



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Agenda

Meeting of Council

Friday, March 29, 2019
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

Friday, March 29, 2019
0900 hours — 1600 hours
CMRTO Council Room

Item	By	Page#	Time
1. Call to Order	W. Rabbie		0900 hrs
a. Approval of the agenda			
b. Review of Roles & Responsibilities of Council			
i. CMRTO Policy 2.11, Roles & Responsibilities of the Council, effective date June 19, 2014, amended date December 7, 2018		1 – 5	
ii. CMRTO Policy 2.12, Code of Conduct for Councillors and Non-Committee Members, effective date September 23, 2014, last reviewed September 2017		6 – 9	
2. Declaration of Conflict of Interest			
3. Minutes of the previous meeting	W. Rabbie		
a. December 7, 2018			
i. Minutes of meeting of Council held on December 7, 2018		10 – 32	
ii. In Camera Minutes of the meeting of Council of December 7, 2018– Agenda item 6b: CMRTO Staff Salary Ranges (to be circulated at the meeting)			

- iii. In Camera Minutes of the meeting of Council of December 7, 2018– Agenda item 3a:
Office Lease
(to be circulated at the meeting)

4. Financial

- a. Finance and Audit Committee Report** J. Neadles
 - i. Report to Council from J. Neadles, Chair, Finance and Audit Committee, dated March 6, 2019, regarding 'Report from Finance and Audit Committee' 33
 - ii. CMRTO Policy 2.8, Terms of Reference for the Finance and Audit Committee, effective date June 19, 2014, last amended September 26, 2017 34 – 36
- b. Financial Report for the year 2018** J. Neadles
 - i. Report to Council from the Finance and Audit Committee, dated March 6, 2019 regarding 'Financial Report to Council for the year 2018 (January 1 – December 31, 2018)', with the following attachments:
 - CMRTO Summary of Statement of Revenue & Expenses for the period ending December 31, 2018 39 – 40
 - Balance Sheet as at December 31, 2018 41
 - Capital Budget and Expenditures Schedule for the period January 1, 2018 to December 31, 2018 42
 - Cost of Sonography Regulation for the period ending December 31, 2018 43
- c. Investment Report for the year 2018** J. Neadles
 - i. Report to Council from the Finance and Audit Committee, dated March 6, 2019 regarding 'Investment Report to Council for the year 2018 (January 1 – December 31, 2018)', with the following attachments: 44

• CIBC Wood Gundy, Portfolio Evaluation as of December 31, 2018	45	
• CIBC Wood Gundy, Year-end Account Report for 2018	46 – 49	
d. Fee Review		
i. Report to Council from the Finance and Audit Committee, dated March 6, 2019, regarding 'Fee Review for 2020'	50 – 52	
ii. Section 26 of consolidation of By-law No.60 – A section relating to fees of the College of Medical Radiation Technologists of Ontario	53 – 56	
e. Financial Audit for 2018		
	B. MacKenzie	1000 hrs
i. Draft Financial Statements of the College of Medical Radiation Technologists of Ontario – Year ended December 31, 2018, Hilborn LLP	57 – 74	
ii. Draft private & confidential letter to Finance & Audit Committee, from I.B. MacKenzie, Hilborn Chartered Professional Accountants, dated March 6, 2019 regarding financial audit findings	75 – 77	
iii. Report to Council from the Finance and Audit Committee, dated March 6, 2019 respecting CMRTO Auditors	78	
5. Strategic Plan & Reports		W. Rabbie
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i. CMRTO 2017 – 2021 Strategic Plan, Commitment to Regulatory Excellence, approved by Council December 9, 2016	79 – 98	
b. Balanced Scorecard Report		L. Gough
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| c. CMRTO Annual Report 2018 | W. Rabbie | |
| i. Briefing note to Council from Linda Gough, Registrar & CEO, dated March 11, 2019, regarding 'CMRTO Draft Annual Report 2018' | | 100 |
| ii. Draft Annual Report for 2018
(to be circulated at the meeting) | | |
| d. Executive Committee Report | W. Rabbie | |
| i. Briefing note to Council from the Executive Committee, dated March 11, 2018, regarding 'Registrar's Performance Review' | | 101 |
| ii. Policy 1.6, Performance Review Process of the Registrar & CEO, effective January 1, 2015, last reviewed September 2017 | | 102 – 108 |

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| a. Diagnostic Medical Sonographers | W. Rabbie | |
| i. Briefing note to Council from the Linda Gough, Registrar & CEO, dated March 14, 2018, regarding 'Registrar's Performance Review' | | 109 |
| ii. Report to the Council from Linda Gough, Registrar & CEO, dated January 7, 2019, regarding 'DMS – Status of Application and Registration', with the following attachment: | | 110 |
| • Graph representing the registration & application status for DMS | | 111 |
| iii. Email to draft sonography applicants from CMRTO Registration Department, dated December 31, 2018, regarding 'Urgent reminder: Grandparenting provisions for sonographers ends at midnight tonight' | | 112 |

iv.	Email to members and applicants from CMRTO Communications, dated January 3, 2019, regarding 'Update on CMRTO's Regulation of Diagnostic Medical Sonographers', with the following attachment:	113	
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ii.	Draft Proposed Ontario Regulation (Registration) made under the Medical Radiation and Imaging Technology Act, 2017, dated March 13, 2019	118 – 122	
iii.	Comparison version of Proposed Draft Ontario Regulation (Registration) made under the Medical Radiation and Imaging Technology Act, 2017 and O.Reg. 866/93 made under the Medical Radiation Technology Act, 1991, dated March 13, 2019	123 – 134	
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d.	CNO Vision 2020	W. Rabbie
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i.	CNO Final Report: A Vision for the future, Leading in Regulatory Governance Task Force, Updated May 2017	144 – 167
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i.	Briefing note to Council from Linda Gough, Registrar & CEO, dated March 14, 2019, regarding 'Election 2019'	168 – 169
ii.	Email to members from CMRTO Communications, dated November 29, 2018, regarding 'CMRTO Election 2019'	170
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	• CMRTO document entitled 'Opportunities to be appointed to CMRTO committees'	173
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iv.	Email to members from Linda Gough, Registrar & CEO, dated January 18, 2019, regarding 'Application for appointment to the CMRTO Council as Academic Councillor', with the following attachment:	177 – 178
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v.	Email to members from CMRTO Communications, dated March 1, 2019, regarding 'CMRTO 2019 election: Polls open!'	182 – 183
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| ii. | Draft Memorandum of Understanding of Canadian National Network of Medical Radiation and Imaging Technologists Memorandum of Understanding | 204 – 209 |
| iii. | Draft Terms of Reference of Canadian National Network of Medical Radiation and Imaging Technologists | 210 – 212 |
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| i. | Letter6a DMS to Linda Gough, from Grant Jameson, Fairness Commissioner, dated January 14, 2019, regarding the survey on provision of registration process to applicants in French, with the following attachment: | 217 |
| | <ul style="list-style-type: none">• Providing French Language Registration Practices to Applicants, A Survey of the Regulated Professions and Compulsory Trades, dated September 2018CMRTO document entitled 'Conferences 2018', updated January 23, 2018 | 218 - 249 |

e. Conferences 2019

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8. Meeting Evaluation

W. Rabbie

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9. Termination of Meeting

W. Rabbie

CIRCULATED WITH AGENDA
OF MAR 29 2019
COUNCIL
ITEM# 1b1.....



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
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de l'Ontario

- 1 -

Roles and Responsibilities of the Council

Policy 2.11

Section:	Governance	Public:	Yes
Approved By:	Council	Review Schedule:	Every 3 Years
Approved Date:	March 28, 2014	Last Reviewed:	September 2017
Effective Date:	June 19, 2014	Next Review Date:	September 2020
Amended Date(s):	December 7, 2018		

Policy

The Council of the College acts as the board of directors of the College and is responsible for managing and administering its affairs.¹ The Council is responsible for regulating the profession 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 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*² (the Act) and the regulations made under those Acts, to ensure that all the statutory responsibilities of the College, its statutory committees and its employees are met³
2. Establish and review the College's regulations and by-laws
3. Establish and review policies, position statements, and guidelines in accordance with relevant legislation

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

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

³ The statutory duties and objects of the College set out in legislation are attached to this policy as Appendix 1.

4. Maintain the financial integrity of College
5. Consider and recommend any changes to legislation necessary for the College 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 College's mission, vision and values
8. Develop, approve and regularly revise the strategic plan of the College consistent with its statutory obligations and the mission, vision and values
9. Oversee the evaluation of the College's activities and assess the College'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 College 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 shall be composed in the manner set out in the by-laws of the College.

The President and Vice-President are elected annually from among the Councillors. A majority of the Councillors, at least three of whom are Professional Councillors and at least one of whom is a Publicly-Appointed Councillor, shall constitute a quorum.

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

Appendix 1

Review of duty and objects of the College

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

Duty of College

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

Objects of College

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

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

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

Duty

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

Council

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

Quorum

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

Meetings

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

Exclusion of public

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

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



Code of Conduct for Councillors and Non- Council 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 has a duty to serve and protect the public interest. Council and its committees are committed to ensuring that, in all aspects of its affairs, the College maintains public trust by acting honestly and with integrity and in accordance with its mandate.

Application

This policy applies to Councillors and Non-Council Committee Members. In this policy, Councillors and Non-Council Committee Members are together referred to as "members" and individually as a "member".

Duties

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

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

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

Every member shall act in the best interests of the public receiving services from medical radiation and imaging 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 College, including, without limitation, the *Regulated Health Professions Act, 1991* (the RHPA), the *Medical Radiation Technology Act, 1991* (the Act),² the regulations made under either of those Acts and the College's by-laws. Members shall also at all times adhere to and respect the policies of the College and shall not engage in conduct or actions which are detrimental to the College or contrary to any of its policies.

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.³ Every member is required to sign a confidentiality agreement in the form approved by the College's Council 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 College. It is the role of the Registrar & CEO to represent the voice of the College to all stakeholders.

No member shall speak or make representations on behalf of the Council, the College 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 College.

Media Contact and Public Discussion

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

³ Section 36(1) of the *Regulated Health Professions Act, 1991*.

News media contact and statements and public discussion of the College'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 College business. Members must not engage in verbal, physical or sexual harassment.

No member shall attempt to influence another member or College 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.⁴

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 There may be circumstances where it is appropriate for a Councillor or Non-Council Committee member who disagrees with the majority decision to write a dissent.

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.
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 College staff, recognizing that College 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 College's standards set out in applicable legislation, policies and guidelines.

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

OF MAR 29 2019

COUNCIL
ITEM# 3a1

Minutes



College of
Medical Radiation
Technologists of
Ontario

-10-

Ordre des
technologues en
radiation médicale
de l'Ontario

Meeting of Council

Friday, December 7, 2018

0900 hours — 1600 hours

CMRTO Council Room

Present:

- Wendy Rabbie, Chair
- Ebenezer Adiyiah
- Nathalie Bolduc
- Elaine Bremer
- Janice Hoover
- Ray Lappalainen, transitional Council member
- Franklin Lyons
- Jay Neadles
- Cathryne Palmer
- Carolyn Trottier, transitional Council member
- Martin Ward
- Sandra Willson

Regrets:

- Susan Allen
- Angela Cashell
- Mary (Susan) Gosso
- Janet Scherer
- Scott Tracze

Guests: John Risk, WeirFoulds LLP, for agenda item 8

Staff:

- Linda Gough, Registrar & CEO
- Annette Hornby, Director of Quality Assurance
- Tina Langlois, Director of Professional Conduct & Internal Legal Counsel
- Nerissa de Vera, Finance & HR Manager, for agenda items 4 & 6c
- Elizabeth Urso, Manager of Professional Conduct and Policy
- Janet Maggio, Manager Quality Assurance
- Jef Ekins, Communications Coordinator
- Kirusha Kobindarajah, Executive Administrator

Observers: Monica Shehata, Policy Analyst, MOHLTC

1. Call to Order

The meeting was called to order by W. Rabbie, President at 0903 hours.

a. Approval of the agenda

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

It was moved by E. Bremer

Seconded by J. Hoover

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.

c. Council Composition

The following documents were circulated on pages 10 – 11 of the agenda:

- i. Report to Council from the Registrar & CEO, dated November 25, 2018, regarding 'Council Composition'

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

It was moved by C. Palmer

Seconded by S. Willson

Be it resolved that:

- 1. Janice Hoover and Martin Ward are appointed to the Registration Committee, effective immediately and for a term that expires after the next Council meeting following the election in 2019;**
- 2. Martin Ward's appointment as Chair of the Registration Committee is terminated effective immediately; and**
- 3. Janice Hoover is appointed as Chair of the Registration Committee effective immediately and for a term that expires after the next Council meeting following the election in 2019.**

Carried.

2. Declaration of Conflict of Interest

There were no conflicts of interest declared.

3. Minutes of the previous meeting

a. September 18, 2018

The following was circulated on pages 12 – 25 of the agenda:

- i. Minutes of meeting of Council held on September 18, 2018

It was moved by M. Ward

Seconded by E. Adiyiah

Resolved that the minutes of the Council meeting of September 18, 2018, 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 18, 2018 – Agenda item 4d:
External Financial Auditors

It was moved by N. Bolduc

Seconded by E. Bremer

Resolved that the in camera minutes of the meeting of Council of September 18, 2018, agenda item 4d, External Financial Auditors, be approved as circulated.

Carried.

The following document was circulated at the meeting:

- iii. In Camera Minutes of the meeting of Council of September 18, 2018 – Agenda item 6e:
Office Lease

The following was circulated on page 26 of the agenda:

- iv. Report to Council from the Executive Committee, dated November 19, 2018,
regarding 'Office Lease'

L. Gough reviewed the report from the Executive Committee and confirmed that the office lease extension was signed by President and Registrar & CEO, and that the Executive

Committee is ready to report further information in an in camera session of the meeting.

It was moved by J. Neadles

Seconded by S. Willson

Resolved that pursuant to Section 7(2)(d) of the Health Professions Procedural Code, the meeting of Council move in camera to receive a report from the Executive Committee regarding the office lease on the basis that personnel matters or property acquisitions will be discussed.

Carried.

All the observers left the meeting and returned at the conclusion of the discussion of this agenda item.

It was moved by C. Palmer

Seconded by J. Hoover

Resolved that the in camera minutes of the meeting of Council of September 18, 2018, agenda item 6e, Office Lease, be approved as circulated.

Carried.

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 27 – 30 of the agenda:

- i. Report to Council from J. Neadles, Chair, Finance and Audit Committee, dated November 7, 2018, regarding 'Report from Finance and Audit Committee'
- ii. CMRTO Policy 2.8, Terms of Reference for the Finance and Audit Committee, effective date June 19, 2014, last amended September 26, 2017

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

b. Financial Report for Q3 2018

The following was circulated on pages 31 – 36 of the agenda:

- i. Report to Council from the Finance and Audit Committee, dated November 7, 2018 regarding 'Financial Report to Council for Q3 2018 (July 1 – September 30, 2018)', with the following attachments:

- CMRTO Summary of Statement of Revenue & Expenses for the period ending September 30, 2018
- Balance Sheet as at September 30, 2018
- Capital Budget and Expenditures Schedule for the period January 1, 2018 to September 30, 2018
- Cost of Sonography Regulation for the period ending September 30, 2018

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

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

Resolved that the report to Council from the Finance and Audit Committee, dated November 7, 2018, regarding 'Financial Report to Council for Q3 2018 (July 1 - September 30, 2018)', and the following attachments:

- **Statement of Revenue and Expenses for the period ending September 30, 2018**
- **Balance Sheet as at September 30, 2018**
- **Capital Budget and Expenditures Schedule for the period January 1, 2018 to September 30, 2018**
- **Cost of Sonography Regulation for the period ending September 30, 2018**

as circulated in the agenda be approved.

Carried.

c. Investment Report for Q3 2018

The following was circulated on pages 37 – 38 of the agenda:

- i. Report to Council from the Finance and Audit Committee, dated November 7, 2018 regarding 'Investment Report to Council for Q3 2018 (July 1 – September 30, 2018)', with the following attachment:
 - CIBC Wood Gundy, Portfolio Evaluation as of September 30, 2018

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

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

Resolved that the report to Council from the Finance and Audit Committee, dated November 7, 2018, regarding 'Investment Report to Council for Q3 2018 (July 1 –

September 30, 2018)', and the attachment 'CIBC Wood Gundy Portfolio Evaluation as of September 30, 2018', as circulated in the agenda be approved.

Carried.

5. Strategic Plan & Report

a. CMRTO Strategic Plan

The following was circulated on pages 39 – 58 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 59 of the agenda:

- i. CMRTO Dashboard: Q3 2018

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

It was moved by N. Bolduc

Seconded by S. Willson

Resolved that the CMRTO Dashboard Q3 2018, January 1 – September 30, 2018, be published on the CMRTO website.

Carried.

c. CMRTO Communications

The following was circulated on pages 60 – 100 of the agenda:

- i. Email to CMRTO members and applicants, from CMRTO Communications, dated October 2, 2018, regarding 'CMRTO electoral district changes'
- ii. Email to CMRTO members and applicants, from CMRTO Communications, dated October 22, 2018, regarding 'Insights – Fall 2018', with the following attachment:
 - Insights – Fall 2018
- iii. Email to CMRTO members, from CMRTO Quality Assurance, dated November 1, 2018, regarding 'CMRTO QA Reminder'

- iv. Email to CMRTO members and applicants, from CMRTO Communications, dated November 14, 2018, regarding 'What you must know about...performing procedures... and mandatory reporting', with the following attachments:
- WYMKA... performing procedures for medical radiation and imaging technologists, dated November 2018
 - WYMKA... mandatory reporting, updated October 2018

The following was circulated at the meeting:

- v. Email to CMRTO members and applicants, from CMRTO Communications, dated November 29, 2018, regarding 'CMRTO Election 2019'

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

d. Quality Assurance

The following was circulated at the meeting:

- i. Report to Council from Sandra Willson, Chair, Quality Assurance Committee, dated December 3, 2018, regarding 'Quality Assurance Random Selection for 2019'

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 M. Ward

Seconded by J. Neadles

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, Council has considered the recommendations of the Quality Assurance Committee set out in the report dated December 3, 2018, from the Chair of the Quality Assurance Committee;

Resolved that:

1. **With respect to the QA year ending December 31, 2019, fourteen percent (14%) of the members be randomly selected to submit their records of their self-assessments and participation in continuing education or professional**

development activities for January 1 – December 31, 2019, in the form and manner approved by the Quality Assurance Committee, for assessment; and

- 2. With respect to 2019, four percent (4%) of the members be randomly selected to undergo a peer and practice assessment by means of a multi-source feedback assessment.**

Carried.

e. 2018 Year End Update

The following was circulated at the meeting:

- i. Report to Linda Gough, Registrar & CEO from Noeleen Coelho, Registration Coordinator, dated December 3, 2018, regarding 'Diagnostic Medical Sonography – Status of Applications and Registration'
 - Registration & Application Status for Diagnostic Medical Sonography, prepared on December 3, 2018

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

The following was circulated at the meeting:

- ii. Public register information of Catherine Vermeersch and Patrick M. Jew

T. Langlois, Director of Professional Conduct and Internal Legal Counsel gave a presentation entitled 'Discipline hearings update' and responded to questions. Lengthy discussion ensued.

6. For Decision

a. 2019 Operational Plan

The following was circulated on pages 101 – 112 of the agenda:

- i. Briefing note to Council from Linda Gough, Registrar & CEO, dated November 19, 2018 regarding '2019 Operational Plan'
- ii. 2019 Operational Plan, Commitment to Regulatory Excellence, Draft 2, dated November 19, 2018

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. Willson
Seconded by E. Adiyiah**

Resolved that the CMRTO 2019 Operational Plan, dated November 19, 2018, as circulated in the agenda and as amended is hereby approved.

Carried.

b. CMRTO Staff Salary Ranges

The following was circulated on pages 114 – 116 of the agenda:

- i. Briefing note to Council from the Executive Committee, dated November 19, 2018 regarding 'CMRTO Salary Ranges'
- ii. Report to Council from the Executive Committee, dated November 19, 2018 regarding 'CMRTO Salary Ranges'

All the observers and 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.

It was moved by F. Lyons

Seconded by J. Neadles

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.

The observers and CMRTO staff, returned to the meeting at the conclusion of the discussion.

It was moved by J. Neadles

Seconded by J. Hoover

Resolved that:

- 1. An increase be applied to the salary ranges of CMRTO support staff and directors, effective January 1, 2019, and that the amount of the increase be 2.2% percent for 2019, and**
- 2. An increase be applied to the salary range of the Registrar & CEO, effective January 1, 2019, and that the amount of the increase be 2.2% percent for 2019.**

Carried.

c. 2019 Budget and 2019 - 2021 Financial Plan

The following was circulated on pages 117 – 122 of the agenda:

- i. Report to Council from the Finance and Audit Committee, dated November 7, 2018, regarding '2019 Budget and 2019 – 2021 Financial Plan'
- ii. Draft CMRTO 2019 Budget, dated December 7, 2018
- iii. Draft CMRTO 2019 - 2021 Financial Plan, dated December 7, 2018

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. Willson

Seconded by E. Bremer

Be it resolved that the 2019 budget, dated December 7, 2018, as circulated with the agenda be approved.

Carried.

It was moved by N. Bolduc

Seconded by C. Palmer

Be it resolved that the 2019 – 2021 financial plan, dated December 7, 2018, as circulated with the agenda be approved in principle.

Carried.

N. de Vera left the meeting.

d. Diagnostic Medical Sonographers

The following was circulated on pages 123 – 131 of the agenda:

- i. Briefing note to Council from Linda Gough, Registrar & CEO, dated November 19, 2018, regarding 'Diagnostic medical sonographers'
- ii. Email to CMRTO members and applicants, from CMRTO Communications, dated September 19, 2018, regarding CMRTO's fall webinar series
- iii. Email to sonography applicants and CMRTO members, from Linda Gough, Registrar & CEO, dated October 18, 2018, regarding 'Urgent update for all sonographers: You cannot work effective January 1, 2019 if you are not REGISTERED with CMRTO'

- iv. Email to sonography applicants and CMRTO members, from CMRTO Communications, dated October 19, 2018, regarding 'CMRTO Fall Information Session', with the following attachment:
 - CMRTO Information Workshops Fall 2018
- v. Record of Attendees at CMRTO Workshops, last updated November 26, 2018

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

e. Policy Review: New Policies

The following was circulated on pages 132 – 159 of the agenda:

- i. Briefing note to Council from Linda Gough, Registrar & CEO, dated November 23, 2018 regarding 'CMRTO Policy Review', with the following attachments:
 - Excerpts from By-law 60 of the College of Medical Radiation Technologists of Ontario, approved September 18, 2018
 - CMRTO Brand Standards Guide for policy template
- ii. Draft Election & Appointment Policy 3.3 – Appointment of the Academic Councillor, effective date to be announced
- iii. Draft Registration Policy 6.13 – Accreditation Surveyors, effective date to be announced
- iv. Draft Privacy and Information Management Policy 10.4 – Privacy Code, effective date to be announced

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

Amendments were made to certain policies.

It was moved by C. Palmer

Seconded by E. Adiyiah

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

- 1. Policy 6.13, Accreditation Surveyors**
- 2. Policy 3.3, Appointment of the Academic Councillor**
- 3. Policy 10.4, Privacy Code**

Carried.

f. Policy Review: Policy Register

The following was circulated on pages 160 – 168 of the agenda:

- i. Policy 0.1 – Policy Register and Review Policy, effective date June 19, 2015, last amended September 18, 2018, with proposed updates

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

It was moved by N. Bolduc

Seconded by M. Ward

Resolved that the proposed amendments to the following policy as circulated in the agenda and as reviewed by Council, be approved effective January 1, 2019:

1. Policy 0.1, Policy Register and Review Policy

Carried.

g. Policy Review: Administration

The following was circulated on pages 169 – 219 of the agenda:

- i. Administration Policy 1.1 – Customer Service Accessibility Policy, effective date September 23, 2014, last amended September 26, 2017, with proposed updates
- ii. Administration Policy 1.2 – Social Media Terms of Use, effective date September 23, 2014, last reviewed September 2017, with proposed updates
- iii. Administration Policy 1.3 – Staff Vacation, effective date January 1, 2015, last amended September 26, 2017, with proposed updates
- iv. Administration Policy 1.4 – Policy and Program regarding workplace harassment, effective date March 27, 2015, last amended September 26, 2017, with proposed updates
- v. Administration Policy 1.5 – Policy and Program regarding violence in the workplace, effective date March 27, 2015, last reviewed September 2018, with proposed updates
- vi. Administration Policy 1.6 – Performance Review Process of the Registrar & CEO, effective date January 1, 2015, amended December 9, 2016, with proposed updates
- vii. Administration Policy 1.7 – Procedures respecting appeals to Council of decisions of Executive Committee made under the Policy and Program regarding workplace harassment or the Policy and Program regarding violence

in the workplace, effective date March 27, 2015, last reviewed September 2017, with proposed updates

- viii. Administration Policy 1.8 – Procedures respecting approval of accreditation of educational programs, effective date March 27, 2015, amended date March 27, 2018, with proposed updates
- ix. Administration Policy 1.9 – Publication of names of suspended members, effective date March 27, 2015, last reviewed September 2017, with proposed updates
- x. Administration Policy 1.10 – Registrar & CEO Position Description, effective date July 1, 2017, with proposed updates
- xi. Administration Policy 1.11 – Deputy Registrar, effective date July 1, 2017, with proposed updates
- xii. Administration Policy 1.12 – Procedures in the event of the Registrar & CEO's Unplanned Absence, July 1, 2017, with proposed updates

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

Amendments were made to certain policies.

It was moved by S. Willson

Seconded by E. Bremer

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed and amended by Council, be approved effective January 1, 2019:

- 1. Policy 1.1, Customer Service Accessibility Policy**
- 2. Policy 1.2, Social Media Terms of Use**
- 3. Policy 1.3, Staff Vacation and Holidays**
- 4. Policy 1.4, Policy and Program regarding workplace harassment**
- 5. Policy 1.5, Policy and Program regarding violence in the workplace**
- 6. Policy 1.6, Performance Review Process of the Registrar & CEO**
- 7. Policy 1.7, Procedures respecting appeals to Council of decisions of Executive Committee made under the Policy and Program regarding workplace harassment or the Policy and Program regarding violence in the workplace**
- 8. Policy 1.8, Procedures respecting approval of accreditation of educational programs**
- 9. Policy 1.9, Publication of names of suspended members**
- 10. Policy 1.10, Registrar & CEO Position Description**
- 11. Policy 1.11, Deputy Registrar**

12. Policy 1.12, Procedures in the event of the Registrar & CEO's unplanned absence

Carried.

h. Policy Review: Governance

The following was circulated on pages 220 – 255 of the agenda:

- i. Governance Policy 2.1 – Terms of Reference for the Executive Committee, effective date June 19, 2014, last amended March 27, 2018, with proposed updates
- ii. Governance Policy 2.2 – Terms of Reference for the Inquiries, Complaints and Reports Committee, effective date June 19, 2014, last reviewed September 2017, with proposed updates
- iii. Governance Policy 2.3 – Terms of Reference for the Discipline Committee, effective date June 19, 2014, last reviewed September 2017, with proposed updates
- iv. Governance Policy 2.4 – Terms of Reference for the Fitness to Practise Committee, effective date June 19, 2014, last reviewed September 2017, with proposed updates
- v. Governance Policy 2.5 – Terms of Reference for the Patient Relations Committee, effective date June 19, 2014, last reviewed September 2017, with proposed updates
- vi. Governance Policy 2.6 – Terms of Reference for the Quality Assurance Committee, effective date June 19, 2014, last reviewed September 2017, with proposed updates
- vii. Governance Policy 2.7 – Terms of Reference for the Registration Committee, effective date June 19, 2014, last reviewed September 2017, with proposed updates
- viii. Governance Policy 2.8 – Terms of Reference for the Finance and Audit Committee, effective date June 19, 2014, amended September 26, 2017, with proposed updates
- ix. Governance Policy 2.9 – Terms of Reference for the Nominating Committee, effective date June 19, 2014, last reviewed September 2017, with proposed updates
- x. Governance Policy 2.10 – Terms of Reference for the Staff Relations Committee, effective date June 19, 2014, amended January 1, 2015, with proposed updates

- xi. Governance Policy 2.11 – Roles and Responsibilities of Council, effective date June 19, 2014, last reviewed September 2017, with proposed updates
- xii. Governance Policy 2.12 – Code of Conduct for Councillors and Non-Council Committee Members, effective date September 23, 2014, last reviewed September 2017, with proposed updates
- xiii. Governance Policy 2.13 – Conflict of Interest for Councillors and Non-Council Committee Members, effective date September 23, 2014, last reviewed September 2017, with proposed updates
- xiv. Governance Policy 2.14 – Risk Management, effective date September 23, 2016, with proposed updates

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

Amendments were made to certain policies.

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

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed and as amended by Council, be approved effective January 1, 2019:

- 1. Policy 2.1, Terms of Reference for the Executive Committee**
- 2. Policy 2.2, Terms of Reference for the Inquiries, Complaints and Reports Committee**
- 3. Policy 2.3, Terms of Reference for the Discipline Committee**
- 4. Policy 2.4, Terms of Reference for the Fitness to Practise Committee**
- 5. Policy 2.5, Terms of Reference for the Patient Relations Committee**
- 6. Policy 2.6, Terms of Reference for the Quality Assurance Committee**
- 7. Policy 2.7, Terms of Reference for the Registration Committee**
- 8. Policy 2.8, Terms of Reference for the Finance and Audit Committee**
- 9. Policy 2.9, Terms of Reference for the Nominating Committee**
- 10. Policy 2.10, Terms of Reference for the Staff Relations Committee**
- 11. Policy 2.11, Roles and Responsibilities of the Council**
- 12. Policy 2.12, Code of Conduct for Councillors and Non-Council Committee Members**
- 13. Policy 2.13, Conflict of Interest for Councillors and Non-Council Committee Members**
- 14. Policy 2.14, Risk Management**

Carried.

i. Policy Review: Election and Appointment

The following was circulated on pages 256 – 259 of the agenda:

- i. Election and Appointment Policy 3.1 – Faculty member for purposes of the appointment of the Academic Councillor, effective date March 27, 2015, last reviewed March 2018, with proposed updates
- ii. Election and Appointment Policy 3.2 – Election procedure for the election of the President and Vice-President, effective date March 27, 2015, last amended March 27, 2018, with proposed updates

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

It was moved by C. Palmer

Seconded by M. Ward

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved effective January 1, 2019:

- 1. Policy 3.1, Faculty member for the purposes of the appointment of the Academic Councillor**
- 2. Policy 3.2, Election procedure for the election of President and Vice-President**

Carried.

j. Policy Review: Finance and Risk

The following was circulated on pages 260 – 294 of the agenda:

- i. Finance and Risk Policy 4.1: Significant Accounting Policies, effective date January 1, 2015, last reviewed September 2017, with proposed updates
- ii. Finance and Risk Policy 4.2: Financial Plan and Quarterly Financial Reporting, effective date January 1, 2015, last amended September 26, 2017, with proposed updates
- iii. Finance and Risk Policy 4.3: Expense, Honoraria and Claim Policy, effective date January 1, 2015, last reviewed September 2017, with proposed updates
- iv. Finance and Risk Policy 4.4: Cheque Signing Authority, effective date January 5, 2015, last reviewed September 2017, with proposed updates
- v. Finance and Risk Policy 4.5: Corporate Credit Card, effective date January 1, 2015, last amended September 26, 2017, with proposed updates

- vi. Finance and Risk Policy 4.6: Executive Limitation Policy, effective date January 1, 2015, last reviewed September 2017, with proposed updates
- vii. Finance and Risk Policy 4.7: Investment Policy, effective date January 1, 2015, last amended September 26, 2017, with proposed updates
- viii. Finance and Risk Policy 4.8: Salary ranges for College staff, effective date January 1, 2015, last reviewed September 2017, with proposed updates
- ix. Finance and Risk Policy 4.9: Process to Review the Salary Range for the Position of the Registrar & CEO and the Registrar & CEO's Salary, effective date January 1, 2015, last reviewed September 2017, with proposed updates
- x. Finance and Risk Policy 4.10: Procurement of Goods and Services Policy, effective date December 9, 2016, last reviewed September 2017, with proposed updates
- xi. Finance and Risk Policy 4.11: Registrar's Discretionary Expenditure, effective date March 27, 2018, with proposed updates

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

Amendments were made to certain policies.

It was moved by E. Bremer

Seconded by S. Willson

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed and amended by Council, be approved effective January 1, 2019:

- 1. Policy 4.1, Significant Accounting Policies**
- 2. Policy 4.2, Financial Plan, Annual Budget and Quarterly Financial Reporting**
- 3. Policy 4.3, Expense, Honoraria and Claim Policy**
- 4. Policy 4.4, Cheque Signing Authority**
- 5. Policy 4.5, Corporate Credit Card**
- 6. Policy 4.6, Executive Limitation Policy**
- 7. Policy 4.7, Investment Policy**
- 8. Policy 4.8, Salary ranges for College staff**
- 9. Policy 4.9, Process to Review the Salary Range for the Position of Registrar & CEO and the Registrar & CEO's Salary**
- 10. Policy 4.10, Procurement of Goods and Services Policy**
- 11. Policy 4.11, Registrar's Discretionary Expenditure**

Carried.

k. Policy Review: Professional Practice

The following was circulated on pages 295 – 298 of the agenda:

- i. Professional Practice Policy 5.3: Guidelines for members for patients found incapable of making treatment decisions under the HCCA, effective date March 27, 2015, last amended March 27, 2018, with proposed updates
- ii. Professional Practice Policy 5.4: Professional accountability of members during a work-stoppage, effective date March 27, 2015, last amended March 27, 2018, with proposed updates

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

It was moved by J. Hoover

Seconded by S. Willson

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved effective January 1, 2019:

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

Carried.

l. Policy Review: Registration

The following was circulated on pages 299 – 323 of the agenda:

- i. Registration Policy 6.1: Educational programs and examination(s) approved by the College in radiography, radiation therapy and nuclear medicine, effective date March 27, 2015, last amended March 27, 2018, with proposed updates
- ii. Registration Policy 6.2: Educational programs and examination(s) approved by the College in magnetic resonance, effective date March 27, 2015, last amended March 27, 2018, with proposed updates
- iii. Registration Policy 6.3: Approved examination in the specialties of radiography, radiation therapy, nuclear medicine and magnetic resonance, effective date March 27, 2015, last amended December 8, 2017, with proposed updates
- iv. Registration Policy 6.4: Approved Examination for applicants trained in Quebec, effective date March 27, 2015, last reviewed March 2018, with proposed updates

- v. Registration Policy 6.5: Course in Jurisprudence set and approved by the College, effective date March 27, 2015, last amended December 8, 2017, with proposed updates
- vi. Registration Policy 6.6: Employment Specific Certificates of Registration, effective date March 27, 2015, last reviewed March 2018, with proposed updates
- vii. Registration Policy 6.7: Approved programs – Cambrian College Magnetic Resonance Program, effective date March 27, 2015, last reviewed March 2018, with proposed updates
- viii. Registration Policy 6.8: Approved programs – Algonquin College Radiography Program, effective date March 27, 2015, last reviewed March 2018, with proposed updates
- ix. Registration Policy 6.9: Approved programs – Fanshawe College Magnetic Resonance Program, effective date March 27, 2015, last reviewed March 2018, with proposed updates
- x. Registration Policy 6.10: Educational programs approved by the College in the specialty of diagnostic medical sonography, effective date January 1, 2018, last reviewed March 2018, with proposed updates
- xi. Registration Policy 6.11: Approved examinations for the specialty of diagnostic medical sonography set and administered by Sonography Canada, effective date January 1, 2018, last reviewed March 2018, with proposed updates

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

It was moved by M. Ward

Seconded by J. Neadles

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved effective January 1, 2019:

- 1. Policy 6.1, Educational programs and examination(s) approved by the College in radiography, radiation therapy and nuclear medicine**
- 2. Policy 6.2, Educational programs and examination(s) approved by the College in magnetic resonance**
- 3. Policy 6.3, Approved examination in the specialties of radiography, radiation therapy, nuclear medicine and magnetic resonance**
- 4. Policy 6.4, Approved Examination for applicants trained in Quebec**
- 5. Policy 6.5, Course in Jurisprudence set and approved by the College**
- 6. Policy 6.6, Employment Specific Certificates of Registration**
- 7. Policy 6.7, Approved programs – Cambrian College Magnetic Resonance Program**
- 8. Policy 6.8, Approved programs – Algonquin College Radiography Program**

9. **Policy 6.9, Approved programs – Fanshawe College Magnetic Resonance Program**
10. **Policy 6.10, Education programs approved by the College in the specialty of diagnostic medical sonography**
11. **Policy 6.11, Approved examinations for the specialty of diagnostic medical sonography set and administered by Sonography Canada**

Carried.

m. Policy Review: Quality Assurance

The following was circulated on pages 324 – 327 of the agenda:

- i. **Quality Assurance Policy 7.1: Quality Assurance Portfolio: Percentage of MRTs, effective date March 27, 2015, last reviewed March 2018, with proposed updates**
- ii. **Quality Assurance Policy 7.2: Peer and Practice Assessment by Multi-Source Feedback (MSF) or by an Assessor: Percentage of members, effective date March 27, 2015, last reviewed March 2018, with proposed updates**
- iii. **Quality Assurance Policy 7.3: Random selection without replacement, effective date March 27, 2015, last amended December 8, 2015, with proposed updates**
- iv. **Quality Assurance Policy 7.4: Continuing education and professional development activities, effective date March 27, 2015, last amended March 27, 2018, with proposed updates**

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

It was moved by S. Willson

Seconded by E. Adiyiah

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved effective January 1, 2019:

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

Carried.

n. Policy Review: Professional Conduct

The following was circulated on page 328 of the agenda:

- i. Professional Conduct Policy 8.2: Publication of Discipline decisions, effective date March 27, 2015, last amended March 27, 2018, with proposed updates

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

It was moved by C. Palmer

Seconded by J. Hoover

Resolved that the proposed amendments to the following policy as circulated in the agenda and as reviewed by Council, be approved effective January 1, 2019:

1. Policy 8.2, Publication of Discipline decisions

Carried.

o. Policy Review: Human Resources

The following was circulated on pages 329 - 337 of the agenda:

- i. Human Resources Policy 9.1 – Workplace Health & Safety, effective date September 26, 2017, last amended March 27, 2018, with proposed updates
- ii. Human Resources Policy 9.2 – Emergency Preparedness & Response, effective date September 26, 2017, with proposed updates
- iii. Human Resources Policy 9.3 – Personal Information Privacy, effective date September 26, 2017, with proposed updates
- iv. Human Resources Policy 9.8 – Leaves of Absence and Sick Time, effective date November 9, 2017, last amended March 27, 2018, with proposed updates

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

It was moved by J. Neadles

Seconded by E. Bremer

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved effective January 1, 2019:

- 1. Policy 9.1, Workplace Health & Safety**
- 2. Policy 9.2, Emergency Preparedness & Response**
- 3. Policy 9.3, Personal Information Privacy**
- 4. Policy 9.8, Leaves of Absence and Sick Time**

Carried.

p. Policy Review: Privacy and Information Management

The following was circulated on pages 338 - 344 of the agenda:

- i. Privacy and Information Management Policy 10.1 – Records and Information Management Program Policy, effective date September 26, 2017, with proposed updates
- ii. Privacy and Information Management Policy 10.2 – Records and Information Management Policy, effective date September 26, 2017, with proposed updates
- iii. Privacy and Information Management Policy 10.3 – Records and Information Retention Policy, effective date September 26, 2017, with proposed updates

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

It was moved by N. Bolduc

Seconded by J. Hoover

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved effective January 1, 2019:

- 1. Policy 10.1, Records and Information Management Program Policy**
- 2. Policy 10.2, Records and Information Management Policy**
- 3. Policy 10.3, Records and Information Retention Policy**

Carried.

q. Policy Review: Information Technology

The following was circulated on pages 345 - 350 of the agenda:

- i. Information Technology Policy 11.1 –Information Security Program, effective date September 26, 2017, with proposed updates

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

It was moved by E. Bremer

Seconded by J. Hoover

Resolved that the proposed amendments to the following policy as circulated in the agenda and as reviewed by Council, be approved effective January 1, 2019:

- 1. Policy 11.1, Information Security Program**

Carried.

7. Discussion

a. MOHLTC

The following was circulated on pages 351 – 359 of the agenda:

- i. Memo to Health Sector Partners, from Helen Angus, Deputy Minister, MOHLTC, dated October 18, 2018, regarding 'Ministry Realignment'
- ii. Ontario News Room Statement, dated October 19, 2018, regarding 'Statement from Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care'
- iii. Email to Health Regulatory Colleges Colleagues, from Denise Cole, Assistant Deputy Minister, Health Workforce Planning & Regulatory Affairs Division, Ministry of Health and Long-Term Care, dated October 18, 2018, regarding MOHLTC realignment
- iv. Ontario News Room News Release, dated October 23, 2018, regarding 'Ontario's Government for the People Cutting Red Tape in Order to Help Create and Protect Jobs'

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

8. Education Session

John Risk, WeirFoulds LLP joined the meeting to give a presentation entitled 'The Perils of Prediction: Legal Issues for Regulation in the Age of Big Data'

L. Gough introduced J. Risk to the Council. J. Risk gave a presentation entitled 'The Perils of Prediction: Legal Issues for Regulation in the Age of Big Data', and responded to questions.

L. Gough thanked J. Risk for a very informative presentation and J. Risk left the meeting.

9. Meeting evaluation

W. Rabbie asked the Council members to complete the meeting evaluation form circulated on pages 360 – 361 of the agenda and to give the completed forms to the CMRTO staff.

10. Termination of Meeting

The meeting was terminated by W. Rabbie, President at 1600 hours.

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 4a



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Report

To:	Council	Meeting:	March 29, 2019
From:	Jay Neadles, Chair Finance and Audit Committee	Date:	March 6, 2019
Subject:	Report from Finance and Audit Committee		

The Finance and Audit Committee met on March 6, 2019.

The Committee reviewed the following items:

- Reviewed the year 2018 Financial Reports
- Reviewed the year 2018 Investment Reports
- Met with Blair MacKenzie, Hilborn LLP, and reviewed the audited financial statements for the 2018 financial year and received the auditors opinion
- Developed the recommendation to Council for the audited financial statements for the year 2018
- Developed the recommendation to Council regarding the appointment of CMRTO's auditors for the 2019 financial year
- Performed the fee review for the 2020 annual fees and developed the recommendation for Council
- Reviewed finance & risk policies, and will make proposed amendments for Council's consideration in the future

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

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 4a11



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

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Terms of Reference for the Finance and Audit Committee

Policy 2.8

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

Policy: Terms of Reference for the Finance and Audit Committee

Purpose

The role of the Finance and Audit Committee of the College 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

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) Publicly-Appointed Councillor. Other persons may be appointed to the Committee. The majority of members may be Executive Committee members. Council will appoint the Chair of the Committee and that person shall not be the President of the Council.

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

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

OF MAR 29 2019

COUNCIL
ITEM# 461

Report

To:	Council	Meeting:	March 29, 2019
From:	Finance and Audit Committee	Date:	March 6, 2019
Subject:	Financial Report to Council for the Year 2018 (January 1, 2018 – December 31, 2018)		

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

1. A budget for sonography regulation has been set up as part of the 2018 budget approved by Council in December 2017. An updated year end report on the Cost of Sonography Regulation is included.
2. 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

The financial year 2018 ended with a favourable variance of 17% due primarily to sonography registration being higher than planned. The 2018 plan included 3,000 sonography applications and the actual number of sonography applications received was 4,233. There were 3,862 new sonography members who registered by December 31, 2018.

It is noted that a large proportion of the new sonography members registered in December and consequently, a large proportion of their registration fees were deferred to 2019. Because of this large deferral, revenue in the financial statement shows a negative variance of 9.6%. Deferred revenue increased from \$1,606,547 in 2017 to \$2,813,180 in 2018, an increase of \$1,206,634.

Expenses

1. Human Resources: -6.5% unfavourable variance

The Human Resources expense group ended the year with an unfavourable variance of 6%.

due to temporary staff hired and overtime to address the volume of sonography applications, and a new position – Information Systems Specialist.

2. Operating Expenses: 10.7% favourable variance

The Operating Expenses expense group ended the year with a favourable variance of 11% due to savings from postage & courier, insurance deferral, travel, IT & consulting fees.

3. Communication & Legal Fees: 31.5% favourable variance

The Communication & Legal Fees expense group finished the year with a favourable variance of 32%. The savings were due to expenses such as hearing & investigations, and publications & communications costs being less than planned. The change to electronic communications and publications has reduced costs considerably.

4. Education, QA & Other Expenses: 39.3% favourable variance

The Education, QA & Other Expenses expense group finished the year with a favourable variance of 39%. This is due to no claims on the compensation fund and savings from QA assessments and the education fund.

It is noted that the total cost for regulating diagnostic medical sonographers in 2018 was \$953,298. Of this amount, \$827,600 are operating costs and the majority of these costs will continue into 2019.





Conclusion

At the end of the year 2018, the CMRTO's total expenses before depreciation ended with a favourable variance of 10%. The Statement of Revenue and Expenses shows a year-end deficit of \$708,487 as compared to a budget deficit of \$671,435. This is primarily caused by the increase in deferred revenue.

College of Medical Radiation Technologists of Ontario

Statement of Revenue and Expenses

For The Period Ending December 31, 2018

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





F Favourable
U Unfavourable

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COUNCIL
ITEM# 4bi - attachment

REVENUE:

	Year end Actual	Annual Budget	Variance: Actual Year end vs Annual Budget Bracketed denotes unfavourable variance	Variance %		VARIANCE EXPLANATION
Membership-related Revenue	4,010,659	4,451,838	(441,179)	-9.9%		UF The actual revenue received in 2018 was 17% more than plan due to 4,233 sonography applications received and 3,862 new sonography members. Of the \$4,693,987 registration fees received in 2018, \$1,206,634 were deferred to 2019.
Revenue - Miscellaneous	4,931	0	4,931	0.0%		F Cost recovery from professional conduct matters
Revenue - Interest Earned	28,154	20,000	8,154	40.8%		F Interest from investment and current account
Total Revenue:	4,043,744	4,471,838	(428,094)	-9.6%		UF Unfavourable variance from plan due to increase in deferred revenue

EXPENSES:

Human Resources	2,370,092	2,224,758	(145,334)	-6.5%		U Variance due to temporary staffing & overtime to address volume of sonography applications
Operating Expenses	820,893	918,858	97,965	10.7%		F Savings from postage & courier, insurance, travel, IT & Consulting fees
Communication & Legal Fees	868,453	1,268,439	399,986	31.5%		F Expected legal, communications & publications costs less than planned. Savings due to switch to electronic communications & publications
Education, Q.A. & Other Expenses	163,525	269,300	105,775	39.3%		F No claim from compensation fund, savings from QA assessments and education
Governance & Committee Expenses	164,118	169,925	5,807	3.4%		F

College of Medical Radiation Technologists of Ontario

Statement of Revenue and Expenses

For The Period Ending December 31, 2018

	Year end Actual	Annual Budget	Variance: Actual Year end vs Annual Budget Bracketed denotes unfavourable	Variance %			VARIANCE EXPLANATION
TOTAL EXPENSES BEFORE DEPRECIATION	4,387,081	4,851,280	464,199	9.6%		F	Savings due to communication & legal, education, travel, QA & other expenses
TOTAL EXPENSES AFTER DEPRECIATION	4,752,231	5,143,273	391,042	7.6%		F	
Excess of Revenue over Expenses (Excess of Expenses over Revenue)	(708,487)	(671,435)	(37,052)				

- 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

College of Medical Radiation Technologists of Ontario

Balance Sheet

As At December 31, 2018

	Current YTD	Previous YTD Quarter
ASSETS		
Current Account	251,350	447,615
Charge Card Clearing Account	0	(4,665)
Petty Cash	99	958
Interest Receivable	3,310	4,799
Accounts Receivable	50,163	0
Prepaid Expenses	72,201	24,332
Total current assets	377,124	473,039
Total fixed assets	841,059	857,342
Investments	2,333,495	1,525,552
TOTAL ASSETS	3,551,679	2,855,933
LIABILITIES		
Accounts Payable	90,561	(4,665)
Accruals	152,947	0
HOOPP Pension Payable	0	22,131
HST Receivable	(98,961)	(38,801)
HST Payable	266,866	139,819
Employee tax & RSP deductions	0	27,733
Deferred Revenue	2,771,889	1,606,547
Deferred Revenue Fee Credit	41,291	0
Deferred Lease Inducement	28,025	56,049
TOTAL LIABILITIES	3,252,617	1,808,813
EQUITY		
Surplus from Previous Year	1,007,548	1,007,548
Net Income/Loss Year to Date	(708,487)	39,571
TOTAL EQUITY	299,061	1,047,119
TOTAL LIABILITIES & EQUITY	3,551,679	2,855,933

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 46i - attachment

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

	Year End Expenditure	Annual Budget	Variance	Variance Explanation
Computer Hardware	22,276	54,000	31,724	Computers & equipment for new staff related to sonography and computer replacement; savings from server and tablets for committee portal - project deferred to 2019
Computer Software	227,573	50,000	(177,573)	Variance due to changes to CMM on SharePoint file structure, creation of pdf notices, fee credit due to bylaw change & fixes made during implementation
Office Equipment	3,122	0	(3,122)	Carry over costs from 2017
Office Renovations	22,029	0	(22,029)	Carry over costs from 2017
Total	275,000	104,000	(171,000)	

CIRCULATED WITH	<u>F4A</u>	AGENDA
DATE:	MAR 06 2019	
ITEM #	<u>5a111</u>	

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL

ITEM#.....461 - attachment

College of Medical Radiation Technologists of Ontario
Cost of Sonography Regulation
For the Period Ending December 31, 2018

	Current Month	Actual Costs	Annual Budget	Variance
Capital Expenditures				
Computer Hardware Sonography	5,850	20,973	13,500	(7,473)
Computer Software Sonography CMM Online Application	4,281	79,574	0	(79,574)
Office Equipment	0	3,122	0	(3,122)
Office Renovations Sonography	0	22,029	0	(22,029)
Total Capital Expenditures	\$ 10,130	\$ 125,698	\$ 13,500	\$ (112,198)

Operating Expenses				
Salaries Sonography	52,937	427,067	511,393	84,326
Outside Services Sonography	304	8,433	0	(8,433)
Printing & Stationery Sonography	0	0	11,000	11,000
Information Technology Sonography	0	5,354	0	(5,354)
Communication and Advertising Sonography	13,534	51,005	132,000	80,995
Publications Sonography (includes website)	103,781	231,354	265,000	33,647
Legal Fees Contingency/Sonography	19,518	104,388	300,000	195,612
Total Operating Expenses	\$ 190,075	\$ 827,600	\$ 1,219,393	\$ 391,793

Total Sonography Costs	\$ 200,206	\$ 953,298	\$ 1,232,893	\$ 279,595
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DATE: <u>MAR 06 2019</u>
ITEM # <u>5aiv</u>

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OF MAR 29 2019
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ITEM# *4bi - Strehlman*

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OF MAR 29 2019

COUNCIL
ITEM#.....4C1.....College of
Medical Radiation
Technologists of
OntarioOrdre des
technologues en
radiation médicale
de l'Ontario

Report

To:	Council	Meeting:	March 29, 2019
From:	Finance and Audit Committee	Date:	March 6, 2019
Subject:	Investment Report to Council for the Year 2018 (January 1 – December 31, 2018)		

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

	Quarter 1 2018	Quarter 2 2018	Quarter 3 2018	Quarter 4 2018
Compliance with Investment Policy 4.7 approved December 9, 2014	Yes	Yes	Yes	Yes
Interest Earned in each quarter	\$5,610	\$5,914	\$6,384	\$6,455
Interest Earned year to date	\$5,610	\$11,524	\$17,908	\$24,363
Average Rate of Return year to date *	0.33%	0.71%	1.26%	1.51%
Accrued Interest on Total Portfolio **	\$8,094	\$2,532	\$4,799	\$3,310
Total Portfolio Value including Accrued Interest	\$1,617,709	\$1,523,623	\$1,530,351	\$2,336,806

Note: As at December 31, 2018, the CMRTO had a reserve in the form of liquid investments amounting to \$2.3 million. The purpose of the reserve fund is to provide a 'cushion' in case of unforeseen expenditures such as a lengthy disciplinary hearing or to fund special projects. In early 2018, the reserve fund was reduced by \$250,000 to fund the implementation of the sonography regulation project. Towards the end of 2018, \$800,000 was reinvested.

* 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



PRIVATE WEALTH
MANAGEMENT

PORTFOLIO EVALUATION (CAD)

As of December 31, 2018

CIBC WOOD GUNDY

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO (415138742C)

Your Investment Advisor: Bryan Baker
CIBC Wood Gundy

Last Purchase	Quantity	Description	Unit Cost	Book Value	Market Price	Market VL	% of Total	G/L (%)	Unrealized G/L **
Cash & Cash Equivalents									
Cash									
	150,032	ACCOUNT BALANCE CAD	1.000	150,032.45	1.000	150,032.45	6.43		
Securities Expiring Within a Year									
07/20/2018	250,000	CIBC TR GIC 2.25% 22JL19	100.000	250,000.00	100.000	250,000.00	10.71		
12/11/2018	500,000	CIBC FUL (NO 2.71% 11DC19	100.000	500,000.00	100.000	500,000.00	21.43		
12/22/2014	100,000	NTL TR A 2.57% 22DC19	100.000	100,000.00	100.000	100,000.00	4.29		
12/28/2018	105,000	CIBC FUL (NO 2.61% 30DC19	100.000	105,000.00	100.000	105,000.00	4.50		
Total Securities Expiring Within a Year				\$ 955,000.00		\$ 955,000.00	40.93 %		
High Interest Savings Account									
	103,177.950	BNS TIERED INVST SV(6000)	1.000	103,177.95	1.000	103,177.95	4.42		
07/03/2018	511,965.520	CIBC HIGH INT SVG A(5002)	1.000	511,965.52	1.000	511,965.52	21.94		
09/21/2015	10,296.627	RBC INVST SVG ACCOU(2010)	10.000	102,966.27	10.000	102,966.27	4.41		
11/08/2018	452,260.480	REN HIGH INT SVG AC(5000)	1.000	452,260.03	1.000	452,260.48	19.38		0.45
09/23/2015	5,809.292	TD INVST SVG ACCOUN(8150)	10.000	58,090.58	10.000	58,092.92	2.49		2.34
Total High Interest Savings Account				\$ 1,228,460.35		\$ 1,228,463.14	52.64 %		\$ 2.79
Total Cash & Cash Equivalents				\$ 2,333,492.80		\$ 2,333,495.59	100.00 %		\$ 2.79
Total				\$ 2,333,492.80		\$ 2,333,495.59			\$ 2.79

Accrued Interest: \$ 3,310
Declared and Unpaid Dividends:
Total Portfolio Value: \$ 2,336,806

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL

ITEM# 4ci - attachment

CIRCULATED WITH F49 AGENDA
DATE: MAR 06 2019
ITEM # 5bi

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

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



CIRCULATED WITH	F4A	AGENDA
DATE:	MAR 06 2019	
ITEM #	56V	



Your Year-end Account Report

Your Year-end Account Report provides a clear picture of how your investment accounts are performing and what they cost you. Your report contains information to help you assess your progress towards 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. This performance measure—called the individual rate of return—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.

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

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

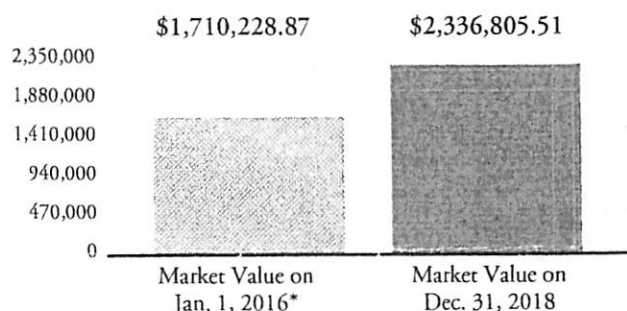
CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM#.....4ci - attachment

The Performance of Your Account #415-13874 (COLLEGE OF MEDICAL R)

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	\$1,762,738.83	\$1,710,228.87
+ Deposits**	800,000.00	1,800,000.00
- Withdrawals**	-250,000.00	-1,250,000.00
+ Change in Value†	24,066.68	76,576.64
= Closing Market Value	\$2,336,805.51	\$2,336,805.51

How Your Account Has Performed

YOUR AVERAGE ANNUAL INDIVIDUAL RATES OF RETURN

	This year	3 years	Since Jan. 1, 2016*
Per Year	1.50%	1.35%	1.35%

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 (COLLEGE OF MEDICAL R)

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 *	2,331.22
Payment From GIC Issuers	1,637.50
Total Fees Paid By Others In Connection With Your Account	\$3,968.72

* 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).

OF MAR 29 2019

COUNCIL
ITEM# 4d1

Report

To:	Council	Meeting:	March 29, 2019
From:	Finance and Audit Committee	Date:	March 6, 2019
Subject:	Fee Review for 2020		

Issue

Each year, Council performs a fee review.

The Finance & Audit Committee performed a review of the fees at their meeting on March 6, 2019 and is recommending to Council that there be no change to the current fees set out in By-law No. 60, and that the fees remain at the current level for the year 2020.

Background

By-law No. 60 approved on October 1, 2018 sets out the type and amount of the fees payable to the College, including the annual registration fee, which provides the majority of the College's revenue.

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

The timing of the Finance and Audit Committee's recommendation (made a year in advance of the effective date of any proposed change) is to allow time for the drafting of any proposed change to the By-Law and the circulation and approval process.

As at December 31, 2018, the CMRTO had a reserve in the form of liquid investments amounting to \$2.3 million. The purpose of the reserve fund is to provide a 'cushion' in case of unforeseen expenditures such as a lengthy disciplinary hearing or to fund special projects. In early 2018, the reserve fund was reduced by \$250,000 to fund the implementation of the sonography regulation project. Towards the end of 2018, \$800,000 was reinvested, and so the reserve fund worked well to provide the upfront costs associated with the regulation of diagnostic medical sonographers (DMSs).

Factors considered by the Committee

The Finance and Audit Committee considered the following factors in making their recommendation to maintain the fees at their current level for 2020, and the attached Appendix A provides the supporting analysis:

1. The CMRTO is conservative in its budget setting approach, and with the exception of the past two years, 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 and 2018, CMRTO incurred deficits of 20.3% and 15.3% respectively due to the costs of implementing the regulation of sonographers, which was funded from the reserve fund.
2. It is projected that in 2019, CMRTO will have a deficit of 1.1.% and in 2020 a surplus of 3% before projects.
3. As the CMRTO completes the implementation of the regulation of DMSs in 2019, the net drawdown on reserves is projected to be 16.3%. In 2020, we expect to return to a balanced budget, given any unanticipated expenses or increase in costs, such as the number of complaints or discipline hearings.
4. CMRTO has planned well and successfully incorporated a new specialty into the organization without any external funding. The use of the reserve fund to cover the upfront costs of regulating sonographers worked well. 2019 is the first year that sonographers are fully integrated and the revenue and expenses should stabilize. More experience is needed to predict the long term impact on the reserve fund with confidence.
5. In the event that we may need to draw on the existing reserves to fund an unplanned expense, 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	Actual 2018	Projected 2019	Projected 2020
Revenue	3,438	3,359	3,368	3,432	4,044	5,234	5,268
Operating Expenses*	3,244	3,102	3,235	4,130	4,662	5,289	5,105
Annual Surplus (Deficit)	194	257	133	(698)	(618)	(55)	163
Surplus (Deficit) as % of Revenue	5.6%	7.7%	3.9%	(20.3%)	(15.3%)	(1.1%)	3.1%
Special Projects (Projection)						326	20
Net Draw Down of Reserves						(381)	143
Draw Down as % of Reserves						16.3%	0%

* Operating Expenses for the years 2014 – 2018 include special projects

Source: Audited Financial Statement & Internal Projections

officers, agent or agents of the College and in such a manner as shall be determined by Council.

OF MAR 28 2019

COUNCIL
ITEM # 4 di

21. DEPOSITS

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

22. NOTICE

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

23. INDEMNIFICATION

23.1. Subject to subsection 23.2, all Councillors, officers, committee members and College staff, and their heirs, executors, administrators and estates and effects, shall at all times be indemnified and saved harmless out of the funds of the College from and against:

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

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

23.2. In order for a Councillor, officer, committee member or College staff (or their heirs, executors, administrators or estates and effects) to be indemnified under subsection 23.1, such costs, charges, or expenses must be occasioned or incurred as a result of an act done in good faith in the performance or intended performance of a duty or in the exercise or the intended exercise of a power under the RHPA, the Act or a regulation or the by-laws made under those Acts, or as a result of any neglect or default in the performance or exercise in good faith of the duty or power.

24. PROCEDURE

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

25. ENACTING, AMENDING AND REPEALING BY-LAWS

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

26. FEES

- 26.1. A person who submits an application for a certificate of registration for consideration by the Registrar & CEO shall pay an application fee of \$100.00.
- 26.2. Where consideration of an application for registration involves an evaluation by the Registration Committee of an applicant's educational program, the applicant shall pay an evaluation fee of \$250.00, in addition to the application fee.
- 26.3. A person who applies for a certificate of registration in more than one specialty shall pay, for each specialty, the application fee and, where applicable, the evaluation fee.
- 26.4. A person shall pay, for registration as a member, the annual fee of \$470.00. The annual fee shall be prorated by the percentage of the year remaining until the birthday of the person.
- 26.5. Subject to subsection 26.8, every member shall pay an annual fee of \$470.00 on or before the member's birthday in the year.
- 26.6. No later than thirty (30) days before the annual fee referred to in subsection 26.5 is due, the Registrar & CEO shall notify the member of the amount of the fee and the date on which the fee is due.
- 26.7. The obligation to pay the annual fee continues even if the Registrar & CEO fails to provide notice or if the member fails to receive such notice.
- 26.8. If a member resigns before the date on which their annual fee is due, the member will receive a fee credit of a percentage of the annual fee, pro-rated from the date on which the member resigned to their renewal date. The fee credit will be applied automatically to the member's annual fee if and when they are reinstated, provided that they are reinstated within five (5) years from the date of their resignation.
- 26.9. If a member fails to pay the annual fee within fourteen (14) days after the due date but does pay the fee within three (3) months after the due date, the member shall pay a penalty equal to twenty-five (25) percent of the annual fee in addition to the annual fee.
- 26.10. If a member fails to pay the annual fee and penalty within three (3) months after the due date, the Registrar & CEO shall suspend the member's certificate of registration and notify the person by mail that the certificate of registration has been suspended.
- 26.11. Subject to subsection 26.13, the Registrar & CEO may lift a suspension under subsection 26.10 if the former member:

- 26.11.1. meets the registration requirements outlined in Ontario Regulation 866/93; and
- 26.11.2. pays a re-registration fee equal to the annual fee prorated by the percentage of the year remaining until the person's birthday but in any event no less than 50 percent of the annual fee, together with a penalty of 100 percent of the annual fee.
- 26.12. Subject to subsection 26.13, the Registrar & CEO may re-register a person who has submitted a written resignation during the registration year in which the person ceased to practise the profession if the former member:
 - 26.12.1. meets the registration requirements outlined in Ontario Regulation 866/93; and
 - 26.12.2. subject to subsection 26.8, pays a registration fee equal to the annual fee prorated by the percentage of the year remaining until the person's birthday.
- 26.13. If the former member referred to in subsection 26.11 or 26.12 has not engaged in competent practice for a period of five (5) consecutive years, the person shall pay, in addition to the fee and penalty, if any, payable under subsection 26.11 or 26.12, an application fee for reinstatement of \$100.00 and, where the person is required to successfully complete an examination for the purpose of reinstatement, an examination fee of \$450.00.
- 26.14. A former member whose certificate of registration is suspended or revoked as a result of disciplinary or incapacity proceedings and who applies to have a new certificate issued or the suspension removed shall pay an application fee for reinstatement of \$100.00.
- 26.15. If an order is made under subsection 73(5) or subsection 74(1) of the 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 purpose of reinstatement, an examination fee of \$450.00.
- 26.16. A former member who applies for reinstatement in more than one specialty and who is required to successfully complete an examination for the purposes of reinstatement in each specialty shall pay the examination fee of \$450.00 for each specialty.
- 26.17. The fee for an application for a certificate of authorization for a health profession corporation is \$500.00.
- 26.18. The fee for the annual renewal of a certificate of authorization for a health profession corporation is \$425.00.

- 26.19. The fee for an application to reinstate a certificate of authorization for a health profession corporation is \$500.00.
- 26.20. The fee for issuing a revised certificate of authorization for a health profession corporation is \$50.00.
- 26.21. The fee for the issuing of a document or certificate respecting a health profession corporation, other than for a document referred to in subsections 26.17, 26.18, 26.19 or 26.20, is \$50.00.
- 26.22. The Registrar & CEO may charge a fee for anything they are required or authorized to do, and except where fees for those things are prescribed, the fees charged shall be set by the Registrar & CEO.
- 26.23. Wherever in the by-laws there is reference to a fee or penalty, the person or member shall pay, in addition to the fee or penalty, as the case may be, the amount of any applicable taxes.
- 26.24. No fee or penalty referred to in the by-laws is refundable.

27. PROFESSIONAL LIABILITY INSURANCE

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

28. ELECTION OF COUNCILLORS

28.1. Electoral Districts

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2018

Draft Statements Subject to Revision

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM#.....421.....

HILBORN_{LLP}

HILBORN_{LLP}

Independent Auditor's Report

To the Council of
College of Medical Radiation Technologists of Ontario

Opinion

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

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

Basis for Opinion

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

Other Matter

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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

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

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

Toronto, Ontario
Date

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Statement of Financial Position

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

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Statement of Operations

Year ended December 31	2018 \$	2017 \$
Revenues		
Registration fees	4,015,590	3,401,975
Investment income	28,154	29,935
	<u>4,043,744</u>	<u>3,431,910</u>
Expenses		
Human resources (note 9)	2,370,092	1,669,157
Operating	820,893	761,474
Communications and legal	868,453	590,845
Amortization - capital assets	134,088	129,816
Amortization - intangible assets	231,062	180,511
Committee meetings	164,118	146,702
Education, quality assurance and other	163,525	123,090
Projects	-	13,387
	<u>4,752,231</u>	<u>3,614,982</u>
Excess of expenses over revenues for year	<u>(708,487)</u>	<u>(183,072)</u>

The accompanying notes are an integral part of these financial statements

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

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

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

The accompanying notes are an integral part of these financial statements

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Statement of Cash Flows

Year ended December 31	2018 \$	2017 \$
Cash flows from operating activities		
Excess of expenses over revenues for year	(708,487)	(183,072)
Adjustments to determine net cash provided by (used in) operating activities		
Amortization - capital assets	134,088	129,816
Amortization - intangible assets	231,062	180,511
Amortization of deferred lease incentives	(28,024)	(28,025)
	(371,361)	99,230
Change in non-cash working capital items		
Increase in accounts receivable	(6,466)	(20,859)
Decrease (increase) in prepaid expenses	(19,925)	23,973
Increase in accounts payable and accrued liabilities	168,154	108,209
Increase in deferred registration fees	1,206,634	17,466
	977,036	228,019
Cash flows from investing activities		
Purchase of investments	(1,175,990)	-
Proceeds from disposal of investments	600,000	470,987
Purchase of capital assets	(47,426)	(318,846)
Purchase of intangible assets	(227,573)	(505,860)
	(850,989)	(353,719)
Net change in cash	126,047	(125,700)
Cash, beginning of year	125,403	251,103
Cash, end of year	251,450	125,403

The accompanying notes are an integral part of these financial statements

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements

December 31, 2018

Nature and description of the organization

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

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

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

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

1. Significant accounting policies

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

(a) Revenue recognition

Registration fees

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

Investment income

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

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

(b) Investments

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

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2018

1. Significant accounting policies (continued)

(c) Capital assets

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

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

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

Office equipment	10 years
Computer equipment	3 years

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

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

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

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2018

1. **Significant accounting policies (continued)**

(d) **Intangible assets**

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

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

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

Computer software	5 years
-------------------	---------

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

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

(e) **Deferred lease incentives**

Lease incentives consist of tenant inducements received in cash.

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

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2018

1. Significant accounting policies (continued)

(f) Net assets invested in capital and intangible assets

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

(g) Financial instruments

(i) Measurement of financial assets and liabilities

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

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

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

Financial assets measured at amortized cost include accounts receivable.

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

Financial assets measured at fair value include cash and investments.

(ii) Impairment

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

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

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

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2018

1. Significant accounting policies (continued)

(g) Financial instruments (continued)

(ii) Impairment (continued)

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

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

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

(h) Pension plan

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

(i) Management estimates

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

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

2. Financial instrument risk management

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

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2018

2. Financial instrument risk management (continued)

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

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

Credit risk

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

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

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

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

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

Liquidity risk

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

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

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2018

2. Financial instrument risk management (continued)

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

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

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

3. Investments

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

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

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2018

3. Investments (continued)

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

4. Capital assets

	Cost \$	Accumulated Amortization \$	2018 Net \$
Office equipment	305,221	170,032	135,189
Computer equipment	94,179	75,883	18,296
Leasehold improvements	431,256	353,139	78,117
	<u>830,656</u>	<u>599,054</u>	<u>231,602</u>
	Cost \$	Accumulated Amortization \$	2017 Net \$
Office equipment	302,099	151,164	150,935
Computer equipment	146,287	113,300	32,987
Leasehold improvements	409,228	274,886	134,342
	<u>857,614</u>	<u>539,350</u>	<u>318,264</u>

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

5. Intangible assets

	Cost \$	Accumulated Amortization \$	2018 Net \$
Computer software	952,252	342,794	609,458
	Cost \$	Accumulated Amortization \$	2017 Net \$
Computer software	1,015,415	402,468	612,947

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

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2018

6. Accounts payable and accrued liabilities

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

7. Deferred registration fees

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

8. Deferred lease incentives

	Cost \$	Accumulated Amortization \$	2018 Net \$
Tenant inducements	<u>280,245</u>	<u>252,221</u>	<u>28,024</u>

	Cost \$	Accumulated Amortization \$	2017 Net \$
Tenant inducements	<u>280,245</u>	<u>224,197</u>	<u>56,048</u>

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2018

9. Pension plan

Certain employees of the College are members of the Plan, which is a multi-employer defined benefit pension plan. Plan members will receive retirement benefits based on the member's contributory service, the highest average annualized earnings during any consecutive five-year period, and the most recent three-year average year's maximum pensionable earnings. As at December 31, 2018, the Plan is 121% funded. Contributions to the Plan made during the year ended December 31, 2018 by the College on behalf of its employees amounted to \$118,911 (2017 - \$84,258) and are recorded in human resources expense in the statement of operations. Employees' contributions to the Plan in 2018 were \$94,373 (2017 - \$66,871).

10. Commitment

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

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

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

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

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

HILBORN

LISTENERS. THINKERS. DOERS.

Draft Statements Subject to Revision

HILBORN LLP

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM#4eii.....

PRIVATE & CONFIDENTIAL

March 6, 2019

The Finance and Audit Committee of the
College of Medical Radiation Technologists of Ontario
375 University Avenue, Suite 300
Toronto, Ontario
M5G 2J5

re: College of Medical Radiation Technologists of Ontario (the "College")

Dear Members of the Finance and Audit Committee:

Further to the recent completion of our audit of the College of Medical Radiation Technologists of Ontario for the year ended December 31, 2018 we wish to communicate with you certain matters that may be of interest to you.

The objective of an audit is to obtain reasonable assurance whether the financial statements are free of material misstatement and it is not designed to identify matters that may be of specific interest to you. Accordingly an audit would not usually identify all such matters.

The following is a summary of matters we have communicated with you through our communication of November 7, 2018 and this correspondence:

Communication of November 7, 2018

- Auditor Independence
 - communicated through the Engagement letter issued for the December 31, 2018 year end
- Auditor's Responsibility Under Generally Accepted Auditing Standards
 - communicated through the Engagement letter issued for the December 31, 2018 year end
- Summary of Audit Approach, Materiality and Other Issues

Current Communication

- Auditor Independence
 - we are independent with respect to the College within the meaning of the Chartered Professional Accountants of Ontario Code of Professional Conduct as of March 6, 2019
- The Auditor's Responsibility to Consider Fraud
 - we did not note any evidence of fraud during the course of the audit
- Misstatements - Illegal Acts
 - no misstatements of a material nature were identified
 - there were no uncorrected misstatements aggregated during the audit with the exception of the step-up premises lease adjustment
 - we did not identify any illegal acts during the course of the audit

- Internal Control
 - an increased risk profile exists at the College relative to the lack of segregation of incompatible duties. Segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties is to divide the responsibilities of a key process such that no one individual performs two or more of the functions related to custody, authorization or approval and recording or reporting.
- Related Party Transactions
 - we did not note any related party transactions during the course of the audit
- Matters Having a Significant Effect on the Qualitative Aspect of Accounting Principles used in the College's Financial Reporting
 - we did not note any significant qualitative aspects, including those detailed below, that required communication with the Finance and Audit Committee, during the course of the audit:
 - initial selection of and changes in significant accounting policies, including the adoption of new accounting pronouncements
 - effect of significant accounting policies in controversial or emerging areas
 - existence of acceptable alternative policies and methods, and the acceptability of the particular policy or method used by management
 - effect on the financial statements of significant unusual transactions
 - issues involved, and related judgments made by management, in formulating particularly sensitive accounting estimates and disclosures (for example, disclosures related to going concern, subsequent events and contingency issues)
 - basis for the auditor's conclusions regarding the reasonableness of the estimates made by management in the context of the financial statements taken as a whole
 - factors affecting asset and liability carrying values, including the College's basis for determining useful lives assigned to tangible assets
 - timing of transactions that affect the recognition of revenues or avoid recognition of expenses
- Annual Report
 - we will review the annual report prior to it being finalized to ensure there are no inconsistencies with the audited financial statements
- Other Issues
 - we did not encounter any serious difficulties while performing the audit, including significant delays in management providing information required for the audit and an unnecessarily brief timetable in which to complete the audit
 - we did not discuss any major issues with management in connection with our re-appointment as the auditor, including, among other matters, discussions regarding the application of accounting principles and auditing standards, and fees
 - we did not note any instances of management consulting with other accountants about auditing and accounting matters
 - we did not note any disagreements with management about matters that individually or in the aggregate could be significant to the College's financial statements or the auditor's report, whether or not subsequently resolved
 - we did not note any other issues arising from the audit that would be important or relevant to the Finance and Audit Committee
 - a management letter was deemed to not be necessary for the December 31, 2018 year-end
 - a representation letter is to be obtained from management upon finalization

College of Medical Radiation Technologists of Ontario
Toronto, Ontario
March 6, 2019

3/

This communication is prepared solely for the information of the Finance and Audit Committee and is not intended for any other purpose. We accept no responsibility to a third party who uses this communication.

We would be pleased to discuss further any of the matters noted above in more depth or to make further investigations of areas where you may believe there are problems we may assist you with.

Yours very truly,

I.B.MacKenzie/gac

Chartered Professional Accountants

DRAFT

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 4eiii

Report



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

-78-

To:	Council	Meeting:	March 29, 2019
From:	Finance and Audit Committee	Date:	March 6, 2019
Subject:	CMRTO Auditors		

The Finance and Audit Committee met with Blair MacKenzie Hilborn LLP, on March 6, 2019 and reviewed the results of the 2018 financial audit, the auditor's opinion, and the 2018 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 Hilborn LLP be appointed as the auditors of the College for 2019.



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 5ai

CIRCULATED
WITH AGENDA

OF FEB 27 2019

EXECUTIVE
ITEM# 4ai

STRATEGIC PLAN

2017-2021

COMMITMENT TO REGULATORY EXCELLENCE

Approved by Council December 9, 2016

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MISSION

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

VALUES

Integrity
—
Fairness
—
Transparency
—
Respect
—
Professionalism

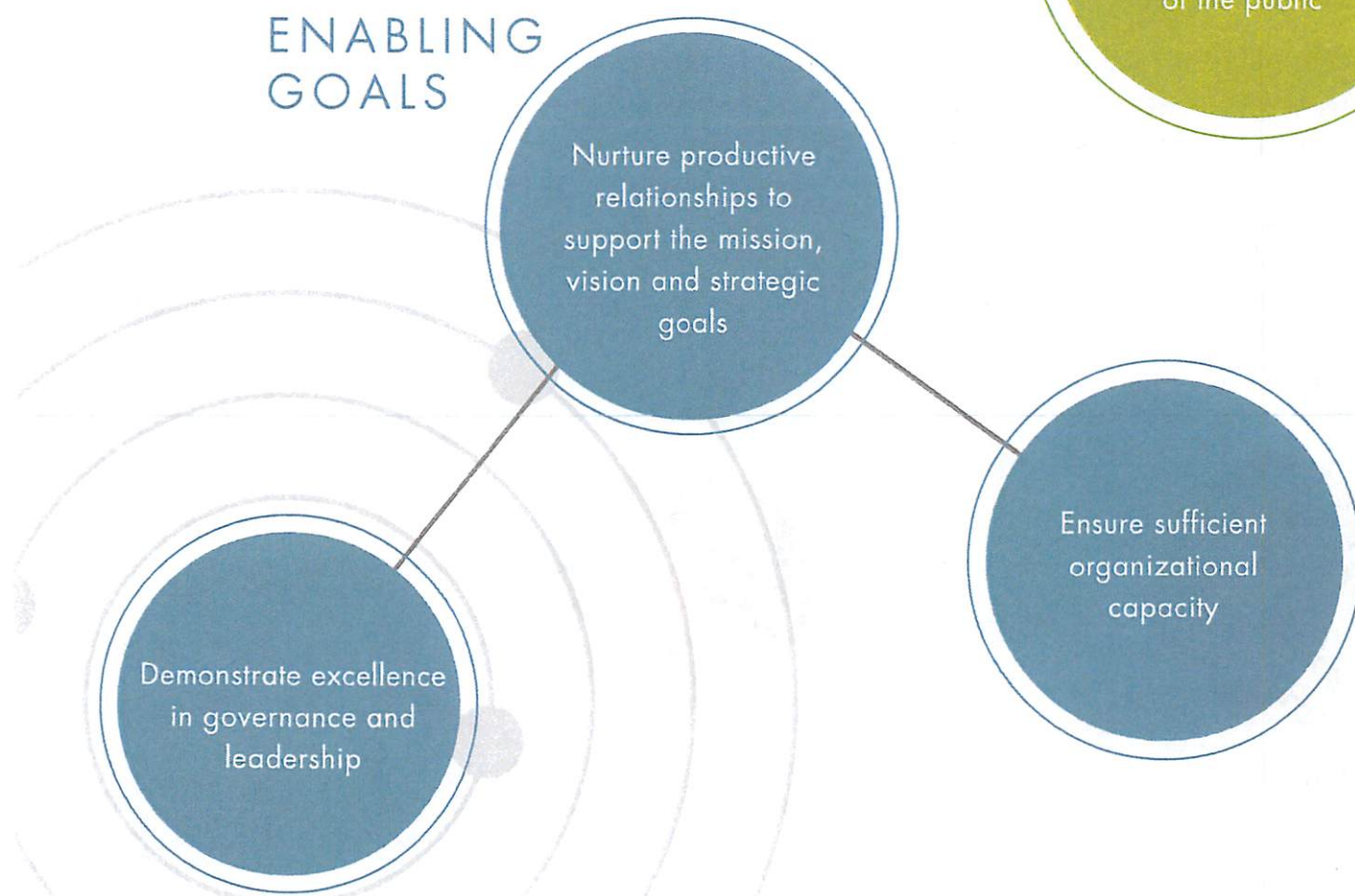
VISION

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

STRATEGIC GOALS



ENABLING GOALS



COMMITMENT TO REGULATORY EXCELLENCE

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

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

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

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

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



Wendy Rabbie, MRT(R)
President



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

INTRODUCTION



ROLE

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

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

GOVERNANCE

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

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



THIS PLAN

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

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

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

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

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

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

OUR MISSION, VISION AND VALUES

MISSION

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

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

VISION

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

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

VALUES

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

- Integrity
- Fairness
- Transparency
- Respect
- Professionalism



STRATEGIC GOALS

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

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

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

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

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

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

Objectives are:

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

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

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

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

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

Objectives are:

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

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

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

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

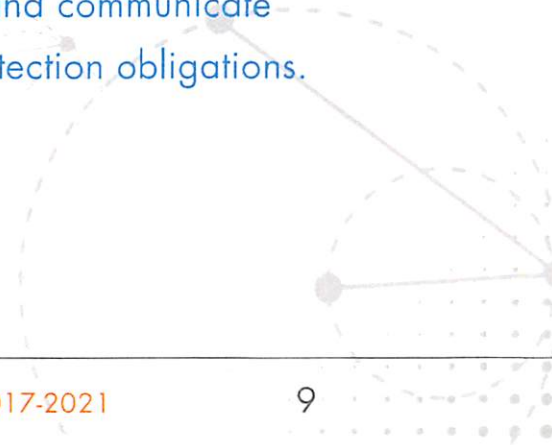
It is anticipated that the public protection framework will be strengthened through the regulation of diagnostic medical sonographers with CMRTO. This major new responsibility will impact all parts of the organization and its functions. If the CMRTO is directed by the Ministry to assume this responsibility,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

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

Objectives are:

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

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





ENABLING GOALS

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

4. Demonstrate excellence in governance and leadership

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

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

Objectives are:

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

5. Ensure sufficient organizational capacity

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

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

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

Objectives are:

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

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

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

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

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

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

Independent Health Facilities Regulation

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

Regulated Health Professions Act (RHPA)

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

Health Information Protection Act

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

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

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

The proposed regulation of diagnostic medical sonographers

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

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

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

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

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

Technological advances in diagnostic and therapeutic equipment

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

The changing workplace

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

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

Increasing patient expectations of health care and health professionals

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

Professional accountability and transparency

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

NOTES



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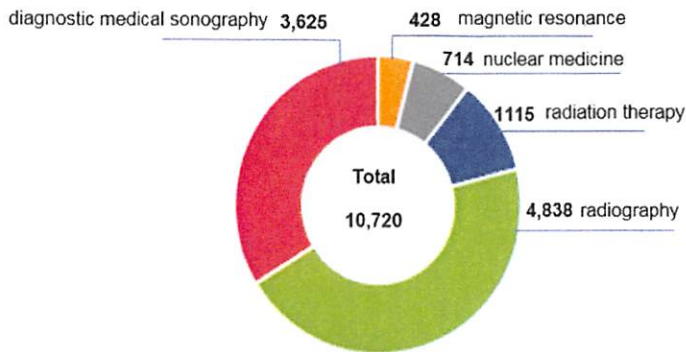
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375 University Avenue,
Suite 300
Toronto, ON M5G 2J5
Tel: 416.975.4353
Toll Free: 1.800.563.5847
Fax: 416.975.4355
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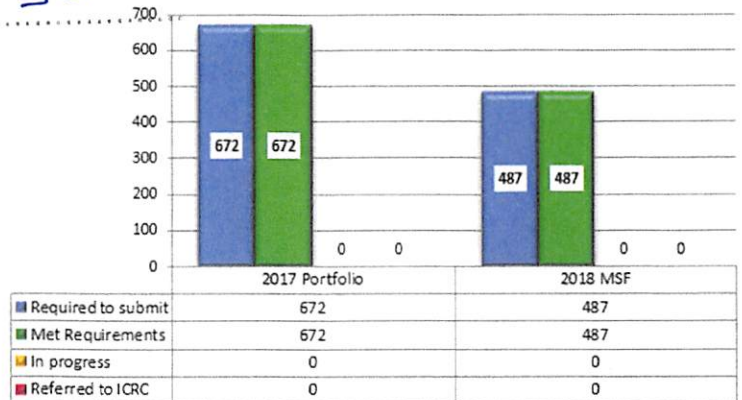
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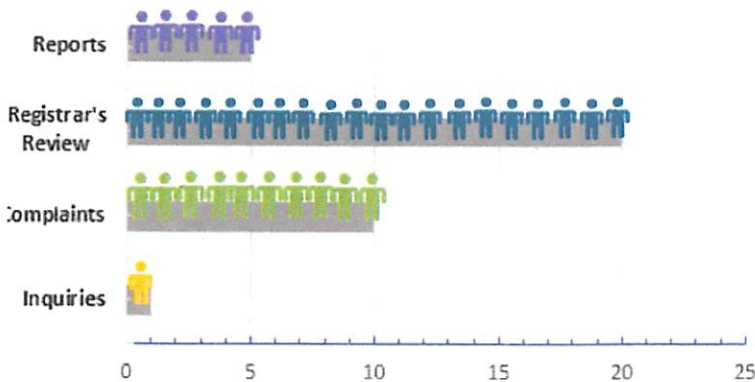
Active members by primary specialty



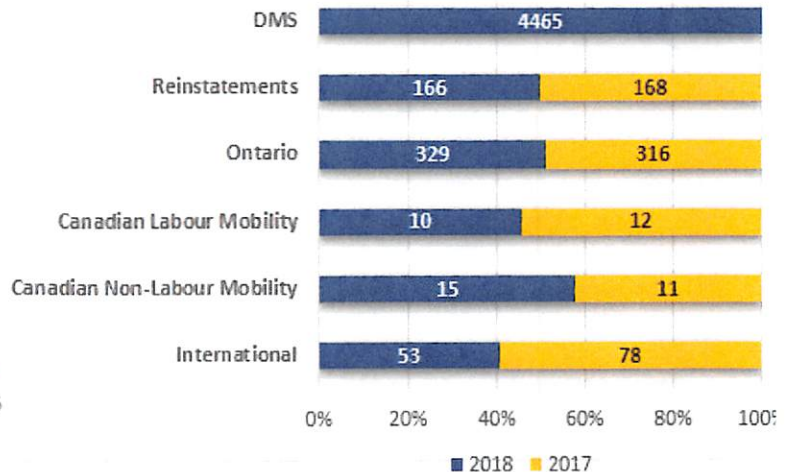
Quality Assurance



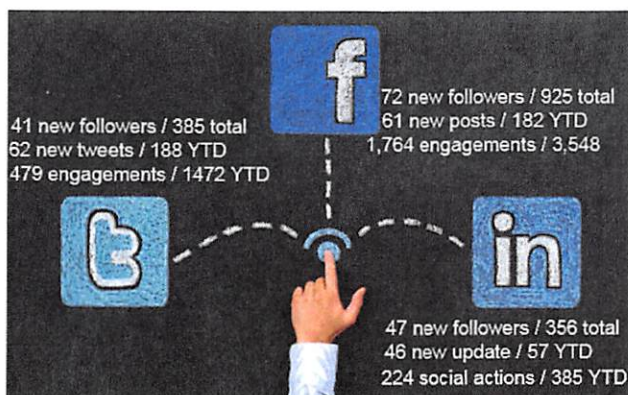
Professional Conduct New Cases



Registration Applications



Communications



39 Presentations
to members & applicants
2471 attendees



7 Conference exhibits
532 booth visits



19 Meetings
with ministry & agencies

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Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** March 11, 2019

Subject: CMRTO Draft Annual Report 2018

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 2018 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 2018. 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 2018 annual report as circulated.

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-101-

Briefing Note

To: Council

From: Executive Committee

Date: March 11, 2019

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, 2019.

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:

- a. 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,
- b. identify opportunities for the Registrar & CEO's development or education, and
- c. 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:

- a. 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 College's statutory obligations and its mission, vision and goals, and must take into account the College'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 Councillors 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.

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 College'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>

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ITEM# 6a1



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-109-

Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** March 14, 2019

Subject: Diagnostic medical sonographers (DMSs)

This agenda item is for:

☐

Decision

☐

Direction to staff

☒

Discussion

☒

Information

A verbal update on the status of the regulation of diagnostic medical sonographers will be provided at the meeting. Mr. Patrick Descerni, Assistant Deputy Minister, has been invited to attend this portion of the meeting.



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OF MAR 29 2019
COUNCIL
ITEM# 6a ii

Report

To:	Executive Committee	Meeting:	March 29, 2019
From:	Linda Gough, Registrar & CEO	Date:	January 7, 2019
Subject:	DMS – Status of Applications and Registration		

The final registration numbers in diagnostic medical sonography are set out in the following table. This is the last report regarding DMS specifically and the diagnostic medical sonographers are now completely integrated into the CMRTO.

Registered in DMS - new members	3181
Registered in DMS - active in another specialty(ies)	231
Registered in DMS - past member in another specialty(ies)	483
Total certificates in DMS	3895
Approved applications - eligible for registration	197
Total registered and approved	4092
Submitted applications ready to be reviewed	0
Submitted applications under review - waiting for more information, referred to Registration Committee*	389
Total applications	389
Total registered, approved & submitted applications	4481

Draft applications (not yet submitted): 282

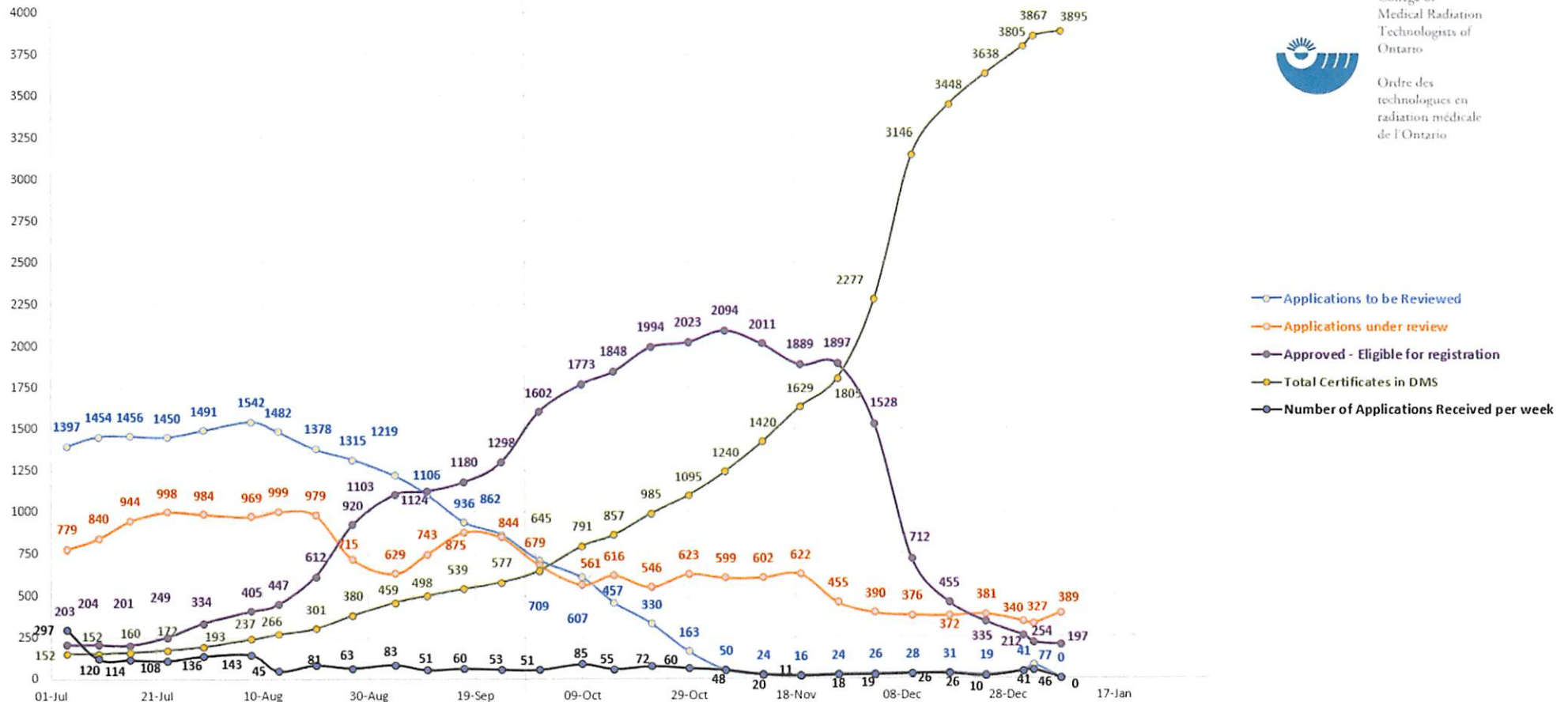
*Applications referred to, or expected to be referred to, the Registration Committee: 335

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COUNCIL
ITEM# 6911 - attachment

Registration & Applications Status for Diagnostic Medical Sonographers



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Kirusha Kobindarajah

From: CMRTO Registration Department <communications@cmrto.org>

Sent: December-31-18 2:52 PM

To: Jef Ekins <jef.ekins@cmrto.org>

Subject: Urgent reminder: Grandparenting provisions for sonographers ends at midnight tonight

You are receiving this email because you have a draft application for registration in the specialty of diagnostic medical sonography in the CMRTO Member and Applicant Portal (MAP). We would like to remind you that the one-year grandparenting provisions of the registration regulation under the *Medical Radiation Technology Act* ends at midnight on December 31, 2018.

Any applications for registration in the specialty of diagnostic medical sonography received after January 1, 2019, will be assessed against the current and ongoing non-exemptible registration requirements set out in section 4.2(1) of the registration regulation. To obtain more information on the registration requirements click [here](#).

To have your application considered under the grandparenting provision, you must submit your application and pay the application fee by midnight tonight (December 31, 2018). After midnight, you will still be able to access your application and any documents you have uploaded to the Member and Applicant Portal (MAP), however, you will not be able to submit that application or be considered for registration under the grandparenting provision.

If you have already completed your CMRTO registration or submitted another application, you do not need to take any action. If you would like to submit an application in the specialty of diagnostic medical sonography after December 31, 2018, you will need to start the process again in January with a new application process, based on the location of where you have completed your educational program in diagnostic medical sonography. This application form will be available on the CMRTO website on January 2, 2019.

Thank you for your attention to this matter, and for your commitment to the regulation of diagnostic medical sonographers in the public interest.

Sincerely,

CMRTO Registration Department



College of Medical Radiation Technologists of Ontario

375 University Avenue, Suite 300

Toronto, Ontario, M5G 2J5

tel 416.975.4353 / 1.800.563.5847

fax 416.975.4355

email communications@cmrto.org

www.cmrto.org



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

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ITEM# 5a ii

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OF MAR 29 2019

COUNCIL
ITEM# 6a iii

Jef Ekins

From: CMRTO Communications
Subject: Update on CMRTO's Regulation of Diagnostic Medical Sonographers

From: CMRTO Communications <communications@cmrto.org>
Sent: January-03-19 1:41 PM
To: CMRTO Communications <communications@cmrto.org>
Subject: Update on CMRTO's Regulation of Diagnostic Medical Sonographers

Dear contact.firstname,

Please see the attached news release from the College of Medical Radiation Technologists of Ontario (CMRTO) regarding the regulation of diagnostic medical sonographers.

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
email communications@cmrto.org
www.cmrto.org



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

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ITEM#6a.iv.....



Update on CMRTO's Regulation of Diagnostic Medical Sonographers

Toronto, January 3, 2019 – The College of Medical Radiation Technologists of Ontario (CMRTO) is pleased to announce that it now has the authority to ensure that patients undergoing diagnostic ultrasound examinations in Ontario are protected from unqualified practitioners. Effective January 1, 2019, diagnostic medical sonographers in Ontario must be registered with the CMRTO to be legally authorized to practise the profession and apply soundwaves for diagnostic ultrasound to patients.

"We are delighted that the Ontario government has extended the public protection framework by regulating diagnostic medical sonographers under the Regulated Health Professions Act," says Linda Gough, CMRTO Registrar & CEO, "making the regulatory framework consistent for all five specialties of medical radiation technology including radiography, radiation therapy, nuclear medicine, magnetic resonance and now, diagnostic medical sonography."

Over the past year, CMRTO staff, Council and committee members worked hard to ensure the smooth and seamless integration of diagnostic medical sonographers. As of January 2, 2019, more than 3,867 certificates in diagnostic medical sonography have been issued. Those members' names and practice information are now available on the Public Register on www.cmrto.org. Any member of the public as well as employers of diagnostic medical sonographers can easily check the registration status of their diagnostic medical sonographer. A further 212 individuals have been approved for registration, while approximately 400 applications in the specialty of diagnostic medical sonography are currently being processed. As a result, CMRTO now regulates 10,720 medical radiation technologists and diagnostic medical sonographers by making sure that they are qualified to practice, maintaining their competence, and practicing safely, effectively and ethically.

The Medical Radiation and Imaging Technology Act received Royal Assent in December 2017 and is now awaiting a proclamation date. Once it comes into force, this Act will improve transparency to the public by changing the CMRTO's name to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO), and the name of the profession to medical radiation and imaging technology, to better reflect all five specialties providing medical radiation and imaging services to patients in Ontario.

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



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375 University Ave
Suite 300
Toronto, Ontario
M5G 2J5

tel 416 975 4353
fax 416 975 4355
1 800 563 5847

www.cmrto.org

Kirusha Kobindarajah

Subject: Important notice: You are not authorized to apply soundwaves to patients in Ontario unless you are REGISTERED with CMRTO

From: CMRTO Registrar <communications@cmrto.org>

Sent: January-04-19 12:24 PM

To: Jef Ekins <jef.ekins@cmrto.org>

Subject: [TEST]: Important notice: You are not authorized to apply soundwaves to patients in Ontario unless you are REGISTERED with CMRTO

Dear applicant,

We note that your application for registration as a diagnostic medical sonographer has been approved but you have not yet registered with the CMRTO. Effective January 1, 2019, the law in Ontario changed, and now only sonographers who are registered with CMRTO are legally authorized to practice the profession and to apply soundwaves for diagnostic ultrasound examinations.

If you are currently practising in Ontario, you MUST pay your registration fee immediately to ensure that you are in compliance with the *Regulated Health Professions Act* and the *Medical Radiation Technology Act*. This applies to the three areas of practice of diagnostic medical sonography including general, cardiac and vascular.

If you are not currently practising in Ontario you don't need to register immediately, but you do need to register prior to practising as a diagnostic medical sonographer in Ontario and no later than the date set out in the email notifying you of the approval of your application.

If you have any questions, our staff in the Registration Department can assist at registration@cmrto.org.

Thank you.

Linda Gough, MRT(R) Registrar & CEO



College of Medical Radiation Technologists of Ontario
375 University Avenue, Suite 300
Toronto, Ontario, M5G 2J5
tel 416.975.4353 1.800.563.5847
fax 416.975.4355
email registration@cmrto.org
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Have any questions about this email? Contact communications@cmrto.org

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Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** March 14, 2019

Subject: Proposed Registration Regulation

This agenda item is for:

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

Debbie Tarshis, WeirFoulds LLP, has been invited to attend this portion of the meeting to present the draft proposed Ontario Regulation (Registration) made under the MRIT Act, 2017.

Action required: For approval for circulation to members and stakeholders, if appropriate.

Medical Radiation and Imaging Technology Act, 2017
Loi de 2017 sur les technologues en radiation médicale et en imagerie médicale

**PROPOSED ONTARIO REGULATION
 REGISTRATION**

DEFINITIONS

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
 ITEM# 6bii

1. Unless the context otherwise requires, in this Regulation,

"specialty" means the specialty of radiography, radiation therapy, nuclear medicine, magnetic resonance or diagnostic medical sonography.

GENERAL

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

1. Specialty.
2. Employment specific — nuclear medicine.

(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.

(3) A member may be authorized to practise more than one specialty if the member has satisfied the registration requirements for each specialty.

3. A person may apply for a certificate of registration by submitting a completed application form to the Registrar together with the appropriate fee.

4. (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 relation to the profession or another profession, either in Ontario or in another jurisdiction.
 - iii. A proceeding involving an allegation of professional misconduct, incompetency or incapacity in relation to the profession or another profession, either in Ontario or in another jurisdiction.
 - iv. A finding of professional misconduct, incompetency or incapacity in relation to the profession or another profession, either in Ontario or in another jurisdiction.
2. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant,

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- i. will practise the profession 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 the profession in a safe manner, and
 - iii. will display an appropriate professional attitude.
3. The applicant must be able to speak and write either English or French with reasonable fluency.
 4. 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.
 5. The applicant must have successfully completed a course in jurisprudence set or approved by the College.

(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 proceeding or finding described in subparagraph 1 iii or iv of that subsection shall immediately inform the Registrar.

(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.

(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 profession or in another jurisdiction in relation to the profession or another 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 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.

(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 and imaging 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 the profession in which the member is educated and experienced.

SPECIALTY CERTIFICATE OF REGISTRATION

5. (1) The following are registration requirements for a specialty certificate of registration in the specialty being applied for:

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1. The applicant must have successfully completed a medical radiation and imaging technology program in the specialty which program was,
 - i. offered in a Canadian institution and was approved by a body or bodies designated by the Council or by the Council itself at the time the applicant successfully completed the program, or
 - ii. subject to paragraph 5, offered outside Canada 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 ii 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 and imaging technologist in the specialty.
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.
9. An applicant for a specialty certificate of registration — magnetic resonance must comply with all of the requirements of paragraphs 1, 2, 3 and 5 in magnetic resonance.
10. An applicant for a specialty certificate of registration — diagnostic medical sonography 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 of diagnostic medical sonography.

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(2) If an applicant successfully completed a medical radiation and imaging technology program in a specialty prior to [date the Regulation comes into force] which program was listed for that specialty in one of Schedules 1, 1.1, 1.2 or 1.3 of Ontario Regulation 866/93 at the time the applicant successfully completed the program, the applicant is deemed to satisfy the requirement set out in subparagraph 1i of subsection (1).

(3) The requirement in paragraph 2 of subsection (1) is non-exemptible.

OUT-OF-PROVINCE CERTIFICATES IN A SPECIALTY

6. (1) Subject to subsection (2), 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 subsection 5 (1) as applicable to the specialty, but is not deemed to have met the requirement set out in paragraph 4 of that provision.

(2) It is a non-exemptible registration requirement that an applicant to whom subsection (1) 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 and imaging technologist in a particular specialty in every jurisdiction where the applicant holds an out-of-province certificate in that specialty.

(3) Without in any way limiting the generality of subsection (2), 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.

(4) If an applicant to whom subsection (1) 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.

(5) An applicant to whom subsection (1) applies is deemed to have met the requirement of paragraph 3 of subsection 4 (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.

(6) Despite subsection (1), an applicant is not deemed to have met a requirement that is described in subsection 22.18 (3) of the Health Professions Procedural Code.

EMPLOYMENT SPECIFIC CERTIFICATE — NUCLEAR MEDICINE

7. (1) No person may apply for an employment specific (nuclear medicine) certificate of registration.

(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.

MISCELLANEOUS

8. (1) A member who uses an abbreviation for the title "medical radiation and imaging technologist" may only use the abbreviation "MRIT".

(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	Diagnostic Medical Sonographer	DMS

(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.

9. (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 Registrar, of competence as a medical radiation and imaging 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 and imaging technologist in one or more of the specialties; and

(b) pays the applicable fees.

(2) Where a member ceases to practice in Ontario, the Registrar may re-register the member as a medical radiation and imaging 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 Registrar, of competence as a medical radiation and imaging 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 and imaging technologist in one or more of the specialties; and

(c) pays the applicable fees.

(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.

(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.

REVOCATION, TRANSITION AND COMMENCEMENT

10. Ontario Regulation 866/93 is revoked.

11. (1) A person who, immediately before Ontario Regulation 866/93 is revoked, holds a certificate of registration issued under that regulation shall be deemed to be the holder of the corresponding certificate of registration issued under this Regulation, subject to any term, condition or limitation to which the certificate was subject and to any order made under the *Medical Radiation Technology Act, 1991* or the Act.

(2) If an application for a certificate of registration was made, but not finally dealt with, before Ontario Regulation 866/93 was revoked, the requirements set out in that Regulation continue, despite the revocation, to apply to the application and not those set out in this Regulation.

12. This Regulation comes into force on the later to occur of the day the *Medical Radiation and Imaging Technology Act, 2017* is proclaimed in force and the day it is filed.

Medical Radiation and Imaging Technology Act, ~~1991~~2017
Loi de ~~1991~~2017 sur les technologues en radiation médicale et en imagerie médicale

PROPOSED ONTARIO REGULATION ~~866/93~~

REGISTRATION

DEFINITIONS

1. Unless the context otherwise requires, in this Regulation,

"specialty" means the specialty of radiography, radiation therapy, nuclear medicine, magnetic resonance or diagnostic medical sonography.

GENERAL

~~1,2.~~ (1) The following are prescribed as classes of certificates of registration:

1. Specialty.
2. Employment specific — nuclear medicine.

~~3., 4.~~ REVOKED

(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.

(3) A member may be authorized to practise more than one specialty if the member has satisfied the registration requirements for each specialty.

~~2,3.~~ A person may apply for a certificate of registration by submitting a completed application form to the Registrar together with the appropriate fee.

~~3,4.~~ (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~~ the profession or another profession, either in Ontario 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.~~

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~~3.~~ ~~The applicant must not currently be the subject of a~~iii. 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.

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

~~4.2.~~ The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant,

- i. will practise ~~medical radiation technology~~the profession 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~~the profession in a safe manner, and
- iii. will display an appropriate professional attitude.

~~5.3.~~ The applicant must be able to speak and write either English or French with reasonable fluency.

~~6.4.~~ 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.

~~7.5.~~ The applicant must have successfully completed a course in jurisprudence set or approved by the College.

(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 ~~or finding~~ described in ~~paragraph 2~~subparagraph 1 iii or ~~3~~iv of that subsection shall immediately inform the Registrar.

(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.

(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.

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

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1. The member shall, within every five-year period after the issuance of the certificate, engage in competent practice as a medical radiation and imaging 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~~ the profession in which the member is educated and experienced.

SPECIALTY CERTIFICATE OF REGISTRATION

~~4.5.~~ (1) The following are ~~non-exemptible~~ registration requirements for a specialty certificate of registration in the ~~specialties of radiography, radiation therapy and nuclear medicine~~ specialty being applied for:

1. The applicant must have successfully completed a medical radiation and imaging technology program in ~~one or more of the specialties~~ specialty which program ~~is was~~,
 - 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,~~ a Canadian institution and was approved by a body or bodies designated by the Council or by the Council itself at the time the applicant successfully completed the program, or
 - 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 Canada 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 ~~examination~~ examinations set or approved by the Council in ~~one or more of the specialties~~ specialty.
3. The applicant must have engaged in clinical practice in ~~one or more of the specialties~~ 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~~ ii 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 and imaging technologist in ~~one or more of the specialties~~ specialty.
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.

~~-(2) REVOKED~~

~~4.1~~ (1) The following are ~~non-exemptible~~ registration requirements

9. An applicant 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.~~

~~(2), (3) REVOKED — magnetic resonance must comply with all of the requirements of paragraphs 1, 2, 3 and 5 in magnetic resonance.~~

~~4.2 (1) The following are non-exemptible registration requirements10. An applicant for a specialty certificate of registration in — diagnostic medical sonography 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 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.

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.

(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: If an applicant successfully completed a medical radiation and imaging technology program in a specialty prior to [date the Regulation comes into force] which program was listed for that specialty in one of Schedules 1, 1.1, 1.2 or 1.3 of Ontario Regulation 866/93 at the time the applicant successfully completed the program, the applicant is deemed to satisfy the requirement set out in subparagraph 1i of subsection (1).

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.

(3) The requirement in paragraph 2 of subsection (1) is non-exemptible.

OUT-OF-PROVINCE CERTIFICATES IN A SPECIALTY

~~5.6.~~ (1) In this section,

~~"specialty" means the specialty of radiography, radiation therapy, nuclear medicine, magnetic resonance or diagnostic medical sonography.~~ (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~~ subsection 5 (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~~ that provision.

(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 and imaging technologist in a particular specialty in every jurisdiction where the applicant holds an out-of-province certificate in that specialty.

(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.

(54) If an applicant to whom subsection (21) 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.

(65) An applicant to whom subsection (21) applies is deemed to have met the requirement of paragraph 53 of subsection 34 (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.

(76) Despite subsection (21), an applicant is not deemed to have met a requirement that is described in subsection 22.18 (3) of the Health Professions Procedural Code.

6.—REVOKED

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.~~ No person may apply for an employment specific (nuclear medicine) certificate of registration.

(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.

MISCELLANEOUS

8. (1) A member who uses an abbreviation for the title "medical radiation and imaging technologist" may only use the abbreviation "MRTMRIT".

(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

(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.

9. ~~REVOKED 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~~ Registrar, of competence as a medical radiation and imaging 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 and imaging technologist in one or more of the specialties; and
- (b) pays the applicable fees.

(2) Where a member ceases to practice in Ontario, the Registrar may re-register the member as a medical radiation and imaging 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~~ Registrar, of competence as a medical radiation and imaging 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 and imaging technologist in one or more of the specialties; and
- (c) pays the applicable fees.

(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.

(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.

REVOCATION, TRANSITION AND COMMENCEMENT

10. Ontario Regulation 866/93 is revoked.

11. ~~Omitted (provides for coming into force of provisions of this Regulation).~~ (1) A person who, immediately before Ontario Regulation 866/93 is revoked, holds a certificate of registration issued under that regulation shall be deemed to be the holder of the corresponding certificate of registration issued under this Regulation, subject to any term, condition or limitation to which the certificate was subject and to any order made under the *Medical Radiation Technology Act, 1991* or the Act.

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.~~

(2) If an application for a certificate of registration was made, but not finally dealt with, before Ontario Regulation 866/93 was revoked, the requirements set out in that Regulation continue, despite the revocation, to apply to the application and not those set out in this Regulation.

~~12. — London Regional Cancer Centre, London, Ontario. This Regulation comes into force on the later to occur of the day the *Medical Radiation and Imaging Technology Act, 2017* is proclaimed in force and the day it is filed.~~

~~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.~~

~~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.~~

~~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.~~

~~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.~~

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- 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.

SCHEDULES 2, 3 REVOKED

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~~

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Document comparison by Workshare 9 on Wednesday, March 13, 2019 4:36:15 PM

Input:	
Document 1 ID	interwovenSite://WF-DM.WEIRFOULDS.LOCAL/Active/12153219/1
Description	#12153219v1<Active> - Registration Regulation under the Medical Radiation Technology Act
Document 2 ID	interwovenSite://WF-DM.WEIRFOULDS.LOCAL/Active/12580808/3
Description	#12580808v3<Active> - CMRTO.Proposed Regulation under the MRITA (no schedules) March 13, 2019
Rendering set	Standard

Legend:	
<u>Insertion</u>	
Deletion	
Moved from	
<u>Moved to</u>	
Style change	
Format change	
Moved deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
	Count
Insertions	101
Deletions	189
Moved from	5
Moved to	5
Style change	0
Format changed	0

Total changes	300
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DRAFT

CIRCULATED WITH AGENDA

OF MAR 29 2019 -135-

Summary of the Proposed Registration Regulation to be made under the *Medical Radiation and Imaging Technology Act, 2017*

COUNCIL ITEM # 6biv

The CMRTO is expecting the proclamation into force of the *Medical Radiation and Imaging Technology Act, 2017* (the MRITA) in the near future. Once the MRITA is in force, it will change the name of the CMRTO to the College of Medical Radiation and Imaging Technologists of Ontario (the CMRITO). It will change the name of the profession to the profession of medical radiation and imaging technology. It will also change the titles restricted only to members of the CMRITO. These titles include "medical radiation and imaging technologist" and "diagnostic medical sonographer". It will also prohibit any person other than a member of the CMRITO from holding 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.

In anticipation of the coming into force of the MRITA, the CMRTO's Council has approved, for circulation and comment, a new registration regulation to be made under the MRITA (Proposed Regulation). Among other things, the Proposed Regulation refers to the new name of the profession and streamlines the regulation so that it reflects the similarities of the registration requirements for all five specialties – radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

In accordance with the *Regulated Health Professions Act*, the Proposed Regulation is being circulated for 60 days to members and stakeholders for comment. Prior to finalizing the Proposed Regulation, Council will consider all comments received by the deadline, keeping in mind the CMRTO's mandate to protect the public interest.

You are welcome to review the Proposed Regulation and provide your comments on the consultation section of the CMRTO website at www.cmрто.org. The deadline for receipt of comments is [add date].

Following is a summary of the Proposed Regulation and the differences between it and the existing registration regulation made under the *Medical Radiation Technology Act, 1991*, O. Reg. 866/93 (the Existing Regulation).

New Name of the Profession

The Proposed Regulation refers to the new name of the profession "medical radiation and imaging technology" or "medical radiation and imaging technologist". This is different from the Existing Regulation which refers to the profession of medical radiation technology or medical radiation technologist.

General Registration Requirements

In the Proposed Regulation, all applicants must meet certain general registration requirements. These requirements are:

1. An applicant's past and present conduct must afford reasonable grounds for the belief that the applicant:

- a. will practise the profession with decency, honesty and integrity, and in accordance with the law,
 - b. does not have any physical or mental condition or disorder that could affect their ability to practise the profession in a safe manner, and
 - c. will display an appropriate professional attitude.
2. An applicant must be able to speak and write English or French with reasonable fluency.
 3. An applicant must 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.
 4. An applicant must successfully complete a course in jurisprudence set or approved by the CMRITO.
 5. An applicant must provide information regarding their past and present conduct so that the CMRITO can determine whether they meet the above requirement regarding past and present conduct.

These requirements under the Proposed Regulation are similar to the requirements under the Existing Regulation. One of the differences is that, under the Proposed Regulation, an applicant must provide information regarding their past and present conduct that relates to any profession in Ontario or another jurisdiction, not just the profession or another health profession.

Registration Requirements for a Specialty Certificate of Registration

The Proposed Regulation sets out the registration requirements for each of the five specialties (radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography). They are as follows:

1. Educational program - An applicant must have successfully completed a program in the specialty which was offered in a Canadian institution and was approved by a body or bodies designated by the Council or by the Council itself at the time the applicant completed the program. For an applicant who completed a program outside Canada, their program must be considered by the Registration Committee to be substantially similar to an approved Canadian program.
2. Examinations - An applicant must have successfully completed one or more of the examinations approved by the Council in the specialty.
3. Clinical practice - An applicant must have engaged in clinical practice in the specialty, or completed the educational program described above, within the last five years.

4. Competence to practise – An applicant whose educational program was offered outside Canada must satisfy the Registration Committee that they are competent to practise in the specialty.
5. Same specialty - An applicant must meet all of the above requirements in the same specialty or, in the case of the specialty of diagnostic medical sonography, in the same area of practice within the specialty (ie. general sonography, cardiac sonography or vascular sonography).
6. Fees – All applicants must pay the application fee and the fee for registration required by by-law.
7. Successful completion of the examination(s) approved by the Council is a non-exemptible requirement.

In substance, the registration requirements for a specialty certification of registration under the Proposed Regulation are not materially different from those under the Existing Regulation. Here are some of the differences. The Proposed Regulation streamlines the Existing Regulation by dealing with all five specialties in one section. The Proposed Regulation does not have schedules which list the approved programs for each of the specialties. Instead, the approved educational programs are those offered at a Canadian institution which have been approved by the Council or a body designated by the Council (ie. an accreditation body designated by the Council). For many years, the Council has used an accreditation body to approve educational programs in Canada (in the past, the Conjoint Accreditation Committee of the Canadian Medical Association and, more recently, Accreditation Canada).

Registration Requirements for Labour Mobility Applicants

The Proposed Regulation addresses the registration requirements for an applicant who already holds a certificate of registration with a regulatory authority in another province in one of the specialties. The certificate of registration from the out-of-province regulatory authority must be equivalent to the certificate of registration issued by the CMRITO. The registration requirements for labour mobility applicants under the Proposed Regulation are the same as those set out in the Existing Regulation.

Conditions for Members who hold a Certificate of Registration

The Proposed Regulation requires all members to comply with certain conditions. They are to provide the CMRITO with information that relates to conduct matters (namely, findings of guilt for any offence, findings of professional misconduct, incompetence or incapacity or an investigation or proceeding involving an allegation of professional misconduct, incompetence or incapacity). There is also a condition related to maintaining professional liability insurance.

For members who hold a specialty certificate of registration, they are required:

1. to engage in competent practice within every five-year period in at least one of the specialties in which the member holds a certificate of registration.
2. to practise only in the areas of the profession in which the member is educated and experienced.

In the Proposed Regulation, a member must provide information regarding findings of professional misconduct, incompetence or incapacity or investigations or proceedings involving allegations of professional misconduct, incompetence or incapacity relating to another profession in Ontario or the profession or another profession in another jurisdiction. Under the Existing Regulation, a member must provide the same information as it relates to another health profession in Ontario or the profession or another health profession in another jurisdiction.

Title

In the Proposed Regulation, a member who uses the title “medical radiation and imaging technologist” may only use the abbreviation “MRIT”. The Proposed Regulation also sets out the titles and abbreviations for each specialty as follows:

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	Diagnostic Medical Sonographer	DMS

Only a member who holds the appropriate specialty certificate of registration is authorized to use the title or abbreviation related to that specialty.

The specialty titles and abbreviations set out in the Proposed Regulation are the same as those set out in the Existing Regulation, except for one difference. The difference is that in the Proposed Regulation, there is no alternate title or abbreviation for diagnostic medical sonography.

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 6 ci



College of -139-
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Report

To: Council

From: Executive Committee

Date: March 14, 2019

Subject: Accreditation

This agenda item is for:

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

The Executive Committee reviewed the following accreditation decisions and reports from EQual, Accreditation Canada, regarding the CMRTO approved educational programs at its meeting on February 27, 2019.

- The Cambrian College, Diagnostic Medical Sonography – Ultrasound (General) program received an *Accredited* status with an expiry date of August 31, 2024
- The Fanshawe College, Magnetic Resonance Imaging and Medical Radiation Technology programs received an *Accredited* status with expiry date of December 31, 2024

The Executive Committee would like to provide Council with a verbal report regarding the accreditation in an in camera session of the meeting.

The policies supporting this process were also amended to reflect the new accreditation provider.

OF MAR 29 2019

COUNCIL
ITEM# 6C11

Procedures respecting approval of accreditation of 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):	March 27, 2018 February 27, 2019		

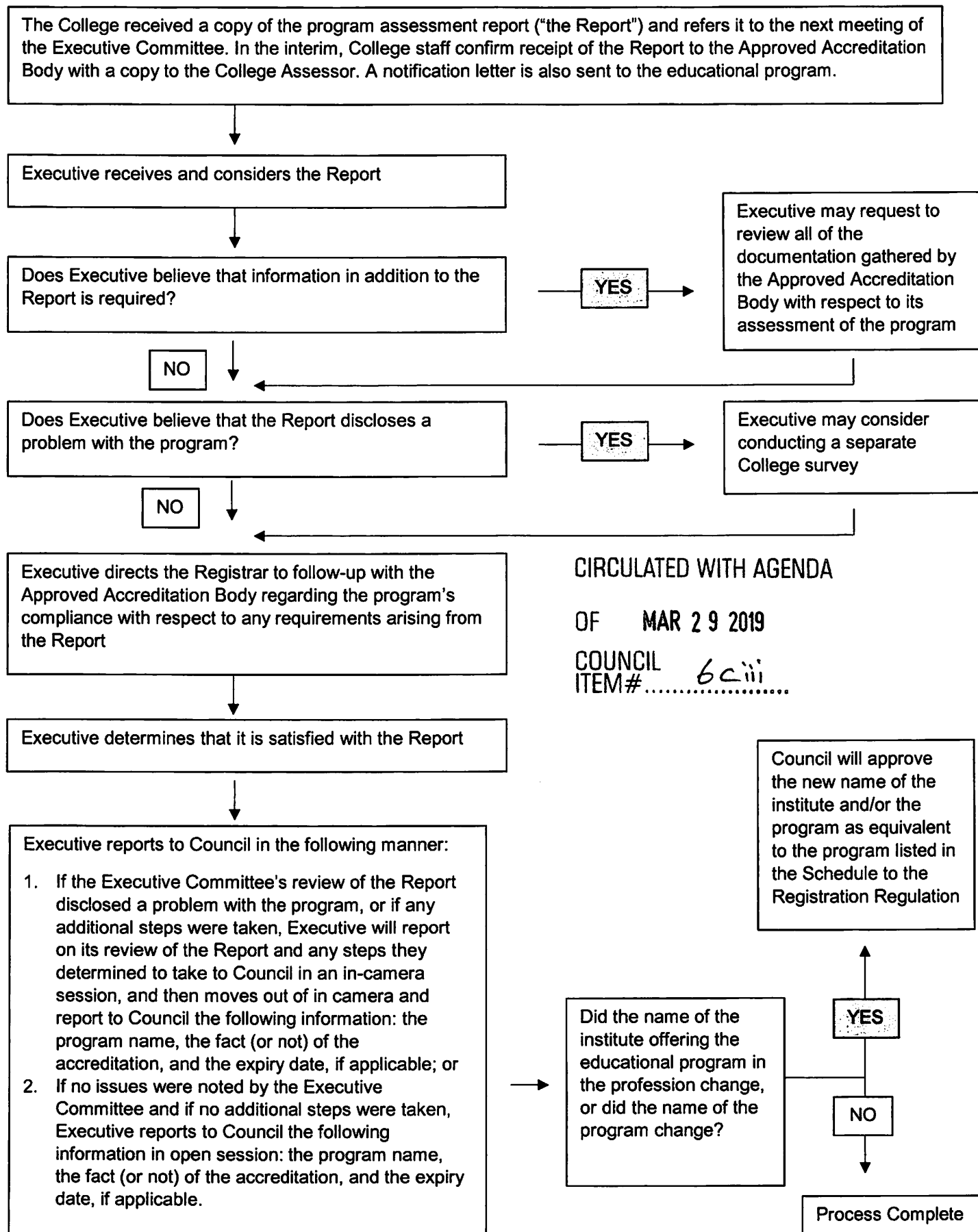
Policy

1. The College receives a copy of the program assessment report ("the Report") and refers it to the next meeting of the Executive Committee. The Executive Committee receives and considers 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 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 College survey.
5. If the Executive Committee is satisfied with the Report, the Executive Committee directs the Registrar & CEO to follow up with 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

to Council in the following manner:

- (a) If the Executive Committee's review of the Report disclosed a problem with the program or if any additional steps were taken by the Executive Committee, the Executive Committee will report these matters to Council in an in camera session. The program name, the fact (or not) of the accreditation, and the expiry date, if applicable, are then reported to Council in open session; or
 - (b) If the Executive Committee's review of the Report disclosed no issues and if no additional steps were taken by the Executive Committee, the Executive Committee will report the program name, the fact (or not) of the accreditation, and the expiry date, if applicable, to Council in open session.
- 7. If the name of the educational institution offering the educational program has changed or the name of the 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 by policy 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.
- 8. If the 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 by policy the program as equivalent to a program in the relevant specialty listed in the Schedule to the Registration Regulation related to the relevant specialty.

Revised February 27, 2019



CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 641



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

-143-

Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** March 14, 2019

Subject: CNO Vision 2020

This agenda item is for:

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

CNO has formally requested the MOHLTC to amend the RHPA, the HPPC and the *Nursing Act*, to implement the recommendations from the Vision 2020 report. They are also requesting other RHPA Colleges to write a letter of support. The final report of CNO's Vision 2020 is attached.

As per the Executive Committee's direction, a draft proposed letter to the Ministry supporting CNO's Vision 2020 will be circulated at the meeting for Council's review and, if appropriate, approval.

Final Report:



A vision for the future

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM#.....6bii.....

Leading in Regulatory Governance Task Force

CIRCULATED
WITH AGENDA

OF FEB 27 2019

EXECUTIVE
ITEM#.....5biii.....

Members of the Task force



Evelyn Kerr, RN, Chair



Anne Coghlan, RN



Rob Lapper



Ella Ferris, RN



Don McCreesh



Megan Sloan, RPN

Former Members



Nancy Sears, RN



Angela Verrier, RPN



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Attachment 4: Governance review milestones	23



Introduction

Council's Leading in Regulatory Governance Task Force is pleased to present its final report and recommendations to the College of Nurses of Ontario's Council.

When Council established the Task Force in December of 2014, it set out the following goal and purpose. These guided the Task Force throughout its work:

Overall Goal:

The College is recognized as a leader in regulatory governance.

Purpose:

- To conduct a proactive, objective, expert, best-practice and evidence-based review of all aspects of College governance.
- To seek new governance perspectives and approaches to enhance Council's excellence in governance.
- To engage Council in an informed conversation to determine what, if any, changes are needed to governance principles and processes, so that the College is recognized as a leader in regulatory governance.

The following informed the recommendations:

- a report of a point-in-time (Spring 2015) evaluation of Council governance by external governance expert, Cathy Trower;
- a review of academic studies about relevant aspects of governance and group dynamics;
- an review of trends and best practices in the governance of regulators around the world;
- a report of a survey of regulators about governance; and
- Council's input and insights provided at governance workshops.

The Task Force also learned about the unique nature of regulatory governance and about self-regulation. The regulatory literature that the Task Force reviewed reflected the changing nature of regulatory governance and of regulatory models. The underlying theme in all of these was that regulators must be proactive in order to strengthen public trust.

The participation of the profession in regulation is the core of self-regulation. The Task Force believes that Council needs to consider what is fundamental to self-regulation and what needs to change to maintain public trust in nursing regulation in Ontario.

Attachment 4 is a summary of the project timelines, reflecting Council's commitment to, and engagement in, this work.

When developing its recommendations, the Task Force did not limit its thinking to the project goal of "leading in regulatory governance." It was informed by the College's Strategic Plan, particularly the goal to build public trust, as well as the commitment to innovation and evidence-based approaches, which are integrated in the recommended governance vision.



Recommendation:

1. That Council adopt the recommended vision: “Vision: The College of Nurses of Ontario’s Board of Directors for 2020” (attachment 1).

Implementation recommendations:

1. That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions;
2. That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020; and
3. That the working group’s terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.

Recommendation 1: That Council adopt the recommended vision: “Vision: The College of Nurses of Ontario’s Board of Directors for 2020” (attachment 1).

Implementing this vision for governance will equip the board to support the College in meeting its strategic vision of leading in regulatory excellence and further the College’s public interest mandate.

The Task Force has identified an integrated vision rooted in the evidence, best practice in regulatory governance and input from Council. The Task Force considered presenting Council with options, but agreed unanimously that its task was to prepare a vision recommendation that was informed by evidence and best practice. Attachment 2 is a model illustrating this vision.

In a June 2016 workshop, Council discussed the building blocks of the vision. The Task Force presented each vision element along a continuum within which Council identified the optimal position. To support its discussions, Council was provided with evidence and information on trends in regulation. At this discussion, Council supported having a small Council, equal public and nurse members, and directors (board members) and committee members having the competencies needed to fulfil their roles. The Task Force developed a model as a result of evidence, best practices and Council’s feedback from this meeting, and presented it to Council in September 2016.

In September 2016, when exploring the model Council flagged some issues. Every member of the Task Force participated in that workshop and listened carefully to the issues raised. The Task Force reviewed the evidence and best practice, explored emerging practices and requested additional information before defining the recommended vision. The vision includes many aspects of the model discussed by Council in September. It also includes changes made as a result of Council’s feedback.



Diversity

An issue raised by Council was whether a board of 12 members — 6 public and 6 nurses — would have the needed diversity. With this integrated model, the Task Force believes that diversity will be strengthened in several ways:

- An emerging practice in governance is advisory groups that are established by the board to bring different perspectives. They report directly to the board. For the College, these groups can be made up of consumers, nurses from different practice sectors (e.g. remote/ marginalized, community, long-term care), different aspects of practice (e.g. clinical, education), members of other professions, or a combination. It would be up to the board at any time to consider the gaps in its perspectives based on the issues under consideration. The board would identify the needed advisory groups and what it needed from a specific group.
- Appointment rather than election of board members supports diversity. For example, our current electoral system is based on regions, and while there are two northern regions, they do not guarantee that the unique needs of remote and rural patients are considered. Usually, candidates from the large teaching hospitals in the north are elected. In an appointments process, the board can identify and seek nurses who work with specific types of patients, such as a nurse who works with high risk communities
- A small board intentionally structured to bring different perspectives, composed of members possessing governance competencies, and provided with additional perspectives through feedback from Advisory Groups and stakeholder engagement, will be able to raise and discuss these diverse perspectives more effectively.

Appointment of Board members

At the September 2016 governance workshop, divergent views were expressed about moving from election to appointment of board members. In particular, some Council members stated that the election is an opportunity for nurse engagement and that nurses and the public could perceive appointments as less transparent.

The Task Force weighed this input, including data on member engagement in the election and the committee appointments process. The data shows that fewer than 15% of members vote in the Council election. While 10 to 20 candidates stand for election each year, over 100 usually volunteer to serve on a statutory committee.

The Task Force believes better, more appropriate mechanisms exist for member engagement, such as advisory groups, consultations and a more engaging quality assurance program.

A theme in the literature about regulatory governance is that electing professional members to regulatory boards sets up a conflict of expectations. This was clearly identified in the Trends in Regulatory Governance document and was flagged by Richard Steinecke in *Will the Real Public Interest Please Stand Up*. Regulatory board members serve the public, not the profession. An election process sets up an expectation of, and perception of, a representational role.

In addition to the concern about the misperceptions created by an election, the following informed the Task Force as it weighed whether to recommend continuing with electing members of the board following a competency screen or moving to an appointment process:



- In September, Council expressed concerns regarding ensuring diversity of perspectives on the board. While the election process can be enhanced through a competency screen, once the candidate passes that bar, there is no ability to screen for a needed perspective or area of practice. This was highlighted in more detail earlier.
- Council has identified the importance of succession planning to effective governance. An appointments process supports succession planning; an election process does not.
- Public members currently are appointed. The Task Force is recommending that in the future they be appointed based on competencies.

The Task Force believes that all members should come onto the board in the same way. Doing so builds mutual respect as each member has met the same expectations and gone through the same process to join the board.

- As part of the implementation process, a robust, objective and transparent recruitment and appointments process would be developed by Council. This process could be piloted for the appointment of committee members, evaluated and further refined. A competency screen could be developed for people seeking to serve on the board. It could be tested as a pre-screen for the election and further refined in anticipation of legislative change and a move to the appointment process.
- To further strengthen the outcome of an appointments process, the Task Force is also recommending having a “boot camp” for people interested in participating on the board or committees. This idea was raised in the October 2016 issue of Grey Areas, “Screening Committee Members,” where it was suggested that the appointment of committee members should be competency based. The boot camp would support potential board and committee members understanding the voluntary roles they are considering and the requirements needed to serve. It would mean that once appointed, they would begin the orientation process with a basic understanding of the roles and expectations.

Role of the Governance Committee

The last issue raised at the workshop that the Task Force will address is the view that the Governance Committee, as envisioned in the model presented in September, was too powerful. The perspective was that another Executive Committee was being created. That input gave the Task Force an opportunity to rethink the role of the Governance Committee. In the proposed vision, the functions initially proposed for the Governance Committee are split as follows:

- A Nominating Committee will recommend appointments for directors and committee members who are not directors, and address succession planning for those roles. To bring broad perspectives, the committee will include directors and individuals who are not directors.
- The Governance Committee — made up of directors — will support the board in remaining attentive to changes in governance, steer evaluation processes, support the board in identifying the competencies, and recommend the appointments of board and committee leadership.

The Task Force also recommends that the terms of reference for both of these committees — which will be determined by Council — include requirements for ongoing engagement of the full board in their work.



Implementation Recommendation 1: That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions.

Government and other regulators have expressed considerable interest in the work being done by Council on governance. The Task Force is recommending releasing all the information generated by the review in order to support the ongoing dialogue about regulatory governance in Ontario and elsewhere.

The Task Force believes that releasing its reports, the literature review, trends in regulatory governance and report of the survey of regulators will support achieving two of the objectives from the Strategic Plan:

- **Advancing the use of CNO knowledge:**
The significant resources the College developed to support the Task Force and Council in working through the governance issues are relevant to government and other regulators. Sharing this information will provide all stakeholders with evidence that supports the governance dialogue.
- **Leading in regulatory innovation:**
Sharing the supporting materials will provide leadership to others exploring governance issues and will lead transformative change. For example, The Advisory Group for Regulatory Excellence has already made a commitment to reviewing governance, and the Ministry of Health and Long-Term Care has identified governance as part of its project to modernize the health professions. By sharing this information, the Council will provide leadership to the exploration of new regulatory governance approaches in Ontario.

In addition, releasing the Task Force's reports as well as the briefing materials supports transparency, which is one of Council's governance principles.

Implementation Recommendation 2: That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020.

The Task Force recognizes that governance change will not happen immediately. Many of the proposed changes require legislative change. Some are a change from the current regulatory paradigm. For example, the proposal in the vision that the board be half public and half nurses is different from the current constitution of the councils of Ontario health regulators, where there is a small majority of nurses on all councils.

The Task Force recommends that Council establish a working group of Council members to develop a plan to be ready to implement the vision in 2020. This would mean proposing legislative change to government in 2019.

The Working Group's terms of reference will be determined by Council and explicitly include the requirement that it does its work in collaboration with the full Council.



Governance is the board's business and the board needs to be engaged in, and directing, the process at all times.

The suggested timing of appointing the working group in June of 2017 is to give time for Council to review and provide input into terms of reference and decide how members will be selected in March of 2017, and to appoint the members in June of 2017.

The Task Force believes it is important to engage stakeholders, including other health regulators and government, in order to achieve the vision. In addition to releasing the Task Force materials, the Task Force suggests developing a communications and engagement plan that includes the President and Executive Director sharing Council's work with other health regulatory Councils, nursing stakeholders and government.

Implementation Recommendation 3: That the working group's terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.

The Task Force believes that several aspects of the vision can be implemented before legislative change and have a positive impact on governance. The Task Force notes that Council has already implemented a number of changes in how it works and believes this should continue.

The following might be considered for implementation before legislative change:

- Establish one or more Advisory Groups: perhaps starting with a pilot of a consumer advisory group in late 2017/early 2018;
- Pilot test competency-based appointments using committee member appointments:
 - identify competencies needed for statutory committees and add collection of information needed to assess competencies in a computer app to be used in the fall of 2017 for the 2018–2019 appointments;
 - establish a rigorous, fair and objective appointments process to be pilot tested with the committee member appointments in late 2018 for the 2019–2020 appointments.
- To ensure the public's confidence that the College's Council and committees are focused solely on the public interest, conflict-of-interest provisions for Council and committee members need to be reviewed to ensure they remain appropriate and consistent for today's high scrutiny environment.
- Develop "boot camp" programs for those seeking election to Council and those seeking appointment to statutory committees so they understand the College's mandate and the expectations for the role.
- Develop and implement an evaluation framework that includes evaluation of Council meetings, self and peer evaluation of Council members and an evaluation of Council effectiveness carried out by an external expert every three years.



Conclusion

In 2014, Council began a journey to advance regulatory governance. It was done with foresight and to support the College's vision of being a leader in regulatory excellence. This report is not the end of that journey — it is a fork in the road. As Cathy Trower said in her assessment report: "Good governance is a journey". The Task Force proposes that good governance is a journey without end.

Adopting the recommended vision of the Task Force means that Council and future College of Nurses boards will always be attentive to governance.

The Task Force appreciates the opportunity to have participated in your journey.

It took courage to bring outside eyes and outside perspectives to examine your processes. It took courage and foresight to empower the Task Force with such a broad mandate.

Council and staff have already changed how governance at the College works. We have seen this at the governance workshops that we attended where there was so much engagement and thoughtful dialogue.

The Task Force recognizes that it is recommending transformative change and it will take time to fully implement. It will be dependent on the government making changes to the paradigm for regulatory governance in the province. We have heard that the government has an appetite for that change. While the major changes being recommended in the vision will take time to be implemented, many other measures can be taken in the interim to continue Council's never-ending governance journey.

Attachments

1. Recommended Vision: The College of Nurses of Ontario's Board of Directors for 2020
2. Governance Model
3. Governance Principles
4. Governance Review Milestones

Other Resources

[Governance Literature Review](#)

[Trends in Regulatory Governance](#)

[Survey: Jurisdictional Governance Review](#)

Recommended

Vision: The College of Nurses of Ontario's Board of Directors in 2020

Attachment 1
Recommended Vision:
The College of Nurses
of Ontario's Board of
Directors in 2020



Introduction

In 2014, Council established the Leading in Regulatory Governance Task Force and charged it with developing recommendations that would position Council as a leader in regulatory governance.

The recommended governance vision is designed to put in place an integrated governance model that will move from a council to a board of directors model. The vision acknowledges the value of the input nurses bring to the board, while building the public's trust that the board is focused on the public's needs and interests by moving to equal public and nurse membership. It is designed to position the board as a leader in regulatory governance and support the College in achieving its strategic vision of leading in regulatory excellence.

The Task Force identified this vision after completing a two-year journey that included:

- ongoing engagement with Council;
- reviewing a point-in-time assessment of Council governance that was conducted by an external governance expert (Cathy Trower);
- considering an extensive examination of peer-reviewed academic literature about governance and group dynamics;
- considering a comprehensive report on trends and best practices in the governance of organizations that regulate professions; and
- reviewing the results of a survey of other regulators about their governance practices.

Governance Vision for 2020:

With a commitment to the public, the College of Nurses of Ontario's board of directors (the board) will govern the regulation of the nursing profession in accordance with:

- the College's regulatory mandate as set out in Ontario's health regulatory legislation; and
- the governance principles approved by the board.

A small governing board made up of an equal number of public and nurse members - with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation - will be able to meet the governance principles and the changing expectations of society. It will be, and will be seen to be, a proud protector of the public.



The following is the detailed vision for governance of the College of Nurses of Ontario beginning in 2020:

Components of recommendation	Evidence/rationale	Principles
Size <ul style="list-style-type: none"> ▪ The board will have 12 members (see page 13 for composition) ▪ An Executive Committee will no longer be needed. ▪ The board will be small enough to engage in generative discussions with contributions from all members who together provide a balance of the needed competencies and diversity. ▪ The addition of advisory groups (e.g. consumer, educator, clinician) and a stakeholder engagement approach will ensure diverse input on issues the board will consider. 	<ul style="list-style-type: none"> ▪ Evidence about board governance and group dynamics shows that: <ul style="list-style-type: none"> ▪ small boards (e.g. 6 to 9) make more-effective decisions. The proposed size of 12 is a compromise recognizing the need to include both nurse & public on a regulatory board. ▪ a smaller board fosters input from all directors and makes it more comfortable for individual directors to speak up. ▪ "social loafing" occurs with larger boards, meaning not all perspectives are on the table. ▪ regulatory governance is moving away from large, representative elected boards to smaller, competency based appointed boards. ▪ With a small board, an Executive Committee is not needed. Having an Executive Committee is no longer seen as good governance practice ▪ Council members provided feedback, starting with the Cathy Trower review, that <ul style="list-style-type: none"> ▪ size is an issue in relation to effective discussion. ▪ smaller groups work better [the Task Force believes this is valid experiential evidence]. ▪ they would prefer to discuss issues in small groups as they feel more able to participate in those circumstances [this is not congruent with the legislative requirements for open meetings and the principle of transparency]. 	Accountability <ul style="list-style-type: none"> ▪ A small board will not require an Executive Committee. ▪ The board will have full accountability for its agenda and decisions. ▪ Every member will be expected to participate. ▪ Individual directors will carry the expectation for personal accountability. Adaptability <ul style="list-style-type: none"> ▪ A small board will enable the group to come together quickly to respond to emerging issues. Diversity <ul style="list-style-type: none"> ▪ Evidence shows that with a small board all members participate and as a result, diversity of perspectives is more likely to be gained.



Components of recommendation	Evidence/rationale	Principles
Composition <ul style="list-style-type: none"> The board will have equal numbers of public and nurse members (including at least 1 RN, 1 RPN, 1 NP). 	<ul style="list-style-type: none"> This composition: <ul style="list-style-type: none"> is the direction in regulation internationally as it reinforces public confidence that the board is focused on the public and not on professional interests. reflects the board's commitment to the public interest and confirms the value of nurses' expert input. is the best compromise between public trust and maintaining professional expertise in regulation (self-regulation). A board of equal public and nurse members will be seen to be impartial and not controlled by the profession. 	Independence <ul style="list-style-type: none"> A board made up of equal numbers of nurse and public directors will facilitate both professional and public input into governance decisions. Integrity <ul style="list-style-type: none"> A board made up of equal numbers of nurse and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.
Competency based <ul style="list-style-type: none"> Directors will be selected based on having the competencies (knowledge, skills and attitude) needed for the role. Individual directors will have competencies required: governance, leadership and regulation (protecting the public interest), and analytic, strategic and creative thinking. Individual directors will have a commitment to the public interest and a passion for nursing regulation. The board will have the ability to balance innovation and risk. 	<ul style="list-style-type: none"> Literature supports competency-based boards. A move to competency-based boards is a trend in regulatory governance, as well as in other sectors. Roles, responsibilities and expectations for boards and directors are rapidly changing and expanding. Directors will need specific competencies to meet these expectations. Public confidence will be enhanced if skills and competencies on the board are transparent. 	All <ul style="list-style-type: none"> Having all directors with the needed competencies and attributes will support the board to meet all of the principles.



Components of recommendation	Evidence/rationale	Principles
<p>Competency-based application and appointments process</p> <ul style="list-style-type: none"> ▪ Board, statutory and standing committee members, and board and committee leadership are all appointed by the board based on competencies ▪ A transparent, open appointments process will be developed by the board, including structure and terms of reference of a Nominating Committee (composed of directors and non-directors) that would recommend appointments of board and committee members and of a Governance Committee to recommend the competencies and board and committee leadership. <ul style="list-style-type: none"> ▪ Attendance at a "boot camp" for individuals interested in applying for appointment will be required. ▪ All applications will be reviewed by the Nominating Committee. ▪ Each year the board will review the criteria for appointment, including addressing any specific needs for the coming years. ▪ The board will identify the needed checks and balances in the process to promote appropriate succession and ensure the needed competencies are in place. ▪ Reappointments to all positions will be based on meeting role expectations as evidenced by director evaluation and peer feedback. 	<ul style="list-style-type: none"> ▪ It is not the role of regulatory directors to represent the electorate. However, there is evidence in the regulatory literature that election of members of a regulatory board sets up an inherent conflict and potential misunderstanding of the role among members of the profession who believe they are being represented. The public may also believe that an election means representation and that the nurse members of Council are there to represent nurses and not serve the public. ▪ Appointment allows the board to consider specific needs for the board at a given time and to identify the competencies and backgrounds needed to meet those needs. ▪ Appointment is a way of ensuring diversity of perspectives. ▪ Council has flagged the importance of succession planning: as confirmed in Cathy Trower's report. Election does not support succession planning, while appointment does. 	<p>Competence</p> <ul style="list-style-type: none"> ▪ Appointment based on competencies will allow the board to build and maintain a strong, competent group to support evidence-informed, public focused decision-making. <p>Diversity</p> <ul style="list-style-type: none"> ▪ Appointment will allow the board to ensure that it will have the needed diversity of perspectives and skills. <p>Independence</p> <ul style="list-style-type: none"> ▪ An appointed board will be, and be perceived to be, independent of influence by voters, who may be seen to have a professional interest. <p>Transparency</p> <ul style="list-style-type: none"> ▪ Transparency will be supported by <ul style="list-style-type: none"> ▪ clear and public criteria for appointment ▪ an open process to volunteer to serve ▪ an objective and fair process for reviewing candidates, and ▪ a clear rationale for the selection of directors and leadership, including communication with the individuals who were not selected.



Components of recommendation	Evidence/rationale	Principles
Chair and Vice-Chair <ul style="list-style-type: none"> Effective leadership will be characterized by: <ul style="list-style-type: none"> The Chair and Vice-Chair having the leadership competencies identified by the board. Appointment/succession being recommended by the Governance Committee and approved by the board 	<ul style="list-style-type: none"> Selection of board leadership is consistent with competency-based appointment. Selection of board leaders based on leadership competencies vs professional designation will support strong leadership. A succession plan will build and maintain strong leadership. 	Accountability <ul style="list-style-type: none"> The board will have accountability for setting the leadership competencies and a succession plan. Competence <ul style="list-style-type: none"> Selecting the best and most competent leaders will support the board in meeting this principle. Transparency <ul style="list-style-type: none"> How and why members were appointed as chair and vice-chair will be clear to all members of the board.
Director and board development <ul style="list-style-type: none"> Each director will be supported in understanding and meeting their role expectations and accountabilities. Participation in a "boot camp" (see page 7) during the appointment process will ensure applicants understand the needed competencies and the regulatory and governance roles and commitments. Orientation and ongoing development will be expected. Continuous learning will be part of the board culture. <p>Directors will be well supported in informed decision-making</p> <ul style="list-style-type: none"> Decision-support materials will be evidence informed. Staff will provide regulatory expertise, as needed. Advisory Groups will be constituted by the board to help inform the board on views across the profession and the public. 	<ul style="list-style-type: none"> In assessing Council governance, Cathy Trower recommended strong orientation and ongoing education. Orientation and ongoing education: <ul style="list-style-type: none"> are best practices in governance. build on the learning from the boot camp prior to appointment to the board. Ongoing education was identified as a priority in the September 2015 Council workshop on culture. The board needs knowledge to keep changing and adapting as the expectations and evidence of what is good governance evolves. 	All <ul style="list-style-type: none"> Having all directors with a sound foundation through orientation and ongoing education and the briefing materials needed to support informed decision-making will support all directors in meeting the governance principles.



Components of recommendation	Evidence/rationale	Principles
Evaluation of Board and Directors <ul style="list-style-type: none"> ▪ Good governance will be recognized as a journey. <ul style="list-style-type: none"> ▪ The performance bar on the board and individual directors will keep rising. ▪ The board will constantly improve through: <ul style="list-style-type: none"> ▪ A Governance Committee that will support the board in meeting its commitments to strong governance. ▪ Ongoing meeting, self-evaluation, peer feedback and board evaluation to support continuous improvement. ▪ An evaluation of governance effectiveness by an external expert every 3 years, with the results being publicly available. This will also support continuous improvement and public accountability. ▪ Terms of reference for the Governance Committee will be developed by Council as part of the implementation plan and will include provisions for ongoing board engagement in its processes. 	<ul style="list-style-type: none"> ▪ A commitment to governance, championed by the Governance Committee together with the board, and supported by strong evaluative and ongoing improvement processes, will ensure that the board maintains its commitment to leading in regulatory governance. ▪ The board needs to continually improve to meet changing expectations. ▪ The board will identify competencies. <ul style="list-style-type: none"> ▪ The evaluation processes will measure if specific competencies meet the board's changing needs. ▪ Evaluation will identify gaps, help to identify the Advisory Groups needed, and support succession planning. 	Accountability <ul style="list-style-type: none"> ▪ Evaluation will allow the board to measure whether it is meeting its public interest mandate and will allow directors to determine if they are meeting their duties while identifying opportunities for improvement. ▪ An external evaluation will allow the board to report to stakeholders including the Ministry and the public about how it is meeting its accountability for regulating nursing in the public interest. Competence <ul style="list-style-type: none"> ▪ One indicator of the competence principle is: We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance. Transparency <ul style="list-style-type: none"> ▪ Conducting oral evaluations of board meetings in the open board supports transparency, as does sharing the results of external evaluations.



Components of recommendation	Evidence/rationale	Principles
Role clarity of board and statutory committees <ul style="list-style-type: none"> The roles, responsibilities, expectations and accountabilities of the board and statutory committees will be clearly stated and differentiated. 	<ul style="list-style-type: none"> Mandates are unique and require different competencies for governance and statutory decision-making. The board sets policies and the statutory committees apply them with respect to individual members and those seeking to become nurses in Ontario. Separation of board and statutory committee functions is a trend in regulation in other jurisdictions. Independence: The group that sets policy should not be making statutory decisions. There is a potential to bring bias and perceptions of bias from the board to statutory committees and vice versa. 	Accountability <ul style="list-style-type: none"> Reporting mechanisms will ensure that statutory committees are accountable to board and public for fulfilling their statutory mandates. Competence <ul style="list-style-type: none"> Directors and members of statutory committees will be specifically selected through a board-approved process to ensure they have the competencies needed to fulfil their respective roles. Independence <ul style="list-style-type: none"> Having no directors on statutory committees will enhance the perception of the independence of those committees.



Components of recommendation	Evidence/rationale	Principles
Statutory committees <ul style="list-style-type: none"> Statutory committee members will be appointed by the board on the recommendation of the Nominating Committee. Statutory Committee chairs will be appointed by the board on the recommendation of the Governance Committee. The board will appoint all statutory committee members and Chairs based on competencies required to fulfil the statutory committees' mandates and on the background needed for the specific committee. Statutory committees will be composed of non-directors. Statutory committees will report to the board on their legislated mandates. 	<ul style="list-style-type: none"> The work of statutory committees is different from that of the governing board, and therefore the competencies and attributes needed for these two distinct roles are different. The board's commitment to excellence in regulation requires having the right person with the right competencies and attributes doing the right work. With separate board and statutory committee members, individuals can develop expertise in specific roles. As members will not move back and forth between the detailed statutory committee role and the broad governing board role, there will be no role confusion. The risk of conflict from being both a board and statutory committee member is eliminated. Statutory committee members will gain an appreciation for the regulatory mandate, and some may ultimately seek to join the board if they have the needed governance competencies. 	Accountability <ul style="list-style-type: none"> Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates. Competence <ul style="list-style-type: none"> Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles. Independence <ul style="list-style-type: none"> Having no directors on statutory committees will enhance the perception of the independence of those committees from the College.



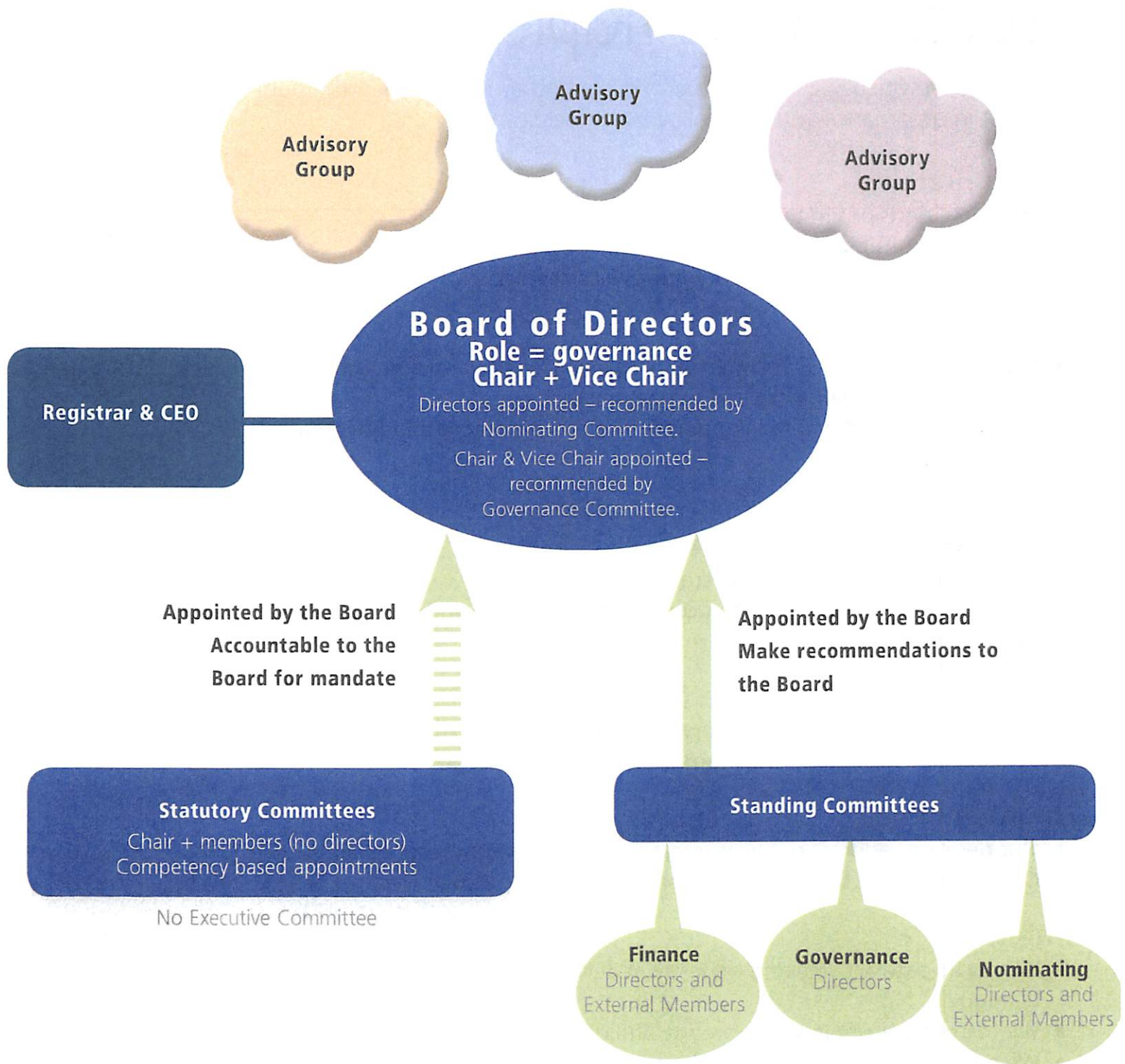
Components of recommendation	Evidence/rationale	Principles
Standing Committees <ul style="list-style-type: none"> There will be two new standing committees: Governance and Nominating Terms of reference for those committees will be developed by Council and will include provision for ongoing Council input into the work of the committees The Governance and Nominating committees will have roles in the appointment of directors, committee members and board and committee leadership 	<ul style="list-style-type: none"> It is good practice to pay ongoing attention to governance. A Governance Committee, working with the board, will ensure that attention is paid to changing practices and expectations. The Governance and Nominating committees will ensure effective, competency based appointments (see appointments on page 6) The Governance Committee will support evaluation processes (see page 7.) 	Accountability <ul style="list-style-type: none"> Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates. Competence <ul style="list-style-type: none"> Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles. Independence <ul style="list-style-type: none"> Removing directors from statutory committees will enhance the perception of the independence of those committees from the College. All <p>Having committees focusing on governance processes will support the board in meeting all governance principles.</p>



Components of recommendation	Evidence/rationale	Principles
Terms of office <ul style="list-style-type: none"> ▪ Directors: <ul style="list-style-type: none"> ▸ 3-year term ▸ 2-term maximum ▪ Leadership roles (Chair, Vice-Chair, Committee Chairs: <ul style="list-style-type: none"> ▸ 1-year term with one possible reappointment ▸ A 1-year term extension on the board is provided for a Chair to serve a second term if the Chair has reached the maximum 6 years of service term on the board ▪ Committee members: <ul style="list-style-type: none"> ▸ 3-year term ▸ 2-term maximum ▪ Reappointments will be made within term limits and based on meeting role expectations 	<ul style="list-style-type: none"> ▪ Terms of office will ensure appropriate transition and succession. ▪ Appointment rather than election ensures that strong directors are retained and those with new perspectives regularly join the board. ▪ Provisions for a 1-year extension for the Chair will provide for maintenance of effective leadership. ▪ Separating statutory committees and governance allows individuals to serve a maximum of four terms on the board and committees (current limit is three terms). 	Competence <ul style="list-style-type: none"> ▪ Term limits support bringing needed new competencies and backgrounds to the board. Diversity <ul style="list-style-type: none"> ▪ Regular change allows for new perspectives to be brought to the table.
Funding governance processes <ul style="list-style-type: none"> ▪ The College will be accountable for funding the governance and statutory processes. ▪ Since all directors and committee members will be required to meet specific competencies and assessed against those competencies: <ul style="list-style-type: none"> ▸ all directors will receive the same honorarium; and, ▸ all committee members will receive the same honorarium. 	<ul style="list-style-type: none"> ▪ There has been feedback from Council that the unequal remuneration of nurse and public directors is unfair. ▪ Equal pay for equal work is a fundamental societal value. 	<ul style="list-style-type: none"> ▪ All principles will be supported by having a board where directors feel treated as equals. ▪ Equal compensation will allow the College to draw from a broader pool, including individuals in active employment.

Governance Model

Attachment 2
Governance Model - 164



FOUNDATION

Public Interest
Mandate

Governance
Principles

Evidence
Informed

Continuous
Improvement

Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with the following principles:



Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions

Independence

- Our decisions address public interest as our paramount responsibility
- Our decisions are free of bias and special interest perspectives

Integrity

- We participate actively and honestly in decision making through respectful dialogue
- We foster a culture in which we say and do the right thing
- We build trust by acting ethically and following our governance principles

Transparency

- Our processes, decisions and the rationale for our decisions are accessible to the public
- We communicate in a way that allows the public to evaluate the effectiveness of our governance



Governance Review Milestones

What's been done?	
September 2014	Governance review approved in principle by Council
December 2014	Scope and terms of reference for an evidence and expert informed governance review set by Council.
February 2015	Cathy Trower of Trower and Trower commissioned to undertake a review of current governance and identify opportunities for improvement.
March 2015	Expert Leading in Regulatory Governance Task Force appointed by Council. Council members participate in a survey on the strengths and weaknesses of College governance. Council and staff leaders participate in interviews.
May 2015	Task Force on Leading in Regulatory Governance holds its first meeting. Report on assessment of Council governance provided to the Task Force.
June 2015	Cathy Trower joins Council for its first governance workshop, discussing key findings of her review.
September 2015	Council workshop on culture, possible immediate changes to governance processes – quick wins – identified.
December 2015	Council adopts quick wins recommended by the Task Force
January to April 2016	College staff undertake research to support the review, and prepare : <ul style="list-style-type: none"> • Literature review • Report on trends in regulatory governance • Survey of regulators re. governance processes
June 2016	Council governance workshop provides input on governance principles and key components of a new governance model: <ul style="list-style-type: none"> • Council size and composition • How members join Council • Leadership and • Statutory committees
September 2016	Council approved the Governance Principles (attached) Council provided feedback on governance model recommendations
What's next	
December 2016	Final report and recommendations of the Leading in Regulatory Governance Task Force



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

101 Davenport Rd.
Toronto, ON
M5R 3P1
www.cno.org

Tel.: 416 928-0900
Toll-free: 1 800 387-5526
Fax: 416 928-6507

OF MAR 29 2019

COUNCIL
ITEM#.....79i.....



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

-168-

Briefing Note

To: Council

From: Linda Gough, Registrar & CEO **Date:** March 14, 2019

Subject: Election 2019

This agenda item is for:

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

The election for Districts 4, 5 and 6 will be held on April 3, 2019. The nomination process ended on February 8, 2019. The confirmed candidates for election are as follows:

District 4 – Magnetic Resonance

- Jay Neadles, MRT(MR)(R)
- Anna Simeonov, MRT(MR)(R)

District 5 – Diagnostic Medical Sonography

- Zainool Dhalla, MRT(DMS)(R)
- Atif Moin, DMS
- Satnam Singh Sandhu, DMS
- Titus Stan, DMS

District 6 – Member-at-large

- Nathalie Bolduc, MRT(R)
- Yasir Khalid, MRT(T)
- Claudina Di Zio (Dina) Longo, MRT(R)

The call for applications for appointment to the statutory committees and Academic Councillor went out in mid-January (applications are attached for your information).

Kirusha Kobindarajah

Subject: [TEST]: CMRTO Election 2019

From: CMRTO Communications <communications@cmrto.org>
Sent: November-29-18 10:34 AM
To: Kirusha Kobindarajah <kirusha.kobindarajah@CMRTO.org>
Subject: [TEST]: CMRTO Election 2019

CIRCULATED
WITH AGENDA

OF FEB 27 2019

EXECUTIVE
ITEM# 6dii

The 2019 election of members to CMRTO Council will take place on Wednesday, April 3, 2019. .

Dear contact.firstname,

The 2019 election of members to CMRTO Council will take place on **Wednesday, April 3, 2019.**

The following districts are up for election in 2019:

- 4. Magnetic resonance
- 5. Diagnostic medical sonography
- 6. Member-at-large

All active CMRTO members will receive an email on December 4, 2018 outlining the online election process, accompanied by a link to the appropriate nomination forms. Members with primary specialties in magnetic resonance and diagnostic medical sonography are eligible to nominate or be nominated for these districts respectively. All members will have the opportunity to nominate and run for the member-at-large position. Each of these positions is for a three-year term.

In 2019, District 7, the previous elected Faculty Member, becomes an appointed Academic Councillor. A call for expressions of interest for the Academic Councillor position will be sent to all members in January 2019.

Full details about the election and nominations processes will be included in the December 4, 2018 message to all CMRTO members.

If you have any questions about CMRTO Council, the election process or the recent changes to electoral districts, please visit the Council and Elections sections of CMRTO website, read the Fall 2018 issue of Insights, or contact us at communications@cmrto.org.

Thank you,

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 7aii

CMRTO Communications



College of Medical Radiation Technologists of Ontario
375 University Avenue, Suite 300
Toronto, Ontario, M5G 2J5
tel 416.975.4353 1.800.563.5847
fax 416.975.4355
email communications@cmrto.org
www.cmrto.org



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

Jef Ekins

From: CMRTO Communications
Subject: Applications for non-Council members to serve on CMRTO committees

From: CMRTO Registrar <nominations@cmrto.org>
Sent: January-17-19 3:54 PM
To: CMRTO Communications <communications@cmrto.org>
Subject: Applications for non-Council members to serve on CMRTO committees

CIRCULATED
WITH AGENDA

OF FEB 27 2019

EXECUTIVE
ITEM#6diii.....

Dear contact.firstname,

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 Opportunities to be appointed to CMRTO committees attachment to this email.

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 an officer, director or a person employed by a professional association representing the profession or any of the specialties, an executive officer of a bargaining unit of a union representing the profession or any of the specialties, or an executive officer of an association of managers representing the profession or any of the specialties.

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 13 & 14, 2019 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 for Appointment to CMRTO Committees 2019, Certificate of Validation and your resume of experience to nominations@cmrto.org no later than Monday, March 4, 2019.

Thank you,

Linda Gough, MRT(R) Registrar & CEO

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM#7aiii.....



College of Medical Radiation Technologists of Ontario

375 University Avenue, Suite 300

Toronto, Ontario, M5G 2J5

tel 416.975.4353 1.800.563.5847

fax 416.975.4355

email nominations@cmrto.org

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 4, 2019**.

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



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

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 nominations@cmrto.org no later than **Monday, March 4, 2019.**

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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Technologists of
Ontario

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technologues en
radiation médicale
de l'Ontario

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 _____;
- ☐ 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

Jef Ekins

OF MAR 29 2019

From: CMRTO Communications
Subject: Applications for appointment to the CMRTO Council as Academic Councillor

COUNCIL
 ITEM#.....7 div.....

CIRCULATED
 WITH AGENDA

OF FEB 27 2019

EXECUTIVE
 ITEM#.....6 div.....

From: CMRTO Registrar <nominations@cmrto.org>

Sent: January-18-19 9:57 AM

To: CMRTO Communications <communications@cmrto.org>

Subject: Applications for appointment to the CMRTO Council as Academic Councillor

Dear contact.firstname,

The CMRTO invites applications from the faculty members of approved medical radiation technology educational programs in Ontario for appointment to serve on CMRTO Council as an Academic Councillor. An approved program in medical radiation technology includes all five specialties of radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

This nomination form must be completed by academic members who wish to serve on the CMRTO Council in District 7, Academic Councillor. The seven professional members of Council share collective responsibilities for providing leadership, direction and governance to all of the members of CMRTO who practise medical radiation and imaging technology in Ontario.

To be eligible for consideration for appointment to the CMRTO Council as Academic Councillor, you must:

- be a faculty member of an approved medical radiation technology educational program in Ontario;
- be an Ontario resident or teach in Ontario;
- not be in default of payment of any fees, fines or other amounts owed to the CMRTO;
- not be an officer, director or a person employed by a professional association representing the profession or any of the specialties, an executive officer of a bargaining unit of a union representing the profession or any of the specialties, or an executive officer of an association of managers representing the profession or any of the specialties; and
- not be a candidate for the CMRTO Election 2019 or have been elected to the CMRTO Council.

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 13 & 14, 2019, the Academic Councillor will be appointed by Council to serve on CMRTO Council for a term of three years. If you are interested in being considered for appointment to the CMRTO Council as Academic Councillor, you are invited to submit the attached Application for Appointment to Academic Councillor 2019, Certificate of Validation and your resume of experience to nominations@cmrto.org no later than **Monday, March 4, 2019**.

Please complete and submit the electronically fillable PDF Application for Appointment form from a desktop or laptop computer, as the fillable form function may not work on most mobile or smart devices.

Thank you,

Linda Gough, MRT(R) Registrar & CEO



College of Medical Radiation Technologists of Ontario

375 University Avenue, Suite 300

Toronto, Ontario, M5G 2J5

tel 416.975.4353 1.800.563.5847

fax 416.975.4355

email nominations@cmrto.org

www.cmrto.org



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

Application for appointment to the CMRTO Council as the Academic Councillor



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
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de l'Ontario

If you are interested in submitting an application for appointment to the CMRTO Council as the Academic Councillor, complete the form below and send it along with your resume of experience and Certificate of Validation to nominations@cmrto.org no later than Monday, March 4, 2019.

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: _____

My reasons for applying for appointment of an Academic Councillor are: _____

Signature

Date

Certificate of Validation

Respecting eligibility to be appointed to the CMRTO
Council as the Academic Councillor



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

I hereby certify that:

I, _____ am currently employed
name of applicant

at _____
name of employer

OR

I am not currently employed as a faculty member

and I am a resident of _____
name of city or town

in the municipality of _____

Furthermore:

- ☐ I am a Faculty Member of an approved medical radiation technology educational program in Ontario;
- ☐ I reside in Ontario or teach in Ontario;
- ☐ I am not in default of any payment of any fees required by the by-laws or any fines imposed under the Act or the RHPA;
- ☐ I am not the subject of proceedings for professional misconduct, incompetence or incapability;
- ☐ 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;
- ☐ I am not an officer, director or a person employed by a professional association representing the profession or any of the specialties, an executive officer of a bargaining unit of a union representing the profession or any of the specialties, or an executive officer of an association of managers representing the profession or any of the specialties; and
- ☐ I am not a candidate for the CMRTO Election 2019 or have been elected to the CMRTO Council.

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 as the Academic Councillor.

Signature

Date

Kirusha Kobindarajah

----- Forwarded message -----

From: **CMRTO Communications** <52sNoreplyGhb11-96260@bigpulse.com>

Date: Fri, 1 Mar 2019 at 08:04

Subject: CMRTO 2019 Election: Polls open!

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 7.5V.....

Dear,

This email is to notify you that the 2019 Election is underway and to provide you with your electronic voting package.

Important Security Warning: Do not forward this email because it contains your personal auto-sign-in link.

All CMRTO members have the opportunity to participate in electing the professional members of the Council which govern the CMRTO. The six elected members of Council share collective responsibilities for providing leadership, direction and governance to all of the members of the CMRTO who practise medical radiation and imaging technology in Ontario.

Your vote must be electronically submitted no later than Wednesday, April 3, 2019 at 11:59 p.m. in order to be counted.

There are three districts open for election this year:

District 4	Magnetic resonance
District 5	Diagnostic medical sonography
District 6	Member-at-large

All members are eligible to vote in District 6 – member-at-large. If you are registered to vote in District 4 or 5, then you are eligible to vote in that district too.

Voting Process:

The electronic voting process is fast and easy. Simply click on the link below to access the CMRTO Election 2019 Ballot. The ballot will display the district(s) that you are eligible to vote in and the candidates standing for election. Select the 'click for statement' option to review the information on the ballot about each candidate. Once you have made your decision, select only one checkbox to the left of your candidate of choice. Then click the 'Proceed to vote confirm page' button at the bottom of the ballot. You will then have the option of including both your vote selection (the name of the candidate you have chosen), and your vote receipt code in your receipt email. It is recommended that you select both options so that you have all relevant information in your vote receipt email. You will then be given the opportunity to comment upon the election process if you should wish to do so.

If you are eligible to vote in a second district, the system will then provide you with the second ballot.

To access the poll click this link: <https://www.bigpulse.com/rr?c=0q4lAD9tA1spvJvtZZWPzxBCJRSKdThN1SNnHA>

If the above link does not work copy and paste this link into your browser:

<https://www.bigpulse.com/rr?c=0q4lAD9tA1spvJvtZZWPzxBCJRSKdThN1SNnHA>

By clicking the above link, you agree to allow BigPulse to use, store and organize the information you provide for the processes of the CMRTO Election 2019. The BigPulse voting system adheres to privacy best practices regarding the collection and use of personal information resulting in a secure, reliable and secret election process.

Click here to read the [BigPulse Privacy Statement](#).

If you have any questions, contact CMRTO Communications at communications@cmrto.org.

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

email communications@cmrto.org

www.cmrto.org

Ontario's Government for the People to Break Down Barriers to Better Patient Care

CIRCULATED WITH AGENDA

Renewed, connected and sustainable health care system will reduce hallway health care by focusing resources on patient needs
February 26, 2019 9:00 A.M.

OF MAR 29 2019

COUNCIL
ITEM#.....761.....

TORONTO — Today, Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care, delivered the Government of Ontario's long-term plan to fix and strengthen the public health care system by focusing directly on the needs of Ontario's patients and families.

"The people of Ontario deserve a connected health care system that puts their needs first," said Elliott. "At the same time the people of Ontario deserve peace of mind that this system is sustainable and accessible for all patients and their families, regardless of where you live, how much you make, or the kind of care you require."

Ontario's new plan would improve access to services and patient experience by:

- Organizing health care providers to work as one coordinated team, focused on patients and specific local needs. Patients would experience easy transitions from one health provider to another (for example, between hospitals and home care providers, with one patient story, one patient record and one care plan).
- Providing patients, families and caregivers help in navigating the public health care system, 24/7.
- Integrating multiple provincial agencies and specialized provincial programs into a single agency to provide a central point of accountability and oversight for the health care system. This would improve clinical guidance and support for providers and enable better quality care for patients.
- Improving access to secure digital tools, including online health records and virtual care options for patients - a 21st-century approach to health care.

"If we expect real improvements that patients will experience first-hand, we must better coordinate the public health care system, so it is organized around people's needs and outcomes. This will enable local teams of health care providers to know and understand each patient's needs and provide the appropriate, high-quality connected care Ontarians expect and deserve," said Elliott.

Ontario's renewed patient-centric approach is paired with historic investments in long-term care for seniors and improved mental health and addictions services for families. Ontario is investing \$3.8 billion over 10 years to establish a comprehensive and connected system for mental health

-185- and addictions treatment, and adding 15,000 new long-term care beds over five years and 30,000 beds over 10 years.

"Our government is taking a comprehensive, pragmatic approach to addressing the public health care system," said Elliott. "By relentlessly focusing on patient experience, and on better connected care, we will reduce wait times and end hallway health care. Ontarians can be confident that there will be a sustainable health care system for them when and where they need it."

QUICK FACTS

- The government intends to introduce legislation that would, if passed, support the establishment of local Ontario Health Teams that connect health care providers and services around patients and families, and integrate multiple existing provincial agencies into a single health agency – Ontario Health.
- The entire process will be seamlessly phased in to ensure that Ontarians can continue to contact their health care providers as usual throughout the transition process.
- The government has consulted with patients, families, nurses, doctors and others who provide direct patient care, including the Premier's Council on Improving Healthcare and Ending Hallway Medicine and its working groups, the Minister's Patient and Family Advisory Council, and health system and academic experts.
- Ontario currently has a large network of provincial and regional agencies, clinical oversight bodies and 1,800 health service provider organizations. This creates confusion for both patients and providers trying to navigate the health care system.

LEARN MORE

- Read the Premier's Council report: [Hallway Health Care: A System Under Strain](#)
- Ontario's plan to build a connected public health care system. [Learn more.](#)

Media Line Toll-free: 1-888-414-4774

media.moh@ontario.ca

GTA: 416-314-6197

David Jensen Communications Branch

media.moh@ontario.ca

416-314-6197

For public inquiries call ServiceOntario (Toll-free in Ontario only)

1-866-532-3161

**Hayley Chazan Deputy Premier & Minister of Health and Long-Term
Care's Office**

hayley.chazan@ontario.ca

416-726-9941

Available Online
Disponible en Français

Building a Connected Public Health Care System for the Patient

February 26, 2019 9:00 A.M.

Ontario has world-class health care services provided by some of the best health care workers. However, over time the province's health system has become fractured and disconnected, and as a result patients have been left to suffer on wait lists and navigate the system on their own. The government is making necessary changes now to address these issues and build a connected, sustainable public health care system that will improve access to care and centre it on the needs of the patient.

The government is transforming the public health care system to improve patient experience and strengthen local services. This means that patients and families will have access to better and more connected services, and will wait less for these services. They will not have to stay in beds in hospital hallways or be left to navigate between providers on their own.

When care is funded in silos, care ends up being delivered in silos. When providers are asked to partner to work together as one connected team, care will be integrated. Integrated care looks at the whole person, not just the illness. It means patients and their caregivers will have someone to call to help them navigate the system, to answer questions and to understand their circumstances. Health care providers will be accountable for the patients they serve and will partner to effectively coordinate their care.

Ontario Health Teams

Ontario Health Teams are a new way of organizing and delivering services for patients. Local health care providers will be empowered to work as a connected team, taking on the work of easing transitions for patients across the continuum of care. Ontario Health Teams will be responsible for delivering all of the care for their patients, understanding their health care history and needs, and directly connecting them to the different types of care they need.

Patients would have help in navigating the public health care system 24/7. These teams would support continuous access to care and smooth transitions as patients move between one provider to another, and receive care in different locations or health care settings. Over time,

-187- Ontario Health Teams would provide seamless access to various types of health services, which could include:

- Primary care
- Hospitals
- Home and community care
- Palliative care
- Residential long-term care
- Mental health and addictions

Ontario Health Teams will be funded and held accountable for improving patient experience and people's health.

As Ontario Health Teams are established, people will continue to be able to choose who provides their care and will have more care choices available through technology. With safeguards in place to protect personal health information, patients will also have an option to securely access digital health services, such as having access to their electronic health records and virtual care options for patients.

Care providers will also benefit from the expansion of digital tools, enabling them to more quickly and comprehensively access the information they need, such as specialist advice and clinical supports.

Ontario Health Teams will be established in phases across the province. More information on how providers can become an Ontario Health Team will be made available in early March. Ontario Health Teams will focus on existing local health care providers partnering or working together to provide coordinated care, or teams of providers serving a specialized patient population such as specialty pediatric or patients with complex health needs. Health care providers can participate in a readiness assessment process to become an Ontario Health Team in their specific geographical area. There will be an ongoing process to support interested groups to become an Ontario Health Team.

Ontario Health

There are multiple provincial agencies that offer clinical guidance, evaluation, public information and health sector analysis. Many of these agencies have established world-class standards that the government is seeking to replicate and amplify across the health system. Each of these agencies also has a full senior management team and back office support, and over time some of this work has become duplicative. To achieve true integrated and coordinated care, Ontario is proposing to streamline the important work of these health agencies so it can be performed

more effectively and collaboratively, provide more value for tax dollars and enable people to work together instead of in silos.

The government will introduce legislation that, if passed, will consolidate multiple health care agencies and organizations within a single agency - Ontario Health. Ontario Health will oversee health care delivery, and improve clinical guidance and provide support for providers to enable better quality care for patients.

Establishing a single accountable Ontario Health agency would enable:

- Expansion of the current exceptional clinical guidance and quality improvement practices in existing agencies into other critical areas of the health care sector.
- Application of current best-in-class models to parts of the health sector historically left behind (such as mental health supports).
- Consistent oversight of high quality health care delivery across Ontario, including a more efficient approach to coordinating health care services for patients, improving the patient experience and enabling innovation.
- Advancement of digital first approaches to health care, such as virtual care, and improving the integration and efficiency of digital health assets across the entire health system, which would support more evidence-based advice on delivering health services and clinical care.
- Clear accountability for monitoring and evaluating the quality of health care services, and providing clinical leadership, consistent clinical guidance, knowledge sharing and support for health care providers.
- More efficient use of public health care dollars by eliminating duplicative back office infrastructure and administration.

If the legislation is passed, the consolidation of agencies and provincial services and programs into the Ontario Health agency would be implemented over a number of years. The organizations which would be slated for transition include:

- Cancer Care Ontario
- Health Quality Ontario
- eHealth Ontario
- Trillium Gift of Life Network
- Health Shared Services Ontario
- HealthForce Ontario Marketing and Recruitment Agency
- Local health integration networks

The 14 local health integration networks and their functions would be reorganized.

This transition would roll out in phases to ensure the continuity of patient care.

The government would also improve patient care and respect health care dollars by establishing a single province-wide supply chain management model for the entire health care sector. Providers and patients will also be engaged on the procurement of medical products and services to help ensure the ones being used are delivering the best patient outcomes.

-189- Ongoing engagement with patient and caregivers: a permanent Patient and Family Advisory Council

The Minister's Patient and Family Advisory Council will also be turned into a permanent advisory body. This Council provides advice on key health care priorities that have an impact on patient care and experience, and drive meaningful changes to provincial health care planning, programs and policies. The creation of a permanent Council will ensure the government partners with patients to gain critical insights into how they experience the health care system and reflect those insights in decision making.

Information for patients

As the province begins work to build a health care system centred around patients, Ontarians will continue as usual to contact their health care providers directly to get the services they need.

Contact information for health care services remains the same:

- Contact and visit your doctor, nurse practitioner, community health centre, family health team or Aboriginal health access centre as the first step for your day-to-day health care needs.
- For medical emergencies, call 911 or go to the emergency department.
- To get health care support, 24 hours a day and 7 days a week, call Telehealth Ontario toll free at 1-866-797-0000 or toll free TTY at 1-866-797-0007.
- Home and community care: contact your care coordinator for any questions about your care. For information about the services in your local community and referrals call 310-2222 (English) or 310-2272 (French), no area code is required.
- For information on community-based mental health and addictions services, call Connex Ontario at 1-866-531-2600 or Kids Help Phone at 1-800-668-6868.

LEARN MORE

- Read the Premier's Council report: [Hallway Health Care: A System Under Strain](#)
- Ontario's plan to build a connected public health care system. [Learn more.](#)

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GTA: 416-314-6197
David Jensen Communications Branch
media.moh@ontario.ca
416-314-6197
For public inquiries call ServiceOntario (Toll-free in Ontario only)
1-866-532-3161
Hayley Chazan Deputy Premier & Minister of Health and Long-Term
Care's Office
hayley.chazan@ontario.ca
416-726-9941

Available Online
Disponible en Français

**Minister Christine Elliott's remarks for the announcement of The
People's Health Care Act, 2019**

February 26, 2019 9:00 A.M.

CHECK AGAINST DELIVERY

Good morning everyone.

Thank you for joining us. I would like to thank Dr. Newton and the team at Bridgepoint for hosting us here today.

I would especially like to thank all of the staff for your dedication to the thousands of patients you care for day in and day out.

I would also like to thank everyone who has joined us this morning, including Minister Cho, and my Parliamentary Assistants, Robin Martin and Effie Triantafilopoulos.

I would like to start by telling you a story about a gentleman whose family I met to discuss his health concerns.

This gentleman was in good health when he suffered a catastrophic accident that left him in a quadriplegic condition.

His family worked incredibly hard with his community hospital to find him a transfer to a place that could provide him with rehabilitation services. While he was otherwise stable, he still needed a ventilator to breathe.

So, despite this progress, the only option he had to access the life-sustaining ventilator was to stay in intensive care.

He was there for thirteen months. Can you imagine? 13 months. Day in and day out, in intensive care.

Because there was no other place available to care for him.

There was no other place in Ontario that offers rehabilitation services to people with spinal cord injuries who require mechanical ventilation.

It got to the point where this gentleman no longer wished to live and, but for his family's intervention, he would have been taken off life support.

That care was not patient centered - that care was system driven.

And that's the problem.

It's because of stories like this that we are ready to challenge the status quo and years of health care inefficiency in this province.

I, along with Premier Ford and our entire government ran on a commitment to end hallway health care.

It is a commitment we take very seriously.

This has been a defining priority of our government since day one.

We have to do more to ensure the health care system is sustainable.

And that high-quality care is there for us when we or our loved ones need it most.

Too much time and attention is spent on maintaining a siloed and fragmented system. And far too many people believe it is the patient's - or the family's job - to navigate this complicated system during what is already one of the most traumatic and stress-filled periods in their lives.

That is just wrong.

Through my time working as an MPP, six years as Health critic, as Ontario's first Patient Ombudsman, and now in my capacity as Minister of Health and Long-Term Care...

...I have heard from literally thousands of you.

...Patients, families, and caregivers.

...Doctors, nurses, and hospital administrators.

...PSWs, harm reduction workers and pharmacists.

...Paramedics, mental health workers, and advocates for vulnerable people.

As an MPP, I co-chaired an all-party Select Committee on Mental Health & Addictions whose report received unanimous support from all members of Legislature, as well as another unanimously-supported all-party Select Committee on Developmental Services, which

recognized a range of interconnecting issues such as housing, employment and social supports. And, of course, health care.

From these thousands of hours of conversations, I have heard your collective refrain: our system is in need of transformational change.

Ontarians want their elected officials to put down the polling and finally pick up the mantle of health care leadership in Ontario.

We are past the point of policy tinkering around the edges that simply shifts capacity problems from one end of the system to the other.

More than ever I've come to deeply understand that the people of Ontario need to know that the government and their health care system are working together.

Over the last five years, Ontario has spent 30% more than the Canadian average in administrative expenses on its health care system.

I don't know about you, but I certainly have not seen a 30% improvement in care. Nor would the over 1,000 patients receiving care in hallways across Ontario every day.

In addition, after increasing across-the-board spending year after year after year, average wait times to get into a long-term care home have ballooned by over 300% since 2003...

...from 36 days to 146 days.

We know that in Ontario health care represents 42 cents of every dollar government spends.

Yet we rank poorly - on critical factors such as wait times, quality of care, and system integration - compared to our provincial counterparts.

Right now care is fragmented, particularly at transition points, for example, from hospital to home care.

Patients, families and caregivers experience frequent gaps in care, and have to reiterate their health concerns over and over again, because of a lack of digital tools and care continuity.

And for health care providers, they are each paid out of different funding envelopes and are discouraged from working together in teams.

The fact is that the value of our health care system is locked in siloes.

This is no way to deliver health care in our province.

And one of the most frustrating aspects of all, is the fact that Ontario is home to some of the world's best doctors, nurses, and health care teams. But we have left them to do their best with a patchwork system simply not built to help them do their jobs.

We hear from health care providers day in and day out, that they are ready for a system that encourages collaboration, partnership, and finally frees them from the system slowed by the bureaucracy constructed within it.

Our health care providers work very hard to provide the best possible care.

They work hard to connect us to the services we need ... and they do it in spite of the fact they have few tools to make those connections.

Our providers should be able to easily link us to that care. And once they make that connection, they should already have your health care history so you don't have to repeat it.

Imagine, we can book appointments online. We have access to our own health care record.

And what we could do if we connected the best of what's happening across the system, and leveraged those successes for everyone's benefit.

Take Cancer Care Ontario, for example.

Cancer Care Ontario has built some of best disease management programs for cancer and renal indications in the world.

Imagine if we could amplify that success and take the best practices we have learned from developing these programs to build a larger, more comprehensive chronic disease management strategy.

Imagine if we could replicate those achievements to correct the inequities that have led to the development of such a world-class cancer system while leaving our mental health and addictions sector with little to no infrastructure at all.

Right now, we are leaving Ontarians behind because we have a system that is disconnected.

Efforts are not coordinated toward a common goal, but are dispersed and diluted across a system that competes for, rather than realizes the value of, every health care dollar.

So today is an exciting day.

I have been waiting almost 13 years to say directly to Ontarians ... we see you, we hear you, and you finally have a government that isn't afraid to build a health care system for YOU.

Because the truth is, we have thousands of dedicated Ontarians working to deliver better health care in Ontario. But the structure of our system is flawed.

And that ends now.

But one thing I want to make clear, is our government's commitment to the fundamental right of Ontarians of universal access to a publicly funded health care system.

To me, it's part of what it is to be a Canadian ... to be a proud Ontarian.

That's why throughout our government's process of developing a vision for our health care system, I want to say directly and very clearly to the people of Ontario that our primary objective is and always has been to strengthen our publicly funded health care system.

...and that means paying for services with your OHIP card.

But while universal access to publicly funded health care is not up for debate, the structure and effectiveness of our system is.

Ladies and gentlemen, today is a new day for health care in Ontario...

...and I'm proud to announce that our plan starts right at home, in our communities.

One of our key priorities as a government is to deliver local, community-based care, unencumbered by bureaucracy.

So I'm here now to lay out our vision for patient-centred, community care, through the creation of local Ontario Health Teams.

Ontario Health Teams would be made up of your local health care providers, and will be organized in a way that will enable them to work as a coordinated group. These teams will be built to guide patients between providers and shepherd you and your families through transitions.

They would share responsibility for care plans, service provision, and outcomes. And most importantly, would take the guesswork out of navigating the health care system.

Through Ontario Health Teams, patients would finally have a say in their health care journey. With safeguards in place, of course, to protect information, patients would have an option to securely access digital health services, such as making online appointments, talking to a specialist virtually, or having access to your own electronic health records.

And a great part about Ontario Health Teams is that they will rely on leadership that already exists in the community, rather than create another level of bureaucracy and management.

I'd like to share an example of this model already at work in my riding of Newmarket-Aurora, at Southlake Hospital through their Southlake@Home program.

Southlake Hospital approached me late last year with a proactive proposal for integrated community care, specifically around the hospital - home care relationship.

Through collaboration, we enabled the hospital to partner directly with home care providers in an effort to transition patients more effectively from hospital, and tackle Southlake's escalating Alternate Level of Care rate - one of the key drivers of hallway health care.

This is just one example of how community providers are already seeking out opportunities to join forces without interference by a heavy-handed government that thinks they know better than the front line.

And it's these opportunities and relationships we are seeking to empower through the creation of Ontario Health Teams, which will finally put the patient at the centre of the provider network.

We envision a community-based health care delivery model that connects care - and includes primary care and hospitals, home care and long-term care, mental health and addictions supports, just to name a few.

In fact, it would be great if we connected our entire health care system, to work as one.

The reality is, to build a patient-centred system of care we so fiercely believe is necessary, we must enable collaboration and coordination from top to bottom.

And that includes looking at how best to structure our agencies.

Over time we have continued to add, but not integrate nor coordinate, new agencies and health care programs.

This approach to system planning has led to the development of many discrete agencies, each working toward a separate vision, following a distinct workplan and embracing at times divergent views on how to deliver the best possible care to patients.

These agencies also often focus on specific patient populations or disease states, while the reality is that people are whole individuals, who span multiple groups or areas of focus.

This is not the fault of any one group. But our collective failure to demonstrate the courage to take the best of what's working and make it better.

The fact is that world-class programs are being developed and delivered through our various agencies.

But once again, we have locked away the value of our system in siloes.

We have a genuine opportunity - and I would argue responsibility - to amplify the strength of what's working by bringing our resources together and comparing what ideas and successes can be translated to improve other programs.

To bring a consistency of approach to our health care system.

A common vision. A single point of oversight. A united effort to get from where we are, to where we need to be.

That is why I am also announcing that our government has established a new agency, Ontario Health, to do this important work.

To bring the best of our system together, and form deep roots that will put health care in our province on a solid foundation for the future.

It will be a single and harmonized home for programs and operations of existing provincial agencies.

Ontario Health will begin to take shape this spring. But I want to stress that this is a long-term process.

It's going to take time to bring these agencies together to form a new and more effective organization.

But it's the right thing to do.

-197-

If we are truly serious about finally building a health care system centred around you and your families - we need to roll up our sleeves and put in the hard work to get there.

We need to be bold.

We need to be creative.

And we need to work together.

I know what we are announcing today is significant.

And that real, meaningful change is never easy.

But I also know what's at stake.

Which is no less than the future of the health care system we rely on and the system that we have an obligation to enhance and protect.

The time is now and I am confident that we have the plan and the team to get this done right.

I know that together, we will finally build a coordinated health care system here in Ontario, centred around patients.

Thank you.

LEARN MORE

- Read the Premier's Council report: [Hallway Health Care: A System Under Strain](#)
- Ontario's plan to build a connected public health care system. [Learn more.](#)

Media Line Toll-free: 1-888-414-4774

media.moh@ontario.ca

GTA: 416-314-6197

David Jensen Communications Branch

media.moh@ontario.ca

416-314-6197

For public inquiries call ServiceOntario (Toll-free in Ontario only)

1-866-532-3161

**Hayley Chazan Deputy Premier & Minister of Health and Long-Term
Care's Office**

hayley.chazan@ontario.ca

416-726-9941

Available Online
Disponible en Français

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

Office of the Deputy Minister

Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON M7A 1R3
Tel.: 416 327-4300
Fax: 416 326-1570

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

Bureau du sous-ministre

Édifice Hepburn, 10^e étage
80, rue Grosvenor
Toronto ON M7A 1R3
Tél. : 416 327-4300
Téléc. : 416 326-1570



CIRCULATED AT MEETING

OF FEB 27 2019

EXECUTIVE
ITEM#.....6biii.....

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM#.....7bii.....

February 26, 2019

FROM: **Helen Angus**
Deputy Minister
Ministry of Health and Long-Term Care

RE: Letter from Deputy Minister, Helen Angus, Regarding
Connecting Care in Ontario

Today, Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care, delivered the Government of Ontario's long-term plan to fix and strengthen the public health care system by focusing directly on the needs of Ontario's patients and families.

The key focus of Ontario's transformative plan is improving the patient experience and enabling better connected public health care.

The government intends to introduce legislation that would, if passed, support the establishment of local Ontario Health Teams that connect health care providers and services around patients and families, and integrate existing multiple provincial agencies into a single health agency – Ontario Health.

Under the new Ontario Health Teams delivery model, health care providers will work as one coordinated team – focusing on the needs of patients at a local level, so people can more easily navigate the system and experience simple transitions from one service provider to another.

When Ontario Health Teams are established, people's choice of providers would remain but they would also have more available care options through technology. As well, with safeguards in place to protect personal health information, patients would have an option to securely access digital health services, such as having access to their electronic health records and virtual care options for patients.

I have seen many projects across the province that have started integration processes and I am confident that many of you, as dedicated care providers and planners, would see a role in better connecting health care for your local communities.

To help achieve an improved experience for both patients and health care providers and planners, the government would integrate multiple provincial agencies and specialized provincial programs into a single agency – Ontario Health. This agency would act as a central point of accountability and oversight of the province's public health care system.

The continuity of patient care remains the top priority. This is why this transition would be done carefully and roll out in phases.

We will continue to work as we are currently doing and you can continue to reach out to your ministry representative and/or key contact.

We will make sure to provide regular communication during this transformation through the ontario.ca/connectedcare page and through emails. I invite you to sign up to receive regular email updates at [Connected Care Updates](#)

I am inviting you to a webcast later today, where ministry leaders and I will discuss this health care system announcement.

Date: Tuesday, February 26, 2019

Time: 1:45 – 2:30 p.m.

Webcast Link: vvcnetwork.ca/MOHLTCstakeholderwebcast/

The video of this webcast will be posted online if you are not able to attend.

The changes ahead of us are significant but necessary to build a modern, sustainable system that is organized around people's needs and outcomes. I would like to take this opportunity to acknowledge and thank you for your ongoing professionalism and the excellent work you have been doing, which we truly rely on.

I look forward to working together to improve our health care system and to give each and every Ontarian the high quality care they deserve.

Helen Angus

Kirusha Kobindarajah

DE MAR 29 2019

Subject:

Building a Connected Public Health Care System for the Patient

COUNCIL
ITEM# 7biii.....**From:** Mckelvey, Stephen (MOHLTC) <Stephen.Mckelvey@ontario.ca> **On Behalf Of** Elliott, Christine (MOHLTC)**Sent:** February 26, 2019 12:01 PM**Cc:** Brazill, Laurel (MOHLTC) <Laurel.Brazill@ontario.ca>**Subject:** Building a Connected Public Health Care System for the Patient

CIRCULATED AT MEETING

OF FEB 27 2019

To: Health Care Partners**From:** Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care**RE:** Building a Connected Public Health Care System for the PatientEXECUTIVE
ITEM# 6biv.....

As you know, our government was elected on a clear mandate to put people at the centre of government. This has been the guiding principle as I have spent the last number of months meeting with patients, families, nurses, doctors and the people who plan and work on the front lines of our health care system.

We currently have a system where too many patients are on waiting lists, more than 1,000 patients are receiving care in hallways every day and the average wait time to access a bed in a long-term care home is 146 days. Patients and families are finding it difficult to navigate the health care system and are waiting too long for care. In addition, the health care system is facing capacity pressures today, and it does not have the right mix of services, beds, or digital tools to be ready for a growing and aging population with more complex care needs.

The people of Ontario deserve better. Our health care teams deserve better. We must do better.

That is why I am proud to say that we are moving forward with a plan to build a modern, sustainable and connected public health care system that is finally centered around the patient, and redirect money to front-line services – where it belongs – to improve patient experience, and provide better, connected care and capturing better value for our health dollars.

We are going to build a public health care system where patients and families will have access to faster, better and more connected services. A system where family doctors, hospitals and home and community care providers work together as a team. Where within these teams, providers can communicate directly back and forth with each other to create a seamless care experience for patients and their families. A system where patients are supported when transitioning from one health care service to another. A system that truly puts the patient at the centre of care, where and when it's needed.

Transforming the health system will take time, but we will continue to listen to the people who plan and work on the front lines as we implement our public health care strategy.

Over the coming weeks and months, you can expect us to show continued progress on some of the other portions of our plan. We will endeavor to keep our partners apprised of these and other

significant milestones as we continue to implement our plan for building a connected and sustainable public health care system.

However, to begin this process, we invite you to participate in a webinar where I will welcome you to join our Deputy Minister and our Ministry to discuss our plan. The details are as follows:

Date: Tuesday, February 26, 2019
Time: 1:45 – 2:30 p.m.
Webcast Link: vvcnetwork.ca/MOHLTCstakeholderwebcast

Should you have any questions about the webinar or our plan, please feel free to contact Laurel Brazill, Director of Stakeholder Relations at laurel.brazill@ontario.ca

Sincerely,

The Hon. Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care

CIRCULATED
WITH AGENDA

OF FEB 27 2019

EXECUTIVE
ITEM#.....

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM#.....

Report

To: The National Network of Medical Radiation and Imaging Technologists

From: Elizabeth Urso

Date:

February 5, 2019

Subject: Revisions to Memorandum of Understanding and Terms of Reference

At the National Network's meeting on November 21, 2018, proposed amendments to the Memorandum of Understanding (MOU) and Terms of Reference (TOR) were discussed.

As you'll recall, a document was circulated at the meeting that compiled comments received on the draft documents into three categories: typographical, substantive and clarifying questions. I have had an opportunity to address those comments, along with additional comments raised at the meeting.

You will note that the proposed amendments do not appear in track changes. Based on the volume of proposed amendments, the document would have been too crowded to review.

I can confirm that all typographical comments that were discussed at the meeting, along with a few others that I found, have been implemented. I can also confirm that all substantive issues that were raised at the meeting are reflected in the drafts included for your review.

I would also like to highlight the following proposed amendments:

Memorandum of Understanding

1. The listing of member organizations is now presented in alphabetical order, for consistency.
2. The Alliance of Medical Radiation and Imaging Technologist Regulators of Canada is now referred to throughout the document as "the Alliance", as opposed to by its acronym. While the Alliance has not yet officially changed its name, the changes are expected to take effect by the time the MOU is signed.
3. As discussed at the meeting, the name of the profession has been changed to "the profession of medical radiation and imaging technology." Following the initial reference, it is referred to throughout the document as "the profession" for clarity.
4. The various classifications within the "Identities and Roles" section have been edited to reflect the discussion on November 21, 2018. The visual has also been updated to reflect the revised classifications. Comments on the revised graphic are welcome.

5. The previous MOU stated that the National Network was one of three instruments for collaboration. It is being proposed that this be reduced to two instruments: the National Network, *as set out in the MOU*, and bi-lateral agreements. This change is being proposed because the MOU sets out the broad principles and mechanisms of collaboration between the parties to the MOU (i.e. the members of the National Network). This change is reflected in three areas:
 - a. The National Network's name has been added to the top of the MOU (as in the Terms of Reference)
 - b. The paragraph before the preamble now reads: This MOU sets out the framework for collaboration between the Alliance, CAMRT, SC, and the POs through the National Network of Medical Radiation and Imaging Technologists ("the National Network") with respect to the profession of medical radiation and imaging technology ("the profession") in Canada
 - c. The Section "Instruments for Collaboration" (Section 4) has also been edited to reflect this change.

Terms of Reference

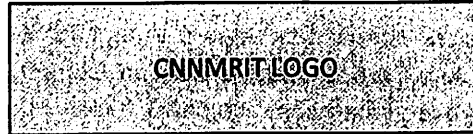
1. At the meeting, the decision was made to leave the provision that each member organization may invite one observer/guest. However, it is being proposed that this provision be moved from "membership" to "responsibilities", given that observers/guests are not members.
2. As discussed at the meeting, a conflict resolution section and a review schedule have been added. Comments on the proposed wording are welcome.

As you will see from the drafts, I have made the font style and size consistent between the MOU and TOR.

It is also being proposed that the new logo for the National Network be added to the header of each document.

OF FEB 27 2019

EXECUTIVE
ITEM#6911.....



Canadian National Network of Medical Radiation and Imaging Technologists

CIRCULATED WITH AGENDA

MEMORANDUM OF UNDERSTANDING

Between

OF MAR 29 2019

Alberta College of Medical Diagnostic Therapeutic Technologists (ACMDTT)

COUNCIL
ITEM#7011.....

Alliance of Medical Radiation and Imaging Technologists Regulators of Canada (the Alliance)

Canadian Association of Medical Radiation Technologists (CAMRT)

College of Medical Radiation Technologists of Ontario (CMRTO)

Manitoba Association of Medical Radiation Technologists (MAMRT)

New Brunswick Association of Medical Radiation Technologists (NBAMRT)

Newfoundland and Labrador Association of Medical Radiation Technologists (NLAMRT)

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Ordre des technologies en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (OTIMROEMQ)

Prince Edward Island Association of Medical Radiation Technologists (PEIAMRT)

Saskatchewan Association of Medical Radiation Technologists (SAMRT)

Sonography Canada (SC)

Within this Memorandum of Understanding ("**MOU**"), hereinafter the Alliance of Medical Radiation and Imaging Technologists Regulators of Canada will be referred to as "**the Alliance**", the Canadian Association of Medical Radiation Technologists will be referred to as "**CAMRT**", Sonography Canada will be referred to as "**SC**" and participating provincial organizations will be referred to as a "**PO**" or collectively as "**POs**".

This MOU sets out the framework for collaboration between the Alliance, CAMRT, SC, and the POs through the National Network of Medical Radiation and Imaging Technologists ("**the National Network**") with respect to the profession of medical radiation and imaging technology ("**the profession**") in Canada.

1. Preamble

The Alliance, CAMRT, SC and the POs are independent organizations, each with their own by-laws and board of directors, which all play a role in support of the profession. Our organizations have an extensive history of collaboration, driven by an overarching common desire to serve the best interest of our respective stakeholders.

This MOU sets out the framework for collaboration that reflects the changing regulatory landscape for the profession across the country, as well as members' demands for increasing value with regards to their membership dues. We believe that we can achieve synergy and deliver better value to the profession by working together on a broad and mutual agenda in connection with the practice of the profession in Canada and by tailoring operational efficiencies to meet the needs of all the parties.

2. Identities and Roles

Each PO works within its own jurisdictional environment, which may or may not include self-regulation of the profession. The jurisdictional environment is important as it determines the role or roles that each PO plays: as an association, as a regulator or both. The operational relationship between the CAMRT and/or SC and each PO with respect to membership differs, based on the specifics of that PO's jurisdictional environment.

The regulatory landscape with respect to the profession is evolving: the non-regulated provinces are moving towards regulation, although they are at various stages. The regulatory landscape will impact the classification of a particular PO.

The CAMRT and SC play strictly an association role and do not undertake activities of a regulatory nature, with the exception of establishing national competencies for the profession and/or delivering the certification examination in collaboration with regulators.

The Alliance, as an alliance of regulators, focuses its activities on developing, promoting and evaluating common regulatory standards among, and facilitating mobility between, provincial jurisdictions.

As such, each of the Alliance, CAMRT, SC and the POs can be identified by one of the following classifications:

- a) Regulator
- b) Regulator with limited member services
- c) Provincial Association
- d) National Organization

Classification	
Regulator	<ul style="list-style-type: none"> • CMRTO
Regulator with limited member services	<ul style="list-style-type: none"> • ACMDTT • NBAMRT • NSAMRT • OTIMROEMQ • SAMRT
Provincial Association	<ul style="list-style-type: none"> • MAMRT • NLAMRT

	<ul style="list-style-type: none"> • OAMRS • PEIAMRT
National Organization	<ul style="list-style-type: none"> • the Alliance • CAMRT • SC

2.1. Associations and Regulators

The Alliance, CAMRT, SC and the POs recognize the roles of the associations and regulators to be as follows:

a) Role of Associations

The role of an association is to further the profession and the interests of the association's members.

Associations may carry out their role in several ways including, but not limited to:

- advocating for the profession;
- marketing and branding for the profession;
- providing professional liability insurance and other affinity programs;
- providing awards and professional recognition;
- providing best practice professional and safety guidelines;
- providing continuing professional development programs;
- establishing a code of ethics;
- promoting and encouraging research;
- advancing a body of knowledge for the profession through various information, dissemination and exchange platforms; and
- delivering networking opportunities.

b) Role of Regulators

The role of a regulator is to regulate its members to serve and protect the public interest and to exercise its powers and discharge its responsibilities in accordance with enforceable provincial legislation.

Regulators may carry out their role in several ways including, but not limited to:

- setting entry to practice requirements;
- setting standards of practice and a code of ethics;
- setting continuing competency requirements;
- investigating complaints and reports about members/registrants and taking disciplinary action, as required;
- providing professional development for members; and
- maintaining an up-to-date registry of members.

3. Principles of Collaboration

Based on the above sections, the Alliance, CAMRT, SC and the POs commit to the following principles of collaboration:

1. We acknowledge and will treat each organization as equal and, to the best of our varying capacities, will contribute equally to the collaborative processes within established frameworks for collaboration.
2. We recognize that discernment and respect of our respective roles is necessary to achieve effective collaboration.
3. We acknowledge that one size cannot fit all and thus it will be necessary to tailor approaches in working together, particularly between the CAMRT, SC and the POs.
4. We acknowledge that the best value to members is provided through specific operational agreements which reflect the issues, activities and working relationship with the CAMRT, SC and the POs.
5. We will consult if activities that we propose to undertake will negatively impact another organization and will collaborate to minimize such impact, taking into account our respective roles.
6. We will actively work to identify opportunities to avoid duplication and work together strategically and operationally where there is the opportunity to enhance program delivery, generate savings and/or increase value for our members.
7. We will make all reasonable efforts to communicate with one another in advance regarding issues and activities that could impact each other's operations and finances.
8. We will endeavour that future leaders and staff of our organizations also commit to these principles of collaboration.

3.1. Scopes of Influence for Association Activities

It is recognized that the CAMRT, SC and those POs which perform association activities may undertake association activities appropriate to the role(s) of each respective organization. However, the scopes of influence will differ as follows:

- a) The CAMRT and SC represent the profession and advocate for their members at the national and international levels. This does not preclude either CAMRT or SC from participating in municipal or provincial level activities in support of their mandate that fall outside of representation and advocacy, or from participating in representation and advocacy activities at the municipal or provincial levels where there is mutual agreement between CAMRT and/or SC and a PO to do so.
- b) POs which perform association activities represent the profession and advocate for their members at the municipal and provincial levels. This does not preclude them from participating in national or international level activities in support of their mandate that fall outside of representation and advocacy, or from participating in representation and advocacy activities at the national or international levels where there is mutual agreement between a PO and the CAMRT and/or SC to do so.

4. Instruments for Collaboration

There will be two primary instruments to guide and enable the Alliance, CAMRT, SC and POs to collaborate. These instruments for collaboration are the National Network, as set out in this MOU, and bi-lateral agreements.

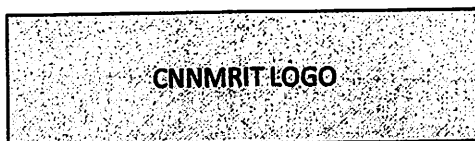
The National Network will be the primary mechanism for exchange of information and feedback amongst the participating organizations. The National Network will also be responsible for the review and evaluation of the collaborative processes to encourage the organizations' adherence to the principles within this MOU. A separate document will define the terms of reference for the National Network.

This MOU sets out the internal and external drivers, and broad principles and mechanisms of collaboration between the parties to the MOU.

In addition to this MOU, legally-binding bi-lateral agreements may be established between the CAMRT and/or SC and the POs. These agreements will articulate how the parties will collaborate with regards to membership, operations, administrative processes and revenue generating activities.

5. Acceptance of this Memorandum of Understanding

The signatures of the authorized representatives below indicate the acceptance of this document by their respective organization.



Canadian National Network of Medical Radiation and Imaging Technologists

MEMORANDUM OF UNDERSTANDING

Between

Alberta College of Medical Diagnostic and Radiation Technologists (ACMDTT)

Alliance of Medical Radiation and Imaging Technologists Regulators of Canada (the Alliance)

Canadian Association of Medical Radiation Technologists (CAMRT)

College of Medical Radiation Technologists of Ontario (CMRTO)

Manitoba Association of Medical Radiation Technologists (MAMRT)

New Brunswick Association of Medical Radiation Technologists (NBAMRT)

Newfoundland and Labrador Association of Medical Radiation Technologists (NLAMRT)

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Prince Edward Island Association of Medical Radiation Technologists (PEIAMRT)

Saskatchewan Association of Medical Radiation Technologists (SAMRT)

Sonography Canada (SC)

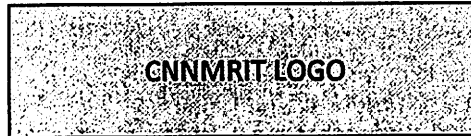
Dated this [date] day of 2019 in this City of Ottawa, Ontario.

Organization	President/Representative	Signature
Alberta College of Medical Diagnostic and Therapeutic Technologists		
Alliance of Medical Radiation and Imaging Technologists Regulators of Canada		
Canadian Association of Medical Radiation Technologists		
College of Medical Radiation Technologists of Ontario		
Manitoba Association of Medical Radiation Technologists		
New Brunswick Association of Medical Radiation Technologists		
Newfoundland and Labrador Association of Medical Radiation Technologists		
Nova Scotia Association of Medical Radiation Technologists		
Ontario Association of Medical Radiation Sciences		
Ordre des technologies en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec		
Prince Edward Island Association of Medical Radiation Technologists		
Saskatchewan Association of Medical Radiation Technologists		
Sonography Canada		

CIRCULATED
WITH AGENDA

OF FEB 27 2019

EXECUTIVE
ITEM#69iii.....



Canadian National Network of Medical Radiation and Imaging Technologists CIRCULATED WITH AGENDA

Terms of Reference

OF MAR 29 2019

COUNCIL
ITEM#7ciii.....

1. Purpose

The Canadian National Network of Medical Radiation and Imaging Technologists ("the National Network") is a coalition of organizations with a shared interest in the profession of medical radiation and imaging technology ("the profession") in Canada. The purpose of the National Network is to:

- a) address issues of interest to our organizations and agree on collaborative activities, and
- b) review, evaluate and recommend changes to collaborative processes, as required.

2. Membership

Membership shall consist of the President and/or the Chief Staff Officer of each member organization. If both the President and the Chief Staff Officer of a member organization attend, one representative from that member organization will be designated as the voting representative who is the voice of the organization.

The member organizations ("the Members") are:

- Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT)
- Alliance of Medical Radiation and Imaging Technologists Regulators of Canada (the Alliance)
- Canadian Association of Medical Radiation Technologists (CAMRT)
- College of Medical Radiation Technologists of Ontario (CMRTO)
- Manitoba Association of Medical Radiation Technologists (MAMRT)
- New Brunswick Association of Medical Radiation Technologists (NBAMRT)
- Newfoundland and Labrador Association of Medical Radiation Technologists (NLAMRT)
- Nova Scotia Association of Medical Radiation Technologists (NSAMRT)
- Ontario Association of Medical Radiation Sciences (OAMRS)
- Ordre des technologies en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (OTIMROEMQ)
- Prince Edward Island Association of Medical Radiation Technologists (PEIAMRT)
- Saskatchewan Association of Medical Radiation Technologists (SAMRT)
- Sonography Canada (SC)

New organizations related to the practice of medical radiation and imaging technology may join the National Network, provided that at least two thirds (2/3) of the Members vote in favour.

3. Organizational Structure and Decision Making

The National Network is a voluntary, unincorporated group of organizations.

All National Network activities and statements are approved by simple majority. Where the intention is to develop positions and undertake activities that are a priority for the majority of the Members, some Members may decide to opt out of specific projects or activities if those projects and/or activities do not match the strategic priorities of their respective organization(s).

4. Responsibilities

Members agree to the following responsibilities:

- a) Members will send at least one (1) representative to each meeting and will actively participate in the work of the National Network
- b) Each member organization may choose to invite one (1) observer/guest
- c) CAMRT will cover travel and/or accommodation expenses for the attendance of the provincial associations' President or designate in the following manner:
 - i. for the National Network meeting held in conjunction with the Annual Governance Forum in the Spring, CAMRT will cover travel expenses only, and
 - ii. for the National Network meeting held in the Fall, CAMRT will cover travel and accommodation expenses
- d) CAMRT is responsible for the coordination of meetings, related logistics and recording meeting notes for the spring meeting
- e) The Alliance is responsible for the coordination of meetings, related logistics and recording meeting notes for the fall meeting
- f) Members will each prepare an update summary for their respective organization and forward the update summary to the CAMRT no later than one (1) week prior to the meeting for distribution to all Members
- g) The role of the Chair will rotate and will be selected by draw from those Members who have put their name(s) forward
- h) The identity of the Chair will be established a minimum of one (1) year in advance.
- i) The Chair will serve a one (1) year term and chair two (2) meetings
- j) No Member shall Chair for more than one (1) consecutive year
- k) Members may put their names forward to be Co-Chairs
- l) The Chair is responsible for creating meeting agendas based on the input of all Members
- m) The Chair is responsible for recording meeting notes when the CAMRT is not able to do so

5. Meeting Structure and Organization

5.1. Meeting Frequency and Location

There shall be two (2) meetings of the National Network each year, unless otherwise agreed to by the Members: one held in the Spring in Ottawa, ON convened by CAMRT and the other held in the Fall which is convened by the Alliance.

5.2. Organization Summary Updates

The summaries provided by Members are valuable and informative and represent an opportunity for Members to discuss areas in which they require assistance, or in which they can aid, other Members on

potentially common issues. To maximize their effectiveness as an information sharing tool, Members undertake to:

- a) prepare the summary for their respective organization in accordance with their responsibility under these Terms of Reference
- b) review the summary updates provided by other Members prior to the meeting and come prepared with discussion points and/or questions, as required
- c) respect the ideology of the organization summary updates as a discussion-based, round table update and not an individual presentation

5.3. Conflict

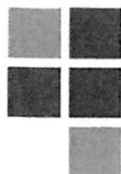
In times of conflict, Members shall use appropriate Board etiquette, deferring to the Chair.

6. Special Projects

When specific priority projects are identified by the National Network, a funding model to support the project or activity will be developed for approval by Members.

7. Review Schedule

These Terms of Reference shall be reviewed as often as is necessary, but at least every three (3) years.



Alliance of Medical Radiation
Technologists Regulators of Canada

Alliance des Organismes de Réglementation
des Technologues en Radiation Médicale du Canada

OF MAR 29 2019

COUNCIL
ITEM# 7C, v

2018 Annual Activity Summary

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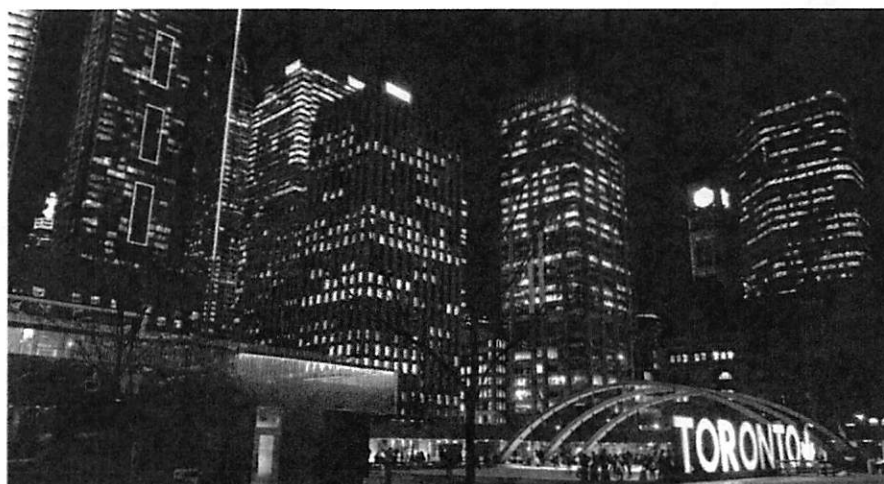
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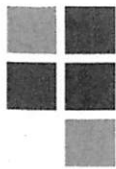
AMRTRC is the Alliance of the provincial medical radiation technologist (MRT) regulators, formed to ensure public protection by advancing MRT regulation, professional standards, patient care, and regulatory issues. Six years following incorporation, the Alliance continues to work to achieve the following 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.

AMRTRC met in at its head office in Toronto for all three of its regular meetings in 2018, also hosting the National Network in November.





HIGHLIGHTS

AMRTRC BOARD OF DIRECTORS

- ♦ Julie Avery, NSAMRT
- ♦ Alain Crompt, OTIMROEPMQ
- ♦ Linda Gough, CMRTO
- ♦ Christine Power, NBAMRT
- ♦ Debbie Schatz, SAMRT
- ♦ Pree Tyagi, ACMDTT

AMRTRC OFFICERS

- Linda Gough, President
- Alain Crompt, Vice-President
- Julie Avery, Secretary-Treasurer

STRATEGIC PLANNING—GOAL-SETTING SESSION

At the conclusion of the 2015-2018 timeline for AMRTRC's Strategic Plan, it was decided that an annual goal-setting exercise would be beneficial for the Alliance, recognizing the basics of the strategic directions will be consistent for years to come.

- Engaging non-regulated provincial associations in advancing their progress toward regulation and Alliance membership
- Promoting safe and ethical practices of the profession through regulatory excellence
- Committing to responsible and sustainable financial and people resourcing to ensure capacity and continuity for strategic delivery

In November 2018, the Board of Directors, along with not-yet-regulated jurisdiction representatives, embarked on that goal-setting session which led to the following outcomes:

♦ **Change of Name of the Alliance (AMRTRC)**

NEW NAME— "**Alliance of Medical Radiation and Imaging Technologists Regulators of Canada (AMRTRC)**": it was agreed to change the name of the Alliance to recognize the regulation of diagnostic medical sonographers

♦ **Change of Purpose Statement**

NEW STATEMENT OF PURPOSE—"To bring together organizations that have legislative authority of a province or territory of Canada for regulating the practice of medical radiation and imaging technologists"

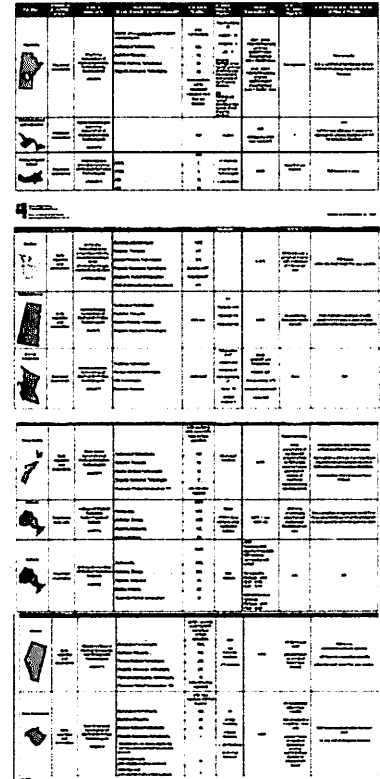
Additional action items will be included in future Board of Directors discussions, including these:

- Determining how to logistically include provinces who have included the regulation of medical radiation and imaging technologists within umbrella legislation
- Creating systems for ongoing mentoring, education, and the provision of resources
- Working toward adoption of national guidelines for consistency and harmonization
- Sharing information and expertise of Alliance members with others in health regulation

HIGHLIGHTS

CANADIAN COMPARISON CHART OF REGULATORS AND ASSOCIATIONS FOR MEDICAL RADIATION AND IMAGING TECHNOLOGISTS

This informative chart, which compares data from organizations across Canada for easy access to important information, including specialties regulated, numbers of members, registration fees, etc., is updated annually and can be found on the AMRTRC website.



AMRTRC's Cost Comparison Chart

CANADIAN FREE TRADE AGREEMENT (CFTA) CERTIFICATE

The annual review of the CFTA certificate occurred again in 2018, providing an up-to-date resource for AMRTRC members to help facilitate registration practices for individual regulators.

CHANGES TO ACCREDITATION OF MRT EDUCATION PROGRAMS

The work of the Allied Health Program Accreditation Working Group to secure accreditation services for MRT education programs came to fruition in 2018 following the January 22, 2016, announcement by the Canadian Medical Association's (CMA's) Conjoint Accreditation Services 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." Health Standards Organization (HSO) and its affiliate Accreditation Canada (AC), are now delivering accreditation services through their new EQual Canada Program. AMRTRC continues to have representatives on the Equal Canada Program Council and Technical Committee.

REGULATION OF DIAGNOSTIC MEDICAL SONOGRAPHERS (DMS)

Updates to the progress in the regulation of sonography across Canada are included on each AMRTRC agenda. In 2018, the anticipation of regulation of DMS was reported by Alberta and Nova Scotia, as well as an application being submitted again in Saskatchewan. The regulation of "radiation therapists" through a multi-profession regulatory body in British Columbia is also being monitored. Ontario's inclusion of DMS as registrants within the CMRTO was official as of January 1, 2019, with over 4,000 sonographers being added to CMRTO's membership.

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)

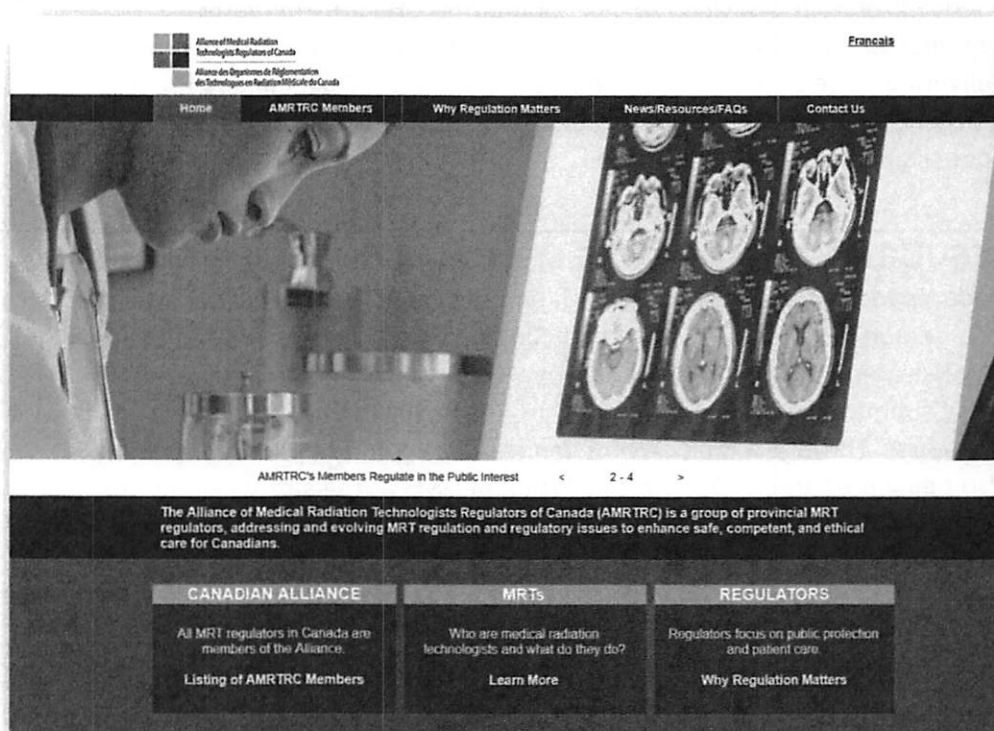
Saskatchewan Association of Medical Radiation Technologists (SAMRT)

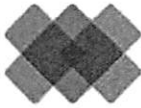
For more information, visit us online at www.amtrrc.ca

AMRTRC

c/o CMRTO
 300-375 University Ave
 Toronto ON M5G 2J5

www.amtrrc.ca
info@amtrrc.ca





FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ

595 rue Bay St., Suite/Bureau 1201, Toronto ON M7A 2B4

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 7 di

CIRCULATED
WITH AGENDA

OF FEB 27 2019

EXECUTIVE
ITEM# 6 ci

January 14, 2019

Linda Gough
Registrar
College of MEDICAL RADIATION TECHNOLOGISTS of Ontario
375 University Avenue, #300
Toronto, Ontario M5G 2J5

Dear Linda,

In February of 2018, we initiated a survey of each of the professions governed by the Fair Access to Regulated Professions and Compulsory Trades Act, 2006 (FARPACTA) and the Regulated Health Professions Act, 1991 (RHPA) to enquire into each profession's provision of registration process to applicants in French.

As one of the professions surveyed, you received and responded to our questionnaire. We thank you for your participation in this survey.

We are pleased to share with you the results as compiled.

English

http://fairnesscommissioner.ca/files_docs/content/pdf/en/Providing_French_Language_Registration_Practices_to_Applicants.pdf

French

http://fairnesscommissioner.ca/files_docs/content/pdf/fr/L%E2%80%99offre_de_services_d%E2%80%99inscription_en_fran%C3%A7ais_aux_postulants.pdf

Please do not hesitate to contact me or my office, should you have any questions regarding these findings.

Yours truly,

Grant Jameson
Fairness Commissioner

Providing French Language Registration Practices to Applicants

A Survey of the Regulated Professions and Compulsory Trades

Date: September 2018

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# 7di - attachment



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ

An agency of the Government of Ontario
Un organisme du gouvernement de l'Ontario

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Background

The province of Ontario has long recognized the important contribution of Franco-Ontarians to the cultural heritage and economy of the province and has honoured the historical importance of the French language. There are approximately 622,415 Francophones living in Ontario, the largest French-speaking minority community in Canada. The province also recognizes the contribution made by Francophone newcomers and wants to help ensure fair access to the registration of Francophone newcomers in their professions and trades.

There are currently 40 regulators in the province overseeing the regulated professions and compulsory trades. Many of them are required to provide services in French either completely or at some reasonable level (see Appendix A for a full list of legislation mandating French language services).

The Office of the Fairness Commissioner (OFC) was interested in understanding how and if regulators in Ontario are offering and providing French language registration practices to applicants for professional registration. To this end, the OFC sent a 17 question survey to all the regulators of regulated professions and compulsory trades in February 2018 (see Appendix B for a copy of the survey).

The survey was designed to determine the availability of French language registration practices. This was not an investigative exercise designed to assess or evaluate the quality of the French language registration practice being provided. The survey's results were based on regulators' responses to the survey. Where possible the OFC confirmed the evidence provided for the provision of each French language registration practice; however, the survey did not address the adequacy of the current registration practice.

This report provides a summary of the survey responses received from the regulators.

Survey Structure

A survey with 17 questions covering six broad areas of registration practices was sent to the regulators:

- General Services (Questions 1-4) address whether regulators provide French language registration practices in their interaction with an applicant whether by phone, email and/or through their website.

- Registration Application (Questions 5-8) address whether the information about the registration practice and the communication of registration decisions to applicants are provided in French.
- Internal Reviews/Appeals Access (Questions 9-10) address whether the information and the communication of decisions/results are provided in French.
- Documentation (Questions 11-12) address whether the information about what documents are needed as part of the registration process are available in French and if the regulators will accept documents in French.
- Assessment of Qualifications (Questions 13-15) address whether information about the assessment of qualification process, the communication of assessment results and the conducting of the qualifications assessments are conducted in French.
- Exams (Questions 16-17) relevant to some regulated professions/compulsory trades which require a competency examination for registration and whether that examination is offered in French.

The survey was sent to all 40 regulators of the province's regulated professions and compulsory trades. The response rate was 100%.

Results

Key Findings

- Under the broad categories of the survey, only 8 of the 40 regulators reported offering all aspects of their registration practices in French.
- The survey categories with the highest reported provision of French language registration practices were Documentation and Exams.
- Significant differences in French language availability rates were seen between the health and non-health regulators in the categories of access to internal review/appeals documentation and exams.

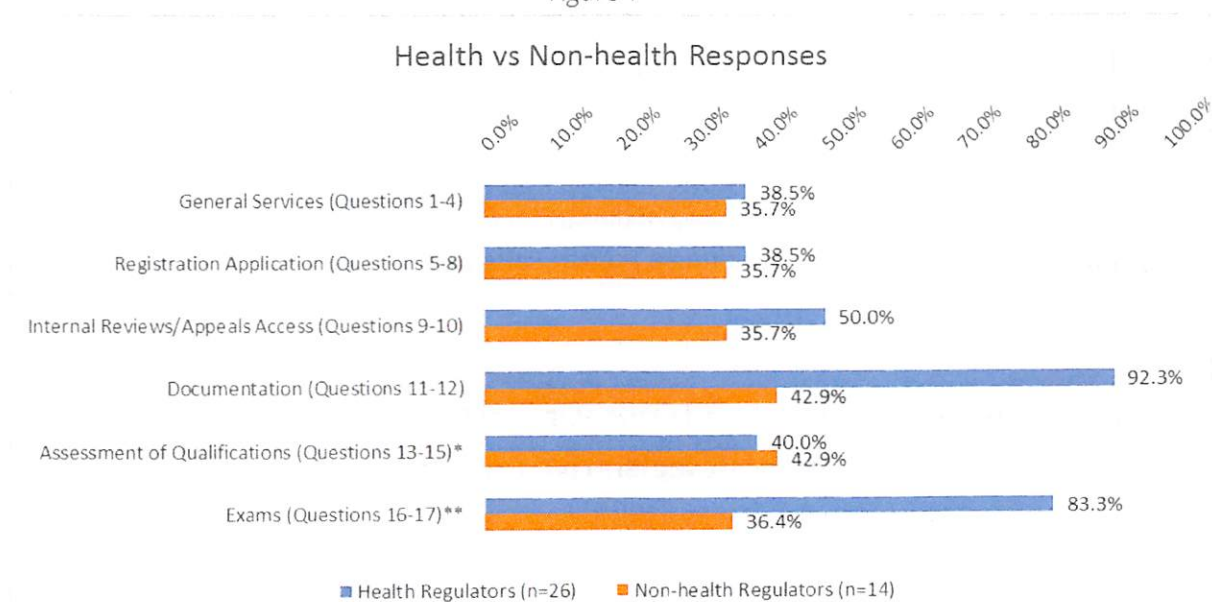
Regulators who reported providing 100% French language registration practices

- College of Registered Psychotherapists of Ontario
- College of Dental Hygienists of Ontario
- College of Kinesiologists of Ontario
- Law Society of Ontario
- Ontario College of Teachers
- College of Early Childhood Educators

- Ontario College of Trades
- Ontario College of Social Workers and Social Service Workers

Survey Responses¹

Figure 1



* Questions 13-15 & 17 not applicable to the regulator for dentists as they indicated in their survey that these questions do not apply to the profession and did not provide a response.

**Questions 16 & 17 not applicable to audiologists/speech language pathologists, early childhood educator, teachers and social workers/social service workers.

Health vs Non-health Regulators

Twenty-six of the regulators surveyed relate to health professions. They are governed by the *Regulated Health Professions Act, 1991* (RHPA). The RHPA legislatively mandates all health regulators to provide French language registration practices. In comparison only

¹ For the purpose of this analysis providing all registration practices in French and English refers to the regulators responding 'yes' to all questions within the six broad categories of the survey.

four non-health professions are subject to specific legislative mandates requiring the provision of French language registration practices.²

Based on the survey responses, health regulators reported on average providing more French language registration practices than the non-health regulators.

When comparing professions with legislative mandates requiring registration practices in French, the non-health regulators reported providing more comprehensive French language registration practices than their health counterparts.

Of the non-health regulated professions not required by legislation to provide registration practices in French, only the Law Society of Ontario has committed to providing French language registration practices adopting a French Language Services Policy in 2015.

Provision of French language services reported by regulators with and without legislative mandate

Table 1

	HEALTH	NON-HEALTH
With Legislative Mandate	74.8%	100.0% ³
Without Legislative Mandate	N/A	27.4%
TOTAL	74.8%	47.5%

- One registration practice where all health regulators unanimously reported providing French language capacity was the accepting documents in French from applicants.

² The *Chartered Professional Accountants of Ontario Act, 2017* requires the regulator to provide French language services for its Discipline and Appeals Committee Proceedings only and therefore is not included in the count for the number of non-health professions with a legislative requirement to provide French language registration practices in its registration process.

³ Excludes accountants

- The two registration practices where most health regulators reported the lowest offering of French language registration practices were:
 - Providing information regarding the applicant's right to an internal review and/or appeal from an adverse registration decision (53.8%)
 - Having an easily identifiable icon on their website to identify a French language component of the website (14 of the 26 colleges (53.8%) provide this)
- All other health regulators reported providing varying levels of registration practices in French. Table 2 summarizes the health regulators' response to the survey and ranks their reported provision of French language services. Full details on how individual regulators responded to their provision of registration practices in French can be found in Appendix C.

Level of French language registration practices provided by health regulators

Table 2

100% 17 Questions with "Yes" Reply	
100.0%	College of Registered Psychotherapists of Ontario
100.0%	College of Dental Hygienists of Ontario
100.0%	College of Kinesiologists of Ontario
80% to <100% 14 to 16 Questions with "Yes" Reply	
94.1%	College of Chiropractors of Ontario
94.1%	College of Dietitians of Ontario
94.1%	College of Respiratory Therapists of Ontario
88.2%	College of Dental Technologists of Ontario
88.2%	College of Massage Therapists of Ontario
88.2%	College of Nurses of Ontario
88.2%	College of Occupational Therapists of Ontario
88.2%	College of Physiotherapists of Ontario
88.2%	Ontario College of Pharmacists
82.4%	College of Denturists of Ontario
82.4%	College of Medical Laboratory Technologists of Ontario
60% < 80% 11 to 13 Questions with "Yes" Reply	
76.5%	College of Opticians of Ontario

70.6%	College of Optometrists of Ontario
69.2%	Royal College of Dental Surgeons of Ontario ⁴
64.7%	College of Physicians and Surgeons of Ontario

40% to < 60% || 7 to 10 Questions with “Yes” Reply

58.8%	College of Psychologists of Ontario
58.8%	College of Homeopaths of Ontario
58.8%	College of Medical Radiation Technologists of Ontario
52.9%	College of Midwives of Ontario
52.9%	College of Naturopaths of Ontario
47.1%	College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario
40.0%	College of Audiologists & Speech-Language Pathologists of Ontario ⁵

0 < 40% || 0 to 6 Questions with “Yes” Reply

17.6%	College of Chiropodists of Ontario
-------	------------------------------------

Variations in the Level of French Language Registration Practices

There are wide variations in how regulators provided French language registration practices.

Level of Services

Regulators of Teachers, Early Childhood Educators, Lawyers, Dental Hygienists and Kinesiologists provide **full English and French websites**, forms and information on various aspects of the registration process.

Others like the Registered Psychotherapists provide comprehensive French language resources for **select aspects** of their website and about their registration process.

Still others such as Physiotherapists, Denturists, Audiologists and Speech language pathologists, Dietitians, Psychologists, Opticians and Optometrists provide a statement in French inviting individuals to **contact the office for further assistance**.

⁴ For dentists only 13 out of the 17 questions were relevant to the regulator's registration practices.

⁵ Only 15 out of the 17 questions were relevant to this regulator's registration practices

Public Website Information

- On average most health regulators responded to providing 74.8% of their registration practices in French. However, many of these responses also indicate these French language registration practices are provided only if requested. A review of these regulators' public websites reveal that the availability of registration practices in French is not consistently communicated in a manner that is obvious to the public.
- 46.2% (12 out of 26) health regulators had French language website content or contained a message in French directing the user to contact the regulator for further access to French language registration practices.
- Another 30.8% (8 out of 26) regulators had specific content in French but this information was not always obvious to the user.
- 23.1% (6 out of 26) health regulators reviewed did not have any information or statements in French to inform Francophone applicants that French language service is available.

Results were more evenly split for the non-health regulators. Table 3 provides a summary of public messages reviewed in April 2018.

French messages on websites

Table 3

	YES	LIMITED	NO
HEALTH	46.2%	30.8%	23.1%
NON-HEALTH	42.9%	0%	57.1%

Third Party Services

The survey also found that many regulators indirectly fulfill their requirement to provide French language registration practices through a third party or examination service provider.

A number of regulated professions reported some aspects of their registration process are handled by a third party service providers. For example, many of the regulated health professions and several of the non-health professions rely on national organizational bodies to conduct the profession's competency examinations and/or qualification assessments. These national service providers typically provide their information in

English and French. However, regulators can do more on their own websites to clearly guide Francophone applicants to these third party websites.

Next Steps

Based on this survey of the availability of French language registration practices by the professions there are large variations in how registration practices are being offered to the Francophone community.

More can be done to ensure greater accessibility for the Francophone community to French language registration practices.

Regulators with the legislative requirement to provide French language registration practices should all, at a minimum, provide information in French on their website home page advising that French language registration practices are available upon request, with clear information on how to access and/or who to contact to receive French language registration practices. Furthermore, these regulators should have concrete plans in place to address French language service requests to bring themselves into full statutory compliance.

The OFC plans to share its findings with all relevant Ministers and ministry officials overseeing the regulated professions and compulsory trades as well as with the French Language Services Commissioner.

The Office will in the future follow-up with those regulators with a legislative requirement to provide French language registration practices. Where appropriate the OFC will consider evaluating the sufficiency of French language registration practices of those regulators for the registration of regulated professions and compulsory trades.

Appendix A: Legislative Requirement to Provide French Language Registration Practices

Health Professions

By way of background to the obligation of the Regulated Health Professions to offer registration processes in French, the *Regulated Health Professions Act, 1991* (the "RHPA") established the Health Professions Procedural Code (the "Code"). Under section 4 the RHPA provides that the Code shall be deemed to be part of each health profession Act governing the 26 self-governing health professions set out under Schedule 1 to the RHPA (from Audiology and Speech-Language Pathology to Traditional Chinese Medicine).

Under the RHPA, each self-governing health profession has (i) a college constituted as body corporate without share capital that is responsible for the oversight of the profession in accordance with the RHPA ("College"); and (ii) a council responsible for the management and administration of the affairs of one or more of the Colleges of each self-governing health profession ("Council").

Each College has an obligation under section 86 of Schedule 2 to the RHPA, to ensure that each member of the public who has dealings with the College has the right to use French in all dealings with the College. In implementing a College's obligation to deal with a person in French, the Council of that College must take all reasonable measures and make all reasonable plans to ensure that a person is able to use French in all dealings that person has with the College. However, once the Council of a College has taken all reasonable measures and implemented all reasonable plans, under subsection 86(4), a person may be denied the right to deal with a College in French in situations which go beyond the scope of such reasonable measures and plans if such limitation on French language rights is reasonable in the circumstances.

Section 86 of the Code says:

Right to use French

86 (1) A person has the right to use French in all dealings with the College. 1991, c. 18, Sched. 2, s. 86 (1).

Language preferences

(1.1) The College shall identify and record the language preference of each College member and identify the language preference of each member of the public who has dealings with the College. 2007, c. 10, Sched. M, s. 68.

Council to ensure right

(2) The Council shall take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College. 1991, c. 18, Sched. 2, s. 86 (2).

Definition

(3) In this section, "dealings" means any service or procedure available to the public or to members and includes giving or receiving communications, information or notices, making applications, taking examinations or tests and participating in programs or in hearings or reviews. 1991, c. 18, Sched. 2, s. 86 (3).

Limitation

(4) A person's right under subsection (1) is subject to the limits that are reasonable in the circumstances. 1991, c. 18, Sched. 2, s. 86 (4).

In determining the extent of a Council's positive obligation under Subsection 86(2) to take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College it is necessary to know what "to take all reasonable measures and make all reasonable plans" means. In this regard, the decision of the Court of Appeal of Ontario in the leading judicial decision on this matter in the Province of Ontario, the case of Lalonde v. Ontario (Commission de restructuration des services de santé) 56 O.R. (3d) 505 [2001] is applicable.

The Court of Appeal decision in the Lalonde case is based on a similar French language service right set out in the French Language Services Act, R.S.O. 1990, c. F.32 ("FLSA").

In the Lalonde case, the province attempted to limit the French language services offered by The Montfort Hospital in Ottawa. The Court of Appeal found that before limiting the hospital's services, the province must have taken "all reasonable measures" to comply with the applicable law. With respect to the meaning of "all reasonable measures", the Court stated, at paragraph 166 of its decision:

Although it is impossible to specify precisely what is encompassed by the words "reasonable and necessary" and "all reasonable measures", at a minimum they require some justification or explanation for the directions limiting the rights of Francophones to benefit from Montfort as a community hospital.

Section 86 of the Code is written in plain language. That, along with the Court of Appeal's analysis, leads us to the following conclusions about the considerations to be taken in to account when a Council is considering its obligation to use all reasonable measures and

make all reasonable plans to ensure that persons may use French in all dealings with the College, namely:

A College must:

- identify and record the language preference of each College member and identify the language preference of each member of the public who has dealings with the College;

A College should:

- examine the recorded language preference of each College member and member of the public who has dealings with the College in order to assess the potential/expected demand for French language services;

A College must:

- make “all reasonable” plans;
- take “all reasonable” actions;

to ensure that persons may use French in all dealings with the College.

On this basis a College should be able to produce a document evidencing what plans it has and what actions it takes to serve its members and the public in French. The onus is on the College to demonstrate that it has objectively complied with these obligations. A College should be able to demonstrate that provision of a particular registration service in the French language is not a matter that can be instituted by the College because it would be a measure or a plan that was not reasonable in the circumstances.

In doing so, the College should be able to justify that position by demonstrating that it would cause serious operational difficulties or conflict with the College’s ability to fulfill its obligations to members of the public (if any) or its statutory mandate. This is a high threshold as the provision of subsection 86(2) of the Code is intended to operationalize a French language right, as noted above.

Other Health Professions Related Legislations

Audiology and Speech-Language Pathology Act, 1991, S.O. 1991, c. 19

None

Chiropody Act, 1991, S.O. 1991, c. 20

O. Reg. 203/94

33. (1) The Registrar shall ensure that notice of every Council meeting that is required to be open to the public under the Act is given in accordance with this Part. O. Reg. 183/99, s. 1.

(3) The notice shall be in English and French. O. Reg. 183/99, s. 1.

34. (1) The Registrar shall ensure that information concerning every hearing into allegations of professional misconduct or incompetence held by a panel of the Discipline Committee is given to every person who requests it. O. Reg. 183/99, s. 1.

(5) The information provided must be in English or, upon request, in French. O. Reg. 183/99, s. 1.

Chiropractic Act, 1991, S.O. 1991, c. 21

None

Dental Hygiene Act, 1991, S.O. 1991, c. 22

O. Reg. 218/94

13. (1) The Registrar shall ensure that notice is given in accordance with this Part with respect to each of the following that is required to be open to the public under the Act:

1. A meeting of the Council.
2. A hearing of the Discipline Committee respecting allegations of a member's professional misconduct or incompetence. O. Reg. 13/08, s. 1.

(3) The notice must be published in English and in French. O. Reg. 13/08, s. 1.

Dental Technology Act, 1991, S.O. 1991, c. 23

O. Reg. 604/98

12. (1) The Registrar shall ensure that notice is given in accordance with this Part with respect to each of the following that is required to be open to the public under the Act:

1. A meeting of the Council.
2. A hearing of the Discipline Committee respecting allegations of a member's professional misconduct or incompetence. O. Reg. 18/09, s. 1.

(3) The notice must be published in English and, upon request, in French. O. Reg. 18/09, s. 1.

Dentistry Act, 1991, S.O. 1991, c. 24
None

Denturism Act, 1991, S.O. 1991, c. 25
O. Reg. 206/94

18. (1) The Registrar shall ensure that notice of every Council meeting that is required to be open to the public under the Act is given in accordance with this Part. O. Reg. 188/99, s. 1.

(3) The notice shall be in English and French. O. Reg. 188/99, s. 1.

19. (1) The Registrar shall ensure that information concerning every hearing into allegations of professional misconduct or incompetence held by a panel of the Discipline Committee is given to every person who requests it. O. Reg. 188/99, s. 1.

(5) The information provided must be in English or upon request, in French. O. Reg. 188/99, s. 1.

Dietetics Act, 1991, S.O. 1991, c. 26
None

Homeopathy Act, 2007, S.O. 2007, c. 10, Sched. Q
None

Kinesiology Act, 2007, S.O. 2007, c. 10, Sched. O
None

Massage Therapy Act, 1991, S.O. 1991, c. 27
O. Reg. 544/94

24. (1) The Registrar shall ensure that notice of every Council meeting that is required under the Act to be open to the public is given in accordance with this Part.

(3) The notice must be in English and French.

25. (1) The Registrar shall ensure that information concerning every hearing of a panel of the Discipline Committee respecting allegations of a member's professional misconduct or incompetence is given to every person who requests it in writing,

(3) The information must be available in English and French.

Medical Laboratory Technology Act, 1991, S.O. 1991, C. 28

O. Reg. 207/94

23. (1) The Registrar shall ensure that notice is given in accordance with this Part with respect to each of the following that is required to be open to the public under the Act:

1. A meeting of the Council.

2. A hearing of the Discipline Committee respecting allegations of a member's professional misconduct or incompetence. O. Reg. 387/09, s. 1.

(3) The notice must be published in English and in French. O.Reg. 387/09, s.1.

Medical Radiation Technology Act, 1991, S.O. 1991, c. 29

None

Medicine Act, 1991, S.O. 1991, c. 30

None

Midwifery Act, 1991, S.O. 1991, C. 31

O. Reg. 335/12

14. (1) The Registrar shall ensure that notice of every council meeting that is required to be open to the public under the Act is given in accordance with this section. O. Reg. 335/12, s. 14 (1).

(3) The notice shall be in English and French. O. Reg. 335/12, s. 14 (3).

15. (1) The Registrar shall ensure that information concerning a hearing by a panel of the Discipline Committee respecting allegations of professional misconduct or incompetence by a member is given to every person who requests it,

(2) The information shall be available in English and French. O. Reg. 335/12, s. 15 (2).

Naturopathy Act, 2007, S.O. 2007, c. 10, Sched. P

None

Nursing Act, 1991, S.O. 1991, c.32

None

Opticianry Act, 1991, S.O. 1991, c. 34

None

Optometry Act, 1991, S.O. 1991, c. 35

O. Reg. 119/94

35. (1) The Registrar shall ensure that notice is given in accordance with this Part with respect to each of the following that is required to be open to the public under the Act:

1. A meeting of the Council.

2. A hearing of the Discipline Committee respecting allegations of a member's professional misconduct or incompetence. O. Reg. 7/08, s. 1.

(3) The notice must be published in English and in French. O. Reg. 7/08, s. 1.

Pharmacy Act, 1991, S.O. 1991, c. 36

O. Reg. 202/94

26. (1) The Registrar shall ensure that notice of every Council meeting that is required to be open to the public under the Act is given in accordance with this section. O. Reg. 451/10, s. 5.

(3) The notice must be in English and French. O. Reg. 451/10, s. 5.

27. (1) The Registrar shall ensure that the information concerning an impending hearing by a panel of the Discipline Committee to deal with allegations of professional misconduct or incompetence made against a member is given, in accordance with this section, to a person who requests the information. O. Reg. 451/10, s. 5.

(4) The Registrar shall provide the information in French to a person who requests that the information be provided in French, wherever reasonably possible. O. Reg. 451/10, s. 5.

Physiotherapy Act, 1991, S.O. 1991, c. 37

None

Psychology Act, 1991, S.O. 1991, c. 38

None

Psychotherapy Act, 2007, S.O. 2007, c. 10, Sched. R
None

Respiratory Therapy Act, 1991, S.O. 1991, c. 39
O. Reg. 596/94

30. (1) The Registrar shall ensure that notice is given in accordance with this Part with respect to each of the following that is required to be open to the public under the Act:

1. A meeting of the Council.
2. A hearing of the Discipline Committee respecting allegations of a member's professional misconduct or incompetence. O. Reg. 6/08, s. 1.

(3) The notice must be published in English and in French. O. Reg. 6/08, s. 1.

Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27
None

Non-Health Professions

A number of non-health professions also have similar legislative obligation to offer registration processes in French:

Architects Act, R.S.O. 1990, c. A.26
None

Chartered Professional Accountants of Ontario Act, 2017, s.35(6), s37 (6)

Discipline Committee Proceedings in French

35 (6) If a member who speaks French is the subject of a proceeding before the discipline committee, he or she may require that the proceeding or any part of it be heard in French.

Appeals Committee Proceedings in French

37 (6) If a member who speaks French is the subject of an appeal before the appeal committee, he or she may require that the appeal or any part of it be heard in French.

Early Childhood Educators Act, 2007, s. 48 (1-2)

48 (1) A person has the right to use French in all dealings with the College. 2007, c. 7, Sched. 8, s. 48 (1).

Definition

(2) In this section, “dealings” means any practice or procedure available to the public or to members of the College and includes giving or receiving communications, information or notices, making applications, taking examinations or tests and participating in programs or in hearings or reviews. 2007, c. 7, Sched. 8, s. 48 (2).

Law Society Act, R.S.O. 1990, c. L.8

French-speaking panelists

49.24(1) A person who speaks French who is a party to a proceeding before the Hearing Division may require that any hearing in the proceeding be heard by panelists who speak French. 1998, c. 21, s. 21; 2013, c. 17, s. 26.

Ontario Association of Certified Engineering Technicians and Technologists Act, 1998

None

Ontario College of Teachers Act, 1996, s.9 (4), s. 44 (1-4)

9 (4) The Council shall ensure that either the Registrar or a deputy registrar is fluent in English and French. 2016, c. 24, Sched. 2, s. 2.

44 (1) A person has the right to use French in all dealings with the College.

Council to ensure

(2) The Council shall take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College.

Limitation

(3) The right to use French given by this section is subject to the limits that are reasonable in the circumstances.

Definition

(4) In this section, “dealings” means any service or procedure available to the public or to members of the College and includes giving or receiving communications, information or notices, making applications, taking examinations or tests and participating in programs or in hearings or reviews. 1996, c. 12, s. 44.

Professional Engineers Act, R.S.O. 1990, c. P.28

None

Professional Foresters Act, 2000, S.O. 2000, c. 18

None

Professional Geoscientists Act, 2000, S.O. 2000, c. 13

None

Registered Human Resources Professionals Act, 2013

None

Social Work and Social Service Work Act, 1998, s. 48 (1-4)

48 (1) A person has the right to use French in all dealings with the College. 1998, c. 31, s. 48 (1).

Same

(2) The Council shall take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College. 1998, c. 31, s. 48 (2).

Limitation

(3) The right to use French given by this section is subject to the limits that are reasonable in the circumstances. 1998, c. 31, s. 48 (3).

Definition

(4) In this section, "dealings" means any practice or procedure available to the public or to members of the College and includes giving or receiving communications, information or notices, making applications, taking examinations or tests and participating in programs or in hearings or reviews. 1998, c. 31, s. 48 (4).

Surveyors Act, R.S.O. 1990, c. S.29

None

Veterinarians Act, R.S.O. 1990, c. V.3

None

Ontario College of Trades and Apprenticeship Act, 2009, s. 77 (1-2)

77 (1) Everyone has the right to use French in all dealings with the College.
2009, c. 22, s. 77 (1).

Definition

(2) In this section, “dealings” means any practice or procedure available to the public or to members of the College and includes giving or receiving communications, information or notices, making applications, taking examinations or tests and participating in programs or in hearings or reviews. 2009, c. 22, s. 77 (2).

Appendix B: OFC's French Language Registration Practices Survey

French Language Services Survey

Purpose of this Survey:

The Office of the Fairness Commissioner (OFC) is interested in understanding how and if regulators in Ontario are offering and providing French language services to applicants for professional registration. Please complete the following survey by **March 1, 2018** and submit your relevant evidence to support your responses directly to Susanna Tam, Senior Program Advisor at the OFC at susanna.tam@ontario.ca. Thank you for your cooperation. If you have any questions about the survey please contact Susanna directly at (416) 314-2977.

Background:

Since 2012, the government of Ontario has set a five per cent target for Francophone immigration to Ontario. As well, there are approximately 622,415 Francophones living in the province, which highlights the importance of making French services available. While not all professional regulatory bodies are required to provide services in French, under the *French Language Services Act* or otherwise, regulators should consider the greater public interest that is served when they provide services in both official languages.

For health professional regulatory colleges, the *Regulated Health Professions Act, 1991* Schedule 2, Section 86(1) enshrines the right for an individual to use French in all dealings with the health colleges. This includes any service or procedure available to the public or to members and includes giving or receiving communications, information or notices, making applications, taking examinations or tests and participating in programs or in hearings or reviews. RHPA, 1991, Sched. 2, s. 86(3).

French Language Services Survey Questions**Organization Name:****Profession/Trade:****Name of Contact Person Completing the Survey:****Title/Position of Contact Person Completing the Survey:****Email of Contact Person Completing the Survey:****Please select one answer for each question.*****General Services:***

1. Does the college/association provide written correspondence in French when an applicant corresponds with the college or association in French?
☐ Yes – please provide evidence (e.g. website link, policy document etc...)

☐ No
☐ Previously provided French language services; currently unavailable. Please explain:

2. Does the college/association have French speaking staff to interact with a French speaking applicant on the phone or in person?
☐ Yes– please provide evidence (e.g. website link, policy document etc...)

☐ No
☐ Previously provided French language services; currently unavailable. Please explain:

3. General navigation of the college/association's website, is there a French component to your website?
- ☐ Yes- please provide evidence (e.g. website link, policy document etc...)
 - ☐ No
 - ☐ Previously provided French language services; currently unavailable. Please explain:
4. Is there an easily identifiable icon for the French component on your website's homepage?
- ☐ Yes- please provide evidence (e.g. website link, policy document etc...)
 - ☐ No
 - ☐ Previously provided French language services; currently unavailable. Please explain:

Registration Application:

5. Are the instructions for the registration process, application and requirements provided in French?
- ☐ Yes- please provide evidence (e.g. website link, policy document etc...)
 - ☐ No
 - ☐ Previously provided French language services; currently unavailable. Please explain:

6. Are the forms and documentations required to apply for registration available online in French or upon request?
- ☐ Yes– please provide evidence (e.g. website link, policy document etc...)
 - ☐ No
 - ☐ Previously provided French language services; currently unavailable. Please explain:
7. Does the college/association accept documents from applicants in French?
- ☐ Yes– please provide evidence (e.g. website link, policy document etc...)
 - ☐ No
 - ☐ Previously provided French language services; currently unavailable. Please explain:
8. Are the results from a registration application communicated (written/oral) to the applicant in French?
- ☐ Yes– please provide evidence (e.g. website link, policy document etc...)
 - ☐ No
 - ☐ Previously provided French language services; currently unavailable. Please explain:

Internal Reviews/Appeals Access:

9. Is the information regarding the internal review and/or appeal process available in French?
- ☐ Yes– please provide evidence (e.g. website link, policy document etc...)
 - ☐ No
 - ☐ Previously provided French language services; currently unavailable. Please explain:

10. Is the decision from an internal review and/or appeal communicated in French to the applicant?

☐ Yes– please provide evidence (e.g. website link, policy document etc...)

☐ No

☐ Previously provided French language services; currently unavailable. Please explain:

Documentation:

11. Is the information on what documents an applicant needs to submit for the registration process and/or the assessment of credentials available online in French or upon request?

☐ Yes– please provide evidence (e.g. website link, policy document etc...)

☐ No

☐ Previously provided French language services; currently unavailable. Please explain:

12. Does the college/association accept French documents submitted by an applicant for registration/assessment of credentials?

☐ Yes– please provide evidence (e.g. website link, policy document etc...)

☐ No

☐ Previously provided French language services; currently unavailable. Please explain:

Assessment of Qualifications:

13. Is the information regarding the process for the assessment of credentials/ qualifications provided in French?

☐ Yes– please provide evidence (e.g. website link, policy document etc...)

☐ No

☐ Previously provided French language services; currently unavailable. Please explain:

14. Is the communication of assessment results provided in French to the applicant?

☐ Yes– please provide evidence (i.e. website link, policy document etc...)

☐ No

☐ Previously provided French language services; currently unavailable. Please explain:

15. Is the assessment of credentials conducted in French if the application is made in French?

☐ Yes– please provide evidence (e.g. website link, policy document etc...)

☐ No

☐ Previously provided French language services; currently unavailable. Please explain:

Exams:

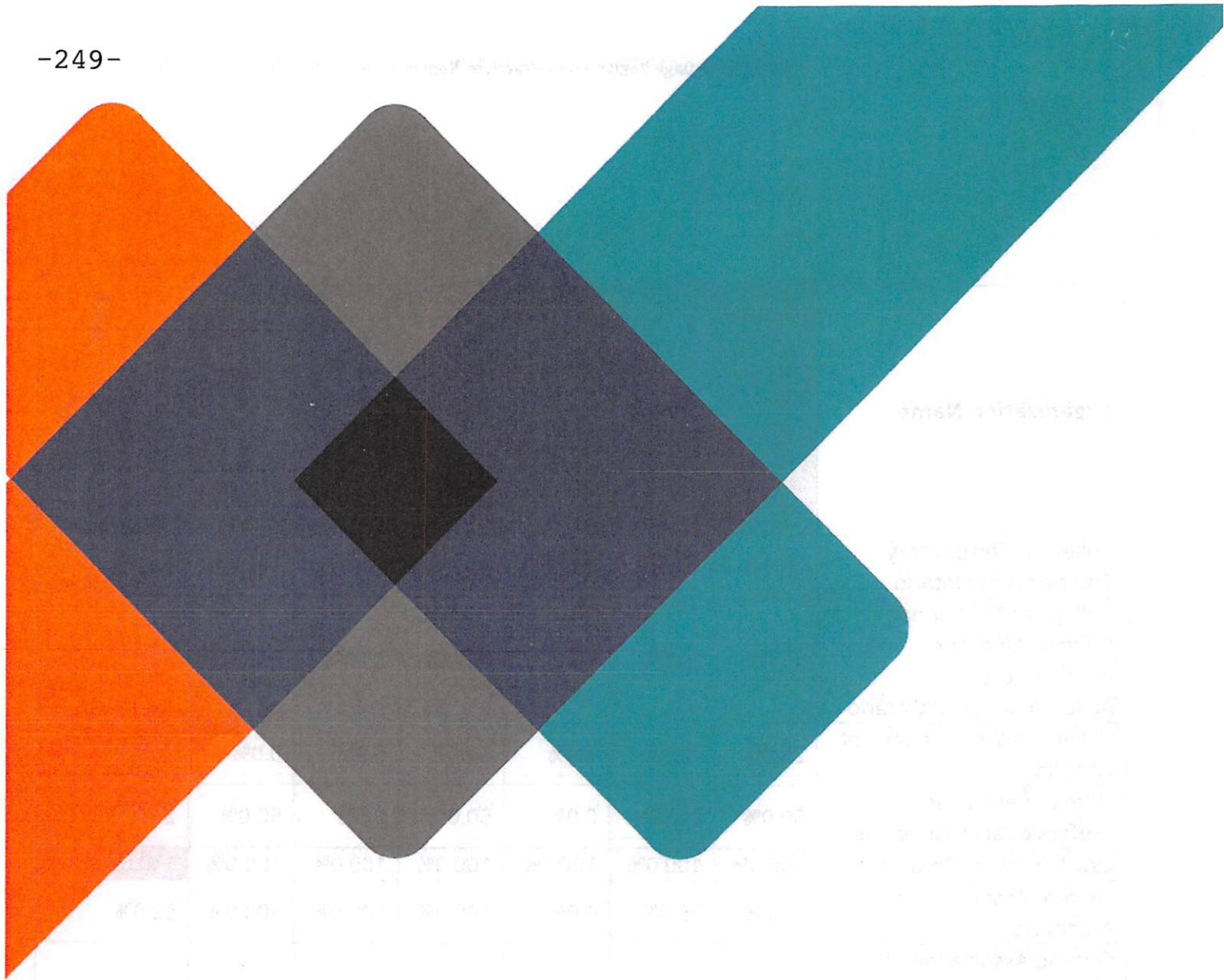
16. Are the written and/or oral registration exams to demonstrate competency provided in French?
- ☐ Yes– please provide evidence (e.g. website link, policy document etc...)
 - ☐ No
 - ☐ Previously provided French language services; currently unavailable. Please explain:
17. Are the results from the written and/or oral registration exams communicated (written/oral) to the applicant in French?
- ☐ Yes– please provide evidence (e.g. website link, policy document etc...)
 - ☐ No
 - ☐ Previously provided French language services; currently unavailable. Please explain:

Appendix C: Survey Responses by Professional Regulators

[illegible]

[illegible]

Organization Name	% General Services (n=4)	% Registration Application (n=4)	% Internal Reviews/Appeals (n=2)	% Documentation (n=2)	% Assessment of Qualification (n=3)	% Exam (n=2)	% of TOTAL "Yes" Responses by Regulator (n=17 with exceptions)
College of Respiratory Therapists of Ontario	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%
College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario	25.0%	75.0%	0.0%	100.0%	33.3%	50.0%	47.1%
College of Veterinarians of Ontario	25.0%	25.0%	0.0%	50.0%	0.0%	0.0%	17.6%
Human Resources Professionals Association	50.0%	25.0%	0.0%	50.0%	0.0%	50.0%	29.4%
Law Society of Ontario	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ontario Association of Architects	25.0%	25.0%	0.0%	100.0%	100.0%	100.0%	52.9%
Ontario Association of Certified Engineering Technicians and Technologists	25.0%	25.0%	0.0%	50.0%	0.0%	0.0%	17.6%
Ontario College of Pharmacists	100.0%	75.0%	50.0%	100.0%	100.0%	100.0%	88.2%
Ontario College of Social Workers and Social Service Workers	100.0%	100.0%	100.0%	100.0%	100.0%	NA	100.0%
Ontario College of Teachers	100.0%	100.0%	100.0%	100.0%	100.0%	NA	100.0%
Ontario College of Trades	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ontario Professional Foresters Association	0.0%	25.0%	0.0%	0.0%	33.3%	0.0%	11.8%
Royal College of Dental Surgeons of Ontario	50.0%	75.0%	100.0%	100.0%	NA	NA	69.2%



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER

BUREAU DU COMMISSAIRE À L'ÉQUITÉ

595 rue Bay St., Suite/Bureau 1201, Toronto ON M7A 2B4

tel/tél : 416.325.9380

toll-free/sans frais : 1.877.727.5365

tty/ats : 416.326.6080

ofc@ontario.ca

fairnesscommissioner.ca

Conferences 2019

CIRCULATED WITH AGENDA

OF MAR 29 2019

COUNCIL
ITEM# Tei



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

	Organization	Date	Location	Attending	Booth	Attendees
1	Canadian Association of Nuclear Medicine (CANM 2019 Annual Scientific Meeting)	Feb 7 – 9	Quebec City, QC	No	No	-
2	European Congress of Radiology	Feb 27 – Mar 3	Vienna, Austria	No	No	2020 – AH, CM 2021 – LG, TL
3	Canadian Association of Radiologists (CAR) – Annual Scientific Meeting	Apr 11 – 14	Montreal, QC	No	No	-
4	OAMRS AGC 2019	May 3 - 4	Thunder Bay, ON	Yes	Yes	LG, AH, TL
5	Sonography Canada National Conference	May 24 - 26	Toronto, ON	Yes	Yes	LG, AH, JM, TW
6	CAIR – CAMRT Joint Conference (Canadian Association for Interventional Radiology)	May 30 – Jun 1	Toronto, ON	Yes	?	TL, AH, JM, TW
7	RTi 3 Radiation Therapy Conference	May 31 – Jun 1	Toronto, ON	Yes	Yes	LG, Prabhjot, Angela?
8	CLEAR International Congress	Jun 27 -28	Vancouver, BC	Yes	No	LG

9	Ontario Association of Radiology Managers (OARM)	Sep 11 – 13	Alliston, ON	Yes	Yes	CM, TW, JM
10	CLEAR Annual Education Conference	Sep 18 – 21	Minneapolis, MN	?	No	CM?, AH?
11	Independent Diagnostic Clinics Association (IDCA)	Sep 20	Richmond Hill, ON	Yes	Yes	LG/TL Presenting?
12	CARO – CAMRT Joint Scientific Meeting <i>(Canadian Association of Radiation Oncology)</i>	Oct 2 – 5	Halifax, NS	Yes	Yes	CM, AH, Angela Cashell
13	Canadian Network of Agencies for Regulation (CNAR)	Oct 28 – 30	Quebec City, QC	Yes	No	LG, EU, JM, AH, TW
14	ICE Exchange <i>(Institute for Credentialing Excellence)</i>	Nov 18 – 21	San Diego, CA	No	No	CM, JM?
15	CMRTO Workshops	Fall 2019	Province of Ontario	Yes	No	LG
16	FARB	Jan 2020		Yes	No	TL, EU



Post Meeting Evaluations: Council Meeting, March 29, 2019

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:
