paragraphs 1, 2, 3 and 5 with respect to the same area of practice within the specialty. O. Reg. 564/17, s. 5.

(2) Despite subsection (1), an applicant for a specialty certificate of registration in the specialty of diagnostic medical sonography who applies for the certificate before January 1, 2019 may be issued the certificate if the applicant meets the following non-exemptible registration requirements:

1. The applicant must satisfy one of the following requirements:

i. the applicant was engaged in practice in Canada within the scope of practice of the specialty as of December 31, 2017,

ii. the applicant was engaged in practice in Canada within the scope of practice of the specialty for at least 400 hours in 2017, or

iii. the applicant was engaged in practice in Canada within the scope of practice of the specialty for at least 1200 hours in the three years before January 1, 2018.

2. The applicant must provide evidence satisfactory to the Registrar or the Registration Committee of competence to practise as a medical radiation technologist in the specialty.

3. The applicant must pay the annual fee required by the by-laws. O. Reg. 564/17, s. 5.

OUT-OF-PROVINCE CERTIFICATES IN A SPECIALTY

5. (1) In this section,

"specialty" means the specialty of radiography, radiation therapy, nuclear medicine, magnetic resonance or diagnostic medical sonography. O. Reg. 389/11, s. 4; O. Reg. 564/17, s. 6 (1).

(2) Subject to subsection (3), if an applicant already holds an out-of-province certificate that is equivalent to a certificate of registration issued by the College in the specialty being applied for, the applicant is deemed to have met the requirements set out in subsections 4 (1), 4.1 (1) and 4.2 (1) as applicable to the specialty, but is not deemed to have met the requirement set out in paragraph 4 of any of those provisions. O. Reg. 564/17, s. 6 (2).

(3) It is a non-exemptible registration requirement that an applicant to whom subsection (2) applies provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee establishing that the applicant is in good standing as a medical radiation technologist in a particular specialty in every jurisdiction where the applicant holds an out-of-province certificate in that specialty. O. Reg. 389/11, s. 4.

(4) Without in any way limiting the generality of subsection (3), being in "good standing" with respect to a jurisdiction shall include the fact that the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding. O. Reg. 389/11, s. 4.

(5) If an applicant to whom subsection (2) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant has, at any time in the preceding five years immediately before the applicant's application, engaged in the practice of a specialty to the extent that would be permitted by the certificate of registration for which he or she is applying, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 389/11, s. 4.

(6) An applicant to whom subsection (2) applies is deemed to have met the requirement of paragraph 5 of subsection 3 (1) if the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 389/11, s. 4.

(7) Despite subsection (2), an applicant is not deemed to have met a requirement that is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 389/11, s. 4.

6. REVOKED: O. Reg. 389/11, s. 5.

EMPLOYMENT SPECIFIC CERTIFICATE — NUCLEAR MEDICINE

7. (1) The following are non-exemptible registration requirements for an employment specific (nuclear medicine) certificate of registration:

1. The applicant, on the day before this Regulation comes into force, is employed by one of the facilities in Ontario listed in Schedule 4 to practise nuclear medicine procedures.

2. The applicant must apply for an employment specific (nuclear medicine) certificate of registration within ninety days of the day this Regulation comes into force.

3. The applicant must sign an undertaking with the College in which the applicant agrees to have his or her registration limited to specific procedures and to other such terms and conditions as may be set by the Registration Committee under section 18 of the Health Professions Procedural Code.

4. The applicant must provide evidence satisfactory to the Registration Committee that,

- i. at the time of application, the applicant is employed by a facility in Ontario referred to in Schedule 4 to practise nuclear medicine procedures, and
- ii. additional training is not required since there is satisfactory evidence of competent practice in nuclear medicine procedures during the lesser of the past five years and the period of the applicant's employment.

5. The applicant must provide details to the Registration Committee of the specific nuclear medicine procedures carried out by the applicant in his or her employment.

6. The applicant must pay the annual fee. O. Reg. 866/93, s. 7 (1).

(2) The following are conditions of an employment specific (nuclear medicine) certificate of registration:

1. The member shall practise the profession only within the scope of his or her employment with the facility specified in the certificate.
2. The certificate of registration is automatically revoked on the termination of his or her employment with the facility specified in the certificate. O. Reg. 866/93, s. 7 (2).

MISCELLANEOUS

8. (1) A member who uses an abbreviation for the title "medical radiation technologist" may use the abbreviation "MRT". O. Reg. 227/03, s. 5; O. Reg. 389/11, s. 6 (1).

(2) A member who holds a specialty certificate of registration listed in the first column of the Table to this subsection may use the title and the abbreviation set out opposite to the specialty in the second and third columns of the Table:

Specialty	Title	Abbreviation
Radiography	Medical Radiation Technologist — Radiography	MRT(R)
Radiation Therapy	Medical Radiation Technologist — Radiation Therapy; or Medical Radiation Technologist — Radiation Therapist	MRT(T)
Nuclear Medicine	Medical Radiation Technologist — Nuclear Medicine	MRT(N)
Magnetic Resonance	Medical Radiation Technologist — Magnetic Resonance	MRT(MR)
Diagnostic Medical Sonography	Medical Radiation Technologist — Diagnostic Medical Sonographer; or Diagnostic Medical Sonographer	MRT(DMS) or DMS

O. Reg. 227/03, s. 5; O. Reg. 389/11, s. 6 (2); O. Reg. 564/17, s. 7.

(3) A member shall not use a title or abbreviation set out in the second or third column of the Table to subsection (2) unless the member holds a specialty certificate of registration listed in the first column of the Table opposite the title or abbreviation. O. Reg. 227/03, s. 5.

9. REVOKED: O. Reg. 564/17, s. 8.

10. (1) Where the Registrar suspends a member's certificate of registration for failure to pay the annual fee and any applicable penalty, the Registrar may lift the suspension if the former member,

- (a) submits proof, in a form that is satisfactory to the Registration Committee, of competence as a medical radiation technologist in one or more of the specialties in the year in which such person wishes to resume practice in Ontario and if such person has not engaged in competent practice in Ontario for a period of five consecutive years, satisfies the Registration Committee by examination or otherwise as to competence to practice in Ontario as a medical radiation technologist in one or more of the specialties; and
- (b) pays the applicable fees. O. Reg. 866/93, s. 10 (1); O. Reg. 227/03, s. 6 (1).

(2) Where a member ceases to practice in Ontario, the Registrar may re-register the member as a medical radiation technologist if the member,

- (a) had provided the Registrar with a resignation in writing during the registration year in which such member ceased to practise;
- (b) submits proof, in a form that is satisfactory to the Registration Committee, of competence as a medical radiation technologist in one or more of the specialties in the year in which such person wishes to resume practice in Ontario and, if such person has not engaged in competent practice in Ontario for a period of five consecutive years, satisfies the Registration Committee by examination or otherwise as to competence to practise in Ontario as a medical radiation technologist in one or more of the specialties; and

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(c) pays the applicable fees. O. Reg. 866/93, s. 10 (2); O. Reg. 227/03, s. 6 (2).

(3) The specialty referred to in clause (1) (a) or (2) (b) must be the same specialty in which the person held a certificate of registration. O. Reg. 227/03, s. 6 (3).

(4) If the person held a certificate of registration in more than one specialty and wishes to resume practice in one or more of the specialties in which he or she held a certificate of registration, the person must satisfy the requirements of clause (1) (a) or (2) (b), as applicable, in each specialty in which he or she wishes to resume practice. O. Reg. 227/03, s. 6 (3).

11. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION). O. Reg. 866/93, s. 11.

SCHEDULE 1 APPROVED PROGRAMS UNDER SUBSECTION 4 (1)

RADIOGRAPHY

1. Cambrian College of Applied Arts and Technology, Sudbury, Ontario.
- 1.1 Collège Boréal D'Arts Appliqués et de Technologie, Sudbury, Ontario.
2. Collège Cambrian D'Arts Appliqués et de Technologie, Sudbury, Ontario.
3. Confederation College of Applied Arts and Technology, Thunder Bay, Ontario.
4. Eastern Ontario School of X-Ray Technology, Kingston, Ontario.
- 4.1 Eastern Ontario School of X-Ray Technology, Kingston, Ontario, in collaboration with Queen's University, Kingston, Ontario.
5. Fanshawe College of Applied Arts and Technology, London, Ontario.
6. Mohawk College of Applied Arts and Technology, Hamilton, Ontario.
- 6.1 Mohawk College of Applied Arts and Technology, Hamilton, Ontario, in collaboration with McMaster University, Hamilton, Ontario.
7. National Defence Medical Centre, Ottawa, Ontario.
8. The Michener Institute For Applied Health Sciences, Toronto, Ontario.
- 8.1 The Michener Institute For Applied Health Sciences, Toronto, Ontario, in collaboration with the University of Toronto, Toronto, Ontario.

NUCLEAR MEDICINE

9. The Michener Institute For Applied Health Sciences, Toronto, Ontario.
- 9.1 The Michener Institute For Applied Health Sciences, Toronto, Ontario, in collaboration with the University of Toronto, Toronto, Ontario.

RADIATION THERAPY

10. Ontario School of Radiation Therapy/The Princess Margaret Hospital, Toronto, Ontario in co-operation with:
Kingston Regional Cancer Centre
Northeastern Ontario Regional Cancer Centre, Sudbury
Nova Scotia Cancer Centre, Halifax
Ottawa Regional Cancer Centre
Saint John Regional Hospital, New Brunswick
The Princess Margaret Hospital, Toronto
Thunder Bay Regional Cancer Centre
Windsor Regional Cancer Centre
11. Hamilton Regional Cancer Centre, Hamilton, Ontario.
12. London Regional Cancer Centre, London, Ontario.
13. Toronto-Bayview Regional Cancer Centre, Toronto, Ontario.
14. Mohawk College of Applied Arts and Technology, Hamilton, Ontario, in collaboration with McMaster University, Hamilton, Ontario.
15. The Michener Institute For Applied Health Sciences, Toronto, Ontario, in collaboration with Laurentian University of Sudbury, Sudbury, Ontario.
16. The Michener Institute For Applied Health Sciences, Toronto, Ontario, in collaboration with the University of Toronto, Toronto, Ontario.

O. Reg. 866/93, Sched. 1; O. Reg. 389/11, s. 7.

SCHEDULE 1.1 APPROVED PROGRAMS UNDER SUBPARAGRAPH 1 I OF SUBSECTION 4.1 (1)

MAGNETIC RESONANCE

1. The Michener Institute for Applied Health Sciences, Toronto, Ontario.

O. Reg. 227/03, s. 7.

SCHEDULE 1.2**APPROVED PROGRAMS UNDER SUBPARAGRAPH 1 II OF SUBSECTION 4.1 (1)****MAGNETIC RESONANCE**

1. British Columbia Institute of Technology, Vancouver, British Columbia.
2. Northern Alberta Institute of Technology, Edmonton, Alberta.
3. Red River College of Applied Arts, Science and Technology, Winnipeg, Manitoba.

O. Reg. 227/03, s. 7.

SCHEDULE 1.3**APPROVED PROGRAMS UNDER SUBPARAGRAPH 1 I OF SUBSECTION 4.2 (1)****DIAGNOSTIC MEDICAL SONOGRAPHY**

1. Algonquin College of Applied Arts and Technology (General Sonography), Ottawa, Ontario.
2. BizTech College of Health Sciences, Business and Technology (Cardiac and Vascular Sonography), Mississauga, Ontario.
3. Cambrian College of Applied Arts and Technology (General Sonography), Sudbury, Ontario.
4. Canadian National Institute of Health (General Sonography), Ottawa, Ontario.
5. Collège Boréal d'arts appliqués et de technologie (Échographie générale), Sudbury, Ontario.
6. Mohawk College of Applied Arts and Technology (Diagnostic Cardiac Sonography), Hamilton, Ontario.
7. Mohawk College of Applied Arts and Technology/McMaster University - Collaborative Advanced Diploma - Bachelor of Medical Radiation Sciences Program - Ultrasound Specialization (General Sonography), Hamilton, Ontario.
8. St. Clair College of Applied Arts and Technology (General Sonography), Windsor, Ontario.
9. The Michener Institute of Education at University Health Network (General Sonography), Toronto, Ontario.

O. Reg. 564/17, s. 9.

SCHEDULES 2, 3 REVOKED: O. REG. 389/11, S. 8.

SCHEDULE 4**FACILITIES FOR THE PURPOSE OF SUBSECTION 7 (1)**

Post Secondary Educational Institutions

Boards under the *Education Act*Private Hospitals under the *Private Hospitals Act*Public Hospitals under the *Public Hospitals Act*Psychiatric Facilities under the *Mental Health Act*Designated institutions under the *Mental Hospitals Act*Approved Charitable Homes for the Aged under the *Charitable Institutions Act*Nursing Homes under the *Nursing Homes Act*Homes for the Aged under the *Homes for the Aged and Rest Homes Act*Boards of Health under the *Health Protection and Promotion Act*

Agencies, Boards or Commissions under any Ontario statute

Independent Health Facilities under the *Independent Health Facilities Act*Laboratories or specimen collection centres under the *Laboratory and Specimen Collection Centre Licensing Act*

Institutions funded by the Minister as community health centres, health service organizations or comprehensive health organizations

Institutions similar to any of the above funded by the Minister of Indian Affairs and Northern Development

O. Reg. 866/93, Sched. 4.

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CIRCULATED
WITH AGENDA

OF FEB 27 2018

EXECUTIVE
ITEM#5avii.....

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM#6avii.....

[Français](#)

Medical Radiation Technology Act, 1991

ONTARIO REGULATION 226/03

PRESCRIBED FORMS OF ENERGY, SECTION 3 OF THE ACT

Consolidation Period: From January 1, 2018 to the e-Laws currency date.

Last amendment: 565/17.

Legislative History: [+]

This is the English version of a bilingual regulation.

Diagnostic ultrasound

1. Soundwaves for diagnostic ultrasound are prescribed as a form of energy for the purposes of section 3 of the Act. O. Reg. 565/17, s. 1.

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CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM#.....6aviiRegulated Health Professions Act, 1991
Loi de 1991 sur les professions de la santé réglementées

ONTARIO REGULATION 107/96

CONTROLLED ACTS

Consolidation Period: From January 1, 2018 to the e-Laws currency date.Last amendment: 570/17.

Legislative History: [+]

This Regulation is made in English only.

INTERPRETATION

0.1 In this Regulation,

"diagnostic ultrasound" means ultrasound that produces an image or other data. O. Reg. 296/04, s. 1.

FORMS OF ENERGY

1. The following forms of energy are prescribed for the purpose of paragraph 7 of subsection 27 (2) of the Act:

1. Electricity for,

- i. aversive conditioning,
- ii. cardiac pacemaker therapy,
- iii. cardioversion,
- iv. defibrillation,
- v. electrocoagulation,
- vi. electroconvulsive shock therapy,
- vii. electromyography,
- viii. fulguration,
- ix. nerve conduction studies, or
- x. transcutaneous cardiac pacing.

2. Electromagnetism for magnetic resonance imaging.

3. Soundwaves for,

- i. diagnostic ultrasound, or
- ii. lithotripsy. O. Reg. 107/96, s. 1.

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EXEMPTIONS

2. A member of the College of Chiropractors of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying electricity for electrocoagulation or fulguration. O. Reg. 107/96, s. 2.

3. (1) A member of the Royal College of Dental Surgeons of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying electricity for defibrillation or electrocoagulation. O. Reg. 107/96, s. 3 (1).

(2) A member of the Royal College of Dental Surgeons of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying electricity for electromyography or nerve conduction studies, in the course of conducting research. O. Reg. 107/96, s. 3 (2).

3.1 A member of the College of Medical Radiation Technologists of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying electromagnetism if the application is ordered by a member of the College of Physicians and Surgeons of Ontario and,

(a) the electromagnetism is applied for magnetic resonance imaging using equipment that is,

- (i) installed in a site of a public hospital where the public hospital is approved as a public hospital under the *Public Hospitals Act* and the site of the public hospital is graded under that Act as a Group N site of a hospital, and
- (ii) operated by the public hospital mentioned in subclause (i);

(a.1) the electromagnetism is applied for magnetic resonance imaging using equipment that is installed in, and operated by, the University of Ottawa Heart Institute;

(b) the electromagnetism is applied for magnetic resonance imaging and all of the following conditions are met:

- (i) the electromagnetism is used to support, assist and be a necessary adjunct, or any of them, to an insured service within the meaning of *Health Insurance Act*;
- (ii) the magnetic resonance imaging is provided to persons who are insured persons within the meaning of the *Health Insurance Act*,
- (iii) the electromagnetism is applied in an independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging; or

(c) the electromagnetism is applied for magnetic resonance imaging and all of the following conditions are met:

- (i) the electromagnetism is not used to support, assist and be a necessary adjunct, or any of them, to an insured service within the meaning of *Health Insurance Act*, or the magnetic resonance imaging is not provided to persons who are insured persons within the meaning of that Act, or both,
- (ii) the electromagnetism is applied in a facility that is operated by an operator that holds a licence under the *Independent Health Facilities Act* in respect of magnetic resonance imaging,
- (iii) the electromagnetism is applied in a facility that is operated on the same premises as the independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging that is operated by the operator mentioned in subclause (ii),
- (iv) the electromagnetism is applied using the same equipment that is used to provide magnetic resonance imaging in the independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging that is operated by the operator mentioned in subclause (ii),
- (v) the operator of the facility in which the electromagnetism is applied is a party to a valid and subsisting agreement with the Minister concerning the provision of magnetic resonance imaging. O. Reg. 228/03, s. 1; O. Reg. 566/17, s. 1.

4. A member of the College of Midwives of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying, or ordering the application of, soundwaves for pregnancy diagnostic ultrasound or pelvic diagnostic ultrasound. O. Reg. 566/17, s. 2.

4.1 (1) A member of the College of Nurses of Ontario, other than a member described in subsection (2), is exempt from subsection 27 (1) of the Act for the purpose of applying soundwaves for diagnostic ultrasound, as long as the member has a therapeutic nurse-patient relationship with the person to whom the soundwaves are being applied and the soundwaves are being applied for the purpose of conducting one or more routine nursing assessments of a patient to assist in the development or implementation of the patient's plan of care. O. Reg. 566/17, s. 2.

(2) A member of the College of Nurses of Ontario who is a registered nurse in the extended class is exempt from subsection 27 (1) of the Act for the purpose of applying, or ordering the application of, soundwaves for diagnostic ultrasound. O. Reg. 566/17, s. 2.

5. (1) A member of the College of Physicians and Surgeons of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying, or ordering the application of, electricity for a procedure listed in paragraph 1 of section 1 or soundwaves for a procedure listed in paragraph 3 of section 1. O. Reg. 107/96, s. 5 (1).

(2) A member of the College of Physicians and Surgeons of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying or ordering the

application of electromagnetism if,

- (a) the electromagnetism is applied for magnetic resonance imaging using equipment that is,
 - (i) installed in a site of a public hospital where the public hospital is approved as a public hospital under the *Public Hospitals Act* and the site of the public hospital is graded under that Act as a Group N site of a hospital, and
 - (ii) operated by the public hospital mentioned in subclause (i);
- (a.1) the electromagnetism is applied for magnetic resonance imaging using equipment that is installed in, and operated by, the University of Ottawa Heart Institute;
- (b) the electromagnetism is applied for magnetic resonance imaging and all of the following conditions are met:
 - (i) the electromagnetism is used to support, assist and be a necessary adjunct, or any of them, to an insured service within the meaning of *Health Insurance Act*;
 - (ii) the magnetic resonance imaging is provided to persons who are insured persons within the meaning of the *Health Insurance Act*,
 - (iii) the electromagnetism is applied in an independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging; or
- (c) the electromagnetism is applied for magnetic resonance imaging and all of the following conditions are met:
 - (i) the electromagnetism is not used to support, assist and be a necessary adjunct, or any of them, to an insured service within the meaning of *Health Insurance Act*, or the magnetic resonance imaging is not provided to persons who are insured persons within the meaning of that Act, or both,
 - (ii) the electromagnetism is applied in a facility that is operated by an operator that holds a licence under the *Independent Health Facilities Act* in respect of magnetic resonance imaging,
 - (iii) the electromagnetism is applied in a facility that is operated on the same premises as the independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging that is operated by the operator mentioned in subclause (ii),
 - (iv) the electromagnetism is applied using the same equipment that is used to provide magnetic resonance imaging in the independent health facility licensed under the *Independent Health Facilities Act* in respect of magnetic resonance imaging that is operated by the operator mentioned in subclause (ii),
 - (v) the operator of the facility in which the electromagnetism is applied is a party to a valid and subsisting agreement with the Minister concerning the provision of magnetic resonance imaging. O. Reg. 228/03, s. 2; O. Reg. 566/17, s. 3.

6. A member of the College of Psychologists of Ontario is exempt from subsection 27 (1) of the Act for the purpose of applying, or ordering the application of, electricity for aversive conditioning. O. Reg. 107/96, s. 6.

7. A person is exempt from subsection 27 (1) of the Act for the purpose of applying electricity for aversive conditioning if the application is ordered and directed by a member of the College of Physicians and Surgeons of Ontario or by a member of the College of Psychologists of Ontario. O. Reg. 296/04, s. 2.

7.1 (1) A person is exempt from subsection 27 (1) of the Act for the purpose of applying soundwaves for diagnostic ultrasound if the application is ordered by a member with ordering authority, and the soundwaves for diagnostic ultrasound are applied,

Note: On January 1, 2019, subsection 7.1 (1) of the Regulation is amended by striking out "A person" at the beginning and substituting "A member of the College of Medical Radiation Technologists of Ontario or a member of the College of Nurses of Ontario other than a member who is a registered nurse in the extended class". (See: O. Reg. 566/17, s. 4 (1))

- (a) in a site of a public hospital where the public hospital is approved as a public hospital under the *Public Hospitals Act*, and the equipment is operated by the public hospital;
- (b) in a private hospital operated under the authority of a licence issued under the *Private Hospitals Act* and the equipment is operated by the private hospital;
- (b.1) in the University of Ottawa Heart Institute, and the equipment is operated by the University of Ottawa Heart Institute;
- (c) in an independent health facility licensed under the *Independent Health Facilities Act* in respect of diagnostic ultrasound on a site for which that independent health facility is licensed in respect of diagnostic ultrasound; or
- (d) in a fixed site where health services are customarily performed, and the application is ordered by a member with ordering authority who treats his or her own patients in the course of his or her health care practice, but only if,
 - (i) there exists an ongoing professional health care relationship between the patient and the member with ordering authority, or between the patient and a regulated health professional who ordinarily practises with that member at one or more sites in Ontario,
 - (ii) there exists an ongoing professional health care relationship between the patient and a regulated health professional who has given an opinion

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on the health of the patient, or between the patient and a regulated health professional who ordinarily practises at one or more sites in Ontario with the regulated health professional who has given the opinion, and the patient has requested that the member with ordering authority confirm, refute or vary that opinion and,

(A) the member orders the application of soundwaves for diagnostic ultrasound in the course of an assessment of the patient resulting from that request, and

(B) the diagnostic ultrasound is directly related to that assessment, or

(iii) there exists an ongoing professional health care relationship between the patient and a regulated health professional who has referred the patient to the member with ordering authority for the purpose of a consultation, or between the patient and a regulated health professional who ordinarily practises at one or more sites in Ontario with the regulated health professional who has made the referral and,

(A) the member conducts an assessment of the patient, and

(B) the diagnostic ultrasound is directly related to that assessment or services arising out of that assessment. O. Reg. 296/04, s. 2; O. Reg. 566/17, s. 4 (2).

(2) In this section,

"member with ordering authority" means,

(a) a member of the College of Midwives of Ontario, with respect to ordering the application of soundwaves for pregnancy diagnostic ultrasound or pelvic diagnostic ultrasound,

(b) a member of the College of Nurses of Ontario who is a registered nurse in the extended class, with respect to ordering the application of soundwaves for diagnostic ultrasound, or

(c) a member of the College of Physicians and Surgeons of Ontario, with respect to ordering the application of soundwaves for diagnostic ultrasound. O. Reg. 296/04, s. 2; O. Reg. 566/17, s. 4 (3).

7.2 During the period that begins on December 30, 2017 and ends on December 31, 2019, a person is exempt from subsection 27 (1) of the Act for the purpose of treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning. O. Reg. 570/17, s. 1.

7.3 A person is exempt from subsections 27 (1) and 30 (1) of the Act for the purpose of treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning where such act is done as part of the requirements to become a member of the Ontario College of Social Workers and Social Service Workers and the act is done under the supervision or direction of a member of the Ontario College of Social Workers and Social Service Workers. O. Reg. 570/17, s. 1.

8. (1) The following activities are exempt from subsection 27 (1) of the Act:

1. REVOKED: S.O. 2006, c. 27, s. 19 (1).

2. Ear or body piercing for the purpose of accommodating a piece of jewellery.

3. Electrolysis.

4. Tattooing for cosmetic purposes. O. Reg. 107/96, s. 8; S.O. 2006, c. 27, s. 19 (1).

(2) A person who is a member of a College listed in Column 1 of the Table is exempt from subsection 27 (1) of the Act for the purpose of performing acupuncture, a procedure performed on tissue below the dermis, in accordance with the standard of practice and within the scope of practice of the health profession listed in Column 2.

TABLE

Item	Column 1	Column 2
1.	College of Chiropodists of Ontario	Chiropody
2.	College of Chiropractors of Ontario	Chiropractic
3.	College of Massage Therapists of Ontario	Massage Therapy
3.1	College of Naturopaths of Ontario	Naturopathy
4.	College of Nurses of Ontario	Nursing
5.	College of Occupational Therapists of Ontario	Occupational Therapy
6.	College of Physiotherapists of Ontario	Physiotherapy
7.	Royal College of Dental Surgeons of Ontario	Dentistry

S.O. 2006, c. 27, s. 19 (2); O. Reg. 167/15, s. 1 (1, 2).

(3) A person mentioned in subsection (2) is exempt from subsection 27 (1) of the Act for the purpose of performing acupuncture only if he or she has met the standards and qualifications set by the College. O. Reg. 167/15, s. 1 (3).

(4) REVOKED: O. Reg. 167/15, s. 1 (3).

(5) A person is exempt from subsection 27 (1) of the Act for the purpose of performing acupuncture, a procedure performed on tissue below the dermis, if the acupuncture is performed as part of an addiction treatment program and the person performs the acupuncture within a health facility. S.O. 2006, c. 27, s. 19 (2).

(6) In subsection (5),

"health facility" means a facility governed by or funded under an Act set out in the Schedule. S.O. 2006, c. 27, s. 19 (2).

9. Male circumcision is an activity that is exempt from subsection 27 (1) of the Act if the circumcision is performed as part of a religious tradition or ceremony. O. Reg. 107/96, s. 9.

10. REVOKED: O. Reg. 167/15, s. 2.

11. The taking of a blood sample from a vein or by skin pricking is an activity that is exempt from subsection 27 (1) of the Act if the person taking the blood sample is employed by a laboratory or specimen collection centre licensed under the *Laboratory and Specimen Collection Centre Licensing Act*. O. Reg. 107/96, s. 11.

12. (1) A medical geneticist who holds a doctorate is exempt from subsection 27 (1) of the Act for the purpose of communicating to an individual or his or her personal representative a diagnosis identifying a genetic disease or genetic disorder as the cause of the symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis, if,

- (a) the disease or disorder identified is within the geneticist's area of expertise; and
- (b) the geneticist is employed by a university or a health care facility and the communication of the diagnosis is performed in accordance with the university's or facility's guidelines or protocols. O. Reg. 107/96, s. 12 (1).

(2) In this section,

"health care facility" means a facility governed by or funded under an Act set out in the Schedule. O. Reg. 107/96, s. 12 (2).

13. A member of the College of Nurses of Ontario who holds a general certificate of registration as a registered nurse is exempt from subsection 27 (1) of the Act for the purpose of prescribing a solution of normal saline (0.9 per cent) for venipuncture performed to establish peripheral intravenous access and maintain patency. O. Reg. 107/96, s. 13.

14. (1) Subject to subsection (4), a member of the College of Respiratory Therapists of Ontario who holds a general or graduate certificate of registration is exempt from subsection 27 (1) of the Act for the purpose of performing a tracheostomy tube change for a stoma that is more than 24 hours old. O. Reg. 87/14, s. 1.

(2) Subject to subsection (4), a member of the College of Respiratory Therapists of Ontario who holds a limited certificate of registration is exempt from subsection 27 (1) of the Act for the purpose of performing a tracheostomy tube change for a stoma that is more than 24 hours old, as long as the performance of the procedure is permitted by the terms and conditions of his or her certificate of registration. O. Reg. 87/14, s. 1.

(3) Subject to subsection (4), a member of the College of Respiratory Therapists of Ontario who holds a general certificate of registration is exempt from subsection 27 (1) of the Act for the purpose of performing a tracheostomy tube change for a stoma that is less than 24 hours old. O. Reg. 87/14, s. 1.

(4) A member of the College of Respiratory Therapists of Ontario shall not perform a procedure described in subsection (1), (2) or (3) unless the procedure is ordered by,

- (a) a member of the College of Physicians and Surgeons of Ontario, the College of Midwives of Ontario or the Royal College of Dental Surgeons of Ontario; or
- (b) a member of the College of Nurses of Ontario who holds an extended certificate of registration under the *Nursing Act, 1991*. O. Reg. 87/14, s. 1.

SCHEDULE

1. *Alcoholism and Drug Addiction Research Foundation Act*.

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2. *Cancer Act.*
3. *Child and Family Services Act.*
4. *Homes for Special Care Act.*
5. *Independent Health Facilities Act.*
6. *Long-Term Care Homes Act, 2007.*
7. *Mental Health Act.*
8. *Ministry of Community and Social Services Act.*
9. *Ministry of Correctional Services Act.*
10. *Ministry of Health and Long-Term Care Act.*
11. *Ontario Mental Health Foundation Act.*
12. *Private Hospitals Act.*
13. *Public Hospitals Act.*
14. *University of Ottawa Heart Institute Act, 1999.*

O. Reg. 87/14, s. 2; O. Reg. 566/17, s. 5.

[HOME PAGE](#) / [LAWS](#) / MEDICAL RADIATION AND IMAGING TECHNOLOGY ACT, 2017, S.O. 2017, C. 25, SCHED. 6



CIRCULATED
WITH AGENDA
OF FEB 27 2018

EXECUTIVE
ITEM#.....59ix.....

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM#.....69ix.....

Français

Medical Radiation and Imaging Technology Act, 2017

S.O. 2017, CHAPTER 25
SCHEDULE 6

Consolidation Period: From December 12, 2017 to the e-Laws currency date.

Note: THIS ACT IS NOT YET IN FORCE. It comes into force on a day to be named by proclamation of the Lieutenant Governor. (See: 2017, c. 25, Sched. 6, s. 18)

No amendments.

Definitions

1 In this Act,

"College" means the College of Medical Radiation and Imaging Technologists of Ontario; ("Ordre")

"Health Professions Procedural Code" means the Health Professions Procedural Code set out in Schedule 2 to the *Regulated Health Professions Act, 1991*; ("Code des professions de la santé")

"member" means a member of the College; ("membre")

"profession" means the profession of medical radiation and imaging technology; ("profession")

"this Act" includes the Health Professions Procedural Code. ("la présente loi")

Health Professions Procedural Code

2 (1) The Health Professions Procedural Code shall be deemed to be part of this Act.

Terms in Code

(2) In the Health Professions Procedural Code as it applies in respect of this Act,

"College" means the College of Medical Radiation and Imaging Technologists of Ontario; ("Ordre")

"health profession Act" means this Act; ("loi sur une profession de la santé")

"profession" means the profession of medical radiation and imaging technology; ("profession")

"regulations" means the regulations under this Act. ("règlements")

Definitions in Code

(3) Definitions in the Health Professions Procedural Code apply with necessary modifications to terms in this Act.

Scope of practice

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3 The practice of medical radiation and imaging technology is the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Authorized acts

4 In the course of engaging in the practice of medical radiation and imaging technology, a member is authorized, subject to the terms, conditions and limitations imposed on their certificate of registration, to perform the following:

1. Administering substances by injection or inhalation.
2. Tracheal suctioning of a tracheostomy.
3. Administering contrast media, or putting an instrument, hand or finger,
 - i. beyond the opening of the urethra,
 - ii. beyond the labia majora,
 - iii. beyond the anal verge, or
 - iv. into an artificial opening of the body.
4. Performing a procedure on tissue below the dermis.
5. Applying a prescribed form of energy.

Additional requirements for authorized acts

5 (1) A member shall not perform a procedure under the authority of paragraphs 1 to 4 of section 4 unless the procedure is ordered by a member of the College of Physicians and Surgeons of Ontario or the member performs the procedure pursuant to an exemption set out in a regulation made under the *Regulated Health Professions Act, 1991*.

Same

(2) A member shall not perform a procedure under paragraph 5 of section 4 unless the procedure is ordered by a member of the College of Physicians and Surgeons of Ontario or a member of any other College who is authorized to order the procedure or the member performs the procedure pursuant to an exemption set out in a regulation made under the *Regulated Health Professions Act, 1991*.

Professional misconduct

(3) In addition to the grounds set out in subsection 51 (1) of the Health Professions Procedural Code, a panel of the Discipline Committee shall find that a member has committed an act of professional misconduct if the member contravenes subsection (1) or (2) of this section.

College continued

6 The College of Medical Radiation Technologists of Ontario is continued under the name College of Medical Radiation and Imaging Technologists of Ontario in English and *Ordre des technologues en radiation médicale et en imagerie médicale de l'Ontario* in French.

Council

7 (1) The Council shall be composed of,

- (a) at least six and no more than nine persons who are members elected in accordance with the by-laws;
- (b) at least five and no more than eight persons appointed by the Lieutenant Governor in Council who are not,
 - (i) members,
 - (ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or
 - (iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*; and

- (c) one or two persons selected, in accordance with a by-law made under section 13, from among members who are faculty members of an educational institution in Ontario that is authorized to grant diplomas or degrees in a specialty of the profession.

Who can vote in elections

- (2) Subject to the by-laws, every member who practises or resides in Ontario and who is not in default of payment of the annual membership fee is entitled to vote in an election of members of the Council.

President and Vice-President

- 8 The Council shall have a President and Vice-President who shall be elected annually by the Council from among the Council's members.

Restricted titles

- 9 (1) No person other than a member shall use the title "medical radiation and imaging technologist", "diagnostic medical sonographer", "radiological technologist", "radiation therapist", "nuclear medicine technologist", "magnetic resonance technologist", a variation or abbreviation or an equivalent in another language.

Representations of qualification, etc.

- (2) No person other than a member shall hold themselves out as a person who is qualified to practise in Ontario as a medical radiation and imaging technologist or in a specialty of medical radiation and imaging technology.

Definition

- (3) In this section,

"abbreviation" includes an abbreviation of a variation.

Notice if suggestions referred to Advisory Council

- 10 (1) The Registrar shall give a notice to each member if the Minister refers to the Advisory Council, as defined in the *Regulated Health Professions Act, 1991*, a suggested,

- (a) amendment to this Act;
- (b) amendment to a regulation made by the Council; or
- (c) regulation to be made by the Council.

Requirements re notice

- (2) A notice mentioned in subsection (1) shall set out the suggestion referred to the Advisory Council and the notice shall be given within 30 days after the Council of the College receives the Minister's notice of the suggestion.

Offence

- 11 Every person who contravenes subsection 9 (1) or (2) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence.

Regulations

- 12 Subject to the approval of the Lieutenant Governor in Council, the Minister may make regulations prescribing forms of energy, other than ionizing radiation, electromagnetism and soundwaves, for the purposes of section 3.

By-laws

- 13 The Council may make by-laws respecting the qualifications, number, selection and terms of office of Council members who are selected.

Transition

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14 (1) A person who, on the day before section 15 of this Act came into force, was registered under the *Medical Radiation Technology Act, 1991* shall be deemed to be the holder of a certificate of registration issued under this Act subject to any term, condition or limitation to which the registration was subject.

Same, Council members

(2) A person who, on the day before section 15 of this Act came into force, was a member of the Council or the President or Vice-President under the *Medical Radiation Technology Act, 1991* continues in office under this Act until their term would otherwise expire.

Same, by-laws and regulations

(3) By-laws and regulations made under the *Medical Radiation Technology Act, 1991* that were in force on the day before section 15 of this Act came into force remain in force until they are revoked or replaced under this Act.

Power of Council

(4) The Council of the College of Medical Radiation Technologists of Ontario has the power to make by-laws and regulations under this Act to come into force on or after section 15 comes into force.

15-17 OMITTED (AMENDS, REPEALS OR REVOKES OTHER LEGISLATION).

18 OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS ACT).

19 OMITTED (ENACTS SHORT TITLE OF THIS ACT).

Français

CIRCULATED
WITH AGENDA

OF FEB 27 2018

EXECUTIVE 5ax

ITEM#

CIRCULATED WITH AGENDA-

OF MAR 27 2018

COUNCIL
ITEM#.....6ax.....

From: CMRTO Communications
Sent: December-28-17 4:34 PM
To: CMRTO Communications
Subject: CMRTO Registrar & CEO message re: regulation of diagnostic medical sonographers
Attachments: Message from the Registrar & CEO.pdf

Hello Everyone,

Please see the attached message from Linda Gough, Registrar & CEO regarding the regulation of diagnostic medical sonographers.

Thank you,

CMRTO Communications



College of Medical Radiation Technologists of Ontario

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CIRCULATED
WITH AGENDA

FEB 27 2018

EXECUTIVE
ITEM#.....5 an
attachedCollege of
Medical Radiation
Technologists of
OntarioOrdre des
technologues en
radiation médicale
de l'Ontario

December 28, 2017

Dear members, sonographers and stakeholders:

CMRTO Registrar & CEO message re: regulation of diagnostic medical sonographers

The Ontario Ministry of Health and Long-Term Care has requested the College of Medical Radiation Technologists of Ontario (CMRTO) to regulate diagnostic medical sonographers with the CMRTO. The necessary regulations made under the *Medical Radiation Technology Act* come into force on January 1, 2018. Effective January 1, 2019, it will be mandatory for diagnostic medical sonographers to be registered with the CMRTO in order to be legally authorized to practice diagnostic medical sonography in Ontario and to apply soundwaves for diagnostic ultrasound. Individuals currently working in diagnostic medical sonography will have one transitional year to become registered with CMRTO. We welcome sonographers to the CMRTO!

We are delighted the government is extending the public protection framework by regulating diagnostic medical sonographers under the *Regulated Health Professions Act* and by making the regulatory framework consistent for all medical radiation and imaging technology by bringing diagnostic medical sonographers into the CMRTO as a fifth specialty. By being self-regulated under the CMRTO, sonographers will join not only their medical radiation technologist colleagues, but also other healthcare professionals registered in Ontario's 26 regulatory colleges, including medicine, nursing, medical laboratory technology and physiotherapy. The benefits of self-regulation include recognition of the education and training sonographers have undergone to practice as professionals, and assurance that the profession's standards are enforced and the public is protected.

CMRTO has been regulating medical radiation technologists in the specialties of radiography, radiation therapy and nuclear medicine for almost 25 years. Magnetic resonance imaging was added as a fourth specialty in 2003. Our goal at the CMRTO is to work with sonographers and MRTs to ensure a smooth and seamless implementation of diagnostic medical sonography into the CMRTO. We expect over 3,000 new members will be joining our 7,000 current members by the end of 2018.

The regulation of sonographers with CMRTO required amendments to three Ontario regulations and one Act. Schedule 6 of Bill 160, the *Strengthening Quality and Accountability for Patients Act, 2017*, which has received Royal Assent and is now awaiting the date of proclamation, will change the name of the CMRTO to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO).

We expect that the *Medical Radiation and Imaging Technology Act* (MRIT Act) will come into force on January 1, 2019. This exciting change will require the CMRTO to change all its regulatory and governance tools in 2018.


CMRTO Council, committees and staff will be very busy over the next year reviewing applications for registration from sonographers, and preparing for the name change. We will communicate with current members and applicants through email, the CMRTO website, and social media. We encourage sonographers to create an online profile in the CMRTO application portal as soon as possible after January 1, 2018 so we can send you important information by email before you are registered.

CMRTO recently consulted with MRTs and sonographers regarding changes to the Standards of Practice and Code of Ethics to include the specialty of diagnostic medical sonography. We asked respondents to indicate whether they would prefer a print copy or electronic version of the Standards of Practice. An overwhelming majority - 80% - said they would prefer to receive the Standards of Practice by electronic methods. Given this positive response and the significant changes required to all CMRTO's publications over the next year, we are ending all print publications and communications with members, effective January 1, 2018. As you know, CMRTO by-laws require members to have an email address that they personally check on a regular basis. This will now be our only method of communicating with members. As always, all our publications are available on the CMRTO website for viewing at any time.

We look forward to the exciting year ahead – regulating sonographers to ensure the protection of the public and preparing for the implementation of the MRIT Act that will regulate all medical radiation and imaging technologists under the College of Medical Radiation and Imaging Technologists of Ontario!

Please let your sonography colleagues and friends know about these important changes. We want to make sure that no-one misses the transitional year to become registered with CMRTO so sonographers are compliant with the legislation on January 1, 2019!

Sincerely,



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



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Below is a timetable of the important milestones that are happening over 2018.

Date	Activity / Status
January 1, 2018: Registration regulation and form of energy regulation come into force	<ul style="list-style-type: none"> • CMRTO has legal authority to start to regulate sonographers • scope of practice expands to include the application of soundwaves for diagnostic ultrasound procedures • one-year grandparenting period for sonographers commences • sonography online application process available on CMRTO website • revised CMRTO Standards of Practice and Code of Ethics come into effect • new condition of registration is added to all CMRTO members' certificates of registration (the member may practice only in the areas in which the member is educated and has experience) • revised CMRTO Quality Assurance Program comes into effect • revised Jurisprudence course (Legislation Learning Package) comes into effect • CMRTO ends print publications and communicates with members and applicants by email only (CMRTO members are required to have an email address that is distinct from any other member's email address that they check personally and on a regular basis)
January 1 – December 31, 2018	<ul style="list-style-type: none"> • sonographers are able to register with CMRTO, but it's not yet mandatory • sonographers are able to apply for registration with CMRTO in one of two ways: <ol style="list-style-type: none"> 1. having practised the profession on Dec 31, 2017 (or 400 hours in the prior year, or 1200 hours in the prior 3 years); or 2. having completed an approved educational program and an approved examination • sonographers who become registered during 2018 are able to use the protected title, diagnostic medical sonographer (DMS), and are required to comply with all the requirements under the MRT Act, including adherence to the standards of practice, professional misconduct regulations, QA program, and others • sonographers are added to the online Public Register of Members as they become registered • CMRTO prepares for repeal of the MRT Act and replacement with the MRIT Act (updating by-laws, policies, publications, website)
July 1, 2018	<ul style="list-style-type: none"> • administrative target for sonographers to submit applications for registration • CMRTO recommends sonographers submit their application no later than this date in order to have sufficient time to meet the December 31, 2018 registration deadline
December 31, 2018	<ul style="list-style-type: none"> • grandparenting period for sonographers closes • all sonographers must be registered by this date in order to be legally authorized to practise diagnostic medical sonography on January 1, 2019
January 1, 2019 Controlled Acts regulation comes into force. Expected that MRIT Act will be proclaimed in force	<ul style="list-style-type: none"> • sonographers must be registered with CMRTO in order to apply soundwaves for diagnostic ultrasound procedures • CMRTO name changes to College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) • CMRITO by-laws, standards, guidelines and policies come into effect • updated website and publications are released • only one method to apply for registration: having completed an approved program and an approved examination (no grandparenting)
January – June, 2019	<ul style="list-style-type: none"> • DMSs become completely integrated into CMRITO • first election for DMS Council members held

EXECUTIVE
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COUNCIL
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From: CMRTO Communications
Sent: January-01-18 6:21 PM
To: CMRTO Communications
Subject: Jan 1, 2018: Diagnostic medical sonographers now regulated with CMRTO - CMRTO is accepting applications for registration in the specialty of diagnostic medical sonography

Dear CMRTO members, sonographers and stakeholders:

As you are aware, the Ontario Ministry of Health and Long-Term Care (MOHLTC) has requested the College of Medical Radiation Technologists of Ontario (CMRTO) to regulate diagnostic medical sonographers as a fifth specialty. The necessary regulations made under the Medical Radiation Technology Act come into force today, January 1, 2018.

Diagnostic medical sonographers are now regulated with the CMRTO. Under the new regulations, diagnostic medical sonographers must now be registered with the CMRTO in the specialty of diagnostic medical sonography in order to represent that they are qualified to practise the specialty of diagnostic medical sonography in Ontario. Effective January 1, 2019, a person must be a member of the CMRTO (or another regulatory college authorized under the regulation) in order to be legally authorized to apply soundwaves for diagnostic ultrasound in Ontario. These requirements apply to all areas of practice of diagnostic medical ultrasound: general, cardiac and vascular sonography. Information on the regulation of diagnostic medical sonographers, along with Frequently Asked Questions, can be found [here](#).

The CMRTO is now able to issue certificates of registration in the specialty of diagnostic medical sonography to applicants who meet all the registration requirements as set out in the regulation. The registration regulation can be found [here](#), and the regulation adding soundwaves as a form of energy to the scope of practice of the profession can be found [here](#).

On or before December 31, 2018, sonographers may apply for registration with the CMRTO using one of two methods – either through the grandparenting provision or by successfully completing an approved educational program and an approved examination. After December 31, 2018, the grandparenting provision will no longer be available as a method of registration. The purpose of the grandparenting provision is to enable sonographers who received on-the-job training, or who completed an educational program which is not one of the approved educational programs, to become registered and authorized to work in the specialty in Ontario. Please note that in order to qualify for registration in the specialty of diagnostic medical sonography, the CMRTO must receive your application and application fee no later than 4:00 pm on December 31, 2018.

The application process is an on-line application process and can be accessed [here](#). Applicants will want to review the '[Application Guide for individuals applying to the CMRTO in the specialty of diagnostic medical sonography](#)', which sets out all the requirements for registration and the documents that must be uploaded to the application, and provides helpful information about the application and registration process.

Further information about the regulation of diagnostic medical sonographers in Ontario can be found on the CMRTO website [here](#).

Please inform all your sonography colleagues about the regulation of sonographers Ontario. Our goal as the CMRTO is to work with sonographers and MRTs to ensure a smooth and seamless implementation of diagnostic medical sonographers as a fifth specialty within the CMRTO. We have been working for many years to assist the MOHLTC in completing the public protection framework for medical radiation and imaging technology by including sonographers in the CMRTO. Welcome sonographers!

Sincerely,

Linda Gough

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



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DMS regulation information and FAQs



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Technologists of
Ontario

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January 1, 2018

DMS regulation information and FAQs

The regulation of diagnostic medical sonographers is a vital part of ensuring safe, effective and ethical medical radiation and imaging services to the public of Ontario

The Ontario government has approved regulations that regulate diagnostic medical sonographers (DMS) in conjunction with the College of Medical Radiation Technologists of Ontario (CMRTO) effective January 1, 2018. CMRTO is pleased and proud to have collaborated with diagnostic medical sonographers, medical radiation technologists, employers, educators, associations, the Ministry of Health and Long-Term Care, and the public to realize this significant public protection initiative.

Throughout the lengthy process of preparing for regulation, DMSs have demonstrated that they are concerned about providing safe, effective and ethical care to their patients, and are ready to fulfil the accountabilities and responsibilities of being self-regulated professionals. Regulating DMSs with CMRTO will bring all medical radiation and imaging specialties under one regulatory framework and will enhance patient protection by establishing entry to practice requirements and continuing oversight of practice.

This information update provides sonographers and current CMRTO members with information about the regulation of sonographers, and answers some of the most common questions you may have about the process and being a self-regulated professional.

Our goal as the CMRTO is to work with diagnostic medical sonographers and medical radiation technologists to ensure a smooth and seamless implementation of diagnostic medical sonography as a fifth specialty within the CMRTO. Welcome sonographers! We're pleased to have you join us!

Questions and Answers

1. How are health professions regulated in Ontario?

The regulation of professions is a responsibility of the provincial government. In Ontario, the *Regulated Health Professions Act, 1991* (RHPA) is the legislation that regulates 28 health professions, including physicians, nurses, respiratory therapists and medical radiation technologists, under 26 regulatory colleges. The regulatory colleges must regulate the profession to serve and protect the public interest.

Further information on all the health regulatory colleges in Ontario can be found at www.ontariohealthregulators.ca

2. What is CMRTO?

CMRTO is the regulatory (licensing) body for medical radiation technologists (MRTs) in Ontario. It is established under the RHPA and the profession specific legislation, the *Medical Radiation Technology Act, 1991* (MRT Act). CMRTO currently regulates MRTs in four specialties: radiography, radiation therapy, nuclear medicine, and magnetic resonance imaging. And effective January 1, 2018, CMRTO regulates diagnostic medical sonographers as a fifth specialty.

It is mandatory for MRTs to be registered with CMRTO in order to practice the profession of medical radiation technology.

CMRTO is a non-profit organization that is funded by members' fees. CMRTO uses those fees to meet its legal obligation to regulate the profession in accordance with the legislation.

Further information on CMRTO can be found at www.cmrto.org.

3. How does the CMRTO protect the public?

The purpose of the CMRTO is to protect the public, by making sure that its members are qualified to practice and are practicing professionally. Our goal is to strengthen the safety, quality, oversight and transparency of medical radiation and imaging services by:

- setting and enforcing standards of practice, ethics, guidelines and policies for the practice and conduct of members
- registering only those individuals who have met the educational and examination requirements for competent practice before they can practice or use the professional title
- requiring members to participate a Quality Assurance (continued competence) program every year to help continually improve their skills and knowledge to ensure quality of care
- addressing complaints and concerns from the public, patients and employers regarding professional conduct issues through its complaints and discipline process
- providing current information about each member's registration status, specialty, place of practice and past conduct to the public on its website

Further information about the CMRTO can be found [here](#).

4. Why are sonographers being regulated with CMRTO?

Over the years, the provincial government has conducted a number of public consultations on whether sonographers should be regulated, and how. In August 2017, the Ontario Ministry of Health and Long-Term Care (MOHLTC) announced that it had received direction to regulate diagnostic medical sonographers with CMRTO and that the registration process is to begin by January 2018.

The announcement of the self-regulation of diagnostic medical sonographers – supported by the Ontario Association of Medical Radiation Sciences (OAMRS) and the CMRTO – reflects not only the professional standards that have been achieved by sonographers in their practice, and many years of work by sonographers, the OAMRS and the CMRTO to bring it about, but also the need to ensure the Ontario public continues to receive safe and competent care.

By being self-regulated under the CMRTO, sonographers will join their medical radiation technologist colleagues in the self-regulation of the profession, including the recognition of the education and training sonographers have undergone to practice as professionals, authorized use of a protected title, and assurance that the profession's standards are enforced and the public is protected.

5. What is the *Medical Radiation and Imaging Technology Act*?

The Ontario government has introduced legislative changes to strengthen transparency of the oversight of diagnostic medical sonographers and cover the entirety of the medical radiation and imaging technology profession. New legislation (Bill 160, *Strengthening Quality and Accountability for Patients Act*) will repeal and replace the MRT Act with the *Medical Radiation and Imaging Technology Act* (MRIT Act).

Key changes under the MRIT Act include:

- updating the name of the profession and the regulatory college to accurately reflect the entirety of its membership
- changing the scope of practice statement to include the “application of soundwaves” to capture the practice of diagnostic medical sonographers
- appropriately identifying all medical radiation and imaging professionals that are members of the regulatory college

This legislation received Royal Assent on December 12, 2017 and is currently awaiting proclamation. It is expected that the MRIT Act will come into force on January 1, 2019.

6. Will CMRTO be changing its name?

If and when the MRIT Act comes into force (expected on January 1, 2019), the name of the CMRTO will change to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO).

In 2018, CMRTO will be busy preparing its legal and governance tools in readiness for the new MRIT Act. This will include updating by-laws, policies, publications, website and many other documents and processes.

7. What is the scope of practice of the profession?

The new MRIT Act will change the scope of practice of medical radiation and imaging technology to add the use of soundwaves for the purpose of diagnostic procedures in the Act. The scope of practice will be:

“The practice of medical radiation and imaging technology is the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures, and the assessment of an individual before during and after the procedures.”

8. What will the protected title be?

The protected title assures the public that the regulated professional is legally authorized to practice the profession in Ontario.

Effective January 1, 2018 members of the CMRTO in the specialty of diagnostic medical sonography may use the title “diagnostic medical sonographer” and the abbreviation DMS. When the MRIT Act comes into effect (expected January 1, 2019), the title will be restricted to members of the new CMRITO. In other words, no person other than a member of the CMRITO will be permitted to use that title or hold themselves out as qualified to practice in the specialty of diagnostic medical sonography.

There is one title for all the areas of practice of diagnostic medical sonography, whether the individual has met the registration requirements in general, cardiac, and/or vascular sonography.

9. What about the areas of practice of general, cardiac and vascular sonography?

There is one specialty certificate for diagnostic medical sonography. Applicants must meet all of the requirements for registration in the same area of practice within diagnostic medical sonography (general sonography, cardiac sonography or vascular sonography each being considered an area of practice) in order to be registered in the specialty of diagnostic medical sonography.

The public is protected because only those individuals who have met the requirements for registration in the specialty of diagnostic medical sonography will be permitted to be registered with CMRTO and authorized to practice. As self-regulated professionals and under the CMRTO's Standards of Practice, DMSs can only perform procedures for which they have the necessary knowledge, skills and judgement to perform safely, effectively and ethically.

In addition, the registration regulation contains a condition which applies to all CMRTO members effective January 1, 2018 that the member shall practice only in the areas in which the member is educated and experienced.

Employers may require their sonographers to complete additional specialized training in a particular area specific to the type of patients seen in the facility. For example, the employer of sonographers practicing in pediatric hospitals may require their sonographers to complete the ARDMS examination in the area of pediatric sonography in addition to being registered with CMRTO. This is similar to other areas of specialization in medical radiation and imaging technology such as mammography, PET/CT or bone mineral densitometry.

10. When will sonographers be regulated?

Diagnostic medical sonographers are now regulated with the CMRTO. Under the new regulations, effective January 1, 2018, DMSs must be registered with the CMRTO in the specialty of diagnostic medical sonography in order to represent that they are qualified to practice the specialty of diagnostic medical sonography in Ontario and to use the protected title, DMS. After January 1, 2019, a person **MUST** be a member of the CMRTO (or another authorized profession) in order to be legally authorized to apply soundwaves for diagnostic ultrasound in Ontario.

11. When and how should I apply?

The online application process in the specialty of diagnostic medical sonography is available on the CMRTO website [here](#). Sonographers are encouraged to create their online profile in the CMRTO application portal in the 'About me' section as early as possible to provide your contact information. CMRTO will communicate with you by email only during the application process.

Once you have created your online profile, you are able to return to complete your application as many times as you need, until you have fully completed it and uploaded all the required documents. Review the '[Application Guide for individuals applying for registration with the CMRTO in the specialty of diagnostic medical sonography](#)' for detailed information and step by step directions on the application process. The guide contains the forms that your clinical supervisor and employer will need to complete.

When your application is complete, you can submit it electronically to CMRTO and pay the one-time non-refundable application fee of \$113 (\$100 fee, \$13 HST). CMRTO will then review your application, determine whether your application meets all the requirements set out in the registration regulation, and if so, whether you have requirements to complete before you can become registered.

Due to the large volume of applications CMRTO expects to receive, it may take between 1 to 4 months to process applications. It is advisable to submit your application by July 2018, so that there is sufficient time for the CMRTO to process it.

If you are applying based on your work experience (grandparenting provision), the online application and application fee must be submitted no later than 4:00 pm on December 31, 2018.

A chart containing the recommended timeline and activities can be found at the end of this document.

12. When and how will I become registered?

In order to be eligible for a certificate of registration, you must meet the requirements for registration set out in the registration regulation made under the MRT Act. The CMRTO will review your application for registration and determine whether your application meets all the requirements set out in the registration regulation, and if so, whether you have requirements to complete before you can become registered. CMRTO will then notify you whether you are eligible for registration and the final steps in the process.

On or before December 31, 2018, sonographers may apply for registration with the CMRTO using one of two methods – either through the grandparenting provision or by successfully

completing an approved educational program and an approved examination. After December 31, 2018, the grandparenting provision will no longer be available as a method of registration.

Paying the registration fee is the final step to become registered. This is an annual fee of \$531.10 (\$470 fee, \$61.10 HST). When you first become registered, the registration fee is prorated from the date you become registered to your birthday.

While sonographers can become registered at any time throughout 2018, there is a financial saving if you register later in the year. It is recommended that you become registered sometime in October, November or early December. As the prorated fee will be the same whether you register at the beginning of December or the end, it is recommended that sonographers complete the registration process no later than December 8, 2018 in plenty of time to meet the mandatory registration date of January 1, 2019.

13. What is the grandparenting provision?

The purpose of the grandparenting provision is to enable sonographers who do not meet the registration requirement of having successfully completed an approved educational program AND an approved examination, but who are engaged in competent practice in the scope of practice of the profession, to become registered and authorized to work in the specialty in Ontario.

These individuals may have completed an educational program a number of years ago, and their program is not one of the approved educational programs. Or they may have received on-the-job training in a limited area of practice under the supervision of their employer.

The grandparenting provision is available to a person who was engaged in practice within the scope of practice of the specialty of diagnostic medical sonography on December 31, 2017, or for at least 400 hours in 2017, or at least 1200 hours in the three years before January 1, 2018.

If you are working or have previously worked as a DMS in another province and you think you may wish to practice in Ontario at some time in the future, you should consider applying to the CMRTO under the grandparenting provision no later than the deadline. After December 31, 2018, the grandparenting provision is no longer available to applicants and all applicants will have to complete an approved educational program AND an approved examination.

14. How much are the fees?

There are two fees for this process – the application fee and the registration fee. All fees are paid on-line using a credit card (Visa or Mastercard) or Interac.

The application fee is a one-time fee of \$113 (\$100 fee, \$13 HST) and is paid at the time you submit your application for the specialty.

The registration fee is an annual fee of \$531.10 (\$470 fee, \$61.10 HST). The annual registration fee is due on a member's birthday each year. Members who are registered in more than one specialty pay one annual fee.

When you first become registered, the registration fee is prorated from the date you become registered to your birthday. For example, if your birthday is in April and you become registered in November 2018, you would pay \$265.55 (\$235.00 fee, \$30.55 HST) for the six-month period November 2018 to April 2019, and then the annual fee in April 2019 for the year to April 2020. The CMRTO will confirm the amount of your fee at the time you become registered. You can use the [online fee calculator](#) to calculate your fee.

The fees are set by Council in the CMRTO by-laws and are non-refundable. CMRTO is a non-profit organization that is funded by members' fees. CMRTO uses member fees to meet its legal obligation to regulate the profession in accordance with the legislation. The audited financial statements are available on the CMRTO's website in each annual report.

15. I'm already registered with CMRTO in another specialty. Should I add the specialty of diagnostic medical sonography to my certificate of registration?

Many diagnostic medical sonographers are currently members of the CMRTO in another specialty (magnetic resonance, nuclear medicine, radiation therapy or radiography) and will want to add the specialty of diagnostic medical sonography to their certificates of registration. Some diagnostic medical sonographers are past members of the CMRTO in another specialty and will want to add the specialty of diagnostic medical sonography and reinstate their membership with the CMRTO. If you wish to reinstate your membership with the CMRTO in your original specialty, please contact the CMRTO for further information.

The annual registration fee is the same amount even if you have more than one specialty. You will just need to pay the onetime application fee of \$113.00.

16. I'm not performing ultrasound procedures on patients. Should I become registered?

The practice of medical radiation and imaging technology includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

If you would like to use the protected title diagnostic medical sonographer (DMS) in your practice, then you must be a member of the CMRTO in the specialty. Some employers, such as the educational institutions, require their instructors to be registered with the appropriate regulatory body. Especially if you will be relying on the grandparenting provision to meet the registration requirements, you should apply and become registered in 2018 as the grandparenting provision is not available after December 31, 2018.

17. Why will my name appear in the CMRTO Public Register of Members?

An important part of public protection is transparency in health professionals' registration status and past conduct. Like all the other health regulatory colleges in Ontario, CMRTO is required to maintain a register of members and to post certain information which is available to the public on its website in the Public Register of Members section. This contains such items as the member's name, registration status, registration history, specialty(ies), business address(es), and past conduct.

The CMRTO keeps all member information which is not available to the public, such as home address, telephone number and email address, strictly confidential.

Employers use the CMRTO Public Register of Members to confirm the registration status of their employees. The information contained in the Public Register is always current. You can view the CMRTO [Public Register of Members](#) on the website.

18. What are CMRTO's continuing competence requirements?

One of the key components of self-regulation of the profession in the public interest is the quality assurance (QA) program. The purpose of the QA program is to assure the quality of practice of the profession and to promote continuing evaluation, competence and improvement among the members.

The CMRTO QA program is based on the assumption that members come into the CMRTO with appropriate skills and knowledge acquired through educational programs, and that these initial competencies are maintained through lifelong learning and the expectation of adherence to the standards of practice. The QA program is based on the principles of adult

education. This approach allows medical radiation and imaging technologists to choose learning activities based on their individual learning needs and style, resources available, and acknowledges that learning comes from engaging in a variety of activities.

All members are required to complete the QA ePortfolio every year. The ePortfolio consists of a QA profile, a self-assessment based on the standards of practice, and a method to keep a record of continuing education and professional development activities completed each year. Each member is required to complete and record at least 25 hours of continuing education and professional development activities each year.

Further information about the CMRTO QA program can be found [here](#).

19. Do I need to have professional liability insurance?

Professional liability insurance (PLI), also known as malpractice insurance, provides coverage for members with respect to claims that may arise from the practice of medical radiation and imaging technology. All practising members of the CMRTO must be covered by professional liability insurance that meets the requirements of the by-laws of the CMRTO.

Most CMRTO members already hold PLI coverage through their membership in the professional association (Ontario Association of Medical Radiation Sciences, Canadian Association of Medical Radiation Technologists and Sonography Canada), or through the insurance coverage of their employer, such as a hospital, where the employer's insurance provides professional liability protection for the member. Regardless of how the PLI coverage is obtained, practising members are responsible for ensuring that their insurance coverage meets the requirements of the CMRTO by-laws. Members who work in multiple practice locations should ensure that they have insurance coverage for all the locations in which they practise the profession of medical radiation and imaging technology.

Further information about the requirement for PLI can be found [here](#).

20. What are my accountabilities as a regulated professional?

As regulated health professionals, CMRTO members are accountable to their patients and the public to provide safe, effective and ethical medical radiation and imaging technology services. Members do this every day by ensuring that their practice meets the legislative requirements and standards of the profession.

Under provincial legislation, members are also accountable to the College for the quality of care they provide to the public. The College's standards and guidelines have been

developed to assist members to meet their professional obligations and the legal requirements related to their practice.

Member accountabilities include such requirements as:

- adhering to all the legislation governing the practice of the profession
- adhering to the College's standards of practice and code of ethics
- adhering to the College's professional misconduct regulation
- completing the QA program every year
- maintaining PLI in accordance with the College's by-laws
- maintaining their registration with the College in good standing
- ensuring the information the College has about them is accurate and up to date

Further information about how members are required to demonstrate their professional accountability to their patients, the public, and the College can be found [here](#)

21. Where can I get more information?

There is lots of information about the CMRTO, and all its standards, guidelines, policies and publications, available on the website at www.cmрто.org Take some time to review it and consider how your practice as a sonographer already fulfills many of the obligations and accountabilities as a self-regulated professional.

One of the requirements for registration includes the completion of the CMRTO Legislation Learning Package. This is a self-directed learning package available for free on the website. It's a great tool to help you learn about your accountabilities and responsibilities under the legislation governing the profession. You can find it [here](#).

The best way to receive more information in to complete the first step of the application process by creating your online profile and we will send you all the information that current members receive by email. And don't forget to follow us on Facebook and Twitter!

Summary and timelines for the regulation of diagnostic medical sonographers and the new College of Medical Radiation and Imaging Technologists of Ontario

Date	Activity / Status
January 1, 2018: Registration regulation and form of energy regulation come into force	<ul style="list-style-type: none"> • CMRTO has legal authority to start to regulate sonographers • scope of practice expands to include the application of soundwaves for diagnostic ultrasound procedures • revised CMRTO Standards of Practice and Code of Ethics come into effect • revised CMRTO Quality Assurance Program comes into effect • one-year grandparenting period commences • sonography online application process available on CMRTO website
January 1 – December 31, 2018	<ul style="list-style-type: none"> • Sonographers are able to register with CMRTO, but it's not yet mandatory • Sonographers are able to apply for registration with CMRTO in one of two ways: <ol style="list-style-type: none"> 1. having practised the profession on Dec 31, 2017 (or 400 hours in the prior year, or 1200 hours in the prior 3 years); or 2. having completed an approved educational program and an approved examination • Sonographers who become registered during 2018 are able to use the protected title, diagnostic medical sonographer (DMS), and are required to comply with all the requirements under the MRT Act, including adherence to the standards of practice, professional misconduct regulations, QA program, and others • Sonographers are added to the online Public Register of Members as they become registered • CMRTO prepares for repeal of the MRT Act and replacement with the MRIT Act (updating by-laws, policies, publications, website)
July 1, 2018	<ul style="list-style-type: none"> • Administrative target to submit applications for registration • CMRTO recommends sonographers submit their application no later than this date in order to have sufficient time to meet the December 31, 2018 registration deadline
December 31, 2018	<ul style="list-style-type: none"> • Grandparenting period closes • All sonographers must be registered by this date in order to be authorized to practise diagnostic medical sonography on January 1, 2019
January 1, 2019 Controlled Acts regulation comes into force. Expected that MRIT Act will be proclaimed in force	<ul style="list-style-type: none"> • Sonographers must be registered with CMRITO in order to apply soundwaves for diagnostic ultrasound procedures • CMRTO name changes to College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) • CMRITO by-laws, standards, and guidelines come into effect. Updated website and publications • Only one method to apply for registration: having completed an approved program and an approved examination (no grandparenting)
January – June, 2019	<ul style="list-style-type: none"> • DMSs become completely integrated into CMRITO • First election for DMS Council members held



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Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

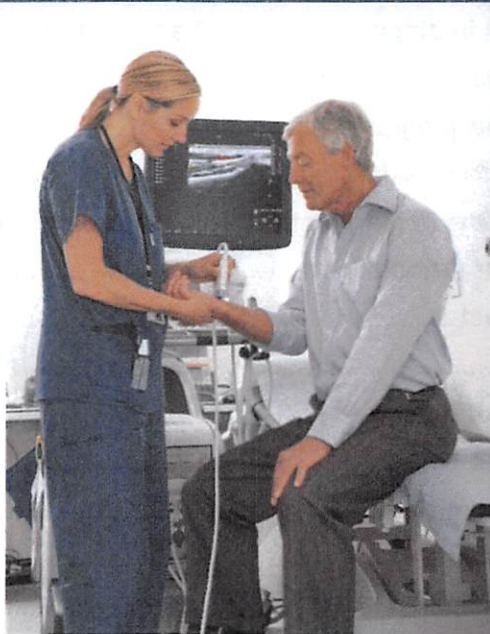
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WITH AGENDA
OF FEB 27 2018

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attachment

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



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Medical Radiation
Technologists of
Ontario

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Information about the application and registration process

The College of Medical Radiation Technologists of Ontario (CMRTO) welcomes your application for registration as a diagnostic medical sonographer (DMS).

Effective January 1, 2019 you must hold a certificate of registration with the CMRTO in the specialty of diagnostic medical sonography to be legally authorized to practise in the specialty of diagnostic medical sonography in Ontario. If you are not registered by this date you will not be legally authorized to practise diagnostic medical sonography or apply soundwaves for diagnostic ultrasound in Ontario including the areas of practice of general, cardiac and vascular sonography.

CMRTO is starting to regulate diagnostic medical sonographers commencing January 1, 2018. Individuals currently working in diagnostic medical sonography have one transitional year (January 1 – December 31, 2018) to apply for registration with the CMRTO. In order to be eligible for a certificate of registration, you must meet the requirements for registration, set out in the registration regulation made under the *Medical Radiation Technology Act (MRT Act)*.

The scope of practice of diagnostic medical sonography, as defined under the MRT Act, is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

There is one specialty certificate for diagnostic medical sonography. The areas of practice within diagnostic medical sonography, general sonography, cardiac sonography or vascular sonography are considered areas of practice within the specialty of diagnostic medical sonography.

Further information about the application and registration process, and the forms that your supervisor and employer will need to complete, can be found in this application guide.

Who can apply

Any individual who will be or who wishes to practice as a diagnostic medical sonographer in Ontario on January 1, 2019 and thereafter, can apply for registration with CMRTO. This application process applies to the following individuals:

- those who were working competently on December 31, 2017 or within the previous 3 years in diagnostic medical sonography in Ontario or in Canada

- current or resigned CMRTO members in another specialty, who were working competently on December 31, 2017 or within the previous 3 years in diagnostic medical sonography, in Ontario or in Canada
- those who have completed a CMRTO approved educational program AND a CMRTO approved examination in diagnostic medical sonography within the past 5 years
- those who have completed an educational program outside of Canada which is considered by the Registration Committee to be substantially similar, but not equivalent, to an Ontario program and a CMRTO approved examination in diagnostic medical sonography within the past 5 years

Steps and timelines in the application and registration process

Below is an overview of the steps in the process and the suggested timelines that will be helpful for you as you complete your application.

The registration process can happen any time throughout 2018. The suggested timelines are a guide to ensure that all eligible individuals are able to be registered by December 31, 2018, and legally authorized to practice in the specialty of diagnostic medical sonography on January 1, 2019.

Step	Activity	Suggested timelines
1	Review the information about the application process and documents you will be required to provide	January – February 2018
2	Create your online profile by starting your online application and completing the 'About Me' section of the application in the CMRTO application portal. You can return at a later time to continue completing the rest of your application	January – February 2018
3	Collect all the required documents to support your application. Complete the Legislation Learning Package (jurisprudence course)	January – March 2018
4	Complete your application, upload all the required documents, pay the application fee and submit your application to CMRTO for assessment	January – July 2018
5	CMRTO reviews your application and notifies you whether your application is accepted or refused. If accepted, CMRTO advises you about any further registration requirements including the amount of the registration fee	1 - 4 months
6	Complete any remaining requirements to register including payment of the registration fee	October – December 8, 2018
7	CMRTO registers you and issues your certificate of registration. Your name and information will be posted on the public register	5 - 10 days
8	Inform your employer that you are legally authorized to practice the profession. Start using the protected title Diagnostic Medical Sonographer (DMS), and review your accountabilities as a regulated professional	October - December 2018

The first step is to create an online profile in the CMRTO application portal, gather the documents you need to support your online application, and complete and submit your application. The suggested timeframe to submit your application is between January and July 2018.

For your application to be complete, you are required to complete all steps in the online application process, provide all the required documentation and pay the application fee of \$113.00 (\$100.00 fee and \$13.00 HST) by Visa, Mastercard or Interac through the secure online service.

CMRTO is not able to start the review process on incomplete applications. If you do not have all the documents when you start your application online, you may begin the application process and return to complete it at a later time. Your application will not be processed until all the information is complete and you have paid the application fee.

You are encouraged to create your online profile in the CMRTO application portal in the 'About me' section as early as possible to provide your contact information. CMRTO will communicate with you by email only during the application process.

Registration requirements

The registration requirements are set out in the registration regulation made under the MRT Act and can be found [here](#). The application form prompts you to provide all the documents required to demonstrate that you meet the requirements for registration. When you have submitted your complete application, CMRTO will review it and determine whether or not you meet all the requirements for registration as set out in the registration regulation.

Due to the large volume of applications CMRTO expects to receive, it may take between 1 to 4 months to process your application. It is advisable that you **submit your application by July 2018**, so that there is sufficient time for the CMRTO to review your application, determine whether you are eligible for registration, and if so, whether you have to complete additional requirements before you can become registered. If you are not registered with CMRTO by January 1, 2019 you will not be legally authorized to practise as a diagnostic medical sonographer, or apply soundwaves for diagnostic ultrasound, in Ontario.

It is your responsibility to ensure that you submit your application including the required documentation, pay the required fees and complete any further registration requirements within these timelines.

If you are applying based on your work experience (grandparenting provision), the online application and payment of the application fee must be submitted no later than December 31, 2018.

When you are ready to start your application click on the '**Sonography Application**' link on the CMRTO website at www.cmrto.org

Required documents

You will be prompted to upload the documents listed below:

- Proof of successful completion of one of the CMRTO approved educational programs in Ontario or Canada (see further information on the approved programs on page 8 of this guide) - **if completed and available**
- Proof of successful completion of one or more of the CMRTO approved examinations (see further information on approved examinations on page 10 of this guide) - **if completed and available**
- Employment Verification Form signed by your employer or manager (included in this guide as Appendix A) – **Required if employed within the scope of practice of diagnostic medical sonography**
- Competence Verification Form signed by your clinical supervisor (included in this guide as Appendix B) – **Required if employed within the scope of practice of diagnostic medical sonography**
- Proof of name, date of birth, and residence can be provided using one of the following documents: your Canadian birth certificate, proof of Canadian citizenship, certificate of landing or permanent resident card, work permit or valid Canadian passport - **Required**
- Name change: if the name on any of your documents is different from your current name, you must provide proof of a name change – **Required if applicable**

Fees

There are two fees for this process – the application fee and the registration fee.

The application fee is a one-time fee of \$113.00 (\$100.00 fee, \$13.00 HST) and is paid at the time you submit your application.

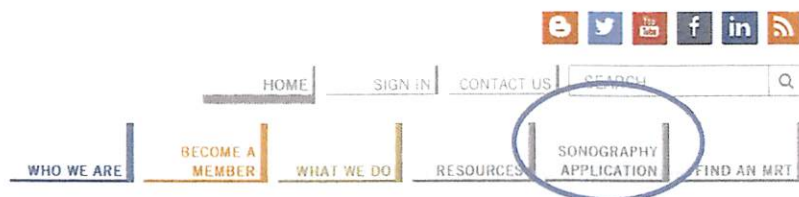
The registration fee is the final step to become registered, if your application meets all the requirements set out in the registration regulation. It is an annual fee of \$531.10 (\$470.00 fee, \$61.10 HST). The annual registration fee is due on a member's birthday each year. Members who are registered in more than one specialty pay one annual fee.

When you first become registered, the registration fee is prorated from the date you become registered to your birthday. For example, if your birthday is in April and you become registered in November 2018, you would pay \$221.29 (\$195.83 fee, \$25.46 HST) for the 6-month period November 2018 – April 2019, and then the annual fee in April 2019, for the period to April 2020. You can use the [fee calculator tool](#) on the website to find your registration fee.

The fees are set by the CMRTO Council in the CMRTO by-laws and are non-refundable.

CMRTO online application portal

To start your online sonography application, click on the link on the CMRTO website at www.cmrto.org. This is also how you will access your application when you return to complete it later.



It is recommended that you use a computer, with a printer and scanner, to complete your online application rather than a mobile device. It is also recommended that you use Google Chrome as your browser when completing your online application.

You will be prompted to do the following:

- enter your email address and create a password
- review and accept the Terms and Conditions of use of the site
- set up your online profile
- click the "Apply for Registration" button

Navigation through the application

- the steps in the application process are all listed on the left-hand side of the page
- click on each step and review and complete the appropriate information
- you can move between steps in the process
- clicking the "Next" button on the bottom of each page will save your responses
- check marks indicate that you have completed a step
- you may start the process, leave and return at a later time(s) to complete the application
- when you return to update further information you will access your application form by clicking on the sonography application link
- you must complete all the steps and submit the application before paying your application fee
- you must complete the entire application and pay the application fee before CMRTO is able to review your application to determine if you are eligible for registration

About Me

The "About Me" page will be populated with the information that you entered when you created your online profile.

Review the information to verify its accuracy, make any necessary changes and click the "Next" button to save the information and move to the next step.

Employment verification

You must provide evidence of your employment if you are, or have been, engaged in practice in Canada within the scope of practice of the specialty of diagnostic medical sonography.

The scope of practice of the specialty is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

You will need to select the response that best applies to your situation, from the following:

I confirm that I was engaged in practice in Canada within the scope of practice of the specialty of diagnostic medical sonography

- ☐ on December 31, 2017, or
- ☐ for at least 400 hours in 2017, or
- ☐ for at least 1200 hours in the three years before January 1, 2018

If none of the above apply, select the best response below:

- ☐ I have not engaged in practice in the last 3 years, but I have engaged in practice in Canada within the scope of practice of the specialty of diagnostic medical sonography in the last 5 years
- ☐ I graduated from an approved educational program in diagnostic medical sonography in the last 5 years
- ☐ I have been engaged in practice outside of Canada within the scope of practice of the specialty of diagnostic medical sonography in the last 5 years
- ☐ I have not been engaged in practice within the scope of practice within the last 5 years

You will be required to enter information on each place of practice where you have practiced in the last 5 years.

To validate this information your employer(s) for each place of practice in the last 5 years must complete the **Employment Verification Form**, which is attached to this guide as Appendix A. This form must be signed by your employer(s) to provide evidence of your practice. Once your form is complete upload it in the space at the bottom of the page. You may upload more than one form if you have practised at more than one employer. The form can also be found [here](#) for printing and completion.

Click the "Next" button to move to the next step.

Competence verification

You must provide evidence of your competent practice in diagnostic medical sonography if you have been engaged in practice within the scope of practice of the specialty of diagnostic medical sonography.

To provide this evidence your clinical supervisor must sign the **Competence Verification Form** attached to this guide as Appendix B. The form can also be found [here](#) for printing and completion.

The practice of diagnostic medical sonography includes not only the delivery of clinical services, but also the functions of education, management, research and administration. If you are engaged in a function other than the delivery of clinical services to patients, for example, you are a manager or educator, use the **Certificate respecting non-clinical practice in diagnostic medical sonography** form found [here](#).

You must sign the form in the validation of applicant section to state that the information you have provided is true and you must have your last or current clinical supervisor sign the validation of supervisor section. Your clinical supervisor should be someone who has supervised your practice on a daily basis, either another sonographer who supervises your practice in the specialty of diagnostic medical sonography, a radiologist, cardiologist, or other reporting physician, or your manager.

You must upload the completed form(s) signed by your clinical supervisor to provide evidence of your competent practice in the space at the bottom of the page. You may upload more than one form if you have practised at more than one employer.

Click the "Next" button to move to the next step.

Educational program in diagnostic medical sonography

You will complete a series of three questions asking whether you have successfully completed a CMRTO approved educational program in diagnostic medical sonography in Ontario or Canada, or whether you have successfully completed a program outside of Canada. If you respond "Yes" to any of the questions you will be able to add information about the program you completed by clicking the "Add" button.

Approved educational programs in Ontario

The CMRTO approved programs in diagnostic medical sonography in Ontario are:

- ☐ Algonquin College of Applied Arts and Technology (General Sonography), Ottawa, Ontario
- ☐ BizTech College of Health Sciences, Business and Technology (Cardiac Sonography), Mississauga, Ontario
- ☐ BizTech College of Health Sciences, Business and Technology (Vascular Sonography), Mississauga, Ontario
- ☐ Cambrian College of Applied Arts and Technology (General Sonography), Sudbury, Ontario
- ☐ Canadian National Institute of Health (General Sonography), Ottawa, Ontario
- ☐ Collège Boréal d'arts appliqués et de technologie (Échographie générale), Sudbury, Ontario
- ☐ Mohawk College of Applied Arts and Technology (Diagnostic Cardiac Sonography), Hamilton, Ontario
- ☐ Mohawk College of Applied Arts and Technology/McMaster University - Collaborative Advanced Diploma - Bachelor of Medical Radiation Sciences Program - Ultrasound Specialization (General Sonography), Hamilton, Ontario
- ☐ St. Clair College of Applied Arts and Technology (General Sonography), Windsor, Ontario
- ☐ The Michener Institute of Education at University Health Network (General Sonography), Toronto, Ontario

If you have successfully completed any of the programs listed, select "Yes", you will see an "Add" button appear. Use the lookup feature to select the program you have completed from the list and complete the rest of the information.

If you successfully completed one of the CMRTO approved programs, you must provide confirmation by uploading one of the following in the space at the bottom of the page:

1. a copy of your original Degree, Diploma or Certificate, or
2. a copy of your transcript of marks, or
3. request the Program Director of your program to email confirmation that you have successfully completed the program directly to registration@cmrto.org.

Approved educational programs in Canada

The CMRTO approved programs in diagnostic medical sonography in Canada are:

- ☐ Northern Alberta Institute of Technology (Generalist and Cardiac Sonography), Edmonton, Alberta
- ☐ Southern Alberta Institute of Technology (Generalist and Cardiac Sonography), Calgary, Alberta
- ☐ British Columbia Institute of Technology (General and Cardiac Sonography), Burnaby, British Columbia
- ☐ Red River College (Cardiac sonography), Winnipeg, Manitoba
- ☐ Red River College (General Sonography), Winnipeg, Manitoba
- ☐ College of the North Atlantic, Prince Philip Drive Campus (General Sonography), St. John's, Newfoundland
- ☐ Queen Elizabeth II/Dalhousie School of Health Sciences - Diploma and Degree Options (General, Cardiac and Vascular Sonography), Halifax, Nova Scotia

If you have successfully completed any of the programs listed, select "Yes", you will see an "Add" button appear. Use the lookup feature to select the program you have completed from the list and complete the rest of the information.

If you successfully completed one of the CMRTO approved programs, you must provide confirmation by uploading one of the following in the space at the bottom of the page:

1. a copy of your original Degree, Diploma or Certificate, or
2. a copy of your transcript of marks, or
3. request the Program Director of your program to email confirmation that you have successfully completed the program directly to registration@cmrto.org.

Educational programs outside Canada

If you have successfully completed an entry to practice educational program in diagnostic medical sonography program outside Canada, you will answer "Yes" to the question in this section. The Registration Committee will assess your program to determine whether it meets the registration requirement of being substantially similar, but not equivalent, to an Ontario program.

If you answer "Yes" you will need to provide details of the program you completed, including the name of the program and the name and address of the university or college where you completed the program.

If you completed an educational program outside of Canada, you must provide confirmation by uploading all the following in the space at the bottom of the page:

1. a copy of your Degree, Diploma or Certificate

2. a copy of your transcript of marks
3. a detailed copy of your curriculum, course outline or syllabus

Please note that if any of your documents are in a different name, you will need to upload proof of name change at a later stage in the application process. If you have not completed an educational program in diagnostic medical sonography, you can select 'No' and move on to the next step in the application process by clicking the 'Next' button.

Click the "Next" button to move to the next step.

Approved examinations in diagnostic medical sonography

The CMRTO approved examinations in diagnostic medical sonography are:

- ☐ Sonography Canada - Generalist Sonographer
- ☐ Sonography Canada - Cardiac Sonographer
- ☐ Sonography Canada - Vascular Sonographer

If you have successfully completed any of the approved examinations, answer "Yes" and select the examination(s) you have completed from the list. You can select all that apply.

The CMRTO has also approved the American Registry for Diagnostic Medical Sonography (ARDMS) examinations, in the areas of practice of general, cardiac and/or vascular sonography for a limited period from January 1 to December 31, 2018, as follows:

- ☐ Sonography principles and instrumentation
- ☐ Abdomen (AB)
- ☐ Breast (BR)
- ☐ Fetal echocardiography (FE)
- ☐ Obstetrics and gynecology (OB/GN)
- ☐ Paediatric sonography (PS)
- ☐ Musculoskeletal sonographer (MSK)
- ☐ Adult echocardiography (AE)
- ☐ Fetal echocardiography (FE)
- ☐ Paediatric echocardiography (PE)
- ☐ Vascular technology (VT)

You must provide evidence of the successful completion of each examination by uploading a copy of your notification of examination results letter or transcript in the space at the bottom of the page.

Please note that if any of your documents are in a different name, you will need to upload proof of name change at a later stage in the application process.

Click the "Next" button to move to the next step.

If you have not completed a CMRTO approved examination, you can select “No” and move on to the next step in the application process by clicking the “Next” button.

Registrations in other jurisdictions

You will be asked whether you are currently registered to practise as a diagnostic medical sonographer and/or medical radiation technologist in another province in Canada, a USA state or another country and, if you are, to provide details about your registration in other jurisdictions.

If you answer “Yes”, click on the “Add” button and complete the information. You can upload a copy of your license or registration card in the space at the bottom of the page.

Click the “Next” button to move to the next step.

If you are not registered to practice in another jurisdiction select “No” and click the “Next” button.

Declaration of conduct

The CMRTO registration regulation has a number of requirements regarding the past and present conduct of the applicant. Your past and present conduct must afford reasonable grounds for the belief that you:

- 1) will practise the profession with decency, honesty and integrity, and in accordance with the law,
- 2) do not have any physical or mental condition or disorder that could affect your ability to practise the profession in a safe manner, and
- 3) will display an appropriate professional attitude.

You will be required to answer the questions in this section by indicating the true answer. Knowingly giving a false answer to any question is grounds for refusal of the application by the Registration Committee and is an offence under s. 92 of the Health Professions Procedural Code (Schedule 2 of the *Regulated Health Professions Act, 1991*). Any false or misleading statement, representation or declaration in or in connection with your application, by commission or omission, is cause for revocation of any certificate of registration that may be issued to you by the CMRTO.

If you answer “Yes” to any of the questions, you must provide a detailed explanation in the space provided in the online page and upload all relevant documents in your possession. If you do not have these documents at the time you submit your application online, you will need to email them to registration@cmrto.org . If you answer “No” to any of the questions at the time of application, but the circumstances change before you are issued a certificate of registration, you must immediately inform the CMRTO of the change of circumstances.

The questions you are required to answer are as follows:

- a) Have you been found guilty of a criminal offence or of any offence related to the regulation of the practice of the profession?

An offence is a breach of law that is prosecuted in a court. This includes all findings or admissions of guilt, including but not limited to offences under the Criminal Code, the Health Insurance Act and other federal and provincial laws. You are required to report all findings or admissions of guilt, including those made in other jurisdictions and those for which you may have received a pardon.

- b) Are you the subject of a current investigation involving an allegation of professional misconduct, incompetency or incapacity in Ontario in relation to another health profession, or in another jurisdiction in relation to the profession or another health profession?
- c) Have you been the subject of a finding of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction?
- d) Are you currently the subject of a proceeding involving an allegation of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction?
- e) Has a finding of professional negligence or malpractice been made against you?
- f) Do you have any physical or mental condition or disorder that could affect your ability to practise the profession in a safe manner?

Note: If you answer "Yes" to question f), you must provide a detailed explanation and arrange for your treating physician(s) and/or other health professional(s) to send directly to the CMRTO at registration@cmrto.org a report on your condition or disorder setting out your diagnosis, course of treatment, current health and prognosis. Where appropriate, this report should indicate any accommodation(s) that your physician and/or health professional believes is necessary in order for you to practise in a safe manner.

- g) Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your character, conduct, competence or capacity that is relevant to the requirement set out above regarding your past and present conduct (refer to paragraphs 1, 2, and 3 above)?

If you answer "Yes" to any of these questions, you must provide additional information in the space provided on the page and upload any supporting documents.

Click the "Next" button to move to the next step.

Language fluency

The CMRTO registration regulation requires that applicants be able to speak and write English or French with reasonable fluency.

You will be required to answer the questions below:

- a) Are you able to speak and write reasonably fluently in English so that you can offer professional services to patients in that language?
- b) Are you able to speak and write reasonably fluently in French so that you can offer professional services to patients in that language?
- c) Would you prefer to receive documentation and services from the College in English or French?

If you answered "No" to both questions a) and b) above, you must provide a detailed explanation in the space provided on which languages you speak and whether you intend to provide professional services in English or French.

Click the "Next" button to move to the next step.

Proof of name, date of birth, and residence

The CMRTO registration regulation requires that an applicant be a Canadian citizen, OR a permanent resident, OR authorized under the *Immigration and Refugee Protection Act (Canada)*, to engage in the practice of the profession.

You must upload a copy of your birth certificate if you were born in Canada, proof of your Canadian citizenship, a copy of your valid Canadian passport photo page, a copy of your certificate of landing or permanent resident card, or a copy of your work permit in the space provided on the page.

The CMRTO will use this documentation as evidence of your legal name and date of birth.

This is also where you need to upload your proof of a name change if any of the documents you have provided in the other sections are in a different name.

Click the "Next" button to move to the next step.

Jurisprudence course

You are required to successfully complete a course in jurisprudence set or approved by the College. For this purpose, you must complete the CMRTO Legislation Learning Package and review the appropriate statutes, regulations, policies and guidelines which relate to the practice of the profession generally and to the specialty of diagnostic medical sonography.

The jurisprudence course is available at www.cmрто.org under Resources in the Jurisprudence course section.

Once you have completed the CMRTO Legislation Learning Package, print, sign, date and complete the Certificate of Completion and upload it to the space provided on the page.

Click the "Next" button to move to the next step.

Review application summary

The next step in the online application process is to review all the information you have provided in your application to check that the information is accurate and that your application is complete. You may wish to take this opportunity to review and have a paper record of the information you have provided, by printing this page.

Once you have submitted your application for registration, you cannot change the information provided. You can access your completed application in the "My applications" section of your CMRTO profile.

When you are sure your application is complete and the information is accurate, click the "Submit" button to submit your application to the CMRTO and pay your application fee.

Declarations and signature

You will be required to check all the boxes on the page for the questions below, for the purposes of agreeing to the following declarations. You will also be required to check the box next to your name for the purposes of dating and signing your application for registration.

- I certify that all the information in this application and related documents is true.
- I acknowledge and understand that any false or misleading statement, representation or declaration in or in connection with my application, by commission or omission, is cause for revocation of any certificate of registration that may be issued to me by the College of Medical Radiation Technologists of Ontario.
- I also acknowledge and understand that the College of Medical Radiation Technologists of Ontario collects, uses and discloses personal information about me for regulatory

purposes in accordance with the *Regulated Health Professions Act, 1991* and the *Medical Radiation Technology Act, 1991* and for the purposes described in the CMRTO's Privacy Code, including for the purpose of human resource planning and demographic, research and other studies.

- I authorize the College of Medical Radiation Technologists of Ontario to contact any authority, institution, association, body or person in any jurisdiction to verify the statements in my application and related documents and authorize any such authority, institution, association, body or person to release to the College any information relevant to the information set out in this application and related documents.

Click the "Submit Application" button to submit your application for registration.

Pay application fee

You can pay the application fee online by credit card or Interac payment. The application fee is a one-time fee of \$113.00 (\$100.00 fee, \$13.00 HST) and is non-refundable. Click "Process Payment" to pay your fee.

Secure payment processing is through E-xact Transactions Ltd. Information for this transaction is encrypted and exchanged with a secure server.

Secure Payment provided by [E-xact Transactions Ltd.](#)



The receipt for your application fee will be available in the "My Receipts" section of your CMRTO profile.

Confirmation of receipt of application

You will receive an email confirming receipt of your application, which will contain an application number. You will be able to check on the status of your application in the "My Applications" section.

CMRTO will review your application and determine whether or not you meet all the requirements for registration as set out in the registration regulation. If more information is required, or if your application is referred to the Registration Committee for review, the CMRTO will notify you by email. Due to the large number of applications expected, the review process may take between 3-4 months to complete.

You will receive emails from CMRTO regarding your application. We will also send you emails to provide you with additional information about the regulation of diagnostic medical sonography and the CMRTO.

Registration process

CMRTO will notify you if, and when you can complete the registration process. When you complete the registration process CMRTO will register you and your name and information will be posted on the public register on the CMRTO website. You can then inform your employer that you are legally authorized to practice as a diagnostic medical sonographer and you can start using the protected title 'Diagnostic Medical Sonographer' and the abbreviation DMS.

Appendix A



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Employment Verification Form

**Application for certificate of registration in the specialty of
diagnostic medical sonography**

Section 1

To be completed by the applicant. . Please complete a separate form for each of your place of employment within the last five years.

Name of Applicant: _____

Email address of Applicant: _____

Name of Employer: _____

Address of Employer: _____

Section 2

To be completed and signed by the applicant's employer or manager.

The above-named individual has applied to the College of Medical Radiation Technologists of Ontario (CMRTO) to be registered in the specialty of diagnostic medical sonography.

To assist the Registrar of the CMRTO in determining whether the applicant meets the requirements prescribed by the registration regulation, please answer the questions set out below, taking into account the definition of the practice of the specialty of diagnostic medical sonography as follows:

The scope of practice of the specialty of diagnostic medical sonography is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

1) Is the applicant currently employed by the employer listed in section 1 within the scope of practice of the specialty of diagnostic medical sonography?

☐ Yes ☐ No

2) Provide the dates of employment of the applicant within the scope of practice of the specialty of diagnostic medical sonography

From: _____ To: _____
Date (dd/mm/yyyy) *Date (dd/mm/yyyy)*

3) Was the applicant employed by the employer listed in section 1 within the scope of practice of the specialty of diagnostic medical sonography on December 31, 2017?

☐ Yes ☐ No

4) Complete this question only if you answered 'No' to question 3.

(a) Has the applicant been engaged in the practice within the scope of practice of the specialty of diagnostic medical sonography for at least 400 hours in 2017?

☐ Yes ☐ No

(b) How many hours has the applicant been engaged in practice within the scope of practice of the specialty of diagnostic medical sonography in 2017?

Number of hours: _____

From: _____ To: _____
Date (dd/mm/yyyy) *Date (dd/mm/yyyy)*

5) Complete this question only if you answered 'No' to questions 3 and 4.

(a) Has the applicant been engaged in the practice within the scope of practice of the specialty of diagnostic medical sonography for at least 1200 hours in the three years before January 1, 2018

☐ Yes ☐ No

(b) How many hours has the applicant been engaged in practice within the scope of practice of the specialty of diagnostic medical sonography in the three years before January 1, 2018?

No. of hours: _____

From: _____ To: _____
Date (dd/mm/yyyy) *Date (dd/mm/yyyy)*

6) Complete this question if you answered "Yes" to either question 4 or 5.

Was the applicant practising the specialty of diagnostic medical sonography in Canada for the entire period of time referred to in your answer to question 4(b) or 5(b)?

☐ Yes ☐ No

7) Please describe in full the applicant's duties and responsibilities as your employee or attach the applicant's job description.

☐ I hereby certify that the information provided in this form is accurate, and acknowledge that the College of Medical Radiation Technologists of Ontario will be relying on this information in considering the application for registration of the above-named applicant.

☐ I hereby certify that I am/was the applicant's employer or manager.

Supervisor Name

Supervisor Title

Telephone of supervisor

Email of supervisor

Name and address of facility

Instructions to applicant: When complete, upload this form to the Employment Verification section of your online application. Retain the original form in the event the CMRTO requests to review the form. Do not mail or fax the form to the CMRTO unless requested.

Appendix B



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Competence Verification Form

**Application for certificate of registration in the specialty of
diagnostic medical sonography**

Section 1

To be completed by the applicant. Please complete a separate form for each of your place of employment within the last five years.

Name of Applicant: _____

Email address of Applicant: _____

Name of Employer: _____

Address of Employer: _____

Section 2

To be completed and signed by the applicant and the applicant's clinical supervisor.

The above-named individual has applied to the College of Medical Radiation Technologists of Ontario (CMRTO) to be registered in the specialty of diagnostic medical sonography.

To assist the Registrar of the CMRTO in determining whether the applicant meets the requirements prescribed by the registration regulation, please answer the questions set out below, taking into account the definition of the practice of the specialty of diagnostic medical sonography as follows:

The scope of practice of the specialty of diagnostic medical sonography is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

Areas of Practice	Procedures	Date last performed	Frequency that procedure was performed:		
			Less than once per month	1-20 times per month	over 20 times per month
General	Obstetrics				
	Female pelvis				
	Male pelvis				
	Abdomen/retroperitoneum				
	Chest (excludes cardiac)				
	Breast				
	Thyroid/neck/parathyroid				
	Scrotum/testicles/penis				
	Superficial (soft tissue) structures				
	Shoulder				
	Elbow				
	Wrist				
	Hand/fingers				
	Hip				
	Knee				
	Ankle				
	Foot/toes				
Vascular	Extracranial arteries (carotid/vertebral/subclavian arteries)				
	Upper extremity peripheral veins (for DVT)				
	Lower extremity peripheral veins (for DVT)				
	Abdominal vasculature (arterial and venous studies)				
	Upper extremity (arterial and venous studies)				
	Lower extremity (arterial and venous studies)				
	Photoplethysmography				
	Arterial pressure testing				
	Vascular exercise testing				
Cardiac	Paediatric heart				
	Adult heart				
	Stress echocardiography				
Other	Infection control procedures				
	Transducer cleaning and reprocessing procedures				
	Equipment quality control				
	Insertion of transvaginal transducer				
	Insertion of transrectal transducer				
	Administer contrast media by injection				

Applicant's validation of competence

- ☐ I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated
- ☐ I give permission to the CMRTO to contact any authority or association in any jurisdiction to verify the above statements

Applicant Signature

Date (dd/mm/yyyy)

Supervisor's validation of applicant's competence

Supervisor Name

Supervisor Title

Telephone of supervisor

Email of supervisor

Name and address of facility

- ☐ I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct
- ☐ I am/was the direct clinical supervisor of the applicant.
- ☐ I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's competent practice in the specified procedures listed above.

Supervisor Signature

Date (dd/mm/yyyy)

Instructions to applicant: When complete, upload this form to the Clinical Competence section of your online application. Retain the original form in the event the CMRTO requests to review the form. Do not mail or fax the form to the CMRTO unless requested.



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

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CIRCULATED
WITH AGENDA

OF FEB 27 2018

-185-
CIRCULATED WITH AGENDA

DE MAR 27 2018

From: CMRTO Communications
Sent: January-01-18 12:48 PM
To: CMRTO Communications
Subject: Notice: CMRTO Registrar & CEO message re: Revised Standards of Practice and Code of Ethics: January 1, 2018

EXECUTIVE

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

COUNCIL

ITEM#.....6axii.....

Dear CMRTO member

This email is formal notice to all CMRTO members that the revised CMRTO Standards of Practice and revised CMRTO Code of Ethics come into effect today, January 1, 2018. The new Standards of Practice, 2018 replace the previous Standards of Practice, dated September 2011. The new Code of Ethics, 2018 replace the previous Code of Ethics, dated September 2011. The new documents are available on the CMRTO website by clicking here for the [Standards of Practice](#) and here for the [Code of Ethics](#). You can click on the links above to review the documents, and you may choose to print them for your reference. CMRTO is providing publications in electronic format only, effective today.

The Standards of Practice describe the expectations for professional practice of members of the College. The Standards of Practice reflect the knowledge, skills and judgement that members need in order to perform the services and procedures that fall within the scope of practice of the profession. All CMRTO members are accountable to adhere to the Standards of Practice and Code of Ethics.

Effective January 1, 2018, diagnostic medical sonography is regulated with the CMRTO as a fifth specialty. In the Standards of Practice and Code of Ethics, 'members' refers to all members of the CMRTO; that is members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography. The Standards of Practice and Code of Ethics have been updated to include the specialty of diagnostic medical sonography, and some other updates to reflect current practice of all members.

I encourage you to take the time to familiarize yourself with the Standards of Practice and Code of Ethics, and to reflect on how your practice meets the expectations that all CMRTO members are competent, accountable and collaborative in their practice of the profession to ensure safe, effective and ethical outcomes for your patients.

Sincerely,

Linda Gough

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

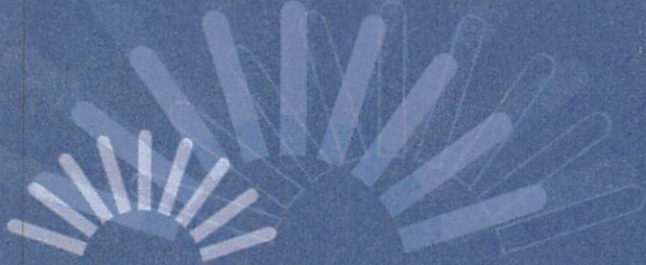
College of Medical Radiation Technologists of Ontario

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

Standards of Practice, 2018

College of Medical Radiation
Technologists of Ontario



CIRCULATED
WITH AGENDA

OF FEB 27 2018

EXECUTIVE
ITEM#.....*5axii*
attachment



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

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Introduction

The Standards of Practice have been developed by the College of Medical Radiation Technologists of Ontario (CMRTO or the “College”) to describe the expectations for professional practice of members of the College. The Standards of Practice describe what each member is accountable and responsible for in practice. They represent performance criteria for members and can be used to interpret the scope of practice to the public and other health care professionals.

In the Standards of Practice, “members” refers to all members of the CMRTO; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.¹ In the Standards of Practice, “profession” refers to the profession of medical radiation technology, which includes all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

The Standards of Practice reflect the knowledge, skills and judgement that members need in order to perform the services and procedures that fall within the scope of practice of the profession.

The *Regulated Health Professions Act* and the companion health profession Acts govern the practice of regulated health professions in Ontario. For this profession, the companion Act is the *Medical Radiation Technology Act* (MRT Act). The *Medical Radiation Technology Act* sets out the scope of practice statement for the profession, as follows:

“The practice of medical radiation technology is the use of ionizing radiation, electromagnetism and other prescribed forms of energy for the purposes of diagnostic and therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.”

By regulation made under the *Medical Radiation Technology Act*, soundwaves for diagnostic ultrasound have been prescribed as a form of energy. This means that the practice of medical radiation technology includes the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedure.

The *Medical Radiation Technology Act* also sets out which of the controlled acts as set out in the *Regulated Health Professions Act*, members are authorized to perform. These are known as authorized acts. The *Medical Radiation Technology Act* states:

¹As of January 1, 2018, the profession of medical radiation technology includes, as a fifth specialty, diagnostic medical sonography

"In the course of engaging in the practice of medical radiation technology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

- 1. Administering substances by injection or inhalation.**
- 2. Tracheal suctioning of a tracheostomy.**
- 3. Administering contrast media, or putting an instrument, hand or finger,**
 - Beyond the opening of the urethra,**
 - Beyond the labia majora,**
 - Beyond the anal verge, or**
 - Into an artificial opening of the body.**
- 4. Performing a procedure on tissue below the dermis.**
- 5. Applying a prescribed form of energy."**

The Standards of Practice are intended to be generic. The indicators that follow each Practice Standard indicate the application of the Practice Standard in a specific dimension of practice. Most indicators refer to tasks that are common to all members. Indicators that refer to tasks generally performed only by members in one of the specialties are listed under separate headings. The methods for implementing each task may be determined by departmental policies and procedures.

In the event that the Standards of Practice set a standard that is higher than departmental policy or procedure, the member must comply with the standard set by the Standards of Practice. In the Standards of Practice, the term "legislation" refers to both statutes and regulations.

Under the College's Standards of Practice, members of the College are expected to be:

Competent: meaning to have the necessary knowledge, skills and judgement to perform safely, effectively and ethically and to apply that knowledge, skill and judgement to ensure safe, effective and ethical outcomes for the patient. This means that 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.

Accountable: meaning to take responsibility for decisions and actions, including those undertaken independently and those undertaken as a member of a team. This means that members must accept the consequences of their decisions and actions and act on the basis of what they, in their clinical judgement, believe is in the best interests of the patient. Members must take appropriate action if they feel these interests are being unnecessarily and unacceptably compromised. This includes not implementing ordered procedures or treatment plans that, from their perspective, appear to be contraindicated, and in this event, taking appropriate action to address the situation.

Collaborative: meaning to work with other members of the health care team to achieve the best possible outcomes for the patient. This means members are responsible for communicating and coordinating care provision with other members of the health care team, and taking appropriate action to address gaps and differences in judgement about care provision.

Schedule 6 of Bill 160, *Medical Radiation and Imaging Technology Act, 2017* (MRIT Act), if and when it is proclaimed in force, will change, among other things, the name of the College, the definition of the profession and the scope of practice statement for the profession. The name of the College will become the College of Medical Radiation and Imaging Technologists of Ontario. The profession will be defined as the medical radiation and imaging technology profession.

The scope of practice statement for the profession will be as follows:

“The practice of medical radiation and imaging technology is the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.”

There are other amendments that will be made by the MRIT Act if and when it comes into force. The College will update or replace the Standards of Practice at that time.

1. Legislation, Standards and Ethics

In order to be registered as a member of the College of Medical Radiation Technologists of Ontario, members must meet the professional education and other registration requirements set by the College. They must continue to educate themselves about practical, legal, ethical and other matters pertaining to the profession. Members must be competent, accountable and collaborative in their practice.

Practice Standard: Members must understand, and adhere to, the legislation governing the practice of the profession, the Standards of Practice set by the College, the Code of Ethics and the by-laws of the College.

Indicators

Members must:

- a. have the knowledge, skills and judgement to perform procedures undertaken in the course of the practice of the profession
- b. take responsibility for decisions and actions, including those undertaken independently and those undertaken as a member of the team
- c. work with other members of the health care team to achieve the best possible outcomes for the patient

- d. adhere to all relevant provincial and federal legislation and guidelines governing the practice of the profession
- e. adhere to the Standards of Practice set by the College
- f. adhere to the Code of Ethics and the by-laws of the College
- g. adhere to all regulations made under the *Medical Radiation Technology Act* including:
 - i. Quality Assurance
 - ii. Registration
 - iii. Professional Misconduct
 - iv. Advertising

2. Equipment and Materials

The practice of members entails the use of a wide range of equipment and materials. Members must know and understand the functions, capabilities, specifications and hazards of the equipment and materials they use in the course of their practice.

Practice Standard: Members must have the knowledge, skills and judgement to select the appropriate equipment and materials for procedures ordered by a physician or other authorized health professional, to make determinations as to the quality, serviceability and operability of the equipment and materials, and to take any corrective actions required to meet standards set by legislation, facility policies and manufacturers' guidelines. Members must be skilled in making safe, efficient and effective use of resources to produce the desired examination information or deliver safe, effective treatment.

Indicators

Members must:

- a. ensure the room is prepared for the procedure specified in the order
- b. select and set up the equipment and materials needed for the procedure specified in the order
- c. select the correct substances to be administered orally, by injection or inhalation, or into the body through an orifice
- d. prepare diagnostic or therapeutic substances as required
- e. conduct the required quality control tests, or ensure that the required quality control tests have been conducted, on each piece of equipment and any materials used in the ordered procedure, according to the applicable legislation and the facility policies and manufacturers' guidelines

- f. ensure that the results of quality control tests are acceptable
- g. if quality control tests are not within acceptable limits, take corrective action to ensure that the standards set by legislation, facility policies and manufacturers' guidelines are met
- h. determine the quality, serviceability, and operability of the equipment and materials to be used in the procedure in accordance with the standards set by legislation, facility policies and manufacturers' guidelines, and if the standards are not met, take corrective action
- i. determine, set and verify the technique and protocol to be used in the procedure
- j. verify all required immobilization and/or beam modification devices
- k. make use of appropriate shielding devices

In addition, members in the specialty of radiation therapy must:

- l. prepare or construct immobilization or personalized devices and/or beam modification devices as required

In addition, members in the specialty of magnetic resonance must:

- m. administer and follow the necessary safety precautions for entry to the magnet room

In addition, members in the specialty of nuclear medicine and radiation therapy must:

- n. dispose of expired, unused or contaminated eluate, radioactive materials and all administrative devices in accordance with legislation and established safety protocols
- o. store radiopharmaceuticals and radioactive materials according to manufacturers' specifications

In addition, members in the specialty of diagnostic medical sonography must:

- p. clean and/or reprocess transducers, or ensure that transducers are cleaned and/or reprocessed, after each patient use in accordance with the manufacturers' guidelines, other applicable guidelines and the facility policies
- q. use, store and dispose of ultrasound gel and gel containers in accordance with applicable guidelines and the facility policies

3. Diagnostic and Therapeutic Procedures

Members employ ionizing radiation, radiopharmaceuticals, electromagnetism and soundwaves to create images and data that are part of diagnostic imaging examinations or that are used for defining and recording treatment parameters. These images may be dynamic, on film, digital displays, three-dimensional models or templates. Members in the specialties of radiation therapy and nuclear medicine administer ionizing radiation to treat cancer and other diseases.

Members who apply ionizing radiation do so under the authority of and in accordance with the *Healing Arts Radiation Protection Act* and, where applicable, the *Nuclear Safety and Control Act* and their respective regulations. Members are permitted to apply electromagnetism for magnetic resonance imaging under an exemption set out in the Controlled Acts regulation made under the *Regulated Health Professions Act*. Members are also permitted to apply soundwaves for diagnostic ultrasound under an exemption set out in the Controlled Acts regulation made under the *Regulated Health Professions Act*.

Members perform five controlled acts, which they are authorized to perform under the *Medical Radiation Technology Act*. These are:

- a. administering substances by injection or inhalation;
- b. tracheal suctioning of a tracheostomy;
- c. administering contrast media or putting an instrument, hand or finger,
 - i. beyond the opening of the urethra,
 - ii. beyond the labia majora,
 - iii. beyond the anal verge, or
 - iv. into an artificial opening of the body;
- d. performing a procedure on tissue below the dermis; and
- e. applying a prescribed form of energy.

Practice Standard: Members must be able to create images and data that are sufficiently accurate and clear for the diagnostic or therapeutic procedures that are ordered by a physician or other authorized health professional. In the case of procedures that use ionizing radiation, members use only the minimum amount of radiation necessary during the course of the procedure. Members performing procedures using soundwaves for diagnostic ultrasound use the minimum acoustic power output and minimum exposure time. Members must be proficient in evaluating the images, data and tests relating to the procedures to ensure that the images, data and tests are satisfactory.

Members must be able to administer ionizing radiation, radiopharmaceuticals, electromagnetism for magnetic resonance imaging and soundwaves for diagnostic ultrasound accurately and in accordance with the order of the physician or other authorized health professional for the diagnostic or therapeutic procedure and the applicable legislation. Members must not apply or administer ionizing radiation or radiopharmaceuticals unless the conditions under the applicable legislation (including without limitation, the *Healing Arts Radiation Protection Act* and its regulations and the *Nuclear Safety and Control Act*, its regulations and licences issued thereunder) have been met.

Under the *Medical Radiation Technology Act*, members are authorized to perform five controlled acts ("authorized acts") as required in the course of engaging in the practice of the profession. They must not perform the authorized acts or any exempted controlled act unless the conditions under the *Regulated Health Professions Act*, the *Medical Radiation Technology Act* and their respective regulations, and the Standards of Practice have been met.

Indicators

Members must:

- a. perform procedures involving the application or administration of ionizing radiation only when the conditions under the applicable legislation have been met (This includes, without limitation, the *Healing Arts Radiation Protection Act* and its regulations and the *Nuclear Safety and Control Act*, its regulations and licences issued thereunder)
- b. perform only those controlled acts that have been authorized or exempted or excepted under the legislation or delegated in accordance with the legislation and the Standards of Practice²
- c. perform authorized acts or delegated or exempted controlled acts only when the conditions under the legislation and the Standards of Practice have been met
- d. ensure that the appropriate order authorizing the performance of the procedure is in place:
 - i. for application of ionizing radiation: the order must be from a physician or other authorized health professional listed in the *Healing Arts Radiation Protection Act* or regulations
 - ii. for nuclear medicine procedures: the order must be from a person authorized under the regulations made under the *Public Hospitals Act* or in accordance with the generally accepted professional standards established under the *Independent Health Facilities Act*

²Members may accept delegation of other procedures that are controlled acts under the *Regulated Health Professions Act* and not authorized to members under the *Medical Radiation Technology Act* provided they comply with the *Regulated Health Professions Act* and the Standards of Practice as set out in Practice Standard 6, Professional Relationships.

- iii. for 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 *Regulated Health Professions Act*, and in accordance with that regulation
 - iv. for application of soundwaves for diagnostic ultrasound procedures: the order must be from a physician or another authorized health professional listed in the Controlled Acts regulation made under the *Regulated Health Professions Act*, and in accordance with that regulation
 - v. for authorized acts (other than the application of electromagnetism for magnetic resonance imaging procedures or the application of soundwaves for diagnostic ultrasound procedures): the order must be from a physician
- e. perform procedures, including authorized acts, only in the course of engaging in the practice of the profession
 - f. not perform procedures contrary to any terms, conditions or limitations placed upon the member's certificate of registration
 - g. have and apply the necessary knowledge, skills and judgement to perform and manage the outcomes of performing the procedure safely, effectively and ethically
 - h. ensure that patient consent has been obtained
 - i. be responsible and accountable for performing the procedure and managing the outcomes having considered:
 - i. the known risks to the patient in performing the procedure
 - ii. the predictability of the outcomes in performing the procedure
 - iii. whether the management of the possible outcomes is within the member's knowledge, skill and judgement given the situation
 - iv. any other factors specific to the situation to ensure the procedure is implemented safely, effectively and ethically
 - j. 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
 - k. position the patient as required for the diagnostic or therapeutic procedure
 - l. ensure the area to be diagnosed or treated will be displayed on the resultant image or captured electronically
 - m. use radiation protection devices and other patient protection devices as required
 - n. instruct the patient on breathing and movement procedures

- o. ensure that the orientation of the body and other pertinent parameters are marked correctly on the images and data
- p. ensure the exposure provides optimum image quality while using minimal radiation
- q. ensure examination results (images and data) provide all the information requested in the order
- r. carry out the procedures ordered
- s. assess the patient's condition before, during and after the procedure or course of treatment
- t. respond to any change in the patient's condition during or after the procedure or course of treatment
- u. complete the procedure, advise the patient of any post-procedural care, and transfer the care of, or release, the patient

In addition, members in the specialty of radiography, nuclear medicine, magnetic resonance and diagnostic medical sonography must:

- v. determine if the images and/or data are of sufficient diagnostic quality or if additional or repeat images are necessary

In addition, members in the specialty of magnetic resonance must:

- w. perform procedures involving the application of electromagnetism for magnetic resonance imaging only when the conditions under the *Regulated Health Professions Act*, the *Medical Radiation Technology Act* and their respective regulations have been met

In addition, members in the specialty of diagnostic medical sonography must:

- x. perform procedures involving the application of soundwaves for diagnostic ultrasound only when the conditions under the *Regulated Health Professions Act*, the *Medical Radiation Technology Act* and their respective regulations have been met
- y. use the minimum acoustic power output and minimum exposure time to obtain the optimum image quality and the necessary clinical information

In addition, members in the specialty of radiation therapy must:

- z. develop and/or interpret a treatment plan for each patient
- aa. calculate treatment doses and duration of administration
- bb. ensure use of record and verification systems

- cc. identify the treatment field and treatment volumes
- dd. determine if the image verifies treatment parameters or if a repeat image is necessary
- ee. assess and match the treatment verification image with the reference image and make required adjustments to patient position
- ff. select and/or verify treatment parameters
- gg. administer treatment

4. Safe Practice

Members operate equipment, apply ionizing radiation, electromagnetism for magnetic resonance imaging and soundwaves for diagnostic ultrasound, and administer radiopharmaceuticals. All of these could be dangerous if used incorrectly. Members endeavour, at all times and in every aspect of their practice, to reduce the risk of harm to their patients, to themselves, to their colleagues and to any other individuals who may be present in the practice environment.

Practice Standard: Members must have and maintain the knowledge, skills and judgement to practise safely by adhering to all relevant provincial and federal legislation and guidelines, departmental protocols and policies and manufacturers' directions pertaining to health and safety. In the event of any unexpected problems or emergencies, members must be competent and prepared to handle or to assist in the management of the situation.

Indicators

Members must:

- a. observe all departmental and facility policies and relevant provincial and federal legislation and guidelines pertaining to health and safety, such as:
 - i. *Regulated Health Professions Act* and its regulations
 - ii. *Medical Radiation Technology Act* and its regulations
 - iii. *Public Hospitals Act* and its regulations
 - iv. *Independent Health Facilities Act* and its regulations
 - v. *Healing Arts Radiation Protection Act* and its regulations
 - vi. *Occupational Health and Safety Act* and its regulations
 - vii. *Nuclear Safety and Control Act* and its regulations and licences issued thereunder
 - viii. *Radiation Emitting Devices Act* and its regulations
 - ix. *Transportation of Dangerous Goods Act* and its regulations
 - x. *Health Protection and Promotion Act* and its regulations
 - xi. Health Canada's Technical Reports and Publications, including:
 - Safety Code 20A – X-Ray Equipment in Medical Diagnosis Part A: Recommended Procedures for Installation and Use, 1980

- Safety Code 26 – Guidelines on exposure to Electromagnetic Fields from Magnetic Resonance Clinical Systems, 1987
 - Safety Code 30 – Radiation Protection in Dentistry, 1999
 - Safety Code 36 – Radiation Protection in Mammography: Recommended Safety Procedures for the Use of Mammographic X-Ray Equipment, 2013
 - Safety Code 35 – Safety Procedures for the Installation, Use and Control of X-Ray Equipment in Large Medical Radiological Facilities, 2008
- xii. As Low As Reasonably Achievable (ALARA) principle
- b. conduct the appropriate quality control tests, or ensure that the appropriate quality control tests have been conducted, for all equipment and substances to be used in the diagnostic or therapeutic procedure
 - c. take corrective action if quality control tests are not within acceptable limits
 - d. use substances only before their expiry time or date
 - e. verify the patient's identity for all diagnostic or therapeutic procedures
 - f. prior to performing the procedure, ascertain whether there are any contraindications to the procedure, including pregnancy for procedures involving ionizing radiation, and notify the patient's physician, authorized health professional, radiologist, nuclear medicine physician, cardiologist or radiation oncologist of any contraindications and obtain direction to proceed, modify or halt the procedure
 - g. prior to administering a substance orally, by injection or inhalation, or into the body through an orifice, ascertain whether there are any contraindications to administering the substance to the patient and make necessary explanations, or referrals or implement necessary restrictions
 - h. assess the patient's physical and emotional limitations and ensure that the patient will not be expected to perform any task or movement that would cause physical harm
 - i. take all reasonable precautions to ensure that no equipment can injure a patient
 - j. use the ALARA principle to minimize patient exposure to radiation and soundwaves for the procedure
 - k. use shielding/protective devices where indicated
 - l. initiate emergency response procedures, notify a physician (if possible) and assist in, or carry out, emergency treatment as required if a patient suffers any adverse reaction to treatment or to administered substances
 - m. use appropriate aseptic techniques and infection control procedures in the course of the diagnostic or therapeutic procedure

- n. protect themselves, their colleagues, other members of the health care team, any other individuals who may be present as well as any patient from any unnecessary exposure to radiation
- o. ensure all positioning aids and immobilization devices maintain the patient's position appropriate to the diagnostic or therapeutic procedure according to departmental or facility policy
- p. assess the patient's condition before, during and after the course of treatment or procedure
- q. where appropriate, remove markers and accessory equipment/devices before the patient is released

In addition, members in the specialty of magnetic resonance must:

- r. ensure that there are no contraindications present that could harm the patient or would exclude the patient from having the examination
- s. ensure that all equipment and devices, both patient-specific and accessory, are MR compatible before being brought into the MR area
- t. administer and follow the necessary safety precautions for entry to the magnet room to protect themselves, the patient, their colleagues, other members of the health care team and any other individuals who may be present

In addition, members in the specialty of nuclear medicine must:

- u. conduct personal and area contamination monitoring
- v. decontaminate where necessary in accordance with any licence(s) issued under the *Nuclear Safety and Control Act*
- w. use appropriate personal protection equipment when handling radioactive materials in accordance with any licence(s) issued under the *Nuclear Safety and Control Act*

In addition, members in the specialty of radiation therapy must:

- x. label and orient all patient-specific ancillary equipment

5. Relationship with Patients

Members have patient care as their main concern.

Practice Standard: Members must maintain clear and professional boundaries in relationships with patients and treat all patients with dignity and respect. Members must have the knowledge, skills and judgement to avoid placing patients at unnecessary risk of harm, pain or distress. Members must be able to provide appropriate responses to patient inquiries about procedures and related issues, and accept the patient's autonomy and the right of the patient or the patient's substitute decision maker to consent to or refuse service. Members must understand how and act to protect the confidentiality of all professionally acquired information about patients and the privacy of patients with respect to that information, while facilitating the effective delivery of health care.

Indicators

Members must:

- a. provide clear and understandable information to the patient or patient's substitute decision maker prior to, during and after the diagnostic or therapeutic procedure, using an interpreter if necessary
- b. give the patient or patient's substitute decision maker an opportunity to ask questions
- c. provide the patient or patient's substitute decision maker with answers to their questions within the scope of the profession's responsibility
- d. refer questions of the patient or patient's substitute decision maker that are outside the scope of the profession's responsibility to an appropriate health professional for answers
- e. carry out diagnostic or therapeutic procedures only with the informed consent of the patient or the patient's substitute decision maker
- f. treat the patient with dignity and respect and in accordance with the Code of Ethics of the College
- g. make modifications to procedures based on the patient's physical, medical and/or emotional status and needs, based on the member's assessment of the patient's physical, medical and/or emotional status and needs
- h. instruct the patient to remove only the clothing and items that will interfere with the diagnostic or therapeutic procedures
- i. provide the patient with a gown or sheet to cover areas where clothing was removed
- j. explain to the patient when and where the member might touch them and why

- k. touch the patient in only those areas needed to facilitate carrying out the procedure
- l. keep all patient information confidential except when necessary to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information
- m. comply with any applicable privacy legislation such as the *Personal Health Information Protection Act* and its regulations
- n. comply with all relevant legislation such as the *Health Care Consent Act*
- o. comply with the *Regulated Health Professions Act* pertaining to the prevention of sexual abuse and the College's sexual abuse prevention program

6. Professional Relationships

Professional relationships in health care settings are based on mutual trust and respect, and result in improved patient care.

Practice Standard: Members must be able to practise effectively within interprofessional care teams to achieve the best possible outcomes for the patient. Members are responsible for communicating about and coordinating care provision with other members of the team, and must be able to take the appropriate action to address gaps and differences in judgement about care provision.

Members may accept the delegation of controlled acts under the *Regulated Health Professions Act* not authorized to members under the *Medical Radiation Technology Act*, provided they comply with the *Regulated Health Professions Act* and the Standards of Practice. Members cannot delegate to other individuals controlled acts authorized to members under the *Medical Radiation Technology Act*.

Indicators

Members must:

- a. use a wide range of communication and interpersonal skills to effectively establish and maintain professional relationships
- b. demonstrate an understanding of and respect for the roles, knowledge, expertise and unique contribution by other members of the health care team for the provision of quality care
- c. share knowledge with other members of the health care team to promote the best possible outcomes for patients

- d. collaborate with other members of the health care team for the provision of quality care
- e. participate effectively in interprofessional team meetings
- f. resolve concerns about an order or treatment plan by:
 - i. discussing the concern directly with the responsible health professional
 - ii. providing a rationale and best practice evidence in support of the concern
 - iii. identifying outcomes desired for resolution
 - iv. documenting the concern and steps taken to resolve it in the appropriate record
- g. perform controlled acts not authorized to members under the *Medical Radiation Technology Act*, based on delegation, only when the following conditions have been met:
 - i. 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
 - ii. 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
 - iii. the delegator has the knowledge, skills and judgement to perform and delegate the controlled act
 - iv. the member has the knowledge, skills and judgement to perform the controlled act delegated to them safely, effectively and ethically given the circumstances of the situation
 - v. a written record of the transfer of authority (delegation) and certification of the member's competence is maintained
 - vi. the member complies with any conditions established by the delegator in order for the member to maintain the authority to perform the controlled act
 - vii. patient consent has been obtained
 - viii. the appropriate order authorizing the performance of the controlled act delegated to the member is in place

7. Records and Reporting

Creating and maintaining records and reports are essential components of the professional practice of members. Members' records and reports provide information to other health care professionals about relevant aspects of patient care, treatment and assessment.

Practice Standard: Members must be proficient in creating records, charts, incident and other reports that attest to the diagnostic, treatment, quality assurance, workplace and patient safety procedures that have been carried out. Members must have the knowledge, skills and judgement to record information that will adequately identify the subjects of all the images and data they create and treatments they administer. Members must produce records and reports that are accurate, complete, legible and timely.

Indicators

Members must:

- a. record results of quality control tests
- b. record and report any equipment faults or problems
- c. record and notify the patient's physician, authorized health professional, radiologist, nuclear medicine physician, cardiologist or radiation oncologist of any allergies, abnormal test results, pregnancy or other contraindications to the ordered procedure
- d. mark all images and data with the patient's identity
- e. ensure all images and data are archived according to principles and guidelines established by the employment facility
- f. record the patient's reactions to the treatment or procedure or any administered substances
- g. record all pertinent aspects of patient care and all procedures performed, including emergency treatments and descriptions of, and reasons for, any deviations from standard procedures on order forms, treatment prescriptions, patient health records or other relevant documentation
- h. forward patients' records, images and pertinent data to appropriate recipients
- i. record and inform the patient and/or members of the health care team of any follow-up care required

In addition, members in the specialty of nuclear medicine and radiation therapy must:

- j. record results of radiopharmaceutical assays, quality control and other tests, radioactive preparations and disposal methods of radioactive materials

In addition, members in the specialty of nuclear medicine must:

- k. record receipt and disposal of radiopharmaceuticals, generators and radioactive materials
- l. label radiopharmaceutical preparations
- m. maintain radiopharmaceutical and pharmaceutical dispensing records

In addition, members in the specialty of radiation therapy must:

- n. record and communicate any concerns regarding the treatment or treatment prescription to the appropriate radiation oncology personnel

In addition, members in the specialty of diagnostic medical sonography must:

- o. record and communicate their observations and technical impressions regarding the diagnostic ultrasound procedure to the reporting health professional

8. Continuing Competence

Members must maintain competence in their current area of practice and continually improve their competence in order to respond to changes in practice environments, advances in technology and the changing health care environment.

Practice Standard: Members must have, maintain and apply the necessary knowledge, skills and judgement to ensure safe, effective and ethical outcomes for the patient. Members must maintain competence in their current area of practice and must refrain from acting if not competent. Members must obtain and maintain the necessary knowledge, skills and judgement to respond to changes in practice environments, advances in technology and other emerging issues. Members must participate in the College's Quality Assurance Program as part of maintaining and improving their competence.

Indicators

Members must:

- a. maintain competence and refrain from performing activities that the member is not competent to perform
- b. maintain and apply current and relevant scientific and professional knowledge and skills in their practice
- c. obtain and maintain the necessary knowledge, skills and judgement to respond to changes in practice environments, advances in technology and other emerging issues
- d. assume responsibility for professional development and for sharing knowledge with others
- e. invest time, effort and other resources to maintain and improve their knowledge, skills and judgement
- f. engage in a learning process to enhance practice
- g. participate in the College's Quality Assurance Program
- h. collaborate with other members of the health care team to create quality practice settings



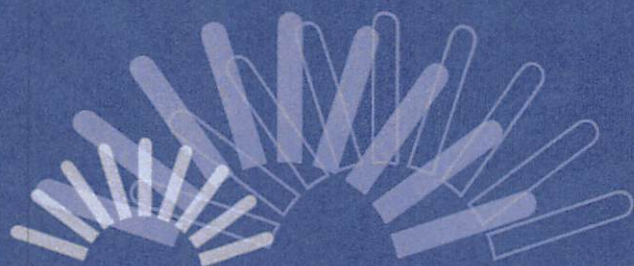
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Code of Ethics, 2018

College of Medical Radiation
Technologists of Ontario



CIRCULATED
WITH AGENDA
OF FEB 27 2018

EXECUTIVE
ITEM#.....5axii
attachment



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Code of Ethics for Members of the College of Medical Radiation Technologists of Ontario

INTRODUCTION

The Code of Ethics is a set of principles that delineates responsible conduct and the ethical and moral behaviour of members of the College of Medical Radiation Technologists of Ontario (CMRTO or the “College”). It has as its foremost goal the welfare and protection of patients and the public.

The Code of Ethics provides direction and guidance for all members of the College in the province of Ontario.

In the Code of Ethics, “members” refers to all members of the CMRTO; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography. In the Code of Ethics, “profession” refers to the profession of medical radiation technology which includes all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

The Code of Ethics shall serve as a guide by which members may evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues and other members of the health care team. It is meant to serve not only members who provide clinical services, but also managers and educators who may be called upon to make judgments about ethical issues. It will also serve College Committees that may be called upon to make judgments about ethical issues in determining professional misconduct, incompetence or incapacity.

The Code of Ethics is intended to help members choose the right, fair, good and just action. Each member is personally responsible for behaving according to the ethical principles set down in the Code.

The consideration of ethical issues is an essential component of providing service. The Code of Ethics is to be used in conjunction with the College’s Standards of Practice. Together, these documents provide a model for ensuring safe, effective and ethical professional performance to ensure safe, effective and ethical outcomes for patients.

ETHICAL PRINCIPLES

1. Responsibility to the Public

Members act to ensure the trust and respect of the public by:

INDICATORS

- a. maintaining high standards of professional conduct, competence and appearance
- b. providing only those services for which they are qualified by education, training or experience
- c. not making false, misleading or deceptive statements, orally or in writing
- d. advancing and supporting health promotion and research

2. Responsibility to Patients

Members act in the best interests of their patients by:

INDICATORS

- a. upholding the principle of informed consent including the right of the patient, or the patient's substitute decision maker, to refuse service
- b. respecting the dignity, privacy and autonomy of their patients
- c. maintaining clear and appropriate professional boundaries in the MRT – patient relationship
- d. treating all patients equitably, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or type of illness
- e. providing individualized, comprehensive and safe treatment during examinations or therapy sessions, taking into account the patient's particular physical and emotional needs, values and cultural background
- f. preserving and protecting the confidentiality of information acquired through professional contact with the patient, except to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information

3. Responsibility to the Profession

Members promote excellence in the profession by:

INDICATORS

- a. assisting each other and the CMRTO in upholding the spirit and the letter of the law, the *Regulated Health Professions and Medical Radiation Technology Acts*, their respective regulations and the standards of practice set by the CMRTO
- b. contributing to the development of the art and science of the profession through continuing education and research
- c. conducting all professional activities, programs and relations honestly and responsibly, and by avoiding any actions that might discredit the profession

4. Responsibility to colleagues and other health professionals

Members develop and maintain positive, collaborative relationships with colleagues and other health professionals by:

INDICATORS

- a. consulting with, referring to and co-operating with other professionals to the extent needed to serve the best interests of their patients
- b. ensuring the safety of other health professionals when in practice or in areas under the members responsibility
- c. educating colleagues and other health professionals about practices and procedures relating to the profession

5. Personal Responsibility

Members are accountable for all of their professional undertakings and shall:

INDICATORS

- a. aspire to a high level of professional efficacy at all times
- b. maintain and apply current and relevant scientific and professional knowledge and skill in every aspect of practice
- c. avoid conflict of interest
- d. provide professional service only when free from the influence of alcohol, drugs or other substances or any condition that might impede the delivery of safe service



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OF MAR 27 2018

COUNCIL
ITEM#.....6axiii.CIRCULATED
WITH AGENDA

OF FEB 27 2018

From: CMRTO Communications
Sent: January-02-18 4:27 PM
To: CMRTO Communications
Subject: Updated QA Program!

EXECUTIVE
ITEM#.....5axiii.

Dear CMRTO member

Effective January 1, 2018, the CMRTO QA Program has been updated.

The Quality Assurance (QA) Committee has been working on revising and improving the (Quality Assurance) QA Program! In determining what changes should be made, the QA Committee considered the following:

- The new Standards of Practice, effective January 1, 2018
- Ways to make the QA Portfolio easier to use
- Ways to improve and maintain member compliance with the QA program

The revised QA Program is attached to this email and can also be found on the CMRTO website [here](#).

QA ePortfolio

No more paper forms! Effective January 1, 2018 the QA ePortfolio is the only method available to members to record their self-assessments and participation in continuing education or professional development. The print version of the QA Portfolio is no longer available.

The QA ePortfolio has been revised to be easier for members to complete. The ePortfolio now has only three components to it:

- the QA Profile
- the Self-Assessment, and
- the Record of Continuing Education and Professional Development

These are the required components that must be filled out on an annual basis.

The QA Profile and Self-Assessment sections are updated to reflect the revised Standards of Practice. The section "Professional Development Plan" has been removed as it was an optional component and created confusion for members.

The Record of Continuing Education and Professional Development form has also been simplified by eliminating the optional areas.

When you login to your 2018 ePortfolio, you will see the updated version.

CMRTO QuickQA app

The QuickQA app will be updated to work with the new enhancements in the very near future.

Multi-Source Feedback (MSF) Assessment

The MSF assessment will now have the peers' and co-workers' surveys available online only, along with the self-assessment survey - much less paper to handle and it will be easier for members to keep track of when their surveys have been completed. The patient surveys will still be paper based for ease and will still be submitted by mail. The surveys are also updated to reflect the revised Standards of Practice.

Individual Practice Assessment (IPA)

The QA Committee has completed the revision of the IPA process. A member will be required to participate in an IPA with an assessor only when the QA Committee identifies a gap in a member's practice from either a QA Portfolio or an MSF assessment.

Thank you,

CMRTO Quality Assurance

College of Medical Radiation Technologists of Ontario

375 University Avenue Suite 300

Toronto, Ontario M5G 2J5

tel 416 975 4353 / 800.563.5847

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

Quality Assurance Program

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OF FEB 27 2018

EXECUTIVE
ITEM#

5 axiii
attachment



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Introduction

One of the key components of self-regulation of the profession of medical radiation technology in the public interest is the quality assurance (QA) program. The purpose of the QA program is to assure the quality of practice of the profession and to promote continuing evaluation, competence and improvement among the members.¹

As all members know, the practice of the profession is constantly changing. Members professional roles, responsibilities and accountabilities differ today from those of yesterday, and will evolve even more in the future.

In the Standards of Practice and in the QA Program, “medical radiation technologists”, “MRTs” or “members” refers to all members of the CMRTO; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography. In the Standards of Practice and in the QA Program, “profession” refers to the profession of medical radiation technology, which includes all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

Why a quality assurance program?

As regulated professionals, members are accountable to maintain competence in their current area of practice and continually improve their competence in order to respond to changes in practice environments, advances in technology and the changing health care environment.

The goal of the CMRTO QA program is to assure the public of the quality of practice of medical radiation technology by maintaining members performance at a level that meets the profession’s standards of practice and by promoting continuing competence and continuing improvement among members.

The CMRTO QA program:

- Complies with the legislative requirement of the *Regulated Health Professions Act (RHPA)* that the CMRTO establish and maintain a quality assurance program
- Is consistent with the CMRTO’s mandate to regulate the profession in order to protect the public interest
- Encourages members to take seriously their professional responsibility to ensure their continuing competence and quality improvement in a changing environment
- Provides an opportunity for members to control and direct their own continuing education and professional development

¹ The requirements for the CMRTO QA program are set out in the *Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act (RHPA)* and the *quality assurance regulation (O. Reg. 375/12)* made under the *Medical Radiation Technology Act (MRT Act)*

The QA program also provides members with a method of demonstrating compliance with the CMRTO Practice Standard 8, Continuing Competence, which states:

“Members must have, maintain and apply the necessary knowledge, skills and judgement to ensure safe, effective and ethical outcomes for the patient. Members must maintain competence in their current area of practice and must refrain from acting if not competent. Members must obtain and maintain the necessary knowledge, skills and judgement to respond to changes in practice environments, advances in technology and other emerging issues. Members must participate in the College’s Quality Assurance Program as part of maintaining and improving their competence.”

QA program overview

The quality assurance regulation made under the MRT Act (QA regulation) states that the QA program must have the following components:

1. Continuing education or professional development designed to,
 - a. promote continuing competence and continuing quality improvement among the members
 - b. address changes in practice environments
 - c. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues at the discretion of the Council
2. Self, peer and practice assessments
3. A mechanism for the CMRTO to monitor members’ participation in and compliance with the program
4. The collection, analysis and dissemination of information.

The CMRTO QA program is based on the assumption that members come into the CMRTO with appropriate skills and knowledge acquired through approved educational programs and that these initial competencies are maintained through lifelong learning and the expectation of adherence to the standards of practice. The QA program is based on the principles of adult education. This approach allows members to choose activities based on their individual learning needs and style, resources available, and acknowledges that learning comes from engaging in a variety of activities.

The CMRTO QA program includes the following elements:

1. **Quality Assurance Declaration:** completed each year by every member at the time of their annual renewal of registration. Members confirm whether they have complied with the requirements of the QA program and that they understand the requirements of the QA program.

2. **Quality Assurance Portfolio:** completed each calendar year by every member. Includes a self-assessment based on the standards of practice, a QA profile which describes the member's practice, and a method to keep a record of continuing education and professional development activities completed each year. Each member is required to complete and record at least 25 hours of continuing education and professional development activities each year. A member may be requested to submit the QA portfolio for assessment by the CMRTO Quality Assurance Committee (QA Committee).
3. **Peer and Practice Assessment by means of a multi-source feedback (MSF) system:** completed by individual members selected by the QA Committee in accordance with the QA regulation. This assessment includes a self, peer and patient assessment of an MRT's practice, based on the standards of practice. A report of this assessment is prepared by the QA Committee, a copy of which is provided to the member.
4. **Peer and Practice Assessment by means of an assessor:** completed by individual members selected by the QA Committee in accordance with the QA regulation. This assessment involves a peer assessor interviewing a member regarding specific components of their practice, based on the standards of practice. A report of this assessment is prepared by the assessor, a copy of which is provided to the QA Committee and the member.

Each member of the CMRTO is required to participate in the QA program each year and to co-operate with the QA Committee and any assessor.

Quality Assurance Portfolio (QA Portfolio)

Each year, each member of the CMRTO is required to complete the QA Portfolio, and complete and record at least 25 hours of continuing education and professional development activities.² The QA year runs from January 1 to December 31. Members are required to retain a copy of the completed QA Portfolio for five years. On the request of the QA Committee, members are required to submit their completed QA Portfolio to the CMRTO for assessment by the QA Committee.

Following is a short description of the QA Portfolio components:

1. **QA profile:** The QA profile provides an overview of an individual's practice providing medical radiation and imaging services. A member is required to complete this each year. A member may use the QA profile to track current or anticipated changes in their practice or areas of responsibility, year to year.
2. **Self-Assessment:** The self-assessment is based on the CMRTO's standards of practice, including the Practice Standards and the Indicators related to each Practice Standard. Each year, a member is required to assess their individual practice against a minimum of

² The QA Committee has approved the QA ePortfolio as the form in which members must record their self-assessments and participation in continuing education or professional development activities.

two of the eight Practice Standards and the Indicators related to that Practice Standard applicable to the member's specialty, using the self-assessment tool. A member may identify opportunities to enhance their knowledge of particular Practice Standards and Indicators.

3. **Record of Continuing Education and Professional Development:** Each member is required to complete and record at least 25 hours of continuing education and professional development activities each year. These learning activities may include professional readings, seminars, webinars, conferences, courses, learning from other professionals (e.g. attendance at rounds, tutorials and staff meetings), training on new equipment, applications, procedures or software, writing and delivering presentations, courses or clinical teaching, research, writing a professional journal article or paper, and others. Members must record how they apply the learning in their practice. Members may attach evidence of their learning, if available, to their Record of Continuing Education and Professional Development.

The QA ePortfolio is an electronic format available through the secure members' section of the CMRTO website. Members may also download the 'Quick QA' app to their mobile devices to record their learning activities.

Monitoring members' participation and compliance

The legislation requires the CMRTO to have a mechanism to monitor members' participation in and compliance with the QA program.

The Quality Assurance Declaration provides the CMRTO, on an annual basis, with confirmation of members' participation in the QA program. Each year, on a member's annual renewal of registration, a member provides evidence of such by answering the question "I have complied with the requirements of the College's Quality Assurance Program" and by confirming that the member understands that the QA program requires that, in each calendar year, the member participates in self-assessment and at least 25 hours of continuing education or professional development activities, keep a record of their self-assessment and completed activities using the tools provided by the CMRTO, and retain these records for five years.

In addition to the annual declaration, each year the CMRTO requires a percentage of members in each specialty to submit their records of their self-assessment and participation in continuing education or professional development activities (QA records), or to undergo a peer and practice assessment. Individual members are notified in writing by the CMRTO when they are required to submit their QA records for assessment or undergo a peer and practice assessment.

The percentage of members required to submit their QA records or to undergo a peer and practice assessment in any given year is set by the CMRTO Council. Members are selected by means of a random selection generated by a computer program. Individual members may also be required to submit their QA records or to undergo a peer and practice assessment by the QA Committee.

The QA Committee can analyze and monitor members' participation in the QA program through the ePortfolio tool which provides de-identified, statistical data about members' participation in the ePortfolio.

Role of the QA Committee

The role of the QA Committee is to administer the QA program in accordance with the RHPA, the QA regulation and any other applicable law.

The QA Committee is one of the CMRTO's statutory committees, and is comprised of Council members (professional and public) and CMRTO members who have been appointed to the Committee. Members of the QA Committee are required to keep all information about members' QA records confidential, except under certain circumstances set out in the legislation. The QA Committee can require members to submit their QA records to the CMRTO for assessment by the QA Committee. In most cases, the QA Committee is satisfied with members' QA records. However, after assessing a member's QA records, the QA Committee can require a member to complete their QA records, require a member to participate in one or more specified continuing education or professional development activities, or refer a member for a peer and practice assessment.

The QA Committee can also select members to undergo a peer and practice assessment in accordance with the QA regulation. In most cases, the QA Committee is satisfied with the report of the assessment. However, if the QA Committee finds that a member's knowledge, skill and judgement are unsatisfactory, the QA Committee may, among other things, require a member to participate in specified continuing education or remediation programs, such as specified education, refresher or continuing education programs, courses or initiatives.

The QA Committee may also provide the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the QA Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated. For example, failure to co-operate with the QA Committee and failure to comply with a requirement of the QA Committee may be grounds for a finding of professional misconduct.

What does a member need to do and when?

Below is a summary and a timeframe for each member to follow each year in order to be compliant with the CMRTO QA program.

Timeframe	Activity	Comments
January – March	Complete the self-assessment and QA profile in the QA ePortfolio	The self-assessment and QA profile can be completed at any time throughout the year between January and December, however, it makes sense to complete it at the beginning of the year, as it will assist a member in planning their continuing education and professional development activities for the year.
January 1 – December 31	Complete and record at least 25 hours of continuing education and professional development activities in the QA ePortfolio	These learning activities may include professional readings, seminars, webinars, learning about a new or updated piece of equipment or software, attendance at staff meetings and rounds, courses and conferences, and many other types of learning. A member must record how they apply the learning in their practice. A member may attach evidence of their learning, if available, to the Record of Continuing Education and Professional Development.
At the time of completing the member's annual renewal of registration with CMRTO	Complete the Quality Assurance Declaration to provide evidence of having complied with the requirements of the CMRTO QA program	Members are asked to confirm whether they have complied with the requirements of the CMRTO QA program and that they understand the requirements of the QA program.

Members are required to retain a copy of their completed QA portfolio for five years.

A member may also be required to submit their QA records to the CMRTO for assessment by the QA Committee. A member may also be required to undergo a peer and practice assessment. Members will be notified by the CMRTO in writing when they are required to submit their QA records or undergo a peer and practice assessment. Should a member be required to undergo a peer and practice assessment, the member will be provided with the materials and method of the assessment at that time.

Professionals, and keeping it that way

Members in all practice settings demonstrate their commitment to continually improve their practice of the profession by engaging in continuing education and professional development activities, and by participating in the CMRTO QA program. These actions ensure the competence of members to the public, now and in the future.



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OF MAR 27 2018

From: CMRTO Communications
Sent: February-02-18 11:00 AM
To: CMRTO Communications
Subject: Insights Winter 2018
Attachments: Insights Winter 2018.pdf

EXECUTIVE
ITEM#.....5axiv...
COUNCIL
ITEM#.....6axiv.....

The CMRTO is pleased to let you know that *Insights Winter 2018* is available for viewing on our website. A PDF version of the newsletter is also attached to this email.

In this issue, we talk about:

- Regulation of diagnostic medical sonographers
- New condition on certificate of registration
- New Standards of Practice and Code of Ethics
- Legislation Learning Package
- New QA Program
- Medical Radiation and Imaging Technology Act, 2017

Thank you,

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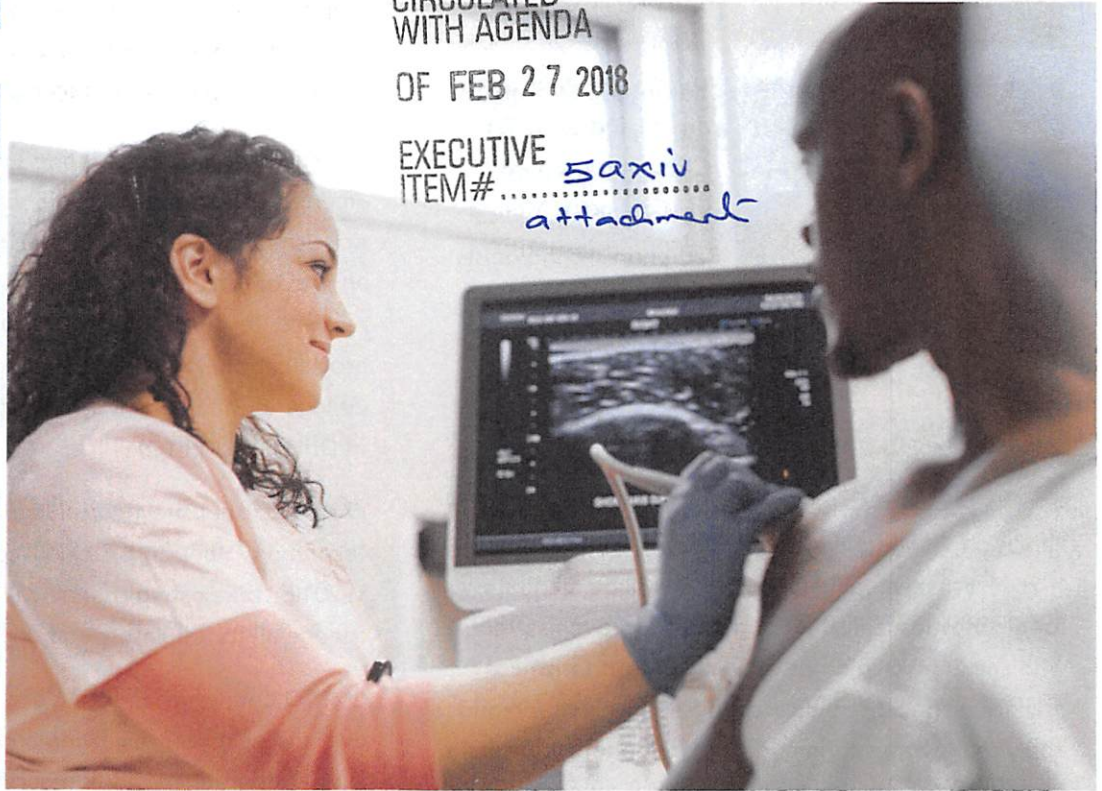
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Winter 2018

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EXECUTIVE
ITEM# *5axiv*
attachment



IN THIS ISSUE:

Regulation of diagnostic medical sonographers

CMRTO Registrar & CEO message re: regulation of diagnostic medical sonographers

New condition on certificate of registration

No more paper!

New Standards of Practice and Code of Ethics

Legislation Learning Package

New QA Program

QA assessments 2018

Medical Radiation and Imaging Technology Act, 2017

New CMM system

Suspended members

Regulation of diagnostic medical sonographers

We are happy to welcome sonographers to the CMRTO! The statement below from Registrar & CEO, Linda Gough, was sent to all CMRTO members on December 28, 2017.



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CMRTO Registrar & CEO message re: regulation of diagnostic medical sonographers



The Ontario Ministry of Health and Long-Term Care has requested the College of Medical Radiation Technologists of Ontario (CMRTO) to regulate diagnostic medical sonographers with the CMRTO. The necessary regulations made under the *Medical*

Radiation Technology Act come into force on January 1, 2018. Effective January 1, 2019, it will be mandatory for diagnostic medical sonographers to be registered with the CMRTO in order to be legally authorized to practice diagnostic medical sonography in Ontario and to apply soundwaves for diagnostic ultrasound. Individuals currently working in diagnostic medical sonography will have one transitional year to become registered with CMRTO. We welcome sonographers to the CMRTO!

We are delighted the government is extending the public protection framework by regulating diagnostic medical sonographers under the *Regulated Health Professions Act* and by making the regulatory framework consistent for all medical radiation and imaging technology by bringing diagnostic medical sonographers into the CMRTO as a fifth specialty. By being self-regulated under the CMRTO, sonographers will join not only their medical radiation technologist colleagues, but also other healthcare professionals registered in Ontario's 26 regulatory colleges, including medicine, nursing, medical laboratory technology and physiotherapy. The benefits of self-regulation include recognition of the education and training sonographers have undergone to practice as professionals, and assurance that the profession's standards are enforced and the public is protected.

CMRTO has been regulating medical radiation technologists in the specialties of radiography, radiation therapy and nuclear medicine for almost 25 years. Magnetic resonance imaging was added as a fourth

specialty in 2003. Our goal at the CMRTO is to work with sonographers and MRTs to ensure a smooth and seamless implementation of diagnostic medical sonography into the CMRTO. We expect over 3,000 new members will be joining our 7,000 current members by the end of 2018.

The regulation of sonographers with CMRTO required amendments to three Ontario regulations and one Act. Schedule 6 of Bill 160, the *Strengthening Quality and Accountability for Patients Act, 2017*, which has received Royal Assent and is now awaiting the date of proclamation, will change the name of the CMRTO to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO).

We expect that the *Medical Radiation and Imaging Technology Act* (MRIT Act) will come into force on January 1, 2019. This exciting change will require the CMRTO to change all its regulatory and governance tools in 2018.

CMRTO Council, committees and staff will be very busy over the next year reviewing applications for registration from sonographers, and preparing for the name change. We will communicate with current members and applicants through email, the CMRTO website, and social media. We encourage sonographers to create an online profile in the CMRTO application portal as soon as possible after January 1, 2018 so we can send you important information by email before you are registered.

CMRTO recently consulted with MRTs and sonographers regarding changes to the Standards of Practice and Code of Ethics to include the specialty of diagnostic medical sonography. We asked respondents to indicate whether they would prefer a print copy or electronic version of the Standards of Practice. An overwhelming majority - 80% - said they would prefer to receive the Standards of Practice by electronic methods. Given this positive response and the significant changes required to all CMRTO's publications over the next year, we are ending all print publications and communications with members, effective January 1, 2018. As you know, CMRTO by-laws require members to have an email address that they personally check on a regular basis. This will now be our only method of communicating with members. As always, all our publications are available on the CMRTO website for viewing at any time.

We look forward to the exciting year ahead – regulating sonographers to ensure the protection of the public and preparing for the implementation of the MRIT Act that will regulate all medical radiation and imaging technologists under the College of Medical Radiation and Imaging Technologists of Ontario!

Please let your sonography colleagues and friends know about these important changes. We want to make sure that no-one misses the transitional year to become registered with CMRTO so sonographers are compliant with the legislation on January 1, 2019!

Sincerely,



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

New condition on certificate of registration

As of January 1, 2018, there is a new condition 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."

The decision to add this condition to the certificate was made to accommodate the different areas within each specialty in which members are practising, and to provide for the growing trend for hybrid imaging equipment which crosses traditional modalities by merging two technologies into a single piece of equipment. Other colleges have similar conditions in place on their certificates of registration. For example, the College of Physicians and Surgeons of Ontario (CPSO) has this condition in place to manage the many practice areas in which physicians work.

No more paper!

Results from the Standards of Practice and Code of Ethics consultation survey, which ran from November 9 to November 30, 2017, showed that members overwhelmingly want to move to paperless communication from CMRTO. 80% of those who participated in the survey told CMRTO 'no thank you' to paper communications and desired a move to electronic communications only.

Members are required to provide CMRTO with an email address that is distinct from the email address of any other member and that the member checks personally on a regular basis. (See CMRTO [By-law No. 28](#) about the information members must provide to the CMRTO.)

Beginning on January 1, 2018, the following items will be sent to CMRTO members by email only:

- all registration processes, notices and information items will become electronic with the exception of a suspension letter which will be sent by both email and by mail
- the Standards of Practice Handbook
- the QA program and portfolio (ePortfolio)

The Multi-Source Feedback (MSF) Assessment patient surveys will still be paper-based for ease of use, and will still be submitted by mail. The QA 'Met Requirements' letter will be sent by both email and mail, as will communications related to any professional conduct or fitness to practise processes.

New Standards of Practice and Code of Ethics

Effective January 1, 2018, diagnostic medical sonography is regulated with the CMRTO as a fifth specialty! This change required amending the CMRTO's Standards of Practice and Code of Ethics to take into account that the practice of medical radiation technology now includes the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedure.

The CMRTO's Standards of Practice and Code of Ethics set out the minimum requirements for professional practice and conduct for members, and are meant to assure the quality of professional practice.

When the revised Standards of Practice and Code of Ethics came into effect on January 1, 2018, CMRTO sent all current members notice by email, and PDF copies of the Standards of Practice and Code of Ethics were posted to the CMRTO website.

Please take the time to familiarize yourself with the revised Standards of Practice and Code of Ethics, and reflect on how your practice meets the expectations that all CMRTO members are competent, accountable and collaborative in their practice of the profession to ensure safe, effective and ethical outcomes for your patients. You can find the [Standards of Practice](#) and [Code of Ethics](#) on the CMRTO website.

Legislation Learning Package

The changes to the legislation in order to regulate diagnostic medical sonography also meant the CMRTO Legislation Learning Package needed to be revised.

The language of the Legislation Learning Package has been amended to reflect the following changes:

- diagnostic medical sonography is now regulated with the CMRTO as a fifth specialty
- the practice of medical radiation technology now includes the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedure

As an applicant, you are required to review the documents and legislation described in the Legislation Learning Package and sign and submit the Certificate of Completion with your completed Application Form before you can become a member of CMRTO. You can find the Legislation Learning Package [here](#).

New QA program

As you may have already read in the email sent to all members at the beginning of January, the CMRTO Quality Assurance (QA) program has been updated effective January 1, 2018, to bring it in line with the revised Standards of Practice and Code of Ethics, which came into effect on January 1, 2018.

Based on these changes and the regulation of sonographers, the Quality Assurance (QA) Committee reviewed the QA program and implemented some changes. In determining what changes should be made, the QA Committee considered:

- the revised Standards of Practice
- ways to make the QA Portfolio easier to use
- ways to improve and maintain member compliance with the QA program

The revised QA program can be found on the CMRTO website [here](#).

QA ePortfolio

Effective January 1, 2018, the Quality Assurance (QA) ePortfolio is the only method available to members to record their self-assessments and participation in continuing education or professional development. The print version of the QA Portfolio is no longer available.

The QA ePortfolio has been revised to make it easier for members to complete. The ePortfolio now has only three components to it:

- the QA Profile
- the Self-Assessment
- the Record of Continuing Education and Professional Development

These are required components that must be completed every year by every member.

The QA Profile and Self-Assessment sections are updated to reflect the revised Standards of Practice. The section “Professional Development Plan” has been removed as it was an optional component and created confusion for members.

The Record of Continuing Education and Professional Development form has also been simplified by eliminating the optional areas.

When you login to your 2018 ePortfolio, you will see the updated version.

QA Portfolio (print version)

The QA Committee also determined that beginning in 2018 the QA Portfolio (print version) will no longer be available. See the article ‘No more paper’ in this edition of *Insights* for more information.

Multi-Source Feedback (MSF) Assessment

The MSF assessment will now have the peers’ and co-workers’ surveys and the self-assessment survey available online only. This means using much less paper and, makes it easier for members to keep track of when their surveys have been completed. The patient surveys will still be paper-based for ease of use and will still be submitted by mail. The surveys are also updated to reflect the revised Standards of Practice.

Individual Practice Assessment (IPA)

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

Other Changes

The QuickQA app will be updated in early 2018 to match the changes to the QA ePortfolio.

QA assessments 2018

As you know, all members must participate in the CMRTO’s QA program as part of maintaining and improving their competence. Monitoring compliance with this professional requirement is an important responsibility of the CMRTO QA Committee.

The QA Committee monitors on an annual basis the number of members that have been selected for a quality assurance (QA) assessment. Until 2015, members who had not been selected in the previous five years were in the pool from which the QA Committee randomly selected members for a QA assessment. This meant there were some members who had been selected multiple times throughout their careers and other members who had been practising for many years and who had never been selected.

After the 2016 random selection process, the QA Committee noted that 48% of active members still had never been selected to submit their QA Portfolio for assessment or undergo an MSF assessment.

For the 2016 and the 2017 random selections, it was decided to randomly select from the pool of members who had never been selected. As a result, 918 and 919 members were randomly selected in 2016 and 2017 respectively, of which none had been selected previously. This leaves approximately 29% of active members who have not yet been selected for a QA assessment, excluding new members.

In order to ensure that all the members who have not yet been required to undergo a QA assessment are required to do so by the end of 2018, it was decided that for the 2018 QA year, the remaining members who have been registered with the College for more than one year and who have never been selected for a QA assessment, will be required to either submit their QA ePortfolio for assessment or to undergo an MSF assessment. The group that will be required to undergo the MSF assessment in 2018 will be randomly selected from the members who

have never been selected for a QA assessment, and the balance of the remaining members will be required to submit their 2018 QA ePortfolios in January 2019.



Medical Radiation and Imaging Technology Act, 2017

At the end of September, the Ontario Government introduced Bill 160, *Strengthening Quality and Accountability for Patients Act, 2017*. The Act has now become law but many provisions have not yet been proclaimed into force.

Among other extensive changes (including amending six statutes, enacting two new statutes and repealing another four statutes), a schedule of the *Strengthening Quality and Accountability for Patients Act, 2017* will repeal the current *Medical Radiation Technology Act* and replace it with the *Medical Radiation and Imaging Technology Act, 2017* (MRIT Act). We are now waiting for proclamation of the MRIT Act, and anticipate it will come into force on January 1, 2019.

The MRIT Act has significant implications for CMRTO members and for the province's diagnostic medical sonographers:

1. In addition to earlier direction by the government to regulate diagnostic medical sonographers as part of the CMRTO, the MRIT Act will change the name of the profession to "medical radiation and imaging technology".
2. The scope of practice of medical radiation and imaging technology will set out the use of soundwaves for the purposes of diagnostic procedures in the Act rather than as a regulation.

3. The CMRTO's name will be changed to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO).
4. The MRIT Act will add "diagnostic medical sonographer" as a title restricted to members of the new CMRITO. In other words, no person other than a member of the CMRITO will be permitted to use that title or hold themselves out as qualified to practise in the specialty of diagnostic medical sonography.



New CMM system

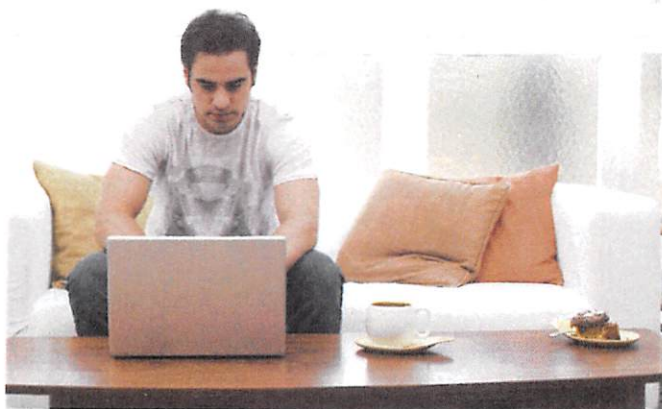
CMRTO is doing a complete system upgrade from our current CRM (Customer Relationship Management) software and transitioning into a 'cloud'-based CMM (College Membership Management) system.

This will mean a brand new member services interface for members with expanded functionality. As a security measure all members will be required to log into the new Online Member Services. You will be sent an email with a link to access the new portal. Your username will become the email address that you have provided to CMRTO, and you can use your current password in the new portal or create a new one if you prefer.

When the new system is ready, members will be able to reinstate, resign, request out of province certificates and letters of good standing, and request a change of name using the online services. There is functionality for the upload of documents and all payments will be completely online through Visa, Mastercard and Interac – no more cheques! Access to past receipts will also be available to resigned members.

There will also be a new online application portal for all applications. Applicants will be able to upload documents and see the status of their applications and will receive notifications by email when they have completed important milestones in the process. Once applicants are ready to register with the CMRTO, they will be able to do that online too!

We expect these changes to come into effect late February 2018.



Suspended members

There were no members whose certificates of registration were suspended between November 1, 2017 and December 31, 2017, for failure to pay their fees in accordance with section 24 of the Health Professions Procedural Code.

A person whose certificate of registration has been suspended is not a member of the CMRTO unless and until the suspension is removed.

CMRTO
375 University Avenue, Suite 300
Toronto, Ontario M5G 2J5
tel 416.975.4353 fax 416.975.4355
1.800.563.5847
www.cmrto.org

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

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

VALUES: Integrity | Fairness | Transparency | Respect | Professionalism

Registrar & CEO Ms. Linda Gough

President Ms. Wendy Rabbie

Vice President Ms. Angela Cashell

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College of
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Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

CIRCULATED
WITH AGENDA
OF FEB 27 2018
EXECUTIVE
ITEM#.....5axv

CIRCULATED WITH AGENDA
OF MAR 27 2018
COUNCIL
ITEM#.....6axv

-231-
College of
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Report

To:	Executive Committee	Meeting Date:	February 27, 2018
From:	Caroline Morris, Deputy Registrar	Date:	February 12, 2018
Subject:	Confirmation of notification of additional provincial requirements for approved education programs in diagnostic medical sonography		

This memo confirms that the approved education programs in diagnostic medical sonography have been notified of the additional provincial requirements for accreditation. The attached letter has been sent by mail and email to all the approved education programs as listed in the Registration Regulation 866/93 made under the *Medical Radiation Technology Act*.

The letter details how students, the curriculum and accreditation are affected by the regulation of diagnostic medical sonography and provides information on the resources available to programs on the CMRTO website. The following programs and program contacts have received the notification letter that was sent on January 29, 2018.

Lyne Roy
Program Director, Diagnostic Medical Sonography
Canadian National Institute of Health Inc. (General Sonography)

Harpal Dharna
President
BizTech College of Health Sciences, Business & Technology (Cardiac & Vascular Sonography)

Jane St. Germain
Program Coordinator, Diagnostic Medical Sonography
Algonquin College of Applied Arts and Technology (General Sonography)

Kim Morris
Dean of Health Sciences
College Boreal d'arts appliques et de technologie (Echographie generale)

June Raymond
Dean of Health Sciences
Cambrian College of Applied Arts and Technology (General Sonography)

Wendy Lawson

Associate Dean, Medical Radiation Sciences and Allied Health

Mohawk College of Applied Arts & Technology/ McMaster University Ultrasound Specialization
(General Sonography)

Institute for Applied Health Sciences

Susan Weltz

Academic Chair, Imaging Programs

The Michener Institute of Education at University Health Network (General Sonography)

Rosemarie Turton

Academic Coordinator, Diagnostic Medical Sonography

St. Clair College of Applied Arts & Technology (General Sonography)

Jennifer Lisac, SCc, CRCS

Program Coordinator- Diagnostic Cardiac Sonography

Mohawk College

Mohawk – McMaster Institute for Applied Health Sciences

January 29, 2018

Lyne Roy CRGS, RDMS
Program Director, Diagnostic Medical Sonography
Canadian National Institute of Health Inc.
Lincoln Fields Mall
27A-2525 Carling Ave
Ottawa, ON K2B 7Z2

Sent by mail and email: lroy@cni.h.ca

Dear Lyne Roy,

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.

Registration Regulation, O. Reg. 866/93, made under the *Medical Radiation Technology Act* (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. This letter is to inform the programs of this amendment to the registration regulation which will affect graduates who are applying for registration with the CMRTO.

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. We are pleased to advise you that your program is one of the programs that is an approved program listed in the regulation.

The changes to the Registration Regulation, O. Reg. 866/93, made under the MRT Act, came into force on January 1, 2018. Diagnostic medical sonography students, the curriculum and accreditation requirements will be affected in the following ways:

1. A requirement that an applicant must have successfully completed a course in jurisprudence set or approved by the CMRTO

All applicants to the CMRTO, including graduates from Ontario educational programs and applicants from other Canadian provinces and other countries, are required to provide evidence that they have completed the CMRTO's jurisprudence course which includes reviewing the legislation learning package and the appropriate provincial and federal statutes, regulations, policies and guidelines. The legislation learning package consists of modules describing the legislation and Standards of Practice governing the practice of the profession in Ontario. It is available at no charge on the CMRTO's website at <https://www.cmrto.org/resources/legislation-regulations-by-laws/jurisprudence/> and can be completed as self-directed learning.

The CMRTO's staff are available to come to speak directly to your students about the regulation of the profession in Ontario and the requirements for registration with the CMRTO. Graduates from Ontario educational programs are required to provide evidence of having completed the CMRTO's jurisprudence course. The evidence required is the completed Certificate of Completion of the course in jurisprudence set or approved by the CMRTO, which can be found on the CMRTO's website as part of the jurisprudence course information. Graduates are required to scan and upload the completed Certificate of Completion when submitting an online Application for Registration at the end of their program.

2. A requirement that an applicant attest to a general good conduct and good character requirement and have the ability to practise the profession in a safe manner

One of the requirements for registration provides that an applicant's past and present conduct must afford reasonable grounds for the belief that the applicant:

- will practise medical radiation technology with decency, honesty and integrity, and in accordance with the law,
- does not have any physical or mental condition or disorder, that could affect the applicant's ability to practise medical radiation technology in a safe manner, and
- will display an appropriate professional attitude.

Many educational programs inform their potential students of the registration requirements of the CMRTO at the time they are applying to the program. This full disclosure enables the student to determine whether or not they are able to meet the registration requirements, or to consult with the CMRTO at the beginning of the program. Again, the CMRTO's staff are available to assist individual students and potential applicants with their particular situation. The online Application for Registration requires the applicant to disclose and provide an explanation and documentation regarding any of the following:

- a) if the person has been found guilty of a criminal offence or any offence related to the regulation of the practice of the profession
- b) if the person is the subject of a current investigation involving an allegation of professional misconduct, incompetency or incapacity in Ontario in relation to another health profession, or in another jurisdiction in relation to the profession or another health profession
- c) if the person has been the subject of a finding of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction
- d) if the person is currently the subject of a proceeding involving an allegation of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction
- e) if there has been a finding of professional negligence or malpractice made against the person
- f) if the person has any physical or mental condition or disorder, that could affect their ability to practise medical radiation technology in a safe manner.

The applicant must immediately inform the Registrar if a), b), c), or d) occurs after they have applied for registration, but before a certificate of registration is issued. The applicant will be required to provide an update with respect to this information immediately before a certificate of registration is issued.

The requirement which has the greatest potential to impact the educational programs and the clinical training is the requirement for the applicant to disclose any physical or mental condition or disorder, that could affect his or her ability to practise medical radiation technology in a safe manner. If you or your faculty would like to discuss this requirement in more detail, I would be pleased to meet with you.

3. A new requirement for the accreditation of a program. Programs are required to include provincial requirements in the curriculum in addition to the requirements of Sonography Canada's competency profile

The regulation of diagnostic medical sonographers will have an impact on your curriculum and accreditation requirements. In addition to the requirements of Sonography Canada's national competency profile there are additional provincial requirements that must be included in the program in order to meet the accreditation requirements. The Ontario provincial requirements are attached to this letter. For your information additional resource information about these requirements has also been included. These requirements were

assessed in the former Canadian Medical Association (CMA) Conjoint Accreditation Services process and program as part of critical criteria 1.3 and 1.6.

The CMRTO has been working with Sonography Canada to select an organization to deliver accreditation services following the end of the CMA conjoint accreditation services in February 2018. Health Standards Organization (HSO) and its affiliate Accreditation Canada (AC) have been selected to deliver accreditation services for medical radiation technology and diagnostic medical sonography education programs through their new EQual Canada Program. To effect a successful transition, the current CMA processes will be maintained by EQual Canada for the next two years while new processes are being developed. These provincial requirements should therefore be incorporated into your program curriculum to meet this requirement.

4. A requirement for programs to train students in the performance of authorized acts

The MRT Act sets out which of the 13 controlled acts as set out in the *Regulated Health Professions Act*, MRTs are authorized to perform. These are known as authorized acts. The MRT Act states:

“In the course of engaging in the practice of medical radiation technology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Administering substances by injection or inhalation.
2. Tracheal suctioning of a tracheostomy.
3. Administering contrast media, or putting an instrument, hand or finger,
 - Beyond the opening of the urethra,
 - Beyond the labia majora,
 - Beyond the anal verge, or
 - Into an artificial opening of the body.
4. Performing a procedure on tissue below the dermis.
5. Applying a prescribed form of energy.”

The list of authorized acts can be found on page 2 of the CMRTO Standards of Practice. It is important that the educational programs provide students with the training required to competently perform the authorized acts specific to diagnostic medical sonography.

5. The requirement for programs to include the CMRTO Standards of Practice in the program curriculum for the purposes of accreditation

The Standards of Practice is available in both English and French and can be found on the CMRTO website at www.cmrto.org. The Standards of Practice have been amended to include indicators specific to the practice of diagnostic medical sonography.

The Standards of Practice set out minimum standards of professional practice and conduct for members in all five specialties of radiography, nuclear medicine, radiation therapy, magnetic resonance and diagnostic medical sonography. Under the CMRTO Standards of Practice, members are expected to be competent, accountable and collaborative. The Standards of Practice are also used by educators in developing and providing appropriate instruction. The previous CMA Conjoint Accreditation process requires educational programs to map the practice indicators in the CMRTO's Standards of Practice to the curriculum of the program.

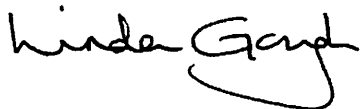
6. The requirement for programs to include the sexual abuse prevention program in the curriculum for the purposes of accreditation

The CMRTO has developed an "Introductory Instructor's Guide for Educational Programs in Medical Radiation Technology" which can be found at this link.

<https://www.cmrto.org/resources/legislation-regulations-by-laws/jurisprudence/sexual-abuseprevention.pdf> . This Guide is designed for individuals whose job responsibilities include teaching sexual abuse prevention in educational programs in medical radiation and imaging technology in both didactic and clinical settings. The purpose of this Guide is to assist instructors in educational programs in the understanding and prevention of sexual abuse of patients by health care professionals. It has been developed to address the requirements in the *Regulated Health Professions Act* (RHPA) and will affect all diagnostic medical sonographers.

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 above requirements, I will 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,



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

CMRTO Provincial Requirements in addition to Sonography Canada national competency profiles



College of
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Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

List of regulatory requirements defined by the provincial
regulatory body – College of Medical
Radiation Technologists of Ontario with resources

- Ability to apply the Regulated Health Professions Act as amended and its regulations
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm
- Ability to apply the Medical Radiation Technology Act as amended and its regulations
<https://www.ontario.ca/laws/statute/91m29>
- Ability to apply the Health Care Consent Act as amended and its regulations
<https://www.ontario.ca/laws/statute/96h02>
<https://www.cmrto.org/resources/publications/wymkas/health-act>
- Ability to apply the CMRTO Standards of Practice
<https://www.cmrto.org/resources/publications/>
<https://www.cmrto.org/resources/publications/standards-of-practice-french.pdf>
- Ability to apply the CMRTO Code of Ethics
<https://www.cmrto.org/resources/publications/code-of-ethics>
<https://www.cmrto.org/resources/publications/code-of-ethics-french.pdf>
- Ability to apply the CMRTO Sexual Abuse Prevention program
<https://www.cmrto.org/resources/publications/wymkas/sexual-abuse>
- Awareness of the CMRTO Quality Assurance program
<https://www.cmrto.org/resources/publications/qa-program-for-mrts>
<https://www.cmrto.org/resources/publications/programme-dassurance-de-la-qualite.pdf>

Kirusha Kobindarajah

CIRCULATED WITH AGENDA

Subject: FW: FYI, eblast sent yesterday

OF MAR 27 2018

From: CMRTO Communications

Sent: February-14-18 2:41 PM

COUNCIL
ITEM# 6axvi.....

Subject: CMRTO webinar: 'Sonography is being regulated, now what?' – February 22, 12:15pm

Attention sonographers, echocardiographers and vascular technologists – your profession is now regulated! What next?

Find out from CMRTO, the regulator for diagnostic medical sonographers, what this means to you and next steps. Join CMRTO Registrar & CEO, Linda Gough, by webinar on Thursday, February 22, 2018 from 12:15 to 1:00pm as she answers some of the most common questions you have about being a regulated professional, the registration requirements and important timelines.

Please click [here](#) to register!

After registering, you will receive a confirmation email containing information about joining the webinar.

Thank you,

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

www.cmrto.org

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

OF FEB 27 2018

EXECUTIVE
ITEM# *5axui*College of
Medical Radiation
Technologists of
Ontario

-240-

Ordre des
techniciens en
radiation médicale
de l'Ontario**Insights for CMRTO webinar****'Sonography is being regulated, now what?'**

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# *6axvii*

Feb 22, 2018, 11:37 AM EST - Feb 22, 2018, 1:03 PM EST

Average time in session

42 min

Average attentiveness

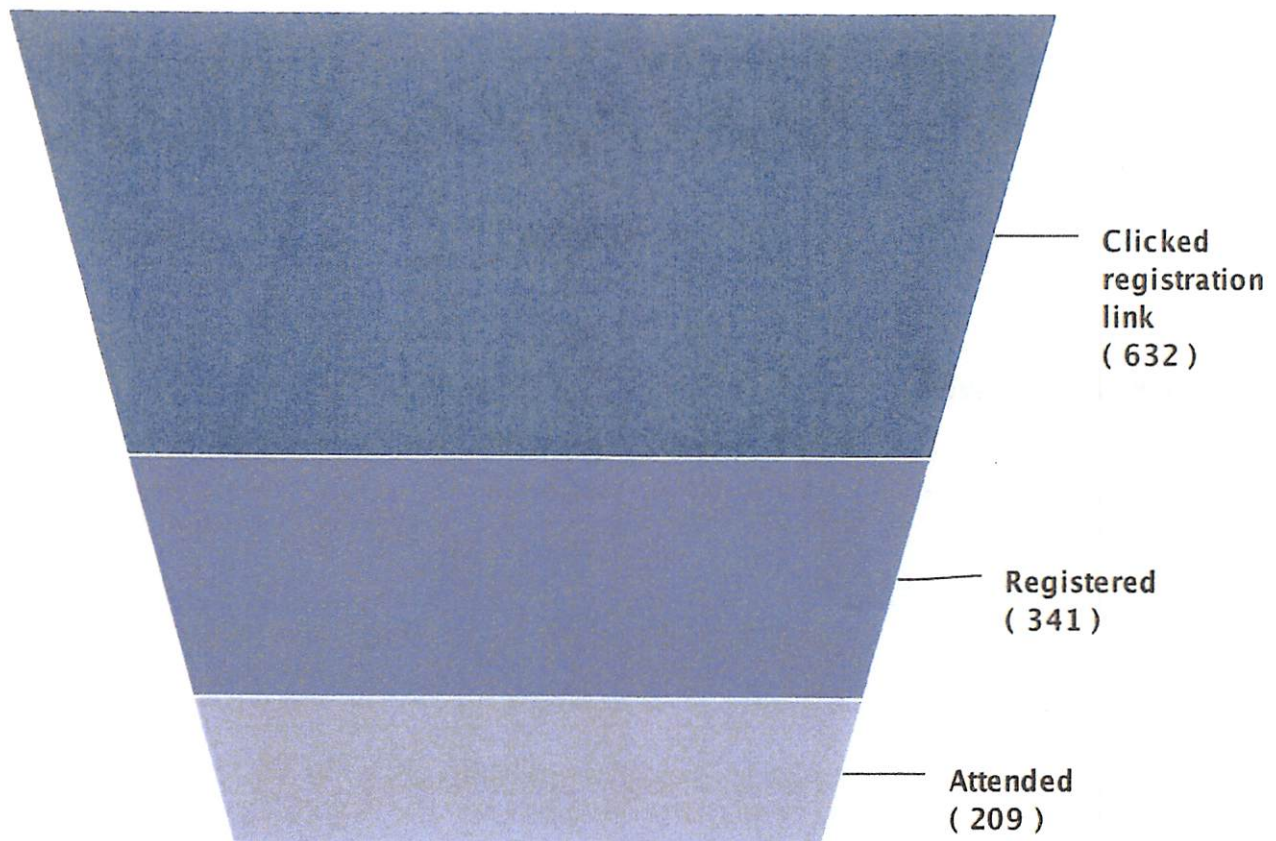
81.93%

Average interest rating

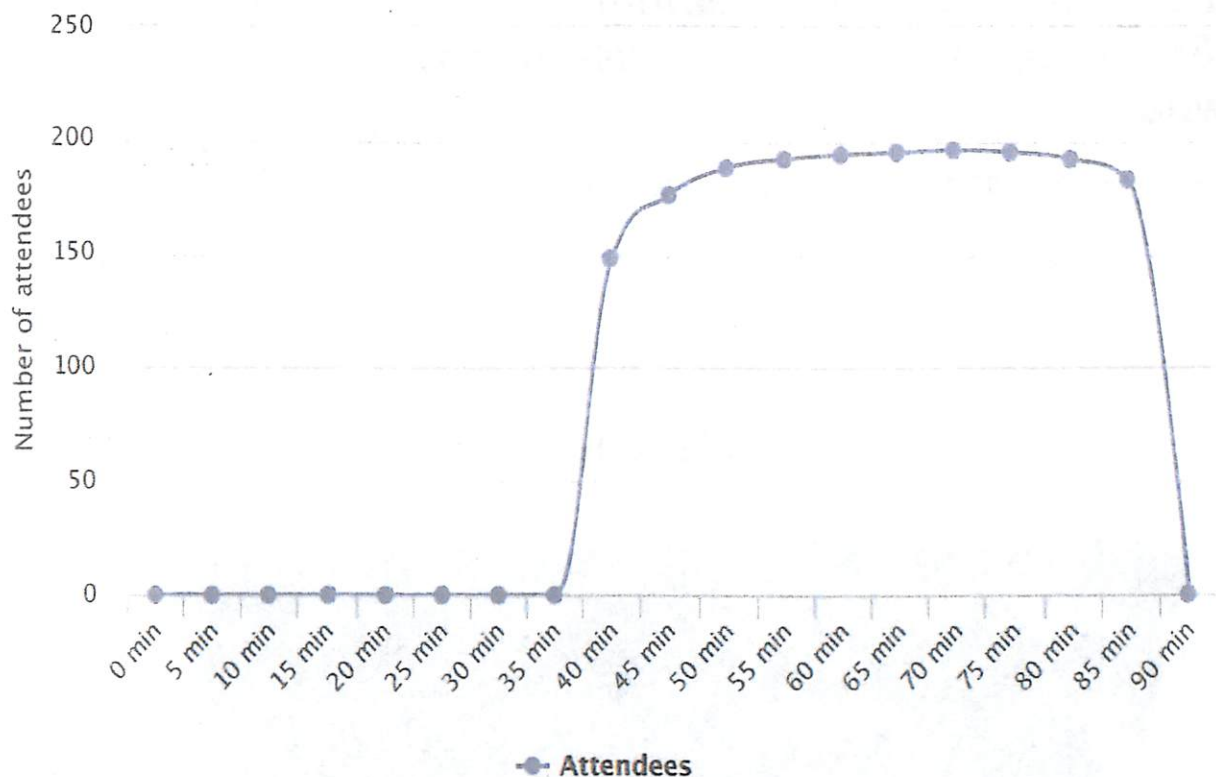
84.16

Average poll response

0.00%

Attendance funnel

Attendees in session



Questions received

Q: I have some question about I did my program 5 years before and practice for 1 years from 2012 -2013. I also did ARDMS SPI and Abdomen. So can I apply for sonography registration?

Q: What if you are already a member of C.M.R.T.O. as a Radiographer? Will we be charged an additional fee?

Q: hello, im as a medical adult cardiac sonographer who has been working over 15 years in this feild wiht no ARDMS, or CMRTO certificates, im what would my future be in this feild or how i could be registered for jan 2019. thanks

Q: what are the option we have if on a requisition requesting the exam requestet and the clinical info do not mach.

Q: what is the future of those ARDMS technician who get licence in 2018 and still jobless.

Q: Will the Council have at least 1 member who is a practising sonographer? Especially Cardiac Sonography

Q: I came to Ontario last September and working as a sonographer since October and on job on 31 Dec 2017 but have not completed 400 hrs so am I eligible for registration under grandparenting option

Q: what will be the status of ARDMS after December 31 2018?

Q: Hi, I'm a Radiologist and acquired my University certificate outside Canada, would you please explain what should I do to be qualified as a Sonographer in Ontario?

Q: Now that we have CMRTO, what does that mean for the other organizations Sonographers currently belong to? (Sonography Canada, ARDMS). Do we need to stay active members with those organizations to remain credentialed? If we remain members of these, don't the functions overlap? Sonographers are concerned about the many fees that they will have to pay annually and are unsure if we need to remain members to begin with.

Q: what is the status of candidates with no Canadian work experience but experience outside Canada and no

Q: In the registration for regulation process, when asked about previous schooling, should we submit the College where we trained as Radiographers? ie. Graduate of Mohawk College of Applied Arts and Technology, graduated in 1982 RT(R) but now working as a CRGS.

Q: Never mind the above Q. Got the answer :)

Q: Are you thinking the cost for joining will be revised since you have more members?

Q: Hi What about IMG Radiologist, have Medical Degrees and FRCR : Fellowship of the Royal College of Radiologists from UK

Q: Hi why there is regulations deadline? when?

Q: Is there any deadline on June 2018 or December 2018?

Q: What if you have been performing vascular exams during your whole professional life. Do you need to have to be certified by the college to continue to perform exam?

Q: If I'm a general Sonographer and I have experience in Vascular can I register as RVT if I pass RVT ARDMS EXAM after registering as general DMS with CMRTO? Thanks

Q: Are DMS allowed to do Saline Infusion SonoHysteroqram?

Q: will ARDMS (RVT-Echo) be recongnized by CMRTO Jan 1-2019

Q: do we still have to register with sonography canada

Q: For application to register there are three criterion.what if I dont meet those three criteria.Currently i am working as modified sonographer

Q: I'm a Doctor (Radiologist) have international experience for more than 13 years doing all the US exams ... with qualifacation from midlle east and FRCR from UK. Can this experience be considered for rigisteration? Or should complete ARDMS?

Q: if I have international medical education, however there's no special Ultrasound program. how can I submit online supporting documents about my international medical education, which was evaluated in Canada and given Bachelor it Masters in Science? Thank you!

Q: I been working 2013 and since then many employers. Doni need to get competence form signed from every employer ? Or latest employer eill be fine?

Q: I missed the first half, this is a yearly fee of \$585?

Q: does CMRTO also cover us for insurance or is it with OAMRS

Q: Does this mean our trienniem for CME's will no longer exist?

Q: Will this presentation be available to us to share with our team members.

Q: Once I become registered with CMRTO, do I still need to keep my ARMDs membership active in order to practice in Ontario? Thanks.

Q: I am a sonographer, I have more than one employer. Do each of them have to fill out the employment and competence form?

Q: Also currently most of us are also with the ARDMS ...do we still have to register with them?

Q: thank you for the presentation. will the fee for 2018 be prorated depending on when our application is approved?

Q: I am working as general sonographer right now but I have vascular certification as well. Will I be able to practice vascular after 2018 ?

Q: We have staff who are competent to scan vascular studies, but without RVT status. As Sonography Canada does not have a vascular exam yet, are staff still able to scan vascular studies without the specialty under DMS.

Q: If you are registered as MRT(R) and (DMS) do you need to complete 25 hours of QA for each discipline?

Q: Will ARDMS be recognized by CMRTO after 2018?

Q: Is it ok to have a more ARDMS certificate such as "breast" in 2018

Q: 1. If we belong to other organizations, do we also need to complete the CMEs for these organizations along with the number required with CMRTO? What and how does this benefit the individual sonographer? 1. If we belong to other organizations, do we also need to complete the CMEs for these organizations along with the number required with CMRTO? What and how does this benefit the individual sonographer?

Q: Will I be limited to general sonographer only??

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WeirFoulds LLP

JF FEB 27 2018

OF MAR 27 2018

Publications

EXECUTIVE
ITEM# 7diii.....COUNCIL
ITEM# 6axviii.....**What You Need to Know - Legislative Updates for
Delivery of Health Care in Ontario**

WeirFoulds LLP | JANUARY 30, 2018

Debbie Tarshis

The Ministry of Health and Long-Term Care was exceptionally busy in the last couple of months. The purpose of this bulletin is to provide you an update on some significant initiatives that were completed by the Government as of January 1, 2018 and to make educated guesses on what we might see in the months ahead.

Diagnostic Medical Sonography

1. Diagnostic medical sonographers are regulated as a new specialty under the jurisdiction of the College of Medical Radiation Technologists of Ontario (CMRTO), effective January 1, 2018.
2. As of January 1, 2018, the application of soundwaves for diagnostic ultrasound is still in the public domain if there is an order from certain regulated health professionals and certain conditions are met. However, there are some changes to the regulated health professionals who may order and/or perform diagnostic ultrasound procedures:
 - (a) members of the College of Midwives of Ontario (CMO) may both order and perform pregnancy diagnostic ultrasounds and pelvic diagnostic ultrasounds.
 - (b) members of the College of Nurses (CNO) registered in the extended class ("nurse practitioners") may order and perform all diagnostic ultrasound procedures.
 - (c) members of the CNO may perform diagnostic ultrasound procedures provided that the member has a therapeutic nurse-patient relationship and the purpose of the procedure is conducting a routine nursing assessment.
 - (d) members of the College of Physicians and Surgeons of Ontario (CPSO) may order and perform all diagnostic ultrasound procedures. (not new)
3. As of January 1, 2019, the performance of an ultrasound procedure for diagnostic purposes will no longer be in the public domain. Only the regulated health professionals listed in Item 2 above and the regulated health professionals set out below will be authorized to perform diagnostic ultrasound procedures:
 - (a) members of the CMRTO; and
 - (b) members of the CNO who are registered nurses or registered practical nurses.

There must be an order from a member of CPSO, a nurse practitioner, or a member of CMO (in the case of a pregnancy or pelvic diagnostic ultrasound) and certain other conditions must be met.

Controlled Act of Psychotherapy

4. As of December 30, 2017, psychotherapy (as defined under the Regulated Health Professions Act, 1991 (RHPA))¹ is proclaimed as a controlled act under the RHPA.
5. As of December 30, 2017, the following regulated professionals may perform the controlled act of psychotherapy:
 - (a) members of the Ontario College of Social Workers and Social Service Workers (OCSWSSW), in compliance with the Social Work and Social Service Work Act, 1998, its regulations and by-laws.²
 - (b) members of the CNO. Except for nurse practitioners, there will need to be an order from a nurse practitioner or certain other regulated health professionals (unless there is a regulation that permits a registered nurse or registered practical nurse to perform the procedure without an order).

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- (c) members of the College of Psychologists of Ontario (CPO).
- (d) members of CPSO.
- (e) members of the College of Occupational Therapists of Ontario (COTO), provided they perform the controlled act in accordance with regulations made under that Act.
- (f) members of the College of Registered Psychotherapists of Ontario (CRPO).

6. As of December 30, 2017, members of the following regulated professions may use the title "psychotherapist", provided they comply with certain conditions:

- (a) members of the OCSWSSW;³
- (b) members of the CNO;⁴
- (c) members of the CPO;⁵
- (d) members of the CPSO;⁶
- (e) members of the COTO;⁷
- (f) members of the CRPO (They can also use the title "registered psychotherapist" and "registered mental health therapist").⁸

7. Until December 31, 2019, any person in Ontario can perform the controlled act of psychotherapy without being in contravention of the RHPA but the person is not authorized to call themselves a psychotherapist or registered psychotherapist.⁹

Ordering X-rays

8. As of April 1, 2018, the following regulated health professions will be authorized to order x-ray procedures:

- (a) physicians. (not new)
- (b) members of the College of Chiropractors of Ontario. (not new)
- (c) certain members of the College of Chiropractors of Ontario. (not new)¹⁰
- (d) members of the Royal College of Dental Surgeons of Ontario. (not new)
- (e) nurse practitioners with respect to any x-ray procedure. (expanded)¹¹
- (f) members of the College of Physiotherapists of Ontario in a manner permitted by regulations made under the *Healing Arts Radiation Protection Act*.¹²

Retirement Homes

9. The Retirement Homes Regulatory Authority (Authority) licenses and regulates retirement homes under the *Retirement Homes Act, 2010* (RHA). As of December 12, 2017, the Authority has more powers to deal with unlicensed homes. Inspectors may enter an unlicensed retirement home to ensure compliance with a Registrar's order to cease to operate. Inspectors may also enter the home if they suspect there may be harm to residents resulting from a home's failure to obtain a licence or comply with the RHA. In addition, the Registrar may apply to the Superior Court of Justice for an order directing a person to comply with the RHA or a Registrar order.

The Authority now has the ability to disclose information to a person that administers or enforces another Act (for example, to a health regulatory College). The disclosure must be to aid that person in an inspection, investigation or enforcement. The information must relate to compliance with the RHA or a serious incident relating to a home.¹³

Stay tuned

Here is a non-exhaustive list of Ministry initiatives that may be completed through additional legislative steps prior to the provincial election in June, 2018.

1. A date to proclaim the *Medical Radiation and Imaging Technology Act, 2017* may be set. The *Medical Radiation Technology Act, 1991* would be revoked and replaced by the *Medical Radiation and Imaging Technology Act, 2017* on such date. Among other things, the name of the CMRTO will be changed to the College of Medical Radiation and Imaging Technologists of Ontario. The name of the profession will be changed to the medical radiation and imaging technology profession. The scope of practice will expressly include the application of diagnostic sound waves for diagnostic purposes.¹⁴ The title "diagnostic medical sonographer" will become a protected title. This means that no person in Ontario would be permitted to call themselves a diagnostic medical sonographer unless they are a member of the College of Medical Radiation and Imaging Technologists of Ontario.

2. Proclamation of amendments to the RHPA and certain regulations may be made under the RHPA relating to a number of matters including:

(a) the composition of the committees required under the Health Professions Procedural Code, Schedule 2 to the RHPA (that is, the Executive; Registration; Inquiries, Complaints and Reports (ICR); Discipline; Fitness to Practise; Quality Assurance; and Patient Relations Committees).

(b) the composition and quorum for panels of the Registration, ICR, Discipline and Fitness to Practise Committees.

(c) additional information to be added to the register such as information related to criminal convictions and criminal charges.

(d) requirements for members to report to health regulatory Colleges about their membership in other regulatory bodies, both inside and outside of Ontario, and findings of professional misconduct or incompetence made by such regulators.

(e) requirements for members to report to health regulatory Colleges information regarding charges for offences and any bail and other conditions related to such charges.

3. The *Oversight of Health Facilities and Devices Act, 2017* or portions of it, may be proclaimed in force and regulations may be made under that Act including, among other matters, regulations to define a "community health facility".¹⁵ Cabinet may appoint one or more persons as the executive officer for community health facilities and energy applying and detecting medical devices.

4. Expanded scopes of practice for certain regulated professions including physiotherapists, dietitians, and chiropractors, among others, to order x-rays, laboratory tests and diagnostic ultrasound procedures. The Minister of Health and Long-Term Care announced the intention to consider expansion to scopes of practice under an assessment model developed by the Ministry called the Model for the Evaluation of Scopes of Practice in Ontario.

5. If Schedule 22 of *Stronger, Healthier Ontario Act (Budget Measures), 2017* is proclaimed and regulations made, registered nurses would have the authority to prescribe drugs designated in the regulations.¹⁶

The above describes a few of the matters that the government has completed and may be able to complete before the election in 2018. They all have far reaching effect on the delivery of health care services in Ontario. Many of these initiatives have been a longtime coming. Some might save, overdue. We will continue to keep you abreast of developments as they occur.

[1]"Controlled act of psychotherapy" is defined as "treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning", para. 14 of ss 27(2) of the RHPA.

[2]RHPA, ss 27(4).

[3]*Social Work and Social Service Work Act, 1998*, s. 47.2.

[4]RHPA, s. 33.1.

[5]ibid.

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[6]ibid.

[7]ibid.

[8]*Psychotherapy Act, 2007*, ss. 8(1).

[9]Controlled Acts Regulation made under the RHPA, O. Reg. 107/96, s.7.2.

[10]As a practical matter, this means that members of the podiatrist class and chiropodists who have graduated from a 4 year program can order x-rays.

[11]*Healing Arts Radiation Protection Act*, para. 6(1)(g).

[12]*Healing Arts Radiation Protection Act*, ss 6(2). Regulations will need to be made before members of the College will be able to order x-ray procedures.

[13]*Retirement Homes Act, 2010*, S.O.2010, c.11.

[14]The scope of practice of medical radiation technology already covers the application of soundwaves for diagnostic purposes as a result of a regulation made under *Medical Radiation Technology Act, 1991*, O. Reg. 226/03.

[15]*Oversight of Health Facilities and Devices Act, 2017* defines "community health facility" as (a) a place or a collection of places where one or more services prescribed in regulations made by the Minister are provided, and includes any part of such a place, and (b) a place or collection of places prescribed in regulations made by the Minister, s. 1.

[16]Under the *Nursing Act, 1991*, nurse practitioners are currently authorized to prescribe, dispense, sell and compound a drug in accordance with the regulations.

The information and comments herein are for the general information of the reader and are not intended as advice or opinion to be relied upon in relation to any particular circumstances. For particular application of the law to specific situations, the reader should seek professional advice.

Kirusha Kobindarajah

From: Sharom, Jeffrey R. (MOHLTC) <Jeffrey.Sharom@ontario.ca> on behalf of Dicerni, Patrick (MOHLTC) <Patrick.Dicerni@ontario.ca>
Sent: December-12-17 5:15 PM
To: Dicerni, Patrick (MOHLTC)
Subject: Bill 160 has passed and is being
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Sent on behalf of Patrick Dicerni

Hello,

OF MAR 27 2018

COUNCIL
ITEM# 6 b1.....

OF FEB 27 2018

EXECUTIVE
ITEM# 5 b1.....

I am pleased to inform you that the *Strengthening Quality and Accountability for Patients Act, 2017*, received Royal Assent today, December 12, 2017. This Act enacts several legislative changes, one of which is enacting the *Oversight of Health Facilities and Devices Act, 2017* (Schedule 9 of the Act) to oversee community health facilities (CHFs) and energy applying and detecting medical devices (EADMDs).

As you may be aware, the *Oversight of Health Facilities and Devices Act, 2017* (OHFDA) will:

- Establish a single legislative framework for both EADMDs and 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; and,
- Continue to fund some CHFs and protect all persons from inappropriate charges for OHIP-insured services.

The OHFDA will come into force on a date to be named by the Lieutenant Governor in Council.

A full version of the OHFDA is available at: http://www.ontla.on.ca/bills/bills-files/41_Parliament/Session2/b160ra_e.pdf.

The Ministry will use a phased approach to implement the OHFDA:

CHFs

- Over the next number of months, the ministry will begin to propose regulations to prescribe the services provided in current independent health facilities and out-of-hospital premises as CHF services, to prescribe inspecting bodies, safety and quality standards, licensing requirements and other features of the OHFDA that will apply to CHFs. If these regulations are approved, the CHF provisions in the OHFDA will begin to come into effect at the same time as the regulations, which include the repeal and replacement of the *Independent Health Facilities Act* with the OHFDA.

EADMDs

- In the coming months, the Minister of Health and Long-Term Care intends to launch a Task Force to advise Ontario on new and enhanced safety and quality standards for X-ray devices (i.e., conventional X-ray machines, CT scanners, and fluoroscopy) that are currently regulated under the *Healing Arts Radiation Protection Act* (HARP Act). This advice and feedback will inform revised and new regulations for X-ray devices.
- In 2019, the ministry will seek feedback from the sector on proposed regulations for X-ray devices. The regulations will specify a transition period to support providers who are currently using X-ray devices with

-250 appropriate approvals under the HARP Act to come into compliance with requirements under the OHFDA. If these regulations are approved, the EADMD provisions in the OHFDA will come into effect at the same time as the regulations, which include the repeal of the HARP Act and replacement with the OHFDA.

Links to the ministry's new release and backgrounder are provided below:

News Release

English: <http://news.ontario.ca/m/47475>

French: <http://news.ontario.ca/m/47480>

Backgrounder

English: <http://news.ontario.ca/m/47476>

French: <http://news.ontario.ca/m/47478>

The ministry is committed to working with the sector to inform the development of the regulations and to support the transition to the new OHFDA. We look forward to continuing to engage with you as we move ahead with this work.

Sincerely,

Patrick Dicerri
Assistant Deputy Minister
Strategic Policy and Planning Division

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OF FEB 27 2018

EXECUTIVE
ITEM#5b1
attachment

News Release

Ontario Passes Legislation to Strengthen
Transparency in Health CareChanges Include Greater Oversight of Long-Term Care Homes,
Pharmaceutical Companies

December 12, 2017 1:00 P.M. | Ministry of Health and Long-Term Care

Ontario has passed legislation to enhance transparency, accountability and the quality of care across the health care sector, including greater oversight of long-term care homes and pharmaceutical companies.

The Strengthening Quality and Accountability for Patients Act, 2017 will ensure that the province's health system continues to put patients and their families first by making important changes to key pieces of legislation which strengthen oversight and safeguard the quality of care in Ontario.

Key highlights include:

- Making Ontario the first province or territory in Canada to require the medical industry, including pharmaceutical and medical device manufacturers, to disclose payments made to health care professionals and organizations, as well as other recipients.
- Strengthening Ontario's quality and safety inspection program for long-term care homes with new enforcement tools, including financial penalties and new provincial offences for non-compliance.
- Enabling paramedics to provide appropriate, safe and effective care for patients by providing timely on-scene care, and/or transportation to another facility that best meets their needs. This will allow patients to receive more appropriate care closer to home and in the community, improve ambulance service coverage and help address overcrowding in emergency departments
- Prohibiting the creation of new private hospitals in Ontario and enabling existing private hospitals to be designated as community health facilities or other facilities at a later date, so there is greater quality oversight through more detailed reporting and consistency in delivering quality care.
- Ensuring that no person, other than a regulated health professional, shall sell, offer for sale or provide eye tattooing or implantation of eye jewellery.
- Permitting the regulation of recreational water facilities, like splash pads and wading pools, and personal service settings, including barber shops and nail salons, to help ensure Ontario's high public health quality standards are met.

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- Strengthening the oversight of diagnostic medical sonographers (those who use ultrasound) through new legislation that will cover the entirety of the medical radiation and imaging technology profession.
- Requiring operators of community health facilities and medical radiation devices (such as X-ray machines, CT scanners, ultrasound machines and MRIs) to obtain a licence and enhancing the enforcement tools available to inspectors, to improve patient safety.
- Strengthening the protection of seniors in Retirement Homes, through increased oversight powers of the Retirement Homes Regulatory Authority (RHRA), while increasing overall transparency, accountability and governance.

Ontario's plan to create fairness and opportunity during this period of rapid economic change includes a higher minimum wage and better working conditions, free tuition for hundreds of thousands of students, easier access to affordable child care, and free prescription drugs for everyone under 25 through the biggest expansion of Medicare in a generation.

Quick Facts

- Ontario is now the first Canadian province or territory to legislate mandatory disclosure of private sector payments to health professionals.
- Ontario's health care budget will total \$53.8 billion in 2017-18 — a 3.8 per cent increase from the previous year.
- The bill includes 10 pieces of legislation that demonstrate how Ontario is continuing to improve quality and accountability in the health care system.

Background Information

- Strengthening Quality and Accountability for Patients Act, 2017

Additional Resources

- Budget 2017
- Patients First: Action Plan for Health Care
- Patients First: Action Plan for Health Care Year Two Results

Quotes



"These changes will ensure that Ontario's health care system is efficient and transparent. With the passing of the Strengthening Quality and Accountability for Patients Bill, we are improving safety for patients and communities across the province."

Dr. Eric Hoskins
Minister of Health and Long-Term Care

"Family Councils of Ontario (FCO) are very pleased to see the passage of Bill 160. We support these new enforcement tools and will continue to work with the Ministry of Health and Long-Term Care and other sector partners towards better care and safety for all residents living in long-term care homes. We applaud these improvements to the Long-Term Care Homes Act, as well as the transparency of the inspection process that FCO, families and residents have been working towards."

Lorraine Purdon
Executive Director, Family Councils of Ontario

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Minister's Office
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OF FEB 27 2018

Backgrounder

Strengthening Quality and Accountability for Patients Act, 2017

EXECUTIVE ^{5th} attachment
ITEM #

December 12, 2017 1:00 P.M. | Ministry of Health and Long-Term Care

The Strengthening Quality and Accountability for Patients Act, 2017, supports Ontario's Patients First: Action Plan for Health Care and will ensure that patients continue to receive quality and accountable health care services. The 10 pieces of legislation included are:

Health Sector Payment Transparency Act, 2017

Ontario passed legislation that will make it mandatory for the medical industry, including pharmaceutical and medical device manufacturers, to disclose payments made to health care professionals and organizations, as well as other recipients. This legislation will strengthen transparency by providing information about financial relationships within the health care system and help patients make better informed decisions about their own health care.

The medical industry will be required to report information about transfers of value, which could include meals and hospitality, travel associated expenses, financial grants, and fees paid for consulting on speaking events. The public will be able to search this information in an online database.

Health Protection and Promotion Act, 1990

Ontario amended the Health Protection and Promotion Act to permit the regulation of recreational water facilities like splash pads and wading pools to protect the health and safety of infants and young children. These changes will also permit the regulation of personal service settings like barber shops, nail salons, tattoo parlours and their aesthetic practices to better prevent infection in these settings.

These changes bring Ontario in line with several other jurisdictions in Canada.

Changes have also been made to ensure that no person, other than a regulated health professional, shall sell, offer for sale or provide eye tattooing or implant eye jewellery. In addition, legislative changes have been made that will permit the boards of health for the County of Oxford and Elgin St. Thomas Public Health to merge into a single board of health.

Long-Term Care Homes Act, 2007

While the vast majority of long-term care homes are in compliance with provincial rules and regulations, the legislation establishes new enforcement tools, including financial penalties, and new provincial offences to ensure long-term care home operators are addressing concerns promptly.

The legislation also establishes a consent-based framework to protect residents who need to be secured in a long-term care home for safety reasons.

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Retirement Homes Act, 2010

Ontario has a robust oversight system enforced by the Retirement Homes Regulatory Authority (RHRA) and recently consulted on ways to continue to improve the system in place.

The changes will:

- Strengthen the oversight powers of the RHRA
- Increase transparency, accountability and governance through changes that include permitting the Auditor General to conduct value-for-money audits of the RHRA and by giving the minister authority to require reviews of the RHRA

Ambulance Act, 1990

Ontario changed the Ambulance Act to provide paramedics with increased flexibility to deliver alternative care options on-scene to patients, avoiding unnecessary visits to the emergency department.

Previously, paramedics were bound by law to transport patients to hospital facilities only. The changes will enable paramedics to provide appropriate, safe and effective care for patients who call 911 by providing timely on-scene care, and/or transporting the patient to a facility to meet the patient's needs. This will allow those patients to receive more appropriate care closer to home and in the community as well as improve the availability of ambulances to respond to higher acuity calls.

Oversight of Health Facilities and Devices Act, 2017

Ontario strengthened the safety and oversight of services delivered in community health facilities and with medical radiation devices like X-ray machines, CT scanners, ultrasound machines and MRIs.

The province's legislation:

- Modernizes and expands the regulation of medical radiation devices in all facilities to ensure safety and quality when using these devices
- Strengthens accountability in the system for providing high-quality care
- Ensures patients and their caregivers have access to critical information about the quality of care provided through public reporting.

This legislation also allows the appropriate hospitals or other health facilities to be designated as community health facilities at a later date, so there is consistent quality oversight through detailed reporting and an enhanced inspection regime and prohibits the creation of new private hospitals. This legislation allows the Private Hospitals Act to be repealed at a later date.

Medical Radiation and Imaging Technology Act, 2017

Ontario strengthened transparency of the oversight of diagnostic medical sonographers (those who use ultrasound) by replacing the Medical Radiation Technology Act with new legislation to cover the entirety of the medical radiation and imaging technology profession.

Key changes under the new Medical Radiation and Imaging Technology Act included:

- Updating the name of the profession and of the health regulatory college overseeing the profession to accurately reflect the entirety of its membership
- Changing the scope of practice statement to include the "application of soundwaves" to capture diagnostic sonographers
- Appropriately identifying all radiation and imaging professionals that are members of the college.

Excellent Care for All Act, 2010

The amendments to the Excellent Care for All Act, 2010 include:

- Enabling the Patient Ombudsman to conduct investigations in private by excluding his or her investigation records from the Freedom of Information and Protection of Privacy Act.
- Allowing government to make regulations specifying purposes for which Health Quality Ontario (HQO) may collect, use, and disclose personal health information as well as specifying applicable conditions, restrictions or requirements on that collection, use, or disclosure
- Providing HQO with greater operational flexibility by modernizing its authority to enter into office space lease arrangements that are reasonably necessary for HQO's functions.

Ontario Drug Benefit Act, 1990

An amendment removes the last outdated reference to only physicians in the *Ontario Drug Benefit Act*, to reflect that other health care professionals (such as nurse practitioners) can prescribe certain drug products covered under the Ontario Drug Benefit Program, where deemed within their professional scope of practice. This amendment further aligns the Ontario Drug Benefit Program with nurse practitioners' current scope of practice and will help increase patient access to medications they need.

A housekeeping amendment was also made to clarify the ministry's authority to disclose personal information for purposes related to the administration of the ODBA.

Ontario Mental Health Foundation Act, 1990

The province repealed the Ontario Mental Health Foundation Act (OMHF) to complete the dissolution of the foundation. The decision to dissolve the OMHF was made based on the results of a review that found the bulk of OMHF's original mandate (diagnosis and treatment) is currently delivered by community-based organizations. Its research mandate will be managed through Ontario's existing Health System Research Fund.

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Laura Gallant

Minister's Office

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Linda Gough

From: Dicerni, Patrick (MOHLTC) <Patrick.Dicerni@ontario.ca>
Sent: January 16, 2018 11:09 AM
To: Linda Gough
Cc: Court, Sean (MOHLTC); Wicks, Mikayla (MOHLTC)
Subject: Task Force for the Development of Standards for X-rays
Attachments: Conflict of Interest and Disclosure.pdf

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OF FEB 27 2018

EXECUTIVE
ITEM# 5bii

Hello Linda Gough,

Thank you for applying to serve on the Minister's Task Force for the Development of Standards for X-rays. I am pleased to inform you that you have been shortlisted. Please see the next steps in the appointment process outlined below.

All shortlisted applicants must submit a Personal and Conflict of Interest and Disclosure Statement. Please read carefully, print and complete the attached form by **Monday January 22nd**. The original copy of the Statement may be submitted only by mail to:

Octavie Bellavance
Senior Policy Advisor, Legislative Policy Unit
Strategic Policy Branch
80 Grosvenor St., Hepburn Block, 8th floor
Toronto, ON M7A 1R3

The personal information requested on this form will be collected and used by the Public Appointments Secretariat and the Ministry to evaluate the suitability of your potential candidacy for appointment to the provincial agency or other entity. This information will not be disclosed except as required for the above-noted purpose. If you prefer, you may also obtain your own police check and submit it separately.

If your appointment is confirmed, we will contact you shortly to schedule the Task Force meetings.

If you have any questions, or if you can no longer serve on the Minister's Task Force, please contact Sean Court (sean.court@ontario.ca), Director of the Strategic Policy Branch, as soon as possible.

We look forward to working with you.

Kind regards,
Patrick

Patrick Dicerni
Assistant Deputy Minister
Strategic Policy and Planning Division
Ministry of Health and Long-Term Care

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OF MAR 27 2018

COUNCIL
ITEM# 6bii

Linda Gough

From: Pakyam, Joshua (MOHLTC) <Joshua.Pakyam@ontario.ca> on behalf of Court, Sean (MOHLTC) <Sean.Court@ontario.ca>
Sent: February 2, 2018 4:35 PM
To: Linda Gough
Subject: Update re X-ray Task Force

CIRCULATED
WITH AGENDA

FEB 27 2018

EXECUTIVE
#.....5biii

Hello Ms. Gough,

Thank you again for applying to serve on the Minister's Task Force for the Development of Standards for X-rays. We have received your Personal and Conflict of Interest and Disclosure Statement, and are currently working through the public appointments process to finalize and approve your appointment to the Task Force.

We hope to send more information about this and confirm your appointment in the coming weeks.

However, while this process is being finalized, we wanted to flag the tentative dates for the first five Task Force meetings, as well as an introductory call to provide administrative information about participating in a task force. We will also be sending out corresponding 'Save the Date' calendar invitations shortly.

Please note that until the appointments process is completed, we cannot confirm your guaranteed appointment to the Task Force, nor the finality of these dates. However, given that we would like to start work on the Task Force as soon as possible, and to help facilitate planning on your end, we want to flag these dates in your calendar.

If you have any questions or concerns, please contact Mikayla Wicks (Mikayla.Wicks@ontario.ca).

To help support planning, please send any dietary restrictions, specialized accommodations, or requests to support your travel/accommodation bookings to Cassandra Kovacic (Cassandra.Kovacic@ontario.ca).

Tentative Dates include:

- **Introductory Call (via webinar):** Thursday February 22nd, from 9:00am – 10:00am
- **Task Force Meeting #1:** Tuesday February 27th, from 9:00am – 5:00pm
- **Task Force Meeting #2:** Monday March 19th, from 9:00am – 4:00pm
- **Task Force Meeting #3:** Monday April 9th, from 9:00am – 5:00pm
- **Task Force Meeting #4:** Monday April 30th, from 9:00am – 5:00pm
- **Task Force Meeting #5:** Wednesday May 23rd, from 9:00am – 5:00pm

Sincerely,
Sean

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
MEM#.....6biii

OF MAR 27 2018

COUNCIL
ITEM#.....64i.....



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:** March 12, 2018

Subject: Proposed By-Law 59, Terms of Reference for Executive Committee and Election procedure for the CMRTO President and Vice-President

This agenda item is for:

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

In order to support the policy direction set out in the 2018 Operational Plan to remove the requirement that the President and Vice-President be elected members of Council to allow for the possible election of a public members to these positions, By-Law 13, clauses 11 and 26 (attached) require amendments.

A proposed By-Law is circulated with the agenda for your consideration. This By-Law does not require circulation to members, and can be approved at the meeting with immediate effect.

This By-Law change requires amendments to two policies:

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

The proposed amendments are shown in the enclosed policies using track changes.

Action Required:

For review, discussion and approval, if appropriate.

OF MAR 27 2018

COUNCIL
ITEM#.....6c:ii.....

CONSOLIDATION OF BY-LAW NO. 13

CIRCULATED
WITH AGENDA
OF FEB 27 2018

-261-

EXECUTIVE
ITEM#.....5d:ii.....

January 1, 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

identifies the conflict of interest after a hearing has commenced, the conflict shall be disclosed to the parties and the procedures normally followed at a hearing for deciding whether or not a judge shall recuse himself or herself from a hearing, shall be followed.

- (h) If a Member believes that another Member has a conflict of interest, the Member may bring such concern to the attention of the President, the Registrar or chair of the relevant committee. The President, the Registrar or chair of the committee, as the case may be, shall determine the appropriate action to take, if any.
- (i) Notwithstanding paragraph (f), a Councillor may attend a meeting of the Council and vote upon a resolution to approve a contract or transaction if:
 - (i) the contract or transaction is one relating primarily to the Councillor's remuneration as a Councillor; or
 - (ii) the contract or transaction is one for indemnity or insurance under Clause 42.

EXECUTIVE COMMITTEE

- 11. There shall be an Executive Committee of Council, composed of:
 - (a) the President,
 - (b) the Vice-President,
 - (c) one (1) or two (2) Councillors who are members of the College, and
 - (d) one (1) or two (2) Councillors appointed to the Council by the Lieutenant Governor in Council.

The President shall be the chair of the Executive Committee. A majority of the members of the Executive Committee shall form a quorum of the Executive Committee. 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.

REGISTRATION COMMITTEE

- 12. The Registration Committee shall be composed of:
 - (a) at least one (1) Councillor who is a member of the College,
 - (b) at least one (1) Councillor appointed to the Council by the Lieutenant Governor in Council, and

ADDITIONAL COMMITTEES

22. The Council may, from time to time, appoint such additional committees as it considers advisable, with such duties as it considers advisable.

MEMBERSHIP OF COMMITTEES

23. Council shall, annually, appoint all members of committees save and except the President and Vice President of the Executive Committee who shall be elected. No employee of the College shall be eligible to be a member of any committee. The Council or the Executive Committee may disqualify a Councillor from sitting on a committee or take other action that is appropriate in the circumstances if, in the opinion of Council or the Executive Committee to be determined by a majority of the votes cast at a meeting of Council or the Executive Committee, as the case may be, the conduct or actions of the Councillor are detrimental to the College or contrary to any of its policies. The Councillor shall cease to be a member of the committee if the Councillor is disqualified from sitting on the committee. In addition, the Council or the Executive Committee may, from time to time, remove from office any member of any committee and may fill any vacancy, however caused.
- 23.1 Subject to clause 23.2, the term of office of a member of a committee is one year. A member of a committee is eligible for reappointment.
- 23.2 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 the member is disqualified in accordance with the by-laws of the College.

CHAIRS OF COMMITTEES

24. The Council may, from time to time, appoint or remove the Chair of any Committee.

DUTIES OF COMMITTEES

25. The Committees referred to in clauses 11 to 17 shall carry out their duties as provided in the Act, the MRT Act and the Regulations and shall have no powers or obligations in addition to those set out in the Act, the MRT Act, and the Regulations. All other committees, except 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.

OFFICERS OF THE COLLEGE

26. There shall be a President, a Vice-President, a Registrar and such other officers as the Council may, from time to time, determine. No person may hold more than one office. The President and Vice-President shall be elected annually by the Council from among the elected Councillors at the first meeting of Council after each election of the elected Councillors, provided that, in default of such election, the then incumbents, being Councillors, shall hold office until their successors are elected. 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. Any other officers of the College need not be Councillors nor members of the College. A Councillor may not be the Registrar. In the absence of written agreement to the contrary, the terms of employment of all officers (except the President and Vice-President) shall be settled, from time to time, by the Council.

DUTIES OF PRESIDENT AND VICE-PRESIDENT

27. The President shall, when present, preside at all meetings of the College, the Council and the Executive Committee. The President, subject to the authority of Council, shall have the general supervision of the affairs and business of the College. The President and the Registrar, or other person appointed by the Council for that purpose, shall sign all by-laws. The President shall be, ex officio, a member of all committees. The President shall perform such other duties as may, from time to time, be determined by the Council. During the absence or inability of the President, the President's duties and powers may be exercised by the Vice-President or such other Councillor as the Council may, from time to time, appoint for the purpose, and, if the Vice-President, or such other Councillor, shall exercise any such duty or power, the absence or inability of the President shall be presumed with reference thereto.

DUTIES OF REGISTRAR

28. The Registrar shall be the chief executive officer of the College and shall be responsible for and direct the administration of the affairs and operations of the College in accordance with the Act, the MRT Act, the Regulations and the by-laws, policies and guidelines of the College, each as amended or replaced from time to time. Without limiting the generality of the foregoing, the Registrar shall:
- (a) be ex officio the clerk of the Council,
 - (b) 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,
 - (c) give all notices required to be given to Councillors and members of the College,
 - (d) act as custodian of the seal of the College and of all books, papers, records, contracts and other documents belonging to the College, which shall be delivered up only when authorized by a resolution of the Council and then only to such person or persons named in the resolution,
 - (e) keep a full and accurate account of all financial affairs of the College in proper form and deposit all moneys and other valuables in the name and to the credit of the College in such depositories as may, from time to time, be designated by the Council,

OF MAR 27 2018

OF FEB 27 2018

COUNCIL
ITEM#.....6C.11).....BY-LAW NO. 59
(March *, 2018)EXECUTIVE
ITEM#.....5d11).....

A By-law amending By-law No. 13 of the College of Medical Radiation Technologists of Ontario (the "College")

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

By-law No. 13 shall be amended as follows:

1. Clause 11 shall be deleted and the following substituted therefor:

"11. There shall be an Executive Committee of Council, composed of:

(a) four (4) Councillors who are members of the College, and

(b) two (2) Councillors appointed to the Council by the Lieutenant Governor in Council.

The President and Vice-President shall be among the members of the Executive Committee.

11.1 The President shall be the chair of the Executive Committee. A majority of the members of the Executive Committee shall form a quorum of the Executive Committee. 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."

2. The first three sentences of Clause 26 shall be deleted and the following substituted therefor:

"There shall be a President, a Vice-President, a Registrar and such other officers as the Council may, from time to time, determine. No person may hold more than one office. The President and Vice-President shall be elected annually by the Council from among the Councillors at the first meeting of Council after each election of the elected Councillors, provided that, in default of such election, the then incumbents, being Councillors, shall hold office until their successors are elected."

BY-LAW NO. 13 is hereby amended.

PRESIDENT

REGISTRAR



Terms of Reference for the Executive Committee

Policy 2.1

Section:	Governance		
Approved By:	Council	Public	Yes
Approved Date:	March 28, 2014	Review Schedule:	Every 3 Years
Effective Date:	June 19, 2014	Last Reviewed:	September 2017
Amended Date(s):	January 1, 2015	Next Review Date:	September 2020
	<u>March 27, 2018</u>		

Policy: Terms of Reference for the Executive Committee

Purpose

The Executive Committee of the College of Medical Radiation Technologists of Ontario (CMRTO) provides leadership to Council, and facilitates the effective functioning of Council by providing input to background materials and making policy recommendations.

In support of Council, the Executive Committee shall have responsibility for:

- Leadership regarding governance policies and practices
- Leadership regarding the performance review process of the Registrar & CEO and succession-planning, and staff relations matters as set out below
- Risk identification and oversight
- Crisis management

Responsibilities

1. Acts as the Council between scheduled Council meetings, if necessary¹
2. Provides advice to the President on the development of Council agendas as required

¹ Section 12(1) of the Health Professions Procedural Code, being Schedule 2 of the *Regulated Health Professions Act, 1991* states: "Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law." If the Executive Committee uses this power, it is required to report on its actions to the Council at the next Council meeting.

3. Monitors, evaluates and reports on the governance structure, policies and processes of Council
4. Develops, implements and evaluates the Council orientation process and Council education to facilitate good governance practices and behaviours
5. Promotes and leads the evaluation processes for Council and statutory committee members to consistently improve governance performance
6. Leads the performance review process of the Registrar & CEO, the negotiation of the Registrar & CEO's compensation, and appropriate succession and contingency planning for the position of Registrar & CEO. This includes a market review of the salary range for the Registrar & CEO position at least every three to five years. It also includes whether to recommend to Council an adjustment to the salary range of the Registrar & CEO
7. Considers whether to recommend to Council an adjustment to the salary ranges of CMRTO staff
8. Reviews the CMRTO's human resources policies at least once a year
9. Carries out the powers and duties of the Staff Relations Committee as set out in the policies of the CMRTO entitled "Policy and Program regarding workplace harassment" and "Policy and Program regarding violence in the workplace", as may be amended from time to time
10. Identifies and monitors areas of risk in CMRTO activities and affairs, oversee measures put into place by management to manage those risks, and report to the Council and recommend policies as required
11. Acts as the Privacy Committee for the purposes of the CMRTO Privacy Code
12. Reports on its actions to the Council on a timely basis

Meeting Frequency

The Executive Committee shall meet no less than three (3) times per year, at the call of the President. Meetings may be conducted in person or by teleconference.

Composition

The Executive Committee shall include:

- four (4) Councillors who are members of the College, and
- two (2) Councillors appointed to the Council by the Lieutenant Governor in Council.

The President and Vice-President shall be among the members of the Executive Committee.

- ~~President (elected)~~
- ~~Vice-President (elected)~~
- ~~One (1) or two (2) Councillors who are members of the CMRTO~~

- ~~One (1) or two (2) Councillors appointed by the Lieutenant Governor in Council~~

The President shall be Chair of the Executive Committee. A majority of the members of the Executive Committee shall constitute a quorum.

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



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):	<u>March 27, 2018</u>		

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 elected 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 documentpolicy, 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 members 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 MAR 27 2018

COUNCIL
ITEM#6di.....College of
Medical Radiation
Technologists of
OntarioOrdre des
technologues en
radiation médicale
de l'Ontario

Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** March 6, 2018

Subject: CMRTO Policy Review

This agenda item is for:

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Decision

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Direction to staff

☐

Discussion

☐

Information

Introduction

According to Policy 0.1, Policy Register and Review Policy, it is time for Council to complete its initial review of a large number of policies that were first created about three years ago as part of the Council governance review.

The Administration, Governance, and Finance and Risk policy groupings were reviewed by Council in September 2017.

This review period will focus on the following policy groupings: Administration, Elections, Professional Practice, Registration, Quality Assurance, and Professional Conduct. It will also include a review of interim amendments to two policies in the Human Resources policy grouping.

Although this review period marks the end of our initial policy review, please note that these policies are based on the CMRTO's current by-laws. As part of our 2018 Operational Plan, commitments were made to (a) remove the restriction that the President and Vice-President must be professional members, (b) continue to implement the CMRTO Transparency Implementation Plan, including by-law changes, and (c) review and update the CMRTO by-laws to improve plain language and format. These commitments, along with the potential changes resulting from the *Medical Radiation and*

Imaging Technology Act, 2017, should it be proclaimed, would require a further review of all CMRTO policies that may deviate from the three-year review schedule set by Council.

Existing Council Policies

The Registration Committee reviewed the policies in the Registration grouping at their meeting on September 6, 2017.

The Quality Assurance (QA) Committee reviewed the policies in the Quality Assurance grouping at their meeting on December 6, 2017.

In 2018, CMRTO staff reviewed the policies in the Professional Conduct grouping. In consultation with the Registrar & CEO, amendments were proposed in light of the CMRTO's focus on transparency and recent legislative amendments.

The Executive Committee reviewed all the policies in this review period at their meeting on February 27, 2018. Amendments to several policies were made before resolving to refer the policies to Council with a recommendation for approval.

a. Housekeeping Amendments

As a result of the review, the following edits were made:

1. All policies were brought in-line with CMRTO brand standards. This involved edits to font size, spacing, margins, logo placement, etc.;
2. All references to "Registrar" were changed to "Registrar & CEO" to reflect the CMRTO's current governance structure. Similarly, references to "Director of Professional Practice" were changed to "Deputy Registrar";
3. References to legislation, committee names, and the CMRTO itself, among other things, were standardized among the various groupings;
4. The titles of certain policies were updated to better reflect their content;
5. Policy 0.1, Policy Register and Review Policy, was updated to reflect amended policies titles;
6. The "Last Reviewed Date" and "Next Review Date" were updated to reflect a "Last Reviewed Date" of March 2018 and a "Next Review Date" in-line with the "Review Schedule." These dates were updated in Policy 0.1, as well as within each policy itself;
7. Grammar, punctuation and spelling were updated for consistency, in-line with CMRTO brand standards; and
8. All specific references to "he" and "she" were removed and replaced with gender-neutral terminology.

These edits have been implemented and are reflected in the policies attached for your review.

b. Substantive Amendments

Substantive legislative updates, along with substantive content changes not captured by items (1) to (8) above, are tracked via track changes. If substantive updates were made to a policy, the "Amended Date(s)" section has been updated to reflect an amended date of March 27, 2018.

i. Policy 0.1, Policy Register and Review Policy

Policy 0.1, Policy Register and Review Policy, has been updated to include the following new policies:

1. Policy 6.10, Educational programs approved by CMRTO in the specialty of diagnostic medical sonography
2. Policy 6.11, Approved examinations for the specialty of diagnostic medical sonography set and administered by Sonography Canada
3. Policy 6.12, Approved examinations for the specialty of diagnostic medical sonography administered by the ARDMS (time-limited)

These registration policies were approved for the purpose of implementing the Registration Regulation to regulate diagnostic medical sonographers as a fifth specialty.

These policies were approved on December 8, 2017, to come into force on the later to occur of January 1, 2018 and the day on which the Registration Regulation was filed. The policies have been updated to reflect an effective date of January 1, 2018, given that the amended Registration Regulation was filed on December 20, 2017.

These new policies will be reviewed in accordance with the March review schedule, with the exception of policy 6.12, which is time-limited.

Given its financial implications, Human Resources Policy 9.8, Leaves of Absence and Sick Time (which was approved by the Executive Committee acting as Council on December 7, 2017) has been elevated to the Council level and has been included in Policy 0.1.

ii. Administration

Policy 1.8, Procedures respecting CMRTO approval of accreditation of MRT educational programs has been amended to reflect the change in the CMRTO's approved accreditation body. As of February 1, 2018, the approved accreditation body is Accreditation Canada, an affiliate of Health Standards Organization.

You will also note that Council policies 1.10, 1.11, and 1.12 appear as part of this review. These three policies were approved by Council on June 16, 2017 with an effective date of July 1, 2017. On approval, the next review date of these policies was set for July. In keeping with the review schedules of September and March, the next review date of these policies has been amended to reflect a September 2020 review. This is consistent with related policies.

The housekeeping edits describe in part (a) above were also applied to these policies to bring them in-line with the rest of the Administration policy grouping.

iii. Elections

In accordance with amendments to by-law No. 13 necessary to remove the restriction that the President and Vice-President of CMRTO must be professional members, Policy 3.2, Election procedure for the election of President and Vice-President of CMRTO, has been amended to include that, for the purpose of the policy, a member of Council includes a member of the Council and a

member appointed to the Council by the Lieutenant-Governor in Council. Policy 3.2 is included under agenda item 6c, along with Policy 2.1, Terms of Reference for the Executive Committee.

iv. Professional Practice

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." The decision to add this condition to the certificate was made to accommodate the different areas within each specialty in which members are practising, and to provide for the growing trend for hybrid imaging equipment which crosses traditional modalities by merging two technologies into a single piece of equipment.

For this reason, CMRTO staff are proposing that Policy 5.1, The operation of x-ray tubes in conjunction with nuclear medicine cameras, and Policy 5.2, Bone densitometry, be revoked. These policies were developed to address professional practice issues now covered by the addition of the new condition.

Policy 5.4, professional accountability of MRTs during a work-stoppage, has been updated to reflect the CMRTO's current regulatory obligations. The Policy now provides that investigations are reviewed by the Inquiries, Complaints and Reports (ICR) Committee, not the Executive Committee, and that the ICR Committee has the option to refer a case to the Discipline Committee for a hearing.

v. Registration

Policies 6.1 and 6.2 have been amended to reflect the change in the CMRTO's approved accreditation body. As of February 1, 2018, the approved accreditation body is Accreditation Canada, an affiliate of Health Standards Organization. The definition of "Approved Accreditation Body" continues to reference the Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies of the Canadian Medical Association, or 8872147 Canada Inc., a subsidiary of the Canadian Medical Association for the purpose of transitional issues.

Policy 6.2, Education programs and examination(s) approved by CMRTO in magnetic resonance, has been amended to reflect the Michener Institute's new name: The Michener Institute of Education at UHN (formerly known as The Michener Institute for Applied Health Sciences). Please note that Schedule 1 of the Policy, which reflects those programs listed in Schedule 1.1 of the Registration Regulation, includes the Institute's former name. Changing the Schedule would require amending the regulation.

Policies 6.3, 6.5, 6.10, 6.11 and 6.12, which were amended/approved on December 8, 2017 for the purpose of implementing the Registration Regulation to regulate diagnostic medical sonographers as a fifth specialty have also been included and subject to the housekeeping amendments mentioned in part (a) above.

vi. Quality Assurance

On December 6, 2017, the QA Committee approved QA Committee Policy 9.10, Continuing education and professional development activities: partial hours.

This policy speaks to the modification of the requirement to complete and record at least twenty-five (25) hours of continuing education and professional activities each year when a member does not hold a certificate of registration for an entire QA year (i.e. January 1 to December 31). This policy sets out the requirement to complete at least 6.25 hours of continuing education and professional activities each quarter in which a member holds a certificate of registration. This policy will apply to all members of the CMRTO, including new members.

As a result, the QA Committee is proposing that Council consider an amendment to Council Policy 7.4, Continuing education and professional development activities. Should Council approve the amendment, it would provide the QA Committee with the discretion to accept partial hours to fulfill the requirement if a member holds a certificate of registration for less than an entire QA year (January 1 to December 31). An amendment to Council Policy 7.4 is required to implement QA Committee Policy 9.10.

vii. Professional Conduct

CMRTO staff is proposing that Policy 8.1, Notice to members respecting discipline hearings, be revoked. While providing notice to Council members respecting Discipline hearings will remain a best practice, this policy was developed before the age of transparency.

As a result, CMRTO staff is proposing that notice respecting discipline hearings also be posted to the CMRTO website. This change is further reflected in a substantive update to Policy 8.2, Publication of Discipline decisions in *Insights*.

viii. Human Resources

On December 7, 2017, the Executive Committee reviewed Council Policy 9.1, Workplace Health & Safety and recommended that the policy be amended to include the fact that the CMRTO is a fragrance-free environment. Policy 9.1 has been amended, and posters to that effect have been posted in the CMRTO office.

On June 1, 2017, the Government of Ontario introduced Bill 148: the *Fair Workplaces, Better Jobs Act, 2017*. Bill 148 makes substantive amendments to the *Employment Standards Act, 2000* (the ESA), among others. Bill 148 received Royal Assent on November 27, 2017. Some amendments became effective upon Royal Assent, while others came into effect on prescribed dates.

In light of the amendments brought about by Bill 148, the entire Human Resources policy framework was reviewed to ensure compliance. Sections 1.2 and 1.3 of Council Policy 9.8, Leaves of Absence and Sick Time were amended to reflect the following legislative changes:

a) Increased Entitlement for Parental Leave

Effective December 3, 2017, parental leave increased by 26 weeks. As such, employees who take pregnancy leave will be entitled to 61 weeks of parental leave (an increase from 35 weeks), and employees who do not take pregnancy leave will be entitled to take 63 weeks of parental leave (an increase from 37 weeks). Employees are permitted to begin a parental leave of absence no later than 78 weeks after the day that the child is born or comes into the employee's custody, care, and control for the first time. This is an increase from the current 52-week window for commencing parental leave.

b) Increased Entitlement for Personal Emergency Leave

Effective January 1, 2018, all employees—not just those in organizations with 50 or more people—are entitled to two paid days and eight unpaid days. The two paid days must be taken before the eight unpaid days, and employees are only entitled to the paid personal emergency leave days if they have been employed for at least a week. Employers cannot require an employee to provide a certificate from a qualified health practitioner as evidence that the employee is entitled to the personal emergency leave. However, employers may require employees to provide evidence reasonable in the circumstances.

New Council Policies

There is one new policy proposed for the policy manual: Policy 4.1, Registrar's Discretionary Expenditure.

This policy recognizes that reciprocity, hospitality, and the development of stakeholder relationships often require expenditure that extends beyond the scope of Policy 4.3, Expense, Honoraria and Claim. The purpose of the policy is to ensure that all discretionary expenditure is reasonable and justifiable, and has a justifiable business purpose.

This policy was reviewed by the Executive Committee at their meeting on February 27, 2018, where it was resolved to refer the policy to Council with a recommendation for approval.

Follow-Up from September 2017 Policy Review

On September 26, 2017, Council was advised that Policy 2.13, Conflict of Interest for Council and Committee Members did not extend to CMRTO staff. As a result, the conflict of interest policy referred to in subsection 2(a) of Policy 4.10, Procurement of Goods and Services was developed by CMRTO staff. Human Resources Policy 9.7, Conflict of Interest was approved by the Registrar & CEO on January 1, 2018.



Policy Register and Review Policy

Policy 0.1

Section:

Approved By:	Council	Public:	No
Approved Date:	June 19, 2015	Review Schedule:	Annually
Effective Date:	June 19, 2015	Last Reviewed:	September 2017
Amended Date(s):	September 26, 2017 <u>March 27, 2018</u>	Next Review Date:	September 2018

Purpose

The purpose of this Policy is to provide an inventory of the policies of the College of Medical Radiation Technologists of Ontario (CMRTO) and to set out the review schedule of the policies. All current policies of the CMRTO Council are listed below, along with the review schedule and next review dates. The review schedule is based on the approved date of all policies. Interim Administrative amendments do not impact the review schedule.

Policy Number	Title	Approved Date	Review Schedule	Last Reviewed Date	Next Review Date	Public? Yes/No
0.1	Policy Register and Review Policy		Annually	Sept 2017	Sept 2018	N
Administration						
1.1	Customer Service Accessibility Policy	9/23/14	Annually	Sept 2017	Sept 2018	Y
1.2	Social Media Terms of Use	9/23/14	Every 3 Years	Sept 2017	Sept 2020	Y
1.3	Staff Vacation and Holidays	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
1.4	Policy and Program regarding workplace harassment	3/27/15	Annually	Sept 2017	Sept 2018	Y
1.5	Policy and Program regarding violence in the workplace	3/27/15	Annually	Sept 2017	Sept <u>2018</u>	Y

Policy Number	Title	Approved Date	Review Schedule	Last Reviewed Date	Next Review Date	Public? Yes/No
1.6	Performance Review Process of the Registrar & CEO	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
1.7	Procedures respecting appeals to Council of decisions of Executive Committee made under CMRTO's Policy and Program regarding workplace harassment or CMRTO's Policy and Program regarding violence in the workplace	3/27/15	Every 3 Years	Sept 2017	Sept 2020	Y
1.8	Procedures respecting approval of accreditation of MRT educational programs	3/27/15	Every 3 Years	<u>Mar 2018</u>	<u>Mar 2021</u>	Y
1.9	Publication of names of suspended members	3/27/15	Every 3 Years	Sept 2017	Sept 2020	Y
1.10	Registrar & CEO Position Description	6/15/17	Every 3 Years		Sept 2020	N
1.11	Deputy Registrar	6/15/17	Every 3 Years		Sept 2020	N
1.12	Procedures in the event of the Registrar & CEO's unplanned absence	6/15/17	Every 3 Years		Sept 2020	N
Governance						
2.1	Terms of Reference for the Executive Committee	3/28/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.2	Terms of Reference	3/28/14	Every 3	Sept 2017	Sept 2020	Y

Policy Number	Title	Approved Date	Review Schedule	Last Reviewed Date	Next Review Date	Public? Yes/No
	for the Inquiries, Complaints and Reports Committee		Years			
2.3	Terms of Reference for the Discipline Committee	3/28/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.4	Terms of Reference for the Fitness to Practise Committee	3/28/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.5	Terms of Reference for the Patient Relations Committee	3/28/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.6	Terms of Reference for the Quality Assurance Committee	3/28/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.7	Terms of Reference for the Registration Committee	3/28/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.8	Terms of Reference for the Finance and Audit Committee	3/28/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.9	Terms of Reference for the Nominating Committee	3/28/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.10	Terms of Reference for the Staff Relations Committee	3/28/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.11	Roles and Responsibilities of the Council	3/28/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.12	Code of Conduct for Council and Committee members	9/23/14	Every 3 Years	Sept 2017	Sept 2020	Y
2.13	Conflict of Interest for Council and Committee members	9/23/14	Every 3 Years	Sept 2017	Sept 2020	Y
Elections						

Policy Number	Title	Approved Date	Review Schedule	Last Reviewed Date	Next Review Date	Public? Yes/No
3.1	Faculty member for purposes of the election by-law	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 2021	Y
3.2	Election procedure for the election of President and Vice-President of the CMRTO	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 2021	Y
Finance and Risk						
4.1	Significant Accounting Policies	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
4.2	Financial Plan, Annual Budget and Quarterly Financial Reporting	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
4.3	Expense, Honoraria and Claim Policy	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
4.4	Cheque Signing Authority	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
4.5	Corporate Credit Card	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
4.6	Executive Limitation Policy	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
4.7	Investment Policy	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
4.8	Salary ranges for CMRTO staff	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
4.9	Process to Review the Salary Range for the Position of the Registrar & CEO and the Registrar & CEO's Salary	12/9/14	Every 3 Years	Sept 2017	Sept 2020	N
4.10	Procurement of Goods and Services Policy	12/9/16	Every 3 Years	Sept 2017	Sept 2020	Y
<u>4.11</u>	<u>Registrar's Discretionary</u>		<u>Every 3 Years</u>			<u>N</u>

Policy Number	Title	Approved Date	Review Schedule	Last Reviewed Date	Next Review Date	Public? Yes/No
	<u>Expenditure</u>					
Professional Practice						
5.1	The operation of x-ray tubes in conjunction with nuclear medicine cameras	3/27/15 <u>Revoked 3/27/18</u>	Every 3 Years	<u>Mar 2018</u>		Y
5.2	Bone densitometry	3/27/15 <u>Revoked 3/27/18</u>	Every 3 Years	<u>Mar 2018</u>		Y
5.3	Guidelines for MRTs for patients found incapable of making treatment decisions under the HCCA	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y
5.4	Professional accountability of MRTs during a work-stoppage	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y
Registration						
6.1	Educational programs and examination(s) approved by CMRTO in radiography, radiation therapy and nuclear medicine	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y
6.2	Educational programs and examination(s) approved by CMRTO in magnetic resonance	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y
6.3	Approved	3/27/15	Every 3	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y

Policy Number	Title	Approved Date	Review Schedule	Last Reviewed Date	Next Review Date	Public? Yes/No
	<u>eExamination in the specialties of radiography, radiation therapy, nuclear medicine and magnetic resonance</u>		Years			
6.4	Approved Examination for applicants trained in Quebec	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y
6.5	Course in Jurisprudence set and approved by CMRTO – radiography, radiation therapy, nuclear medicine, <u>and</u> magnetic resonance <u>and</u> <u>diagnostic medical sonography</u>	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y
6.6	Employment Specific Certificates of Registration	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y
6.7	Approved programs – Cambrian College Magnetic Resonance Program	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y
6.8	Approved programs – Algonquin College Radiography Program	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y
6.9	Approved programs – Fanshawe College Magnetic	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 20 <u>21</u>	Y

Policy Number	Title	Approved Date	Review Schedule	Last Reviewed Date	Next Review Date	Public? Yes/No
	Resonance Program					
<u>6.10</u>	<u>Educational programs approved by CMRTO in the specialty of diagnostic medical sonography</u>	<u>12/8/17</u>	<u>Every 3 Years</u>		<u>Mar 2021</u>	<u>Y</u>
<u>6.11</u>	<u>Approved examinations for the specialty of diagnostic medical sonography set and administered by Sonography Canada</u>	<u>12/8/17</u>	<u>Every 3 Years</u>		<u>Mar 2021</u>	<u>Y</u>
<u>6.12</u>	<u>Approved examinations for the specialty of diagnostic medical sonography administered by the ARDMS (time-limited)</u>	<u>12/8/17</u>	<u>Time Limited</u>		<u>Dec 2018</u>	<u>Y</u>
Quality Assurance						
7.1	Quality Assurance Portfolio: Percentage of MRTs	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar <u>2021</u>	Y
7.2	Peer and Practice Assessment by Multi-Source Feedback (MSF) or by an Assessor: Percentage of MRTs	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar <u>2021</u>	Y
7.3	Random selection without replacement	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar <u>2021</u>	Y
7.4	Continuing education and professional development activities	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar <u>2021</u>	Y

Policy Number	Title	Approved Date	Review Schedule	Last Reviewed Date	Next Review Date	Public? Yes/No
Professional Conduct						
8.1	Notice to Council members respecting discipline hearings	3/27/15 <u>Revoked 3/27/18</u>	Every 3 Years	<u>Mar 2018</u>		Y
8.2	Publication of Discipline decisions <i>in Insights</i>	3/27/15	Every 3 Years	<u>Mar 2018</u>	Mar 2021	Y
Human Resources						
9.1	Workplace Health & Safety	9/26/17	Every 3 Years		Sept 2020	N
9.2	Emergency Preparedness & Response	9/26/17	Every 3 Years		Sept 2020	N
9.3	Personal Information Privacy	9/26/17	Every 3 Years		Sept 2020	N
<u>9.8</u>	<u>Leaves of Absence and Sick Time</u>	<u>11/9/17</u>	<u>Every 3 Years</u>		<u>Sept 2020</u>	<u>N</u>
Information Management						
10.1	Records and Information Management Program Policy	9/26/17	Every 3 Years		Sept 2020	Y
10.2	Records and Information Management Policy	9/26/17	Every 3 Years		Sept 2020	Y
10.3	Records and Information Retention Policy	9/26/17	Every 3 Years		Sept 2020	Y
Information Technology						
11.1	CMRTO Information Security Program	9/26/17	Every 3 Years		Sept 2020	N



Procedures respecting CMRTO approval of accreditation of MRT educational programs

Policy 1.8

Section:	Administration	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):	<u>March 27, 2018</u>		

Policy

1. CMRTO receives a copy of the program assessment report ("the Report") and refers it to the next meeting of the Executive Committee. The Executive Committee moves in camera to receive and consider the Report.
2. The Executive Committee reviews the Report and notes any program requirements and proposed future program changes.
3. If the Executive Committee believes that additional information is required, the Executive Committee may request to review all of the documentation gathered by 8872147 Canada Inc., a subsidiary of the Canadian Medical Association, or, as of February 1, 2018, Accreditation Canada, an affiliate of Health Standards Organization (the "Approved Accreditation Body"), with respect to the assessment of the program.
4. If the Executive Committee believes that the Report discloses a problem with the program, the Executive Committee may consider conducting a separate CMRTO survey.
5. If the Executive Committee is satisfied with the Report, the Executive Committee moves out of in camera session, determines that it is satisfied with the Report and directs the Registrar & CEO to follow up with ~~8872147 Canada Inc.~~ the Approved Accreditation Body regarding the program's compliance with respect to any requirements arising from the Report.
6. After the Executive Committee has reviewed the Report, the Executive Committee reports

on its review of the Report, the program's accreditation status, the number of years for which the program has been accredited and any steps the Executive Committee has determined to take to Council in an in camera session.

7. Council moves out of the in camera session and the Executive Committee reports to Council that the program has been accredited pursuant to the Accreditation Services Agreement (the "Agreement") between the Canadian Medical Association (CMA) the Approved Accreditation Body and the CMRTO dated February 1, 2000 in the case of the Canadian Medical Association (CMA) , which was assigned by the CMA to 8872147 Canada Inc. as of January 1, 2015, or February 1, 2018 in the case of Accreditation Canada, an affiliate of Health Standards Organization. This information is then recorded in the Council minutes.
8. If the name of the educational institution offering the medical radiation technology educational program has changed or the name of the medical radiation technology educational program in one of the specialties has changed from that listed in O. Reg. 866/93, as amended (the "Registration Regulation"), and the program has been accredited pursuant to the Agreement, Council will consider and, if appropriate, approve the new name of the educational institution and/or the program as equivalent to a program in the relevant specialty listed in the Schedule to the Registration Regulation related to the relevant specialty.
9. If the medical radiation technology program in one of the specialties offered by the educational institution is not listed in the Registration Regulation and the program has been accredited pursuant to the Agreement, Council will consider and, if appropriate, approve the program as equivalent to a program in the relevant specialty listed in the Schedule to the Registration Regulation related to the relevant specialty.



Registrar & CEO Position Description

Policy 1.10

Section:	Administration	Public:	N
Approved By:	Council	Review Schedule:	Every 3 Years
Approved Date:	June 15, 2017	Last Reviewed:	
Effective Date:	July 1, 2017	Next Review Date:	September 2020
Amended Date(s):	[Amended Date]		

Policy

The Registrar is the Chief Executive Officer (CEO) of the College of Medical Radiation Technologists of Ontario (CMRTO) and is responsible for and directs the administration of the affairs and operations of the CMRTO in accordance with the *Regulated Health Professions Act, 1991* (the RHPA), the *Medical Radiation Technology Act, 1991* (the MRT Act), the regulations made under the RHPA and the MRT Act, and the CMRTO's by-laws, policies and guidelines (each as amended or replaced from time to time).

The Registrar & CEO is responsible for all aspects of the CMRTO's operations. Key areas of responsibility include: regulatory functions; Council liaison and support; policy and program development and implementation; operations planning and management; human resources; financial management; and member and external relations.

Key Responsibilities

1. Regulatory Functions

The Registrar & CEO:

1. performs the regulatory functions of the Registrar under the RHPA, the MRT Act, the regulations made under the RHPA and the MRT Act, and the CMRTO's by-laws including, but not limited to,
 - a. maintaining the public register in the form required by the MRT Act and the CMRTO's by-laws,
 - b. the registration of applicants and annual renewal of members and the related processes,

- c. the handling of complaints and reports regarding the conduct or actions of members and the processes related thereto,
 - d. the appointment of investigators and the processes related thereto, and
 - e. the election of Council members and the processes related thereto;
2. provides support to, or ensures qualified staff support to, all CMRTO's committees, including, but not limited to,
 - a. Inquiries, Complaints and Reports Committee,
 - b. Discipline Committee,
 - c. Fitness to Practise Committee,
 - d. Patient Relations Committee,
 - e. Quality Assurance Committee,
 - f. Registration Committee, and
 - g. Executive Committee;
3. ensures the orientation of members of Council and committees with respect to their roles and responsibilities and the legislation and policies governing the Council and CMRTO's committees;
4. keeps informed of government activities and the activities of other regulatory bodies and advises the Council, as appropriate;
5. appraises the Council of relevant legislative changes affecting the CMRTO and the practice of medical radiation technologists in Ontario;
6. assists Council, as required, with the preparation and delivery of presentations to the government, members, and other groups, on the CMRTO and medical radiation technology issues which affect the CMRTO, its members or the public;
7. implements such forms as the Registrar & CEO considers necessary or advisable to enable the CMRTO to fulfill its obligations under the RHPA, the MRT Act, the regulations made under the RHPA and the MRT Act, and the CMRTO's by-laws, and to enable the CMRTO to administer its affairs in an appropriate manner; and
8. supports any other requirement arising out of the regulatory role of the CMRTO.

2. Council Liaison and Support

The Registrar & CEO shall be ex officio the clerk of the Council and shall:

1. attend all meetings of Council and record all minutes of proceedings in the manner required by the Council;
2. give all notices required to be given to members of Council and members of the CMRTO;
3. schedule, on the direction of the President or as otherwise provided in the by-laws, all Council meetings; prepare agendas in consultation with the President, reports and background materials; identify issues requiring Council's attention and recommend courses of action;
4. act in an advisory capacity to the President of the Council;

5. provide support to committees in connection with their regulatory and other functions by, directly or through qualified staff support, preparing agenda and related materials for committee meetings and distributing minutes of committee meetings; and
6. oversee the planning and organization of any special meetings of the CMRTO.

3. Policy and Program Development and Implementation

The Registrar & CEO:

1. facilitates the development, implementation and evaluation of the CMRTO's programs under the RHPA, the MRT Act, the regulations made under the RHPA and the MRT Act, and the CMRTO's by-laws, under the direction of the Council and its committees, as appropriate;
2. facilitates the development, implementation and evaluation of policies, including but not limited to Council policies, under the direction of the Council and its committees, as appropriate;
3. facilitates the development of official positions, regulatory instruments and documents, including but not limited to regulations, by-laws, standards, guidelines and discussion papers, under the direction of the Council and its committees, as appropriate; and
4. identifies and monitors developments in health care and medical radiation technology and coordinates the tracking and analysis of data relevant to the CMRTO's mandate.

4. Operations Planning and Management

The Registrar & CEO:

1. assumes responsibility for initiating and maintaining an appropriate organizational planning process in order for the CMRTO to achieve the objectives set out in the strategic plan approved by Council;
2. identifies information management needs and implements, maintains and evaluates information systems in accordance with records management policies of Council and any applicable legislation; ensures the integrity and security of the system;
3. acts as a signatory for official documents in accordance with the CMRTO's by-laws and any applicable Council guidelines and policies;
4. arranges for the acquisition and use of resources required for the operations of the CMRTO, and negotiates contracts and insurance coverage on behalf of the CMRTO; and
5. acts as custodian of the seal of the CMRTO and of all books, papers, records, contracts and other documents belonging to the CMRTO.

5. Human Resources

The Registrar & CEO:

1. identifies and informs Council of the staffing structure;

2. hires, orients, supervises and dismisses staff as appropriate and determines the terms of employment of all other employees of the CMRTO;
3. organizes staff to ensure efficient and effective use of resources to meet operational needs; and
4. creates a positive, safe and functional work environment, including providing performance reviews, coaching of staff and opportunities for development.

6. Financial Management

The Registrar & CEO:

1. prepares the annual CMRTO budget for approval by the Council;
2. administers the implementation of the approved budget in a cost effective manner;
3. ensures accurate accounting and reporting, including, but not limited to,
 - a. keeping a full and accurate account of all financial affairs of the CMRTO in proper form,
 - b. depositing all moneys and other valuables in the name and to the credit of the CMRTO in such depositories as may, from time to time, be designated by the Council,
 - c. disbursing the funds of the CMRTO under the direction of the Council, and
 - d. rendering to the Council, whenever required, an account of all transactions and of the financial position of the CMRTO;
4. coordinates and supports the annual audit process; and
5. invests the funds of the CMRTO in such manner as the Council may, from time to time, direct.

7. Member and External Relations

The Registrar & CEO:

1. assumes responsibility for disseminating information about the CMRTO's mandate and activities to members, the public, organizations, the government, and the media;
2. establishes, maintains and monitors the quality of communications with members, the public and other stakeholders;
3. develops and maintains senior level contacts and working relationships with appropriate government and other agency officials interested in, or responsible for, the regulation of the CMRTO and health care and acts as a primary spokesperson with these officials;
4. responds to enquiries from applicants, members, other organizations, government agencies and others;
5. assures the consistency of the CMRTO image in all publications and communications; and
6. speaks for and on behalf of the CMRTO with respect to its policies and positions.

8. General

1. The Registrar & CEO carries out any other duties assigned, from time to time, by Council.
2. The Registrar & CEO may, as appropriate in the circumstances, directly or through qualified staff or external support, cause the Registrar & CEO's duties to be carried out.

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 6dr



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

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Deputy Registrar

Policy 1.11

Section:	Administration	Public:	No
Approved By:	Council	Review Schedule:	Every 3 Years
Approved Date:	June 15, 2017	Last Reviewed:	[Last Reviewed Date]
Effective Date:	Jul 01, 2017	Next Review Date:	September 2020
Amended Date(s):	[Amended Date]		

Policy

There shall be a Deputy Registrar with such duties as may be determined by the Registrar & CEO of the College of Medical Radiation Technologists of Ontario (CMRTO).

Background

Through a risk assessment, Council has identified the loss of the senior management team as a high risk for the operations of the CMRTO, and specifically the position of Registrar & CEO. Council has also identified the need for an emergency succession plan, should Council need to replace the current Registrar & CEO for reasons such as death, injury or incapacity. The process for appointing an Acting Registrar to carry on the obligations of the CMRTO in such a circumstance are set out in Policy 1.12.

The position of the Deputy Registrar has been created for the purposes of emergency succession planning and knowledge transfer. The Registrar & CEO will ensure that the Deputy Registrar is briefed in the current policy issues and is knowledgeable about on-going operations to ensure that the emergency succession plan is implementation ready.



Procedures in the event of the Registrar & CEO's Unplanned Absence

Policy 1.12

Section:	Administration	Public:	No
Approved By:	Council	Review Schedule:	Every 3 Years
Approved Date:	June 15, 2017	Last Reviewed:	
Effective Date:	Jul 01, 2017	Next Review Date:	September 2020
Amended Date(s):	[Amended Date]		

Policy

In order to address the risk of the loss of the ability to fulfil the statutory obligations of and the services of the Registrar & CEO of the College of Medical Radiation Technologists of Ontario (CMRTO) during a short term, long term or permanent unplanned absence, the procedures set out below will be followed.

Background

Council recognizes that the continuous performance of executive duties handled by the Registrar & CEO are critical to the CMRTO's ability to fulfil its ongoing statutory obligations and manage the CMRTO's operations, and that an unplanned absence could affect such obligations and performance. Accordingly, Council has considered it appropriate to create the position of Deputy Registrar and to adopt the following as procedures to be followed in the event of an unplanned absence of the Registrar & CEO.

Definitions

- (i) **"unplanned absence"** means an absence of the Registrar & CEO from the position of Registrar & CEO that arises unexpectedly (in contrast to a planned leave, such as a vacation).
- (ii) **"Short Term Temporary Absence"** means an unplanned absence of less than three (3) months from which it is expected that the Registrar & CEO will return to the position of Registrar & CEO after the events precipitating the unplanned absence are resolved.

(iii) **"Long Term Temporary Absence"** means an unplanned absence which is expected to last more than three (3) months and from which it is expected that the Registrar & CEO will return to the position of Registrar & CEO after the events precipitating the unplanned absence are resolved.

(iv) **"Permanent Unplanned Absence"** means an unplanned absence with respect to which it is determined that the Registrar & CEO will not be returning to the position of Registrar & CEO.

Procedures

1. Implementing the procedures: Council, or the Executive Committee on behalf of Council, is authorized to implement these procedures in the event of an unplanned absence.

2. Informing the President: In the event of an unplanned absence, the Deputy Registrar (or in the absence or incapacity of the Deputy Registrar) the highest ranking staff member available shall immediately inform the President of the unplanned absence.

3. Initial meeting of the Executive Committee (or of Council): As soon as reasonably practical after becoming aware of an unplanned absence, the President shall convene a meeting of the Executive Committee (or of Council):

(a) to affirm these procedures;

(b) to make such modifications to these procedures as the Executive Committee (or Council) determines appropriate; and / or

(c) to consider whether the unplanned absence is expected to be a Short Term Temporary Absence, a Long Term Temporary Absence, or a Permanent Unplanned Absence.

4. Subsequent meetings of the Executive Committee (or of Council): At any time during an unplanned absence, the President may convene a meeting of the Executive Committee (or of Council):

(a) to make such modifications to these procedures as the Executive Committee (or Council) determines appropriate; and / or

(b) to consider whether the unplanned absence continues to be expected to be a Short Term Temporary Absence, a Long Term Temporary Absence or a Permanent Unplanned Absence.

5. Communication with the Registrar & CEO during an unplanned absence: Throughout an unplanned absence, the President or designate shall communicate with the Registrar & CEO only as appropriate in the circumstances with a view to being informed (to the extent appropriate in the circumstances) regarding the expected duration of the unplanned absence and with sensitivity to the needs of the Registrar & CEO during such period (including with respect to

privacy) while always respecting and abiding by the CMRTO's policies and procedures in the context of the Registrar & CEO's employment relationship with the CMRTO.

6. Informing the Deputy Registrar of short term Acting Registrar status: At any time during an unplanned absence, if the unplanned absence has most recently been determined to be a Short Term Temporary Absence, the President shall inform the Deputy Registrar that the Deputy Registrar shall be the Acting Registrar during the unplanned absence for a specific time period, such time period not to exceed the shorter of:

(a) the duration of the unplanned absence; and

(b) three (3) months.

7. Informing the Deputy Registrar of long term Acting Registrar status: At any time during an unplanned absence, if the unplanned absence has most recently been determined to be a Long Term Temporary Absence, the President shall inform the Deputy Registrar that the Deputy Registrar shall be the Acting Registrar during the unplanned absence for a specific time period, such time period not to exceed the duration of the unplanned absence.

8. Assistance for the Acting Registrar during a Long Term Temporary Absence: At any time during an unplanned absence, if the unplanned absence has most recently been determined to be a Long Term Temporary Absence, the President shall convene a meeting of the Executive Committee (or of Council) to give consideration, in consultation with the Registrar & CEO if possible, to engaging temporarily an individual to assist the Acting Registrar with any of the duties and responsibilities for which the Acting Registrar is responsible in the capacity as Deputy Registrar and / or Acting Registrar.

9. Completion of an unplanned absence – Registrar & CEO's return: In the event that the Registrar & CEO returns or plans to return from an unplanned absence, the President or designate shall communicate with the Registrar & CEO with a view to facilitating such return, including (as appropriate in the circumstances) a gradual return.

10. Permanent Absence: Council Meeting: At any time during an unplanned absence, if the unplanned absence has most recently been determined to be a Permanent Absence, the President shall convene a meeting of Council to give immediate consideration to plan and to carry out a transition to a new permanent Registrar & CEO.

11. Responsibilities and Authority of Acting Registrar: In the event that the Deputy Registrar is informed that the Deputy Registrar shall be the Acting Registrar, during the relevant time period, the Deputy Registrar as Acting Registrar shall have the same responsibilities as the Registrar & CEO (as set out in Policy 1.10) and the same authority for decision-making and action as the Registrar & CEO.

12. Deputy Registrar's absence or inability to act: In the event of the Deputy Registrar's absence or inability to act as Acting Registrar:

(a) The Executive Committee (or Council) may appoint another employee of the CMRTO as Acting Registrar in accordance with these procedures as varied according to the circumstance of the situation; and

(b) the term "Deputy Registrar" in these procedures shall be deemed to refer to such other individual.

13. Compensation: The Deputy Registrar acting as Acting Registrar may be offered a bonus or stipend with respect to acting as Acting Registrar as determined by the Executive Committee (or Council) (such bonus or stipend to be in addition to, and not in replacement of, the compensation to which the Deputy Registrar is otherwise entitled).

14. Monitoring the work of the Acting Registrar: The Executive Committee (or Council) shall be responsible for monitoring the work of the Acting Registrar during the relevant time period(s) and shall be sensitive to the needs of the Acting Registrar during such period(s), while always respecting and abiding by the CMRTO's policies and procedures in the context of the Acting Registrar's employment relationship with the CMRTO.

15. Communication plan: After the Deputy Registrar has been informed of the appointment as Acting Registrar, the President will communicate to CMRTO's stakeholders the fact of the appointment in accordance with a communication plan prepared by the President or designate.

16. Advice: At any time during an unplanned absence, the Executive Committee (or Council) may engage such professional and / or consulting advice as considered appropriate in the circumstances.



Faculty member for purposes of the election by-law

Policy 3.1

Section:	Elections	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):			

Policy

A member of the College of Medical Radiation Technologists of Ontario (CMRTO) whose status is designated by the Program Director of a program in medical radiation technology to be a member of that faculty is determined to be a member of the CMRTO eligible to vote in the faculty district.

CIRCULATED WITH AGENDA

Revoked: March 27, 2018

OF MAR 27 2018

COUNCIL
ITEM# 6dvi...



College of
Medical Radiation
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Ordre des
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The operation of x-ray tubes in conjunction with nuclear medicine cameras

Policy 5.1

Section:	Professional Practice	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:	
Amended Date(s):	[Amended Date]		

Policy

A medical radiation technologist registered (MRT) in any of the specialties of the College of Medical Radiation Technologists of Ontario (CMRTO) is authorized to operate nuclear medicine gamma cameras that use an x-ray tube and detector, provided that the MRT has sufficient knowledge, skill and judgement to safely operate the nuclear medicine gamma camera and x-ray tube and to comply with the requirements under the *Healing Arts Radiation Protection Act, 1990*, all other relevant legislation, the CMRTO Standards of Practice and the CMRTO Guidelines for Acting in Accordance with the Regulated Health Professions Act Scope of Practice/Controlled Acts Model.

CIRCULATED WITH AGENDA

Revoked: March 27, 2018

OF MAR 27 2018

COUNCIL
ITEM# 6dix



College of
Medical Radiation
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Ordre des
technologues en
radiation médicale
de l'Ontario

Bone densitometry

Policy 5.2

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

Policy

A medical radiation technologist (MRT) registered in any of the specialties of the College of Medical Radiation Technologists of Ontario (CMRTO) is authorized to operate an x-ray bone densitometry machine provided that the MRT has sufficient knowledge, skill and judgement to comply with the requirements under the *Healing Arts Radiation Protection Act, 1990* and to operate the x-ray bone densitometry machine.



Guidelines for MRTs for patients found incapable of making treatment decisions under the HCCA

Policy 5.3

Section:	Professional Practice	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):	<u>March 27, 2018</u>		

Purpose

A medical radiation technologist (MRT) who proposes a treatment¹ is responsible for obtaining informed consent from either the patient, if capable, or a substitute decision maker, if the patient is found to be incapable. MRTs who obtain consent have a professional accountability to be satisfied that the patient is capable of giving consent.

Under the *Health Care Consent Act, 1996* (HCCA), the College of Medical Radiation Technologists of Ontario (CMRTO) is required to establish guidelines for MRTs who have found a patient to be incapable. These guidelines set out the information to be provided to the patient, as well as the circumstances and conditions under which the information should be provided. These guidelines have been developed to assist MRTs in their discussions with those patients they find to be incapable under the HCCA. These guidelines apply unless the emergency provisions of the HCCA are applicable.

Policy

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

¹ Treatment, in this context, is defined as anything that is done for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purposes, and includes a course or plan of treatment.

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 discuss appropriate follow-up with such health care practitioner.
5. The MRT uses their 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 their 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.



Professional accountability of MRTs during a work-stoppage

Policy 5.4

Section:	Professional Practice	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):	<u>March 27, 2018</u>		

Policy

Advice to Medical Radiation Technologists

The expectations of the College of Medical Radiation Technologists of Ontario (CMRTO) regarding the responsibilities of individual MRTs are based on the profession's standards of practice and professional misconduct regulations of the CMRTO. These responsibilities focus on the health care needs of patients. A breach of any of the standards, guidelines, and regulations could leave an MRT vulnerable to a complaint.

CMRTO strongly recommends that every MRT review with their manager, supervisor, and if applicable, union representative, the ongoing professional responsibilities which continue in the event of any work-stoppage, lawful or unlawful, which may be undertaken at a given workplace.

Expectations of Professional Accountability

CMRTO's expectations of the conduct of MRTs in the event of a work-stoppage are based on the profession's standards of practice and the professional misconduct regulations under the *Medical Radiation Technology Act, 1991* (MRT Act).

- a. Each MRT is accountable to the public and responsible for ensuring that their practice and conduct meet legislative requirements and the standards of the profession.
- b. MRTs have an obligation not to abandon or neglect patients, or put them at risk of harm. The Council of the CMRTO has considered whether a withdrawal of professional services

could be considered unprofessional conduct, and has determined that it may be considered to be unprofessional conduct to discontinue professional services unless:

- The patient requests the discontinuation of professional services;
 - Alternative or replacement professional services are arranged; or
 - The patient is given a reasonable opportunity to arrange for alternative or replacement professional services.
- c. Regulations under the MRT Act provide that failing to meet the standards of practice of the profession is an act of professional misconduct.
- d. Regulations under the MRT Act provide that should an MRT engage in conduct or perform an act in the course of practising the profession which, having regard to all of the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional, such conduct or act constitutes professional misconduct.

CMRTO's Regulatory Responsibility

The CMRTO is required to investigate all formal complaints in which an MRT and the complainant are clearly identified. All formal complaints received by the CMRTO are investigated and all information relevant to the complaint is obtained. A decision regarding what action needs to be taken, if any, will be made by the Inquiries, Complaints and Report (ICR) Committee based on all the information and consideration of all the circumstances.

CMRTO may also initiate an investigation into an MRT's practice if there are reasonable and probable grounds that an MRT has committed an act of professional misconduct. These investigations are reviewed by the -ICR Committee~~Executive Committee~~. ~~Both the Complaints and Executive ICR Committees have~~ the option to refer a case to the Discipline Committee for a hearing.

Any action CMRTO takes with respect to an MRT's registration is entirely separate and apart from any action initiated by an employer, or a government agency before an administrative tribunal, such as the Labour Relations Board of Ontario, or the Courts.



Educational programs and examination(s) approved by CMRTO in radiography, radiation therapy and nuclear medicine

Policy 6.1

Section:	Registration	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):	<u>March 27, 2018</u>		

Policy

1. Applicants trained in Ontario

The programs listed in Schedule 1 to Ontario Regulation 866/93, as amended (the "Registration Regulation") or considered by the Council of the College of Medical Radiation Technologists of Ontario (CMRTO) to be equivalent to a program listed in Schedule 1 to the Registration Regulation are the approved programs in Ontario. Attached as Schedule 1 to this Policy is a current list of the approved programs in Ontario.

Applicants trained in Ontario must successfully complete the examination set by the Canadian Association of Medical Radiation Technologists (the CAMRT), which is an examination approved by Council.

2. Non-Ontario Canadian Trained Applicants

Council has determined that each of the programs offered in all of the other provinces which has been accredited by the Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies of the Canadian Medical Association, or of 8872147 Canada Inc., a subsidiary of the Canadian Medical Association, or, as of February 1, 2018, Accreditation Canada, an affiliate of Health Standards Organization (the Approved Accreditation Body), is equivalent to the approved programs offered in Ontario.

The accreditation process provides a method of evaluation through regular visits of trained assessors and evaluation of staff, faculties, curriculum and clinical experience.

Any applicant trained in a province other than Quebec must successfully complete the examination set by the CAMRT. -Applicants trained in Quebec must successfully complete the examination set by the Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (formerly Ordre des technologues imagerie médicale et en radio-oncologie du Québec). -These examinations have been approved by Council.

3. Internationally Educated Applicants

The CMRTO has determined that it does not have the resources to adequately assess, on an ongoing and regular basis, the programs and examinations in medical radiation technology offered outside Ontario, which are not accredited by ~~the Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies of the Canadian Medical Association or of 8872147 Canada Inc., a subsidiary of the Canadian Medical Association~~ the Approved Accreditation Body.

Therefore, it is the policy of the CMRTO that, effective January 1, 1998, programs offered outside Canada are not considered by Council to be equivalent to an approved program offered in Ontario and the examinations related to such programs are not approved by Council.

An applicant who has successfully completed a medical radiation technology program in one or more of the specialties outside of Canada will be required to satisfy the Registration Committee that the program is substantially similar, but not equivalent, to the approved programs offered in Ontario and that the applicant is competent to practise in Ontario as a medical radiation technologist in the specialty, and to successfully complete the examination set by the CAMRT.

4. Application of Policy

This Policy only applies to the following three specialties of medical radiation technology:

- a. Radiography;
- b. Radiation therapy; and
- c. Nuclear medicine.

This Policy does not apply to an applicant (a "labour mobility applicant") who already holds an out-of-province certificate (as defined in the labour mobility provisions of the Health Professions Procedural Code, being Schedule 2 of the *Regulated Health Professions Act, 1991*) that is equivalent to a certificate of registration issued by the CMRTO in the specialty being applied for, provided that the labour mobility applicant meets the registration requirements under section 5 of Ontario Regulation 866/93, as amended.

SCHEDULE 1

PROGRAMS LISTED IN SCHEDULE 1 OF

ONTARIO REGULATION 866/93 OR CONSIDERED BY COUNCIL

TO BE EQUIVALENT TO A PROGRAM LISTED IN SCHEDULE 1

Radiography

1. Algonquin College of Applied Arts and Technology, Ottawa, Ontario
2. Cambrian College of Applied Arts and Technology, Sudbury, Ontario
3. Collège Boréal D'arts Appliqués et de Technologie, Sudbury, Ontario
4. Collège Cambrian D'arts Appliqués et de Technologie, Sudbury, Ontario
5. Confederation College of Applied Arts and Technology, Thunder Bay, Ontario
6. Eastern Ontario School of X-Ray Technology, Kingston, Ontario
- 6.1 Queen's University/Eastern Ontario School of X-ray Technology Collaborative Program: Bachelor of Science (General) in Life Sciences/Diploma in X-ray Technology, Kingston, Ontario
7. Fanshawe College of Applied Arts and Technology, London, Ontario
8. Mohawk College of Applied Arts and Technology, Hamilton, Ontario
- 8.1 Mohawk College of Applied Arts and Technology/McMaster University, Collaborative Advanced Diploma - Bachelor of Medical Radiation Sciences Program, Radiography Specialization, Hamilton, Ontario
9. National Defence Medical Centre, Ottawa, Ontario
10. The Michener Institute for Applied Health Sciences, Toronto, Ontario
- 10.1 The Michener Institute for Applied Health Sciences/University of Toronto, Faculty of Medicine Joint Degree/Diploma Program in Medical Radiation Sciences-Radiological Technology (formerly The Michener Institute for Applied Health Sciences/University of Toronto, Faculty of Medicine Joint Degree/Diploma Program in Radiation Sciences-Radiological Technology Stream), Toronto, Ontario

Nuclear Medicine

11. The Michener Institute for Applied Health Sciences, Toronto, Ontario
- 11.1 The Michener Institute for Applied Health Sciences/University of Toronto, Faculty of Medicine Joint Degree/Diploma Program in Medical Radiation Sciences-Nuclear Medicine Technology (formerly The Michener Institute for Applied Health Sciences/University of Toronto, Faculty of Medicine Joint Degree/Diploma Program in Radiation Sciences-Nuclear Medicine Stream), Toronto, Ontario

Radiation Therapy

12. The Michener Institute for Applied Health Sciences/University of Toronto, Faculty of Medicine Joint Degree/Diploma Program in Medical Radiation Sciences-Radiation Therapy Technology (formerly The Michener Institute for Applied Health Sciences/University of Toronto, Faculty of Medicine Joint Degree/Diploma Program in Radiation Sciences-Radiation Therapy Stream), Toronto, Ontario
13. The Michener Institute for Applied Health Sciences/Laurentian University-Radiation Therapy Technology Program, Toronto, Ontario
14. Mohawk College of Applied Arts and Technology/McMaster University, Collaborative Advanced Diploma – BSc Degree Medical Radiation Sciences Program, Radiation Therapy Specialization, Hamilton, Ontario
15. Ontario School of Radiation Therapy/The Princess Margaret Hospital, Toronto, Ontario in co-operation with:

Kingston Regional Cancer Centre

Northeastern Ontario Regional Cancer Centre, Sudbury

Nova Scotia Cancer Centre, Halifax

Ottawa Regional Cancer Centre

Saint John Regional Hospital, New Brunswick

The Princess Margaret Hospital, Toronto

Thunder Bay Regional Cancer Centre

Windsor Regional Cancer Centre

16. Hamilton Regional Cancer Centre, Hamilton, Ontario
17. London Regional Cancer Centre, London, Ontario
18. Toronto-Bayview Regional Cancer Centre, Toronto, Ontario.



Educational programs and examination(s) approved by CMRTO in magnetic resonance

Policy 6.2

Section:	Registration	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):	<u>March 27, 2018</u>		

Policy

1. Applicants trained in Ontario

The program listed in Schedule 1.1 to Ontario Regulation 866/93, as amended (the "Registration Regulation") or considered by the Council of the College of Medical Radiation Technologists of Ontario (CMRTO) to be equivalent to a program listed in Schedule 1.1 to the Registration Regulation are the approved programs in Ontario. Attached as Schedule 1 to this policy is a current list of the approved programs in Ontario.

Applicants trained in Ontario must successfully complete the examination set by the Canadian Association of Medical Radiation Technologists (the CAMRT), which is an examination approved by Council.

2. Non-Ontario Canadian Trained Applicants

The programs listed in Schedule 1.2 to the Registration Regulation and attached as Schedule 2 to this Policy are the approved programs in Canada that are offered outside Ontario.

An applicant trained in a province other than Ontario must successfully complete the examination set by the CAMRT.

3. Internationally Educated Applicants and Other Applicants Trained in Programs Not Listed in Schedules 1.1 or 1.2 of the Registration Regulation

The medical radiation technology program in the specialty of magnetic resonance offered at The Michener Institute ~~for Applied Health Sciences~~ of Education at UHN (formerly known as The Michener Institute for Applied Health Sciences), Toronto, Ontario, being the program listed in Schedule 1.1 to the Registration Regulation, has been accredited by the Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies of the Canadian Medical Association, or, as of February 1, 2018, Accreditation Canada, an affiliate of Health Standards Organization (the Approved Accreditation Body).

The accreditation process provides a method of evaluation through regular visits of trained assessors and evaluations of staff, faculties, curriculum and clinical experience. The CMRTO does not have the resources to adequately assess, on an ongoing and regular basis, programs in medical radiation technology in the specialty of magnetic resonance.

The CMRTO has determined that, in order for a medical radiation technology program in the specialty of magnetic resonance to be considered to be equivalent to the medical radiation technology program in the specialty of magnetic resonance offered at The Michener Institute ~~for Applied Health Sciences~~ of Education at UHN, Toronto, Ontario, it must be accredited by ~~the Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies of the Canadian Medical Association~~ the Approved Accreditation Body.

Therefore, it is the Policy of the CMRTO that, unless a medical radiation technology program in the specialty of magnetic resonance is listed in Schedule 1.1 or 1.2 of the Registration Regulation or has been accredited by ~~the Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies of the Canadian Medical Association~~ the Approved Accreditation Body, the program is not considered by Council to be equivalent to the medical radiation technology program in the specialty of magnetic resonance offered at The Michener Institute ~~for Applied Health Sciences~~ of Education at UHN.

An applicant who has successfully completed a program offered outside Ontario that is not considered by Council to be equivalent to the medical radiation technology program in the specialty of magnetic resonance offered at The Michener Institute ~~for Applied Health Sciences~~ of Education at UHN will be required to satisfy the Registration Committee that the program is substantially similar, but not equivalent, to the approved program in Ontario and that the applicant is competent to practise in Ontario as a medical radiation technologist in the specialty of magnetic resonance, and to successfully complete the examination set by the CAMRT in the specialty of magnetic resonance.

Application of Policy

This Policy only applies to the specialty of magnetic resonance.

SCHEDULE 1

PROGRAMS LISTED IN SCHEDULE 1.1

OF ONTARIO REGULATION 866/93 OR CONSIDERED BY COUNCIL

TO BE EQUIVALENT TO A PROGRAM LISTED IN SCHEDULE 1.1

Magnetic Resonance

1. Cambrian College of Applied Arts and Technology, Sudbury, Ontario
2. Fanshawe College of Applied Arts and Technology, London, Ontario
3. The Michener Institute for Applied Health Sciences, Toronto, Ontario

SCHEDULE 2

PROGRAMS LISTED IN SCHEDULE 1.2

OF ONTARIO REGULATION 866/93 AS AMENDED

OR CONSIDERED BY COUNCIL

TO BE EQUIVALENT TO A PROGRAM LISTED IN SCHEDULE 1.2

Magnetic Resonance

1. British Columbia Institute of Technology, Burnaby, British Columbia
2. Northern Alberta Institute of Technology – Diploma Program, Edmonton, Alberta
3. Northern Alberta Institute of Technology – Post Diploma Program, Edmonton, Alberta
4. Queen Elizabeth II/Dalhousie School of Health Sciences, Halifax, Nova Scotia
5. Red River College of Applied Arts, Science and Technology, Winnipeg, Manitoba

CIRCULATED WITH AGENDA

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College of
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Approved examination in the specialties of radiography, radiation therapy, nuclear medicine and magnetic resonance

Policy 6.3

Section:	Registration	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):	December 8, 2017		

Policy

The Council of the College of Medical Radiation Technologists of Ontario (CMRTO) approves the examination set by the Canadian Association of Medical Radiation Technologists as the examination approved by the Council in the specialties of radiography, radiation therapy, nuclear medicine and magnetic resonance pursuant to Sections 4(1)2 and 4.1(1)2 of Ontario Regulation 866/93 as amended. An applicant will be given four attempts to successfully complete the examination.¹

¹ The effective date of the amendment which replaced "three attempts" with "four attempts", was February 1, 2010.

CIRCULATED WITH AGENDA

OF MAR 27 2018

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College of
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Approved Examination for applicants trained in Quebec

Policy 6.4

Section:	Registration	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):	[Amended Date]		

Policy

The Council of the College of Medical Radiation Technologists of Ontario (CMRTO) approves, pursuant to Section 4(1)(2) of Ontario Regulation 866/93, as amended, the examination set by the Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (formerly Ordre des technologues imagerie médicale et en radio-oncologie du Québec) as the examination approved by Council in the specialties of radiography, radiation therapy and nuclear medicine for applicants who have successfully completed a medical radiation technology program in Quebec in one of the three specialties.

CIRCULATED WITH AGENDA

OF MAR 27 2018

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ITEM# 6dxi



College of
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Ordre des
technologues en
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Course in Jurisprudence set and approved by CMRTO – radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography

Policy 6.5

Section:	Registration	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):	December 8, 2017		

Purpose

Paragraph 7 of subsection 3(1) of Ontario Regulation 866/93 as amended (the "Registration Regulation") requires that an applicant must have successfully completed a course in jurisprudence set or approved by the College of Medical Radiation Technologists of Ontario (CMRTO).

Policy

For purposes of paragraph 7 of subsection 3(1) of the Registration Regulation, the course in jurisprudence set and approved by the CMRTO consists of the following:

1. the CMRTO Legislation Learning Package, as the same may be amended, modified, restated or replaced from time to time;
2. the appropriate provincial and federal statutes, regulations, policies and guidelines which relate to the practice of medical radiation technology generally and to the particular specialty

of the applicant, as the same may be amended, modified, restated or replaced from time to time; and

3. the Standards of Practice of the CMRTO, as the same may be amended, modified, restated or replaced from time to time.

The appropriate provincial and federal statutes, regulations, policies and guidelines for the five specialties are currently:

- Regulated Health Professions Act and Regulations (radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography)
- Medical Radiation Technology Act and Regulations (radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography)
- Health Care Consent Act (radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography)
- Healing Arts Radiation Protection Act and Regulations (radiography, radiation therapy, and nuclear medicine)
- CMRTO Sexual Abuse Prevention Program (radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography)
- Nuclear Safety and Control Act and Regulations (radiation therapy and nuclear medicine)

Successful completion of the course in jurisprudence set and approved by the CMRTO means that an applicant reviews:

1. the CMRTO Legislation Learning Package;
2. the appropriate statutes, regulations, policies and guidelines applicable to the practice of medical radiation technology generally and to the particular specialty for which the applicant is applying; and
3. the Standards of Practice of the CMRTO.

CIRCULATED WITH AGENDA

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College of
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Employment Specific Certificates of Registration

Policy 6.6

Section:	Registration	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):	[Amended Date]		

Policy

It is the policy of the College of Medical Radiation Technologists of Ontario (CMRTO) that Employment Specific medical radiation technologists involved in amalgamations or other restructuring of Health Care Facilities be continued on the Register with the previously stipulated scope of practice restrictions.

OF MAR 27 2018

COUNCIL
ITEM# 6dxviii

Approved programs – Cambrian College Magnetic Resonance Program

Policy 6.7

Section:	Registration	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):	[Amended Date]		

Policy

Pursuant to subparagraph (i) of paragraph 4.1(1)1 of Ontario Regulation 866/93, as amended (the "Registration Regulation"), the Council of the College of Medical Radiation Technologists of Ontario (CMRTO) hereby approves Cambrian College of Applied Arts and Technology, Magnetic Resonance Imaging Program, as equivalent to a medical radiation technology program in the specialty of magnetic resonance listed in Schedule 1.1 of the Registration Regulation.

CIRCULATED WITH AGENDA

OF MAR 27 2018

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College of
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Approved programs – Algonquin College Radiography Program

Policy 6.8

Section:	Registration	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):	[Amended Date]		

Policy

Pursuant to subparagraph (i) of paragraph 4(1)1 of Ontario Regulation 866/93, as amended (the "Registration Regulation"), the Council of the College of Medical Radiation Technologists of Ontario (CMRTO) hereby approves the program titled Algonquin College of Applied Arts and Technology, Medical Radiation Technology, Radiological Technology, as equivalent to a medical radiation technology program in the specialty of radiography listed in Schedule 1 of the Registration Regulation.

CIRCULATED WITH AGENDA

OF MAR 27 2018

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Approved programs – Fanshawe College Magnetic Resonance Program

Policy 6.9

Section:	Registration	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):	[Amended Date]		

Policy

Pursuant to subparagraph (i) of subsection 4.1(1)1 of Ontario Regulation 866/93, as amended (the "Registration Regulation"), the Council of the College of Medical Radiation Technologists of Ontario (CMRTO) hereby approves the program titled Fanshawe College of Applied Arts and Technology, Magnetic Resonance Imaging, as equivalent to a medical radiation technology program in the specialty of magnetic resonance listed in Schedule 1.1 of the Registration Regulation.

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Educational programs approved by CMRTO in the specialty of diagnostic medical sonography

Policy 6.10

Section:	Registration	Public:	Yes
Approved By:	Council	Review Schedule:	Every 3 Years
Approved Date:	December 8, 2017	Last Reviewed:	March 2018
Effective Date:	January 1, 2018	Next Review Date:	March 2021
Amended Date(s):	[Amended Date]		

Definitions

In this Policy, the following words and phrases have the meanings set out below:

“Approved Accreditation Body” means the Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies of the Canadian Medical Association, or of 8872147 Canada Inc., a subsidiary of the Canadian Medical Association, or, as of February 1, 2018, Accreditation Canada, an affiliate of Health Standards Organization.

“Effective Date” means the date on which the Registration Regulation comes into force.

“Registration Regulation” means the regulation which amends Ontario Regulation 866/93 for the purpose of the regulation of diagnostic medical sonography as a new specialty.

“Specialty” means the specialty of diagnostic medical sonography.

Policy

1. Applicants trained in Ontario

On the Effective Date, the programs listed in Schedule 1.3 to Ontario Regulation 866/93 as amended (the Registration Regulation) or considered by the CMRTO's Council to be equivalent to a program listed in Schedule 1.3 to the Registration Regulation are the approved programs in Ontario. Attached as Schedule 1 to this Policy is a list of the approved programs in Ontario as of the Effective Date.

2. Non-Ontario Canadian Trained Applicants

The CMRTO's Council has determined that, as of the Effective Date, each of the programs in the Specialty offered in all of the other provinces which has been accredited by an Approved Accreditation Body is equivalent to the approved programs offered in Ontario. Attached as Schedule 2 to this Policy is a list of the approved programs offered in Canada outside of Ontario as of the Effective Date.

The accreditation process provides a method of evaluation through regular visits of trained assessors and evaluation of staff, faculties, curriculum and clinical experience.

3. Internationally Educated Applicants

The medical radiation technology programs in the Specialty as listed in Schedule 1.3 of the Registration Regulation have been accredited by an Approved Accreditation Body.

The accreditation process provides a method of evaluation through regular visits of trained assessors and evaluations of staff, faculties, curriculum and clinical experience. The CMRTO does not have the resources to adequately assess, on an ongoing and regular basis, programs in medical radiation technology in the Specialty.

The CMRTO has determined that, in order for a medical radiation technology program in the Specialty to be considered to be equivalent to the medical radiation technology programs in the Specialty listed in Schedule 1.3 of the Registration Regulation, the program must be accredited by an Approved Accreditation Body.

Therefore, it is the Policy of the CMRTO that, unless a medical radiation technology program in the Specialty is listed in Schedule 1.3 of the Registration Regulation or has been accredited by an Approved Accreditation Body, the program is not considered by Council to be equivalent to the medical radiation technology programs in the Specialty listed in Schedule 1.3 of the Registration Regulation.

An applicant who has successfully completed a program offered outside Ontario that is not considered by Council to be equivalent to the programs listed in Schedule 1.3 of the Registration Regulation, will be required to satisfy the Registration Committee that the program is substantially similar, but not equivalent, to an approved program in Ontario and that, based on satisfactory evidence of a type approved by the Registration Committee and in the form and

manner approved by the Registration Committee, the applicant is competent to practise in Ontario as a medical radiation technologist in the Specialty.

Application of Policy

This Policy only applies to the Specialty.

This Policy does not apply to an applicant (a "labour mobility applicant") who already holds an out-of-province certificate (as defined in the labour mobility provisions of the Health Professions Procedural Code) that is equivalent to a certificate of registration issued by the CMRTO in the Specialty, provided that the labour mobility applicant meets the registration requirements under section 5 of Ontario Regulation 866/93, as amended.

SCHEDULE 1

PROGRAMS LISTED IN SCHEDULE 1.3 OF ONTARIO REGULATION 866/93

Diagnostic Medical Sonography

1. Algonquin College of Applied Arts and Technology (General Sonography), Ottawa, Ontario
2. BizTech College of Health Sciences, Business and Technology (Cardiac and Vascular Sonography), Mississauga, Ontario
3. Cambrian College of Applied Arts and Technology (General Sonography), Sudbury, Ontario
4. Canadian National Institute of Health (General Sonography), Ottawa, Ontario
5. Collège Boréal d'arts appliqués et de technologie (Échographie générale), Sudbury, Ontario
6. Mohawk College of Applied Arts and Technology (Diagnostic Cardiac Sonography), Hamilton, Ontario
7. Mohawk College of Applied Arts and Technology/McMaster University – Collaborative Advanced Diploma – Bachelor of Medical Radiation Sciences Program – Ultrasound Specialization (General Sonography), Hamilton, Ontario
8. St. Clair College of Applied Arts and Technology (General Sonography), Windsor, Ontario
9. The Michener Institute of Education at University Health Network (General Sonography), Toronto, Ontario

SCHEDULE 2

PROGRAMS OFFERED OUTSIDE OF ONTARIO AND CONSIDERED BY COUNCIL TO BE EQUIVALENT TO A PROGRAM LISTED IN SCHEDULE 1.3 OF ONTARIO REGULATION 866/93

Diagnostic Medical Sonography

1. Northern Alberta Institute of Technology (Generalist and Cardiac Sonography), Edmonton, Alberta
2. Southern Alberta Institute of Technology (Generalist and Cardiac Sonography), Calgary, Alberta
3. British Columbia Institute of Technology (General and Cardiac Sonography), Burnaby, British Columbia
4. Red River College (Cardiac Sonography), Winnipeg, Manitoba
5. Red River College (General Sonography), Winnipeg, Manitoba
6. College of the North Atlantic, Prince Philip Drive Campus (General Sonography), St. John's, Newfoundland
7. Queen Elizabeth II/Dalhousie School of Health Sciences - Diploma and Degree Options (General, Cardiac and Vascular Sonography), Halifax, Nova Scotia

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Approved examinations for the specialty of diagnostic medical sonography set and administered by Sonography Canada

Policy 6.11

Section:	Registration	Public:	Yes
Approved By:	Council	Review Schedule:	Every 3 Years
Approved Date:	December 8, 2017	Last Reviewed:	March 2018
Effective Date:	January 1, 2018	Next Review Date:	March 2021
Amended Date(s):	[Amended Date]		

Definitions

In this Policy, the following words and phrases have the meanings set out below:

"Area of Practice" means each of general sonography, cardiac sonography and vascular sonography.

"Effective Date" means the date on which the Registration Regulation comes into force.

"Four Attempts" means, by reference to a specified examination, four attempts to complete that examination successfully.

"Registration Regulation" means the regulation which amends Ontario Regulation 866/93 for the purpose of the regulation of diagnostic medical sonography as a new specialty.

"Specialty" means the specialty of diagnostic medical sonography.

Policy

1. For the purpose of section 4.2(1)2 of Ontario Regulation 866/93 as amended, on the Effective Date, the CMRTO's Council approves, as the examinations approved by the Council in the Specialty, the following examinations set and administered by Sonography Canada:
 - (a) For all Areas of Practice within the Specialty, the core sonography examination.
 - (b) For general sonography, the generalist sonographic examination, being composed of:
 - (i) obstetrical and gynecological sonography,
 - (ii) abdominal sonography; and
 - (iii) generalist vascular sonography.
 - (c) For cardiac sonography, the cardiac sonographic examination.
 - (d) For vascular sonography, the vascular sonographic examination.
2. For the purpose of section 4.2(1)2 of Ontario Regulation 866/93 as amended, on the Effective Date, the Council approves that:
 - (a) an applicant whose Area of Practice within the Specialty is general sonography must successfully complete all of the examinations described in paragraph 1(a) and subparagraphs 1(b)(i), (ii) and (iii).
 - (b) an applicant whose Area of Practice within the Specialty is cardiac sonography must successfully complete both of the examinations described in paragraphs 1(a) and 1(c).
 - (c) an applicant whose Area of Practice within the Specialty is vascular sonography must successfully complete both of the examinations described in paragraphs 1(a) and 1(d).
3. For the purpose of section 4.2(1)2 of Ontario Regulation 866/93 as amended, on the Effective Date, the Council approves that:
 - (a) an applicant for a certificate of registration in the Specialty will be given Four Attempts for the examination described in paragraph 1(a).
 - (b) an applicant whose Area of Practice within the Specialty is general sonography will be given Four Attempts for each examination described in subparagraphs 1(b)(i), (ii) and (iii).
 - (c) an applicant whose Area of Practice within the Specialty is cardiac sonography will be given Four Attempts for the examination described in paragraph 1(c).

- (d) an applicant whose Area of Practice within the Specialty is vascular sonography will be given Four Attempts for the examination described in paragraph 1(d).

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Approved examinations for the specialty of diagnostic medical sonography administered by the ARDMS (time-limited)

Policy 6.12

Section:	Registration	Public:	Yes
Approved By:	Council	Review Schedule:	Time Limited
Approved Date:	December 8, 2017	Last Reviewed:	
Effective Date:	January 1, 2018	Next Review Date:	December 2018
Amended Date(s):	[Amended Date]		

Introduction

As set out in Policy 6.11, the CMRTO's Council has approved, on the Effective Date, the examinations set by Sonography Canada for the purpose of section 4.2(1)2 of Ontario Regulation 866/93 as amended. The Council also recognizes that the American Registry for Diagnostic Medical Sonography¹ is a body established in the United States of America that administers examinations in a number of areas of practice of diagnostic medical sonography. The Council considered a number of factors with respect to whether, and for what period of time, the examinations administered by the ARDMS² (as defined below) should be approved by the Council for the purpose of section 4.2(1)2 of Ontario Regulation 866/93 as amended. These factors can be summarized as follows:

¹ "American Registry for Diagnostic Medical Sonography" is a registered trademark in Canada registered by the American Registry for Diagnostic Medical Sonography, Inc.

² "ARDMS" is a registered trademark in Canada registered by the American Registry for Diagnostic Medical Sonography, Inc.

- (a) for many years in Ontario, successful completion by an individual of the examinations administered by the ARDMS and the award of the corresponding credential by the ARDMS have been recognized by employers as a credential demonstrating the individual's competent practice as a sonographer;
- (b) graduates in Ontario of educational programs in the Specialty (as defined below) have had the choice of sitting either the examinations administered by the ARDMS or the examinations administered by Sonography Canada in order to meet employer requirements for the practice of the Specialty;
- (c) the examinations administered by the ARDMS are not offered in French;
- (d) all of the examinations administered by Sonography Canada are offered in English and most of them are offered in French;
- (e) the examinations set by Sonography Canada are based on the content of the National Competency Profile for Sonography;
- (f) the examinations set by Sonography Canada have only been available since 2013; and
- (g) the regulation of a new specialty of the profession means that diagnostic medical sonographers will be required to meet requirements of the CMRTO that may be different from the credentials currently sought by employers in Ontario.

Taking all of these factors into account, the Council has determined to approve the examinations administered by the ARDMS for a limited period of time, all as set out below. This Policy will facilitate those sonographers who are graduates of approved programs, have passed the examinations administered by the ARDMS and have been practising in the Specialty, to be eligible for registration. However, the Council recognizes that there are reasons that the approval of the examinations administered by the ARDMS should be time limited because the examinations set by Sonography Canada are based on the National Competency Profile for Sonography and are offered in both official languages. A period of one year should provide sufficient time for a person who has successfully completed the ARDMS examinations to become registered as a member of the CMRTO. Accordingly, after one year, the examinations set by Sonography Canada will become the only examinations approved by the Council for an applicant to be registered as a member of the CMRTO in the Specialty.

Definitions

In this Policy, the following words and phrases have the meanings set out below:

"ARDMS" means the American Registry for Diagnostic Medical Sonography.

"Area of Practice" means each of general sonography, cardiac sonography and vascular sonography.

"Effective Date" means the date on which the Registration Regulation comes into force.

“Registration Regulation” means the regulation which amends Ontario Regulation 866/93 for the purpose of the regulation of diagnostic medical sonography as a new specialty.

“Specialty” means the specialty of diagnostic medical sonography.

Policy

1. For the purpose of section 4.2(1)2 of Ontario Regulation 866/93 as amended, on the Effective Date and for the period of one year from and after the Effective Date, the CMRTO's Council approves, as the examinations approved by the Council in the Specialty, the following examinations administered by the ARDMS:
 - (a) For all Areas of Practice within the Specialty, the sonography principles and instrumentation examination
 - (b) For general sonography, the following examinations:
 - (i) Abdomen (AB) examination;
 - (ii) Breast (BR) examination;
 - (iii) Fetal echocardiography (FE) examination;
 - (iv) Obstetrics and gynecology (OB/GN) examination;
 - (v) Paediatric sonography (PS) examination; and
 - (vi) Musculoskeletal sonographer (MSK) examination
 - (c) For cardiac sonography, the following examinations:
 - (i) Adult echocardiography (AE) examination;
 - (ii) Fetal echocardiography (FE) examination; and
 - (iii) Paediatric echocardiography (PE) examination
 - (d) For vascular sonography, the vascular technology (VT) examination
2. For the purpose of section 4.2(1)2 of Ontario Regulation 866/93 as amended, on the Effective Date and for the period of one year from and after the Effective Date, the Council approves that:

- (a) an applicant whose Area of Practice within the Specialty is general sonography must successfully complete the examination described in paragraph 1(a) and at least one of the examinations described in subparagraphs 1(b)(i), (ii), (iii), (iv), (v) and (vi)
- (b) an applicant whose Area of Practice within the Specialty is cardiac sonography must successfully complete the examination described in paragraph 1(a) and at least one of the examinations described in subparagraphs 1(c)(i), (ii) and (iii)
- (c) an applicant whose Area of Practice within the Specialty is vascular sonography must successfully complete both of the examinations described in paragraphs 1(a) and 1(d)

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Quality Assurance Portfolio: Percentage of MRTs

Policy 7.1

Section:	Quality Assurance	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):	[Amended Date]		

Policy

It is the Policy of the College of Medical Radiation Technologists of Ontario (CMRTO) that the percentage of medical radiation technologists (MRTs) who are randomly selected each year to make their Quality Assurance Portfolio¹ available to the Quality Assurance (QA) Committee or an assessor appointed by the QA Committee for assessment, shall be approved, from time to time, by resolution of Council.

¹ The QA Committee has approved the QA Portfolio as the form in which members must record their self-assessments and participation in continuing education or professional development activities.

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Peer and Practice Assessment by Multi- Source Feedback (MSF) or by an Assessor: Percentage of MRTs

Policy 7.2

Section:	Quality Assurance	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):	[Amended Date]		

Policy

It is the Policy of the College of Medical Radiation Technologists of Ontario (CMRTO) that the percentage of medical radiation technologists (MRTs) who are randomly selected each year to undergo a peer and practice assessment by means of a multi-source feedback system or by an assessor in accordance with the Quality Assurance (QA) Committee's practice of random selections for assessment, shall be approved, from time to time, by resolution of Council.

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Random selection without replacement

Policy 7.3

Section:	Quality Assurance	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):	December 8, 2015		

Background

The Quality Assurance (QA) Committee may randomly select members of the College of Medical Radiation Technologists of Ontario (CMRTO) to submit their QA Portfolio each year. The QA Committee may also randomly select members to undergo a peer and practice assessment each year. The peer and practice assessment may be conducted by means of a multi-source feedback assessment or by an assessor. The QA Committee may also require members to submit their QA Records at any time.

Purpose

The purpose of this Policy is to clarify the random selection process for both the selection of members to undergo a peer and practice assessment and the selection of members to submit their QA Portfolio. This Policy is not intended to affect the authority of the QA Committee or an assessor to require members to submit their QA Portfolio at any time or to order a peer and practice assessment under other circumstances.

Policy

The random selection process for the selection of members to undergo a peer and practice assessment or to submit their QA Portfolio will be conducted as a process of random selection without replacement for a period of five (5) years or more, such time period to be set by the QA Committee. The selection will take into account whether a member's practice has been assessed by a peer and practice assessment, or whether a member's QA Portfolio has been assessed, in the preceding five (5) years or other time period set by the QA Committee, as a result of the member having been randomly selected for such assessment.

This means that a member whose practice has been assessed by a peer and practice assessment in the preceding five (5) years or other time period set by the QA Committee or whose QA Portfolio has been assessed in the preceding five years or other time period set by the QA Committee, as a result of the member having been randomly selected for a peer and practice assessment or an assessment of their QA Portfolio, will not be selected, through the random selection process, to undergo a peer and practice assessment or an assessment of their QA Portfolio, more frequently than once in a five (5) year period.



Continuing education and professional development activities

Policy 7.4

Section:	Quality Assurance	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):	<u>March 27, 2018</u>		

Policy

Each member of the College of Medical Radiation Technologists of Ontario (CMRTO) is required to participate in at least twenty-five (25) hours of continuing education or professional development activities each year as part of the Quality Assurance (QA) Program in order to maintain the knowledge, skills and judgment required to practise the profession of medical radiation technology in accordance with the Standards of Practice and Code of Ethics set by the CMRTO.

The QA Committee may accept partial hours to fulfill this requirement if a member holds a certificate of registration for less than an entire QA year.¹

¹ The QA year runs from January 1 to December 31.

Revoked: March 27, 2018

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Notice to Council members respecting discipline hearings

Policy 8.1

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

Policy

It is the policy of the College of Medical Radiation Technologists of Ontario (CMRTO) that the information respecting pending discipline hearings, including the name of the member against whom the allegations have been made, the intended date, time and place of the hearing and a statement of the purpose of the hearing, will be sent to all Council members.



Publication of Discipline decisions in *Insights*

Policy 8.2

Section:	Professional Conduct		
Approved By:	Council	Public:	Yes
Approved Date:	March 27, 2015	Review Schedule:	Every 3 Years
Effective Date:	March 27, 2015	Last Reviewed:	March 2018
Amended Date(s):	<u>March 27, 2018</u>	Next Review Date:	March 2021

Policy

1. No discipline decision (including its reasons) will be published in *Insights-the newsletter of the College of Medical Radiation Technologist of Ontario (CMRTO) and on the CMRTO website* until the thirty (30) day appeal period has expired;
2. If, after the expiry of the thirty (30) day appeal period, no appeal has been filed by the member, the decision and reasons will be published in *Insights*, and the member's name will be published if otherwise permitted by Section 56-(23) of the Health Professions Procedural Code, being Schedule 2 of the *Regulated Health Professions Act, 1991*.
3. If the member has given notice of an appeal within the thirty (30) day appeal period, the decision and reasons will be published in *Insights-the newsletter of the CMRTO and on the CMRTO website*, but the member's name will not be published until the appeal has been disposed of.



Workplace Health & Safety

Policy 9.1

Section:	Human Resources	Public:	No
Approved By:	Council	Review Schedule:	Every 3 Years
Approved Date:	September 26, 2017	Last Reviewed:	[Last Reviewed Date]
Effective Date:	September 26, 2017	Next Review Date:	September 2020
Amended Date(s):	<u>March 27, 2018</u>		

Policy

The College of Medical Radiation Technologists of Ontario (CMRTO) is committed to protecting and promoting the health and safety of all CMRTO employees and visitors.

This Policy is designed to protect and promote the health and safety of all CMRTO employees and visitors, and to reduce the risk of property damage and equipment loss.

Orientation for all new employees shall include an overview of this Policy along with related health and safety procedures. All employees shall complete the CMRTO Safety Checklist, contained in the Employee Handbook, on an annual basis. It is the responsibility of all staff to comply with this Policy and all related procedures.

The CMRTO shall designate a Health & Safety representative from among the employees.

1.1 Workplace Hazards

All CMRTO employees have a responsibility for maintaining a safe work environment in order to protect and promote the health and safety of all CMRTO employees and visitors. Once a physical hazard has been identified, an employee shall correct the situation. If a correction requires additional resources not available to the employee, direction should be obtained from the Registrar & CEO or designated director. Maintenance issues shall be reported to the property management office responsible for managing the CMRTO's premises or the Health & Safety representative.

All employees shall also ensure that:

- exits and corridors are unobstructed
- objects, including corporate files, are not left lying on floors
- cables and wires are not hazardously placed, but rather properly secured
- filing cabinet drawers and cupboard doors are closed when not in use
- appropriate breaks are taken from work at computer terminals to prevent injuries and to reduce muscle strain
- any spills in the kitchen (or elsewhere) are mopped up immediately
- all entrance doors are locked after-hours
- the entrance door is locked while no employee is positioned at the Reception Desk
- any injuries sustained in the workplace are immediately reported to the Registrar & CEO or designated director
- noxious fumes, trip hazards or other hazards (e.g. faulty electrical, leaking pipes, etc.) are appropriately managed

1.2 Occupational Health & Safety

1.1.11.2.1 Workplace Hazardous Materials Information Systems (WHMIS)

All employees shall be aware of the location of the WHMIS Manual (the Manual) and be aware of the contents of the Manual. It is the responsibility of all employees to be aware of the legislation as outlined in the Manual.

The Material Safety Data Sheets for all hazardous materials located and used in the CMRTO offices are kept in the Manual (i.e. laser printer and photocopier toner).

1.1.21.2.2 Smoke Free Environment

The CMRTO provides a smoke free work environment.

1.2.3 Fragrance Free Environment

The CMRTO provides a fragrance free work environment to minimize the potential adverse allergic and/or medical reactions that can occur among employees and visitors. No personal fragrance products are to be used at the CMRTO by CMRTO employees, Council members (elected or publicly appointed), or appointed members to statutory committees. Visitors will be advised of the policy through signage and are also expected to comply. Personal fragrance products include, but are not limited to: perfume, cologne, aftershave and body spray, hair spray, soap, fabric softener, mothballs, shampoo and conditioners, lotions and creams, oils, and air fresheners and deodorizers. If a complaint results from the use of personal fragrance products, the complainant should either remind the individual of this Policy or bring the issue to the attention of the Registrar & CEO or designated director.



Leaves of Absence and Sick Time

Policy 9.8

Section:	Human Resources	Public:	No
Approved By:	Council	Review Schedule:	Every 3 Years
Approved Date:	November 9, 2017	Last Reviewed:	[Last Reviewed Date]
Effective Date:	November 9, 2017	Next Review Date:	September 2020
Amended Date(s):	<u>March 27, 2018</u>		

Policy

1. Leaves of Absence

The College of Medical Radiation Technologists of Ontario (CMRTO) is committed to complying with the leave of absence requirements set out in the *Employment Standards Act, 2000* (the ESA). This Policy is not an exhaustive list of all leaves of absence available under the ESA. Employees are encouraged to consult the legislation for exceptions and additional information.

1.1. Bereavement Leave

Up to three (3) days of leave is available to any employee of the CMRTO attending the funeral of an immediate member of the family. "Immediate member of the family" means a spouse, child, mother, father, sister, brother, grandfather, grandmother, grandchild~~ren~~, father-in-law or mother-in-law of the employee. One (1) day of leave is available to employees attending funerals of other relatives. If travel of more than 500 km is required to attend the funeral, two (2) additional days of bereavement leave may be granted. Special circumstances are reviewed at the Registrar & CEO's discretion.

1.2. Pregnancy/Parental Leave

Any employee employed at the CMRTO for at least thirteen (13) weeks prior to the expected date of delivery is eligible for **unpaid** Pregnancy Leave of seventeen (17) weeks. Pregnancy Leave, which is to begin no earlier than 17 weeks before the expected delivery date, is governed by the ESA. Pregnancy Leave lasts for a maximum of 17 weeks after Pregnancy Leave begins.

To obtain the leave, the employee must give the CMRTO at least two (2) weeks' notice in writing, and provide a ~~physician's~~ certificate from a legally qualified medical practitioner, stating that they are pregnant, ~~and~~ giving the estimated date of delivery. Notice of intention to return to

work is also required and, if the date of return is less than six (6) weeks after the child's birth, should include a medical certificate stating that the employee is able to resume normal duties. Written notice must be given at least four (4) weeks before the day the employee wishes to end their leave if an employee wishes to end their leave early.

Any employee employed at the CMRTO for at least one (1) year prior to the expected date of delivery is eligible to receive 20% of their basic salary for a period of seventeen (17) weeks. For an employee to be eligible to receive this sum for a subsequent Pregnancy Leave, that employee must have a total of 600 or more hours of insurable employment in their qualifying period.

Under the provisions of the ESA, CMRTO employees are entitled to **unpaid** Parental Leave if they have completed thirteen (13) weeks of employment. Parental Leave is to begin immediately following Pregnancy Leave where applicable, or, in the case of employees not entitled to Pregnancy Leave, no more than ~~fifty-two (52)~~seventy-eight (78) weeks after the day the child is born or comes into the custody, care and control of a parent for the first time. An employee who has taken Pregnancy Leave is entitled to thirty-five (35) weeks of Parental Leave. An employee who has not taken Pregnancy Leave, such as an adoptive parent, is entitled to thirty-seven (37) weeks of Parental Leave.

In addition, an employee who has completed at least thirteen (13) weeks of employment prior to the expected date of delivery or the date the child is born or comes into the custody, care and control of a parent for the first time is eligible to extend their **unpaid** Parental Leave from thirty-five (35) to sixty-one (61) weeks for employees who take pregnancy leave, and from thirty-seven (37) to sixty-three (63) weeks otherwise. An employee must provide notice of their intention to take Parental Leave and the duration of said Parental Leave two (2) weeks prior to the commencement of their Parental Leave.

Any employee employed at the CMRTO for at least one (1) year prior to the expected date of delivery or the date the child is born or comes into the custody, care and control of a parent for the first time is eligible to receive 20% of their basic salary for a period of thirty-five (35) weeks for employees who take Pregnancy Leave, and for a period of thirty-seven (37) weeks otherwise. For an employee to be eligible to receive this sum for a subsequent Parental Leave, that employee must have a total of 600 or more hours of insurable employment in their qualifying period.

In addition, an employee employed at the CMRTO for at least one (1) year prior to the expected date of delivery or the date the child is born or comes into the custody, care and control of a parent for the first time is eligible to extend their Parental Leave from thirty-five (35) to sixty-one (61) weeks for employees who take Pregnancy Leave, and from thirty-seven (37) to sixty-three (63) weeks otherwise. An employee must provide notice of their intention to take Parental Leave and the duration of said Parental Leave two (2) weeks prior to the commencement of their Parental Leave.

In the case of both Pregnancy and Parental Leave, vacation days continue to accrue. See CMRTO Policy 1.3, Staff Vacation and Holidays for more information.

For exceptions and additional information, consult the ESA. Further details can be obtained from the Registrar & CEO or designated director.

1.3. Personal Emergency Leave Days

Under the provisions of the ESA, all employees are entitled to ten (10) personal emergency leave days per calendar year.

Employees of the CMRTO are entitled to paid days of leave for the first four (4) of the ten (10) personal emergency leave days available under the ESA. The four (4) paid personal emergency leave days per calendar year, are to be used for medical appointments, a personal illness, injury or medical emergency, mental health days, an urgent matter involving a family member, etc. Unused personal emergency leave days cannot be carried forward from one year to the next.

Employees are permitted to take paid personal emergency leave days in ½ day increments. To be clear, if an employee wishes to take this ½ day in the afternoon, the hours to be worked are from 8:00 to 11:30 with no break period. If an employee wishes to take this ½ day in the morning, the hours to be worked are from 12:30 to 4:00 with no break period.

Unpaid personal emergency leave days cannot be taken in half day increments. If an employee takes any part of a day as unpaid leave under this section, the CMRTO will deem the employee to have taken one day of unpaid leave on that day.

Employees are only entitled to four (4) paid personal emergency leave days if they have been employed for at least one (1) week.

Although a statement from a legally qualified medical practitioner is not required for personal emergency leave, the CMRTO may require an employee to provide evidence that is reasonable in the circumstances.

1.4. Unpaid Leave

The Registrar & CEO *may* grant a leave of absence under exceptional circumstances. Each request will be considered on its merits. An employee requiring unpaid leave should put the request in writing for consideration by the Registrar & CEO.

1.5. Jury and Witness Duty

Employees of the CMRTO called for jury duty or subpoenaed as witnesses may be paid full salary during that period at the discretion of the Registrar & CEO. In the event employees are paid full salary during that period, under reasonable circumstances, they will be expected to attend work during times they are not required by the court. Any fees paid for jury service or witness fees are to be remitted to the CMRTO, with the exception of transportation payments. Employees will not receive any pay if they are required to perform jury or witness duty during their probationary period.

1.6. Time Off to Vote

Employees of the CMRTO are entitled under the law to have three clear hours before polls close, or after polls open, to vote in federal and provincial elections. Employees requiring such time should make every effort to vote at the beginning or end of the working day to minimize disruption to their work.

2. Sick Time

During each calendar year, employees of the CMRTO are entitled to up to eight (8) paid sick days to be used when an employee is personally sick or injured. Unused sick days cannot be carried forward from one year to the next.

Employees are responsible for notifying their supervisor and/or the Registrar & CEO or designated director of their absence no later than 9:30 a.m.

When an employee exceeds the number of sick days they have remaining, and they are not yet on short-term disability, then either:

- (i) The employee can keep their pay at 100% by using personal emergency leave days, banked overtime or vacation days; or,
- (ii) The employee's pay will be reduced to reflect the day(s) not worked.

This means that if an employee has used all sick, personal emergency leave and vacation days, and has no banked overtime, then if the employee is off sick for a day, they will not be paid for that day.

With the exception of the personal emergency leave days available to employees under section 1.3 above, the CMRTO will not compensate any new employees who are absent from work during the first three (3) months of continuous employment with the CMRTO.

A ~~physician's~~ statement from a legally qualified medical practitioner is required for each absence in excess of three (3) working days, and periodically for long-term absences, depending on the nature of the disability. Without this statement, an employee may not be eligible to be paid for the time away from work. The CMRTO reserves the right to waive, by written notice, the requirement for a ~~physician's~~ statement from a legally qualified medical practitioner.

CIRCULATED WITH AGENDA

DRAFT

OF MAR 27 2018

COUNCIL
ITEM# 60xxxii



College of
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Ordre des
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Registrar's Discretionary Expenditure

Policy 4.11

Section:	Finance & Risk	Public:	No
Approved By:	Council	Review Schedule:	Every 3 Years
Approved Date:	[Approved Date]	Last Reviewed:	[Last Reviewed Date]
Effective Date:	[Effective Date]	Next Review Date:	[Next Review Date]
Amended Date(s):	[Amended Date]		

Policy

The College of Medical Radiation Technologists of Ontario (CMRTO) is committed to the prudent and responsible use of its resources. The CMRTO recognizes that reciprocity, hospitality, and the development of stakeholder relationships often require expenditure that extends beyond the scope of Policy 4.3, Expense, Honoraria and Claim. The CMRTO supports the Registrar & CEO in nurturing productive relationships that support the mission, vision and strategic goals of the organization.

This purpose of this Policy is to ensure that all discretionary expenditure meets standards of probity expected of a professional regulatory college. All discretionary expenditure must be reasonable and have a justifiable business purpose, in light of the CMRTO's Strategic Plan.

1.1 Discretionary Expenditure

1.1.1 Entertainment Related Expenditure

Entertainment related expenditure is defined as food/refreshment expenses incurrent where an external party is involved, and the purpose of the expenditure is to represent the CMRTO, provide reciprocity of hospitality or build stakeholder relationships in pursuit of organizational goals.

All discretionary expenditure related to entertainment is at the discretion of the Registrar & CEO, to be applied in accordance with the purpose of this Policy.

1.1.2 Alcohol

If it is appropriate to purchase alcohol for official entertainment/external events, the expense incurred must be reasonable and justifiable.

All discretionary expenditure related to the purchase of alcohol is at the discretion of the Registrar & CEO, to be applied in accordance with the purpose of this Policy.

OF MAR 27 2018

COUNCIL
ITEM# 6e1College of
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Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** March 6, 2018

Subject: Election 2018

This agenda item is for:

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

The election for District 2 and 5 will be held on April 4, 2018 (notice attached). The nomination process ended on February 9, 2018. Nominations are as follows:

District 2 – Radiography, Eastern District

- Wendy Rabbie, MRT(R)

District 5 – Radiation Therapy

- Angela Cashell, MRT(T)
- Tarja Heiskanen, MRT(T)
- Derek Ribeiro, MRT(T)

As you know, CMRTO needs to prepare for the election of CMRTO members in the specialty of diagnostic medical sonography to Council in 2019. We currently have two sonography transitional Council members.

But in 2018, our statutory committees will be making decisions regarding diagnostic medical sonographers especially the committees of registration, ICR, QA and potentially discipline.

We propose to review and amend, if required, the policies regarding the terms of reference of the statutory committees in order to enable Council to appoint CMRTO members in the specialty of diagnostic medical sonography to the statutory committees in June 2018.

The call for applications for appointment to the statutory committees to permit registered DMSs to submit an application is attached for your information.

CIRCULATED
WITH AGENDA

OF FEB 27 2018

EXECUTIVE
ITEM# 5eii

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 6eii

CURRENT ELECTION

ELECTION OF MEMBERS TO COUNCIL

The CMRTO will hold elections in Districts 2 and 5 on **April 4, 2018**. Members who are eligible to vote in these districts were sent an email on November 30, 2017 detailing the online election process. Nomination forms giving all interested and eligible MRTs the opportunity to stand for election in 2018 will be emailed in early December.

- **District 2** (Eastern District) Municipality of Muskoka, the Districts of Parry Sound and Nipissing, the United Counties of Prescott and Russell, Stormont, Dundas and Glengarry, and Leeds and Grenville, the Counties of Frontenac, Hastings, Lanark, Lennox & Addington, Prince Edward and Renfrew, and the City of Ottawa.
- **District 5** (Radiation Therapy) includes all of the Province of Ontario.

The three-year term for candidates elected to Council, starts at the June 14-15, 2018 Council meeting.

For more information about the CMRTO Council, the election process or electoral districts, please explore the Council and Elections sections of the website, or send your questions to communications@cmrto.org.

For more information about the CMRTO Council, the election process or electoral districts, please explore the Council and Elections sections of the website, or send your questions to communications@cmrto.org.

OF MAR 27 2018

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Kirusha Kobindarajah

Subject: FW: FYI, Eblast sent today
Attachments: Opportunities to be appointed to CMRTO committees 2018.pdf; Application for Appointment to CMRTO Committees 2018.pdf

COUNCIL
 ITEM#6e!!!.....

From: CMRTO Communications
Sent: February-16-18 10:55 AM
To: CMRTO Communications <communications@CMRTO.org>
Subject: Applications for non-Council members to serve on CMRTO committees

Dear CMRTO members and diagnostic medical sonographers:

Each year, the CMRTO invites applications for appointment to serve on CMRTO committees. Under the *Medical Radiation Technology Act, 1991*, the statutory committee structure requires the appointment of members who are not elected members of Council to a number of CMRTO committees. A listing of these committees and a short description of the areas of responsibility of each committee can be found in the attachment to this email.

This is a transition year for the implementation of diagnostic medical sonography as a fifth specialty and Council will be appointing some diagnostic medical sonographers (DMS) to the statutory committees.

Sonographers will be eligible to be appointed to CMRTO committees provided they are registered with CMRTO before June 1, 2018.

To be eligible for consideration for appointment to a CMRTO committee, you must:

- be the holder of a current specialty certificate of registration;
- be an Ontario resident;
- not be in default of payment of any fees, fines or other amounts owed to the CMRTO; and
- not be a member of the provincial governing board of a professional association of medical radiation technologists, an executive officer of a bargaining unit of a union representing medical radiation technologists, or an executive officer of an association of managers of medical radiation technologists.

In addition:

- there must not have been a finding of professional misconduct, incompetence or incapacity against you in the three years preceding the date of the appointment;
- your certificate of registration must not have been revoked or suspended in the six years preceding the date of the appointment; and
- you must not be the subject of any disciplinary, incompetence or incapacity proceeding.

At the meeting of the CMRTO Council on June 14 & 15, 2018 non-Council members will be appointed by Council to serve on CMRTO committees for a term of one year. As the composition of statutory committees is complex, only a small number of non-Council members are appointed each year. If you are interested in being considered for appointment to a CMRTO committee, you are invited to submit the attached application, Certificate of Validation and your resume of experience to communications@cmrto.org no later than Friday, March 23, 2018.

Thank you,

CMRTO Nominations Committee

~~354~~

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

www.cmrto.org

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



Opportunities to be appointed to CMRTO committees

Under the *Medical Radiation Technology Act, 1991*, the statutory committee structure of the CMRTO allows for the appointment of members who are not elected members of Council to five of the statutory committees. All appointments are for a one-year period, commencing in June of each year.

A list of the committees and the responsibilities is listed below.

If you are interested in applying for appointment to a committee, please complete the 'Application for appointment to CMRTO committees' and submit it, along with your resume of experience, to CMRTO by **March 23, 2018**.

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OF FEB 27 2018

EXECUTIVE
ITEM# 5eiii

Committee	Description of committee's responsibilities
Inquiries, Complaints & Reports	Considers reports and complaints regarding CMRTO members and determines the appropriate action to be taken including referral to the Discipline Committee for allegations of professional misconduct or incompetence, or to the Fitness to Practise Committee for matters relating to incapacity. Conducts inquiries into whether a member is incapacitated. Meets approximately six to eight times per year.
Discipline	Holds hearings (in a formal setting) regarding allegations of professional misconduct and incompetence referred by the Inquiries, Complaints & Reports Committee. This committee may meet for periods of four to five consecutive days for hearing purposes.
Fitness to Practise	Holds a hearing to determine whether a member is incapacitated and, therefore, not fit to practise, after referral by the Inquiries, Complaints & Reports Committee. Meets as required.
Quality Assurance	Develops and administers a quality assurance program that includes: continuing education or professional development; self, peer and practice assessments; and a mechanism to monitor members' participation in, and compliance with, the program. Meets approximately six times per year.
Registration	Reviews applications for registration as a medical radiation technologist, which have been referred by the Registrar because there are questions about the applicant's qualifications, training or clinical experience. Meets approximately eight to nine times per year.

Reasonable travel, accommodation and meal expenses are reimbursed

Application for appointment to CMRTO committees



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If you are interested in submitting an application for appointment to a CMRTO committee, be sure to include your resume of experience along with your completed application and Certificate of Validation and send all documents to communications@cmrto.org no later than Friday, March 23, 2018.

Name: _____ CMRTO#: _____

Specialty: ☐ Radiography
☐ Radiation Therapy
☐ Nuclear Medicine
☐ Magnetic Resonance
☐ Diagnostic Medical Sonography

Business Name Address (or home address if not in practice): _____

Email: _____

Employment History

Position	Employer	Dates

Education

Program	Educational Institution	Year of Completion	Certificate/Degree

Other experience and interests: _____

I am interested in serving on the following committees:

☐ Discipline

☐ Fitness to Practise

☐ Inquiries, Complaints & Reports

☐ Quality Assurance

☐ Registration

☐ Any

My reasons for applying for appointment to a CMRTO committee are: _____

Signature

Date

Certificate of Validation

Respecting eligibility to be appointed to CMRTO committees



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I hereby certify that:

I, _____ am currently employed
name of applicant

at _____
name of employer

OR

I am not currently employed as a medical radiation technologist

and I am a resident of _____
name of city or town

in the municipality of _____

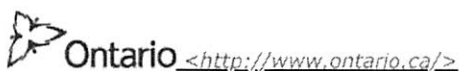
Furthermore:

- ☐ I am the holder of a current specialty certificate of registration in the specialty of _____, or I am in the process of applying for registration in the specialty of diagnostic medical sonography;
- ☐ I am not in default of payment of any fees, fines or other amounts owed to the CMRTO;
- ☐ I am not a member of the provincial governing board of a professional association of medical radiation technologists, an executive officer of a bargaining unit of a union representing medical radiation technologists or an executive officer of an association of managers of medical radiation technologists;
- ☐ There has not been a finding of professional misconduct, incompetence or incapacity against me in the three years preceding the date of this application;
- ☐ My certificate of registration has not been revoked or suspended in the six years preceding the date of this application; and
- ☐ I am not the subject of any disciplinary, incompetence or incapacity proceeding.

I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of my eligibility to be appointed to CMRTO's Committees.

Signature

Date



MINISTRY OF HEALTH AND LONG-TERM CARE

<http://www.health.gov.on.ca/en/>

About the Ministry

Minister of Health and Long-Term Care



Honorable Dr. Helena Jaczek

Dr. Helena Jaczek was first elected to the Ontario legislature in 2007 as the MPP for Oak Ridges-Markham. She was re-elected in 2011 and 2014.

Jaczek currently serves as Minister of Health and Long-Term Care, as well as Chair of Cabinet.

She has previously served as Minister of Community and Social Services, as well as Parliamentary Assistant to the Minister of Health and Long-Term Care, the Minister of the Environment and the Minister of Health Promotion.

Dr. Jaczek has also served on the Standing Committee on Social Policy, as Vice-Chair of the Standing Committee on General Government, the Select Committee on Mental Health and Addictions, and the Standing Committee on Finance and Economic Affairs.

After coming to Canada from England as a 12 year old, Dr. Jaczek later received her medical degree and Master of Health Sciences from the University of Toronto and a Master of Business Administration from the Schulich School of Business at York University.

After many years in general practice on staff at Women's College Hospital in Toronto, Dr. Jaczek became the Medical Officer of Health and Commissioner of Health Services for the Regional Municipality of York. During her 18 years in this position, she was responsible for public health, land ambulance and long-term care in a region of more than one million people.

Dr. Jaczek has been actively involved with numerous community organizations, including the Ontario Great Lakes Renewal Foundation, York Centre for Children, Youth and Families, York Region District Health Council, Giant Steps Toronto and Newmarket Stingrays Swim Club. She has volunteered with the Toronto Region Immigrant Employment Council and mentored foreign-trained professionals.

Dr. Jaczek's involvement with numerous health and community organizations has earned her prestigious awards from the University of Toronto's Public Health Sciences Alumni association, the Association of Local Public Health Agencies and York Region. In 2016, Dr. Jaczek received the Ontario Psychological Association Public Service Award and the Ontario Medical Association, Life Membership Award. And in April 2017, she was awarded the Helen Keller Award by the Canadian Foundation for Physically Disabled Persons and the Canadian Helen Keller Centre for the contributions she has made to hearing and visually impaired Ontarians.

Dr. Jaczek lives in York Region with her partner, Hershel. She is the mother of two adult children, Natasha and Nicholas.

Send an e-mail to the Minister <http://www.health.gov.on.ca/en/common/default.aspx>

Parliamentary Assistant to the Minister

John Fraser <http://news.ontario.ca/profiles/en/john-fraser>
MPP Ottawa South

2016 Parliamentary Assistant Mandate Letter <https://www.ontario.ca/page/2016-parliamentary-assistant-mandate-letter-health-and-long-term-care>

For More Information

Call **ServiceOntario**, INFOline at:

1-866-532-3161 (Toll-free)

In Toronto, (416) 314-5518

TTY 1-800-387-5559.

In Toronto, TTY 416-327-4282

Hours of operation : Monday to Friday, 8:30am - 5:00pm

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL 791
ITEM#

Kirusha Kobindarajah

From: Cole, Denise (MOHLTC) <Denise.Cole@ontario.ca>
Sent: January-08-18 7:39 PM
To: andrew.parr@collegeofnaturopaths.on.ca; bakenny@regulatedhealthprofessions.on.ca; basil.ziv@collegeofhomeopaths.on.ca; boriordan@caslpo.com; College of Kinesiologists of Ontario; College of Nurses of Ontario; College of Occupational Therapists of Ontario; College of Psychologists of Ontario; College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario; d.adams@crpo.ca; fhrco; fkhan@coptont.org; fsmith@cocoo.on.ca; gpettifer@denturists-cdo.com; ifefergrad@rcdso.org; jpwillson@cco.on.ca; jrigby@cdto.ca; Kelly Dobbin; kwilkie@cmlto.com; Linda Gough; Lise Betteridge; ltaylor@cdho.org; melisse.willems@collegeofdietitians.org; nlumwilson@ocpinfoc.com; officeofregistrar@cmto.com; PGarshowitz@collegeoptom.on.ca; rgerace@cpsy.on.ca; Shenda Tanchak; taylor@crto.on.ca
Cc: Henry, Allison (MOHLTC); Cheng, Stephen (MOHLTC); Holm, Bruna E. (MOHLTC); de Braganca, Lorraine (MOHLTC)
Subject: HWPRAD'S New Organizational Structure
Importance: High

EXECUTIVE
ITEM# 6a1.....

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 7a11.....

Dear Colleagues,

Since its creation in September 2005, the Health Workforce Planning and Regulatory Affairs Division (HWPRAD) has brought a strategic focus to the issues of supply, mix, demand and distribution of the province's health workforce to meet current and future healthcare needs of Ontarians. The division also focuses on ensuring that the province's health care professionals and workers are competent and safe. Originally named the Health Human Resources Strategy Division, its primary task was implementation of the *HealthForceOntario Strategy*, launched in 2006. Since that time, while its mission remains the same, the division's core mandate and strategic foci have evolved; hence, an organizational review was undertaken to make sure we have the capacity to fulfill our changed mandate among other things.

The review recommended a new organizational structure which is in place as of today. It consists of:

1. **Health Workforce Regulatory Oversight Branch** (formerly Health System Labour Relations and Regulatory Policy Branch) is responsible for all affairs relating to regulatory oversight of Ontario's healthcare workforce, including administering the *Regulated Health Professions Act*, overseeing the province's health regulatory colleges, and providing secretariat support to the Health Professions Regulatory Advisory Council (HPRAC). It also provides strategic direction for the creation of regulatory policies to support safe, high-quality patient care. New units within the branch are: Regulatory Oversight and Performance Unit, Regulatory Design and Implementation Unit, and Strategic Regulatory Policy Unit.
2. **Health Workforce Planning Branch** (formerly Health Workforce Policy Branch) is accountable for all matters relating to health workforce planning, including labour relations; initiatives such as the physician's locum programs, PSW training fund, and Nursing Graduate Guarantee program; and oversight of HealthForceOntario Marketing and Recruitment Agency (HFOMRA). It is also responsible for data analytics to support health workforce planning

-361 decisions. The branch's new units are: Health Workforce Evidence Unit, Health Workforce Planning and Programs Unit, and Health Workforce Strategic Policy Unit.

3. **Office of the Provincial Chief Nursing Officer** (replaces the Nursing Policy and Innovation Branch). The PCNO will provide clinical expertise as the technical and clinical advisor on a broad range of issues regarding nursing such as best practices, models of care, patient safety, and the nursing workforce within the overall framework of healthcare policy and system transformation. The individual will be a resource to the ministry and across the OPS.
4. **Office of the Assistant Deputy Minister**, a new unit, Business Integration Services, has been created within the ADMO to provide centralized management of transfer payment agreements and contracts, the division's finances and reporting, agency reporting, and business processes. It will also coordinate corporate activities such as the annual budget exercise for the division.

Allison Henry, Director of the Health Workforce Regulatory Oversight Branch, and Stephen Cheng, Manager of the Strategic Regulatory Policy Unit will continue to be your main points of contact with the division.

Let me know if you have any questions or feel free to reach out to Allison or Stephen.

Best,

Denise

Denise 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 | F: 416-327-1878 | E: Denise.Cole@ontario.ca

A/Executive Assistant: Lorraine de Braganca 416-327-1450 or Lorraine.deBraganca@ontario.ca
A/Executive Support Coordinator: Andreea Iacob 416-212-6115 or Andreea.Iacob3@ontario.ca

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MINISTRY OF HEALTH AND LONG-TERM CARE

<http://www.health.gov.on.ca/en/>

Organizational Structure of the Ministry of Health and Long-Term Care

For information about the organizational structure of the Ministry of Health and Long-Term Care, please see the [Ministry Organization Chart](#) [<orgchart.pdf>](#) [PDF] or the accessible version below.

1. Dr. Helena Jaczek, Minister
 - 1.1. John Fraser, Parliamentary Assistant
2. Dr. Bob Bell, Deputy Minister
 - 2.1. Sharon Lee Smith Associate Deputy Minister, Policy and Transformation
 - 2.1.1. Roselle Martino, ADM, Population and Public Health
 - 2.1.1.1. Jackie Wood, Director, Planning and Performance
 - 2.1.1.2. Clint Shingler, Director, Health System Emergency Management
 - 2.1.1.3. Elizabeth Walker, Director, Accountability and Liaison
 - 2.1.1.4. Nina Arron, Director, Disease Prevention Policy and Programs
 - 2.1.1.5. Dianne Alexander, Director, Healthy Living Policy and Programs
 - 2.1.1.6. Laura Pisko, Director, Health Protection Policy and Programs
 - 2.1.2. Peter Kaftarian, Assistant Deputy Minister, Health Capital
 - 2.1.2.1. James Stewart, Director, Health Capital Investment
 - 2.1.2.2. Brenda Blackstock, Director, Long-Term Care Home Renewal
 - 2.1.3. Patrick Dicerri, Assistant Deputy Minister, Strategic Policy Planning
 - 2.1.3.1. Anne Hayes, Director, Research, Analysis and Evaluation
 - 2.1.3.2. Director (vacant), Policy Coordination and Intergovernmental Relations
 - 2.1.3.3. Michael Robertson, Director, Capacity Planning and Priorities
 - 2.1.3.4. Sean Court, (A) Director, Strategic Policy
 - 2.1.3.5. Joanne Plaxton, Director, Health Equity
 - 2.1.3.6. Patrick Mitchell, Director, Mental Health and Addictions
 - 2.1.4. Brian Pollard, Assistant Deputy Minister, Long-Term Care Homes
 - 2.1.4.1. Karen Simpson, Director, LTC Inspections
 - 2.1.4.2. Brian Pollard, Director, Licensing and Policy
 - 2.1.4.3. Nancy Lytle, Assistant Deputy Minister, Long-Term Care Innovations and Liaison
 - 2.2. Nancy Naylor, Associate Deputy Minister, Delivery and Implementation
 - 2.2.1. Tim Hadwen, Assistant Deputy Minister, Health System Accountability, Performance and French Language Services
 - 2.2.1.1. Jane Sager, Director, Local Health Integration Network Liaison
 - 2.2.1.2. Amy Olmstead, Director, Home and Community Care
 - 2.2.1.3. Phil Graham, Director, Primary Health Care
 - 2.2.1.4. Alison Blair, Director, Local Health Integration Network Renewal
 - 2.2.1.5. Fiona Menzies, Project Director, Program Implementation
 - 2.2.2. Melissa Farrell, Assistant Deputy Minister, Health System Quality and Funding
 - 2.2.2.1. Jillian Paul, Director, Policy and Innovation
 - 2.2.2.2. Sherif Kaldas, Director, Health Sector Models
 - 2.2.2.3. Fredrika Scarth, Director, Health Quality Ontario Liaison and Program Development
 - 2.2.2.4. Dr. Melanie Kohn, Director, Hospitals
 - 2.3. Janice Crawford, Director, Legal Services
 - 2.4. Wiesa Kubicka, Director, Policy and Delivery
 - 2.5. William Charnetski, Chief Health Innovation Strategist
 - 2.5.1. Jovan Matic, Director, Office of the Chief Health Innovation Strategist
 - 2.6. Lorelle Taylor, Associate Deputy Minister, Health System Information Management and CIO
 - 2.6.1. Director (vacant), Special Projects
 - 2.6.2. Michael Hillmer, Executive Director, Information Management, Data and Analytics
 - 2.6.2.1. Eric Sutherland, A/Director, Information Management Strategy and Policy
 - 2.6.2.2. Aileen Chan, Director, Health Data
 - 2.6.2.3. Jennifer Bridge, A/Director, Health Analytics
 - 2.7. Health Services I&IT Cluster
 - 2.7.1. Swetlana Signarowski, (A) Head, Project Solutions

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 79111

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- 2.7.2. Louise Doyon (A) Head, Business Consulting
- 2.7.3. Louise Doyon, (A) Director, Planning Architecture and Financial Management
- 2.7.4. Elizabeth Hyland, (A) Executive Lead
 - 2.7.4.1. Hope Knox, Head, Integrated Health Solutions
 - 2.7.4.2. Heather Berios, (A) Head, Technology Management and Solutions Integration
 - 2.7.4.3. Chris Pentleton, (A) Director, Digital Health Solutions and Innovation
 - 2.7.4.4. Jack Groenewegen, (A) Head, Health Solutions Delivery
- 2.8. Greg Hein, ADM, Digital Health Secretariat
 - 2.8.1. Evan Mills, (A) Director, Digital Health Secretariat
- 2.9. Suzanne McGurn, Assistant Deputy Minister and Executive Officer, Ontario Public Drug Programs
 - 2.9.1. Angie Wong, Director, Drug Program Policy and Strategy
 - 2.9.2. David Schachow, Director, Drug Programs Delivery
 - 2.9.3. Joel Montesanti, (A) Director, Strategy Execution
- 2.10. Jean-Claude Camus, Assistant Deputy Minister, Communications and Marketing
 - 2.10.1. Natasha Granatstein, Director, Strategic Planning and Integrated Marketing
 - 2.10.2. Paul McIvor, Director, Public and Corporate Affairs
- 2.11. Justine Jackson, Assistant Deputy Minister and Chief Administrative Officer, Corporate Services
 - 2.11.1. Rhonda Lindo, Director, HR Strategic Business Unit
 - 2.11.2. Phil Cooke, Director, Director, Fiscal Oversight and Performance
 - 2.11.3. Shelley Gibson, Director, Supply Chain and Facilities
 - 2.11.4. Jim Yuill, Director, Financial Management
 - 2.11.5. Vacant, Director, Accounting Policy and Financial Reporting
 - 2.11.6. Mark Donaldson, (A) Director, Accounting Policy and Financial Reporting
 - 2.11.7. John Amodeo, Director, Corporate Management
 - 2.11.8. Charles Meehan, Director, Health Audit Service Team
 - 2.11.9. Simon Trevarthen, Director, Business Innovation Office
- 2.12. Patricia Li, Assistant Deputy Minister, Direct Services
 - 2.12.1. Josephine Fuller, Director, Claims Services
 - 2.12.2. Tanzeel Merchant, Director, Emergency Health Regulatory and Accountability
 - 2.12.3. Eva Roszuk, Director, Assistive Devices Program
 - 2.12.4. Nancy Dickson, Director, Psychiatric Patient Advocate Office
 - 2.12.5. Donna Piasentini, Director, Emergency Health Program Management and Delivery
 - 2.12.6. Steven Haddad, Director, Enhancing Emergency Services in Ontario
- 2.13. Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs
 - 2.13.1. Dr. Michelle Acorn, Provincial Chief Nursing Officer
 - 2.13.2. David Lamb, Director, Health Workforce Planning
 - 2.13.3. Allison Henry, Director, Health Workforce Regulatory Oversight
- 2.14. Lynn Guerriero, Assistant Deputy Minister, Negotiations and Accountability Management
 - 2.14.1. David Clarke, Director, Negotiations
 - 2.14.2. Neeta Sarta, Director, Provincial Programs
 - 2.14.3. Pauline Ryan, Director, Health Services
 - 2.14.4. Bonnie Reib, Director, Laboratories and Genetics
- 2.15. Dr. David Williams, Chief Medical Officer of Health
 - 2.15.1. Associate Chief Medical Officer of Health (vacant), Communicable and Infectious Disease
 - 2.15.2. Dr. David McKeown, Associate Chief Medical Officer of Health, Infrastructure and Systems
 - 2.15.3. Associate Chief Medical Officer of Health (vacant), Environmental Health
 - 2.15.4. Associate Chief Medical Officer of Health (vacant), Health Promotion Chronic Disease and Injury Prevention
- 2.16. Melissa Farrell, Assistant Deputy Minister, Health System Quality and Funding
 - 2.16.1. Jillian Paul, Director, Policy and Innovation
 - 2.16.2. Sherif Kaldas, Director, Health Sector Models
 - 2.16.3. Fredrika Scarth, Director, Health Quality Ontario Liaison and Program Development
 - 2.16.4. Dr. Melanie Kohn, Director, Hospitals

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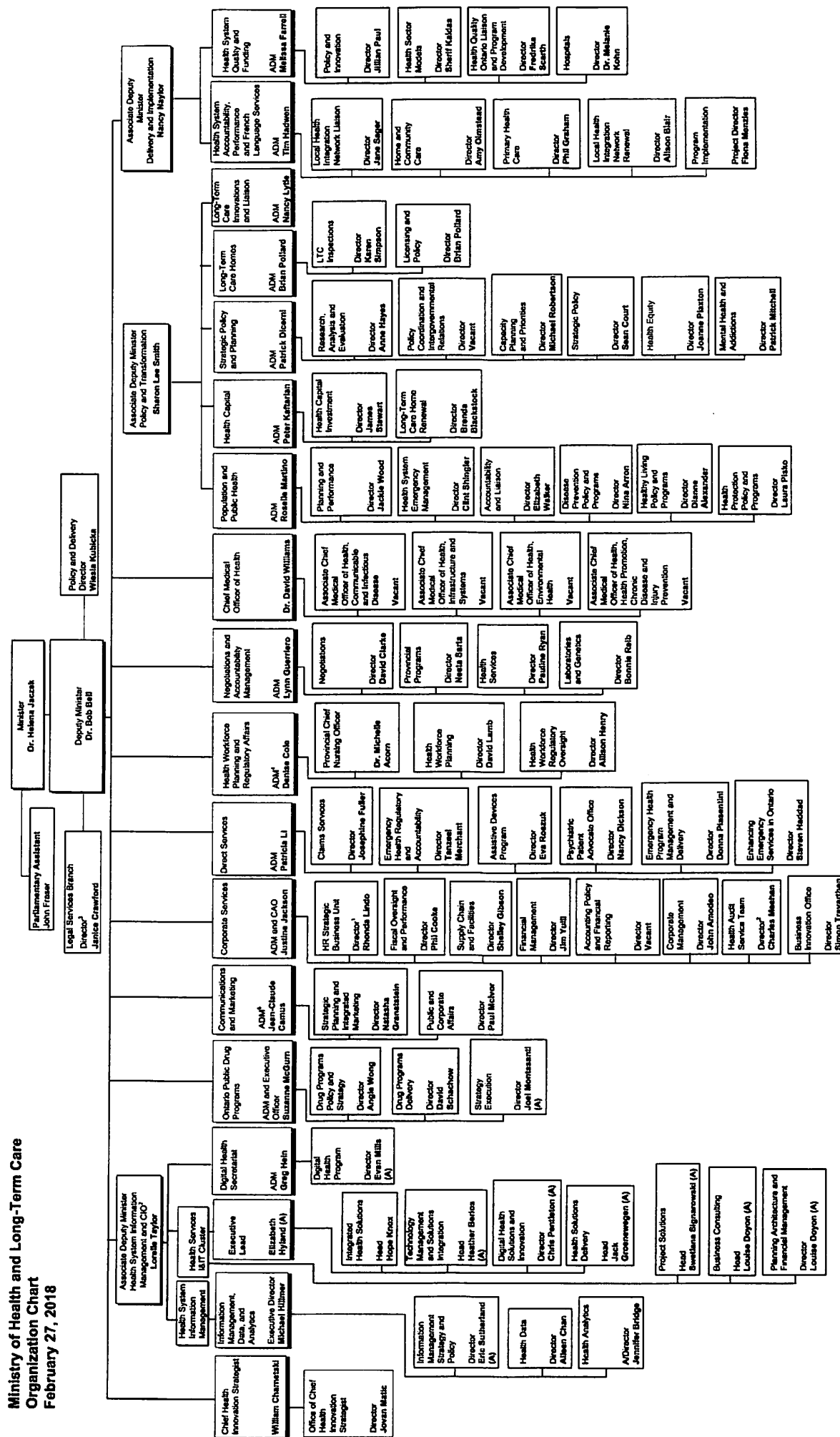
In Toronto, (416) 314-5518

TTY 1-800-387-5559.

In Toronto, **TTY** 416-327-4282

Hours of operation : Monday to Friday, 8:30am - 5:00pm

**Ministry of Health and Long-Term Care
Organization Chart
February 27, 2018**



- 1 Reports to the Ministry of Health and Long-Term Care and Ministry of Government and Consumer Services.
- 2 Reports to the Ministry of Health and Long-Term Care and Treasury Board Secretariat.
- 3 Reports to the Ministry of Health and Long-Term Care and Ministry of Attorney General.
- 4 Reports to the Ministry of Health and Long-Term Care and Ministry of Advanced Education and Skills Development.
- 5 Reports to the Ministry of Health and Long-Term Care and Cabinet Office.

OF FEB 27 2018

Linda Gough

From: Ramsay, Lorraine <Lorraine.Ramsay@cma.ca>
Sent: January 25, 2018 3:05 PM
To: Ramsay, Lorraine
Cc: David, Lindee; Carter, Julie
Subject: Thank you from Conjoint Accreditation Services to professional associations and regulators
Attachments: ty letter - prof assoc - regulatory body.pdf

EXECUTIVE
ITEM#.....651.....

Hello,

We are quickly approaching the Conjoint Accreditation Services divestment date of February 1, 2018. Please find attached a letter from our CEO Lindee David.

At this time, we do kindly request that your organization remove any reference to the Canadian Medical Association, Joule Inc. and Conjoint Accreditation Services, and that the names, logo and certification mark on any documentation or online media be removed. Thank you for your attention to this request.

And I would like to take this opportunity to add my thank you for your support of Conjoint Accreditation Services over the years. It has been a pleasure working with all of you and your respective organizations.

Lorraine and the accreditation team

Lorraine Ramsay
Associate Director, Conjoint accreditation services
Directrice associée, Services de l'agrément

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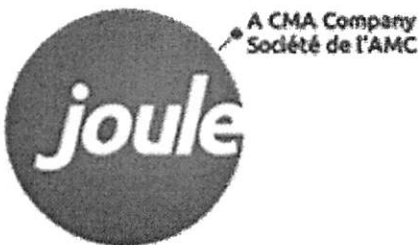
OF MAR 27 2018

COUNCIL 751
ITEM#.....

Joule Inc.
A Canadian Medical Association Company
Une société de l'Association médicale canadienne
1031, rue Bank St., Ottawa ON K1S 3W7 (note new address)
T 800-663-7336
T 613-731-8610 x/poste 2469 8474



joule.cma.ca • joule.amc.ca



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A CMA Company
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OF FEB 27 2018

EXECUTIVE 6h1
ITEM#attached

We make it easier for physicians to be at their best
Nous aidons les médecins à donner le meilleur d'eux-mêmes

January 25, 2018

To: National Professional Associations and Provincial Regulatory Bodies involved in the Conjoint Accreditation Process

As Joule Inc. prepares to complete its divestment of accreditation services, we would like to take this opportunity to thank you for your partnership in upholding national standards for allied health education.

We are proud of the legacy of Conjoint Accreditation Services and appreciate your contributions to its success over the years.

Sincerely,

Lindee David
Chief Executive Officer

Kirusha Kobindarajah

From: Sébastien Audette <Sebastien.Audette@healthstandards.org>
Sent: February-01-18 4:00 PM
To: lisa.m.napier@gmail.com; julieavery@nsamrt.ca; exec.dir@ssmlt.org; mmacdonald@sonographycanada.ca; acollette@optmq.org; cbru@camrt.ca; adam@cmltm.ca; registrar@nscmlt.org; debbieschatz@samrt.org; sbrochu@otimroepmq.ca; iwilli@cogeco.ca; julie.cyr@ccnb.ca; christinen@csmls.org; Pierre.Poirier2@ottawa.ca; pierre.poirier@paramedic.ca; office@nbsmlt.nb.ca; Heather.Verbaas@collegeofparamedics.org; ptyagi@acmdtt.com; DeputyRegistrar@cmlta.org; jtzountzouris@cmlto.com; Linda Gough; Jocelyn.Zurevinsky@saskatoonhealthregion.ca; dzcomet@hotmail.com; info@cscp.ca; lisa.napier@centralhealth.nl.ca
Subject: Announcing the launch of EQual Canada

EXECUTIVE
ITEM# 6 bii

On behalf of Health Standards Organization (HSO) and Accreditation Canada (AC), we are excited to officially launch *EQual™ Canada* health education accreditation program today.

We are proud to be working with you to build the next generation of health education accreditation programs. We are committed to being responsive to the needs of program clients to creating value for those who live the accreditation process while ensuring that educational programs prepare students to deliver safe, high-quality care at entry-to-practice and support.

The official list of educational programs (accredited and registered) is now published online on Accreditation Canada's website at www.accreditation.ca or through [this link](#).

In the event that you receive any questions from educational programs, we would like you to be aware that they received communication today to:

- Reassure them of the continuity of the accreditation program (no immediate changes to the requirements for accreditation)
- Provide a copy of a digital accreditation seal that they may use to promote their educational program's accredited status
- Inform them that new accreditation certificates will be mailed out in the coming weeks
- Provide information on upcoming access and training on the new EQual™ Canada Client Portal

HSO and AC are working together to change the way standards are developed and the way accreditation services are delivered. We are working on a global scale to enable people to move the needle on quality while doing what they do best; saving and improving lives.

Should you have any questions or require additional information, please do not hesitate to contact us.

Kind regards,

Sébastien Audette / President, Global Programs
Health Standards Organization
+1 613 738 3800 x 324
healthstandards.org/ @Seb_Audette

CIRCULATED WITH AGENDA

OF MAR 27 2018

COUNCIL
ITEM# 7 bii

OF MAR 27 2018

CIRCULATED
WITH AGENDA

-368-

Kirusha KobindarajahCOUNCIL
ITEM# 7.5iii

OF FEB 27 2018

From: EQual <EQual@healthstandards.org>
Subject: Accreditation Canada- Launch of EQual Program
Attachments: ACSealA.JPG

EXECUTIVE
ITEM# 6biii

On behalf of Accreditation Canada (AC) and our affiliate Health Standards Organization (HSO), we are very excited to officially launch EQual™ Canada today!

To ensure a smooth transition of accreditation services from Conjoint Accreditation Services (CAS) to Accreditation Canada, the *2014 Requirements for accreditation* will be used for all assessment activities in 2018 and 2019.

Over the next two years, we look forward to building the next generation of health education accreditation services. We are committed to being responsive to stakeholder needs and to creating value for those who live the accreditation process.

A new standard will be developed by an HSO Technical Committee that is composed of educators, students, patients, and representatives of professional associations and regulatory bodies. You will have an opportunity to review and provide feedback on the draft standard in summer 2018. The finalized standard will be published in early 2019 for use in the *EQual* program starting in 2020.

New technology has been introduced into the *EQual* program through the use of HSO's proprietary [e]volve™ software (client online portal). The new portal is being launched with basic functionality but will be enhanced through two more releases in summer and late fall 2018. We will be reaching out to you to prioritize the functionality that is integrated into future releases of the software.

What's happening today?

- Accreditation Canada has become your educational program's accrediting body. The *EQual* team will be your accreditation champions!
- You have been provided with a digital accreditation seal that you may use to promote your educational program's accredited status (see attached).
- The official list of accredited educational programs has been published at accreditation.ca

What's next?

- Over the next week, you will receive an email invitation to login to the new client portal, where you will be able to review your educational program's profile (including tentative and confirmed dates for upcoming assessment activities) and access the resources that will support you in your accreditation activities. As an accreditation client contact or educational program contact, you will be able to create new user accounts for additional members of your team.
- We will be hosting a series of online orientation sessions to familiarize you with the new client portal. You will receive an invitation to sign up by email.
- Within the next month, you will receive new accreditation certificates for each of your educational programs and their clinical/practicum sites by mail.
- We will be sending you a survey to capture your experiences of accreditation, both those that were highly valued and those that represent opportunities for improvement through technology solutions and process redesign.

Should you have any questions or require additional information, please contact us at: equal@healthstandards.org

~~269~~
We look forward to working with you!

Kind regards,

The *EQual* Team

Sarah Ingimundson
Director, EQual
ACCREDITATION CANADA
613-738-3800 / 800-814-7769 x 315
accreditation.ca / @AccredCanada

OF MAR 27 2018

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(COUNCIL 7ci)
Conferences 2018

OF MAR 27 2018

COUNCIL 7ci
 ITEM#.....



College of
 Medical Radiation
 Technologists of
 Ontario

Ordre des
 technologues en
 radiation médicale
 de l'Ontario

	Organization	Date	Location	Attending	Booth	Attendees
1	RTi 3 Radiation Therapy Conference	March 2-3	Toronto, ON	Yes	Yes	LG/TL
2	Canadian Association of Nuclear Medicine (CANM)/CAMRT Joint Annual Conference	March 23-24	Vancouver, BC	No	No	N/A
3	Canadian Association of Radiologists (CAR) – Annual Scientific Meeting	April 26-29	Montreal, QC	Yes	Yes	LG/TL
4	OAMRS AGC 2018	May 4-5, 2018	Burlington, ON	Yes	Yes	LG/AH
5	Sonography Canada National Conference	May 25 - 27	St. John's, NL	Yes	Yes	LG/AH
6	Independent Diagnostic Clinics Association (IDCA)	September 21	Concord, ON	Yes	Yes	LG/TL Presenting?
7	Ontario Association of Radiology Managers (OARM)	September 12 -14	Minett, ON	Yes	Yes	CM/Practice Advisor
8	CARO/COMP/CAMRT Joint Scientific Meeting (Canadian Organization of Medical Physicists)	September 12 – 15	Montreal, QC.	Yes	Yes	AH/TL/ Angela Cashell
9	CLEAR Conference	September 26 – 29	Philadelphia, PA	No	No	N/A
10	Canadian Network of Agencies for Regulation (CNAR)	October 16 – 18	Banff, AB	Yes	No	LG/CM

11	OHA Health Achieve	October 29 – 31	Toronto, ON	Yes	Yes	AH/ CMRTO Staff
12	CMRTO Workshops	April 8 – May 3 October 29 – November 20	Province of Ontario	Yes	Banners	LG

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EXECUTIVE
ITEM#

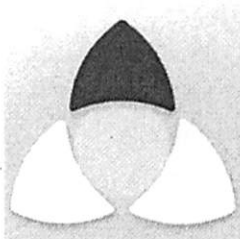
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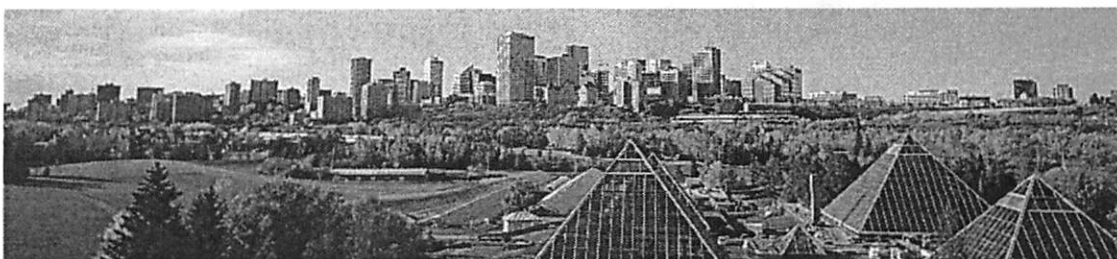
OF MAR 27 2018

COUNCIL
ITEM# 7c11



**SPECIALTY
CONFERENCES**

CAMRT is pleased to partner with the following organizations to bring you high quality educational activities related to your practice.



CONNECT 2018

April 27-28, Edmonton, Alberta

Linking medical diagnostic and therapeutic professionals



CAMRT ACTRM

Let's CONNECT in Alberta!

The **CONNECT 2018** conference under the theme of "Linking Medical Diagnostic and Therapeutic Professionals" speaks to the unique opportunity to come together from diverse backgrounds and forge ahead as leaders in the delivery of comprehensive and progressive healthcare. CONNECT 2018 will bring you face-to-face with more diagnostic and therapeutic professionals than any other event in western Canada!

[Book your accommodation](#) by **January 31** to take advantage of the reduced early bird rate.

Events Coming up in 2018



Early bird registration deadline is
February 5th.



Full program is now available,
including special programming for
MRTs and RNs on May 30.



Abstract deadline is February 15th
and the preliminary program is
available.



Abstract submission deadline is
January 31, 2018.

Why should you attend these events?

These meetings provide MRTs with access to the most relevant trends, research and clinical applications, and provide an excellent opportunity to network and collaborate with the professionals they work with on a daily basis. Details are being added as

they become available – stay tuned.

* For anyone who cannot attend in person, don't worry, just head on over to our [virtual conference](#) page to access recorded versions of selected presentations and receive Category A credit.



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COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

February 16, 2018

CIRCULATED WITH AGENDA

Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Office of the Minister
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4

OF MAR 27 2018

COUNCIL 7d'
ITEM#

Dear Minister Hoskins,

The protection of patients and the delivery of high-quality care is at the heart of the mission entrusted to regulatory colleges by the Ministry of Health and Long-Term Care.

To fully deliver on our mandate and ensure that the College of Physiotherapists of Ontario's efforts are aligned with the public's expectations, in 2015, we launched the Citizen's Advisory Group to inform our efforts. Working over an extended period of time with a growingly informed group of Ontarians is showing true benefits.

In 2017, with the support of Citizen Advisory Group members, we extended membership to 11 other colleges and created the Citizen Advisory Group Partnership:

College of Dental Hygienists of Ontario
College of Denturists of Ontario
College of Massage Therapists of Ontario
College of Medical Laboratory Technologists of Ontario
College of Medical Radiation Technologists of Ontario
College of Naturopaths of Ontario
College of Occupational Therapists of Ontario
College of Opticians of Ontario
College of Optometrists of Ontario
Ontario College of Pharmacists
College of Physicians and Surgeons of Ontario

With the growth of the number of colleges involved, we have more than doubled the size of the group. It is representative of geography, age, gender, and varying experiences with healthcare professionals. The group, run by a third-party facilitator allows the colleges to better collaborate, establish consistency and share resources.



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
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de l'ONTARIO

The work of the Citizen's Advisory Group is captured and reported after each meeting by an external note taker. A report of the meeting minutes is reviewed by the group and available on the Partnerships' website, www.citizenadvisorygroup.org.

Any regulatory health College is welcome to join the Citizen Advisory Group at any time. If you would ever like to learn more about this initiative, I would welcome the opportunity to share more with you.

Sincerely,

Shenda Tanchak
Registrar & CEO, College of Physiotherapists of Ontario
President, Federation of Regulated Health Colleges of Ontario



COLLEGE OF
PHYSIOTHERAPISTS
of ONTARIO

ORDRE DES
PHYSIOTHÉRAPEUTES
de l'ONTARIO

February 16, 2018

CIRCULATED WITH AGENDA

Assistant Deputy Minister Ms. Denise Cole
Health Workforce Planning and Regulatory Affairs Division
Ontario Ministry of Health and Long-Term Care
12th Floor, 56 Wellesley Street
Toronto, Ontario
M5S 2S3

OF MAR 27 2018

COUNCIL
ITEM#.....7dii.....

Dear Ms. Cole,

The protection of patients and the delivery of high-quality care is at the heart of the mission entrusted to regulatory colleges by the Ministry of Health and Long-Term Care.

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Sincerely,

Shenda Tanchak
Registrar & CEO, College of Physiotherapists of Ontario
President, Federation of Regulated Health Colleges of Ontario

Kirusha Kobindarajah

From: Regulatory Projects (MOHLTC) <RegulatoryProjects@ontario.ca>
Sent: March-05-18 1:46 PM
Subject: HPRAC – Report on the controlled act of psychotherapy / CCRPS – Rapport sur l'acte autorisé de psychothérapie

Ontario Ministry of Health and Long-Term Care is Releasing the Health Professions Regulatory Advisory Council's (HPRAC) Report *The Therapeutic Relationship as the Cornerstone of the Controlled Act of Psychotherapy*

The Minister of Health and Long-Term Care is releasing HPRAC's report concerning the controlled act of psychotherapy to the public.

HPRAC was asked to provide advice on how to clarify the meaning of the controlled act of psychotherapy and to recommend criteria for determining whether there are certain providers who should be exempted from the prohibition on performing the controlled act.

You may access HPRAC's report at:
<http://www.hprac.org/en/projects/psychotherapy.asp>

Le ministère de la Santé et des Soins de longue durée de l'Ontario publie le rapport du Conseil consultatif de réglementation des professions de la santé (CCRPS) *La relation thérapeutique comme pierre angulaire de l'acte autorisé de psychothérapie*

Le ministre de la Santé et des Soins de longue durée rend public le rapport du CCRPS concernant l'acte autorisé de psychothérapie.

Le CCRPS a été invité à fournir des conseils sur la façon de clarifier la signification de l'acte autorisé de psychothérapie et de recommander des critères pour déterminer si certains fournisseurs devraient être exemptés de l'interdiction d'accomplir l'acte autorisé.

Vous pouvez consulter le rapport du CCRPS en cliquant sur le lien suivant :
<http://www.hprac.org/fr/projects/psychotherapy.asp>

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OF MAR 27 2018

COUNCIL *7e*
ITEM#

Executive Summary

Background

In 2007, the *Regulated Health Professions Act, 1991* (RHPA) was amended to include the controlled act of psychotherapy, defined as “treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgment, insight, behaviour, communication or social functioning.” As of the writing of this report, in October 2017, the controlled act of psychotherapy has not yet been proclaimed.

On August 4, 2017, the Minister of Health and Long-Term Care requested that HPRAC provide advice on how to make the meaning of the controlled act of psychotherapy clear so that it is better understood by the public and providers. The Minister also asked HPRAC to recommend criteria for determining whether there are certain providers who are not members of a regulated health profession who may require an exemption from performing the controlled act. The Minister requested that HPRAC provide its advice no later than November 1, 2017.

In responding to the Minister’s request, HPRAC acknowledges the efforts of the Working Group established by five of the six regulatory colleges whose members may be authorized to perform the controlled act (i.e., the College of Nurses of Ontario, the College of Occupational Therapists of Ontario, the College of Physicians and Surgeons of Ontario, the College of Psychologists of Ontario, the College of Registered Psychotherapists of Ontario, and the Ontario College of Social Workers and Social Service Workers). The Working Group developed a document entitled *Understanding When Psychotherapy is a Controlled Act* (the Clarification Document).

Consultation Process

HPRAC’s key decisions were informed by results from its targeted stakeholder consultations; these were based on in-person meetings, written submissions, and key informant interviews, as well as presentations from subject matter experts. Meetings were held with the six regulated colleges, multi-disciplinary provider groups, professional associations, and patient groups. Approximately 35 invitations to respond to questions on the controlled act of psychotherapy were sent to selected organizations and individuals. HPRAC received 25 submissions.

Consultation Findings

The findings from the stakeholder consultations revealed varied positions on the controlled act of psychotherapy and who should be allowed to practise it. For instance, regulated colleges did not support allowing non-regulated providers to practise the controlled act of psychotherapy. Other providers were concerned that the activities they carried out would be considered the controlled act and require them to withdraw their services. A key issue noted by stakeholders was the lack of standardization among the six colleges with regards to education and competencies to practise

the controlled act. Another highlight from the consultations was the importance of protecting the title “psychotherapist.”

HPRAC also relied on information garnered from its literature, jurisdictional, and jurisprudence reviews. Key learnings from the reviews included the approaches taken in other jurisdictions in relation to regulating psychotherapy, and potential exemptions.

HPRAC made every effort to capture all voices that have a stake in how the controlled act of psychotherapy is practised, including exemptions to the act, and to carefully assess the information when making its recommendations. As per the Minister’s request, HPRAC aimed to balance the dual values of protecting the public and ensuring continued access to psychotherapy services.

Clarifying the Controlled Act of Psychotherapy

In order to make clearer the meaning of the controlled act of psychotherapy, HPRAC concluded that the client perspective is the key to further clarification, because the client’s active role is the cornerstone of a strong therapeutic relationship.

Although many regulated and unregulated providers use psychotherapy techniques, the following specified set of conditions that define a strong therapeutic relationship must exist for the controlled act to be practised:

- Determining that an individual has a mental health impairment that is affecting the individual’s judgement, perception, and actions
- Determining that psychotherapy could improve the client’s mental health impairment
- Establishing a therapeutic relationship between the client and the provider
- Receiving treatment by means of a psychotherapy technique

The controlled act of psychotherapy occurs when a therapeutic relationship that includes psychotherapy is established between the client and the provider. This relationship is structured and includes a number of key elements:

- A structured assessment and/or diagnosis
- Educating the client on what psychotherapy is
- Agreement between the client and the provider that a particular psychotherapy technique would have positive impacts
- Securing “informed consent” from the client to proceed with treatment
- Discussion between the client and the provider about the anticipated duration of the treatment
- The development and periodic evaluation of a treatment plan

Most importantly, the therapeutic relationship must be “observable” by both the provider and the client.

When the specified set of conditions is met, the controlled act of psychotherapy emerges as a narrow segment within the overall practice of psychotherapy and may only be performed by regulated providers who are authorized to do so. The controlled act is restricted due to the risk of harm that may occur when performed by unqualified providers.

Examples of activities that do not constitute the controlled act of psychotherapy include counselling, coaching, crisis management, motivational interviewing, information and knowledge transfer, and spiritual or faith guidance.

Exemptions

HPRAC recommends that, ideally, *no* exemptions be permitted to the controlled act of psychotherapy. HPRAC suggests that by being very specific about the elements and preconditions of the controlled act, providers will know what they are, and are not, authorized to perform.

This implies that only regulated providers who are members of the six colleges should be permitted to practise the controlled act of psychotherapy. Those providers who are not members of one of the colleges but perform the controlled act of psychotherapy should be allowed a transitional period to meet the entry-to-practice requirements and register with one of the six colleges, or should reposition their practice to be compliant.

However, as certain unregulated providers are concerned that their activities may be misinterpreted as the controlled act of psychotherapy, the Minister may consider that specific activities and categories of providers be exempted from the controlled act of psychotherapy. In this case, HPRAC has suggested approaches that use some of the activities HPRAC has defined as not performing the controlled act.

Observations

As in previous reports, HPRAC has made a number of observations that are not explicitly part of the Minister’s referral letter. These observations are presented in this report for the Minister’s consideration. The observations relate to:

- Developing a mechanism to support and monitor the six regulatory colleges as they develop standard, minimum competencies to practise psychotherapy
- Examining the requirement of an order for nurses to carry out psychotherapy
- Clarifying the approach to “psychotherapist” as a protected title
- Examining the impact of removing the term “serious” from the RHPA definition in the future
- Examining the impact of making all psychotherapy a controlled act



OF MAR 27 2018

COUNCIL
ITEM# 7fi

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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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



Post Meeting Evaluations: Council Meeting, March 27, 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:
