

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

Office of the Minister

10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto ON M7A 2C4  
Tel. 416 327-4300  
Fax 416 326-1571  
www.ontario.ca/health

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

Bureau du ministre

Édifice Hepburn, 10<sup>e</sup> étage  
80, rue Grosvenor  
Toronto ON M7A 2C4  
Tél. 416 327-4300  
Télééc. 416 326-1571  
www.ontario.ca/sante



**DEC 17 2014**

HLTC29681T-2014-425

Dear Presidents, Registrars and Executive Directors:

The Premier recently announced initiatives to raise awareness of sexual violence and harassment, enhance prevention initiatives to combat sexual discrimination, harassment and violence, and improve support for victims. As part of her announcement, Premier Wynne has asked Ministers to bring forward options to enhance support for victims of sexual violence in a number of sectors, including health care.

The purpose of the sexual abuse provisions as set out in the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), is to encourage the reporting of sexual abuse by regulated health professionals, provide funding for therapy and counseling for patients who have been sexually abused by such professionals, and ultimately, to eradicate the sexual abuse of patients by health regulatory college members. However, concerns have been raised recently about the RHPA's sexual abuse provisions and whether changes are needed to update them.

As a result of these concerns and keeping the Premier's announcement in mind, I have established the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991*. I have asked the Task Force to examine and provide me with advice and recommendations on how best to strengthen the RHPA's sexual abuse provisions by no later than the Spring of 2015.

I am pleased that Ms. Marilou McPhedran, the Honourable R. Roy McMurtry and Ms. Sheila MacDonald have agreed to participate on the Task Force. These individuals bring a wealth of knowledge and experience and their appointment signals the importance that I place on the issue of sexual abuse of patients.

Accordingly, I am asking that all Colleges fully participate in and cooperate with the Task Force as it carries out its advisory work.

I would also like to emphasize the importance of health regulatory Colleges' patient relations programs with regard to the sexual abuse of patients. I am therefore also asking each health regulatory College to provide me with information on the current status and operations of its patient relations program's measures for preventing and dealing with the

Registrars and Executive Directors

sexual abuse of patients. Specifically, such information should include information on the patient relations program's educational requirements for members, guidelines for the conduct of members, training for college staff, and measures regarding the provision of information to the public.

I ask that the Councils and transitional Councils of each health regulatory College report back to my Ministry by no later than January 23, 2015. Please report back to the following ministry official:

John Amodeo  
Director  
Health System Labour Relations and Regulatory Policy Branch  
Ministry of Health and Long-Term Care  
12th Floor  
56 Wellesley St W  
Toronto ON M5S 2S3  
E-mail: John.Amodeo@ontario.ca

I further ask that Colleges continue to ensure that individuals who bring forward complaints regarding allegations involving sexual abuse of a patient are treated sensitively and compassionately.

I look forward to reviewing what the Task Force has to say on these issues and continuing to work with you to affirm and reinforce Ontario's ongoing commitment to a zero tolerance approach to sexual abuse of patients by regulated health professionals.

Yours sincerely,



Dr. Eric Hoskins  
Minister



By email to [John.Amodeo@ontario.ca](mailto:John.Amodeo@ontario.ca)

January 21, 2015

John Amodeo  
Director  
Health System Labour Relations and Regulatory Policy Branch  
Ministry of Health and Long-Term Care  
12<sup>th</sup> Floor  
56 Wellesley St. W.  
Toronto, ON M5S 2S3

Dear Mr. Amodeo:

**Re: Sexual Abuse Prevention**

The Council of the College of Medical Radiation Technologists of Ontario (CMRTO) is pleased to respond to Minister Hoskins' letter dated December 17, 2014 and provide you with information on the current status and operation of CMRTO's patient relations program's measures for preventing and dealing with the sexual abuse of patients.

The CMRTO participated in the two previous evaluations of the effectiveness of health regulatory college patient relations programs conducted by the Health Professions Regulatory Advisory Council (HPRAC), which resulted in reports to the Minister of Health and Long-Term Care in May 2001 and May 2008. The CMRTO also welcomes the opportunity to participate in the work of the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991*.

**1. CMRTO's Patient Relations program**

The CMRTO has always had a Patient Relations Committee (PRC) made up of public and professional members whose mandate is to advise Council regarding the patient relations program. The patient relations program includes measures for preventing and dealing with sexual abuse of patients, which include educational requirements for members, guidelines for the conduct of members with their patients, training for the CMRTO's staff and the provision of information to the public in accordance with the legislative requirements.

More recently, the CMRTO Council developed a new strategic plan for the years 2014-2016. This new strategic plan has three strategic goals, one of which is *to increase awareness and*

*understanding of the role of the CMRTO through communications with the public and members.* These goals guide the activities and initiatives of Council. The CMRTO strategic plan is available on the website at <https://www.cmrto.org/resources/publications/strategic-plan-2014-2016>.

As a result of a recent governance review conducted by the CMRTO Council, the Executive Committee now also acts as the Patient Relations Committee, reflecting the importance of the role and the fact that the Patient Relations Program and any patient relations initiatives should permeate all activities undertaken by the CMRTO and should not be restricted to the activities of a single committee.

## **2. Educational requirements & guidelines for members**

### **a. Accreditation**

The CMRTO believes it is important to ensure that the principles of sexual abuse prevention and zero tolerance are taught as part of the curriculum for medical radiation technologists in training. All educational programs for MRTs in Ontario are accredited according to criteria based on the CMRTO standards of practice and the national competency profile of the Canadian Association of Medical Radiation Technologists (CAMRT), which is approved by the CMRTO. The CMRTO participates as part of the team that accredits educational programs in Ontario and the inclusion of education on sexual abuse prevention in the curriculum is one of the required criteria to achieve accreditation.

### **b. Instructor's guide**

The CMRTO has developed an Introductory Instructor's Guide for Educational Programs in Medical Radiation Technology entitled *Prevention of Sexual Abuse of Patients*. This was cited as an innovative patient relations practice in HPRAC'S 2008 report and it has been shared with other colleges who have adapted it for their own use. It is reviewed annually by the PRC to ensure it is current and is easily accessible from the CMRTO website at <https://www.cmrto.org/what-we-do/professional-conduct/sapp/sexual-abuse-prevention> .

### **c. Jurisprudence program**

The CMRTO also recognized that many applicants for registration receive their education in medical radiation technology outside Ontario and Canada in programs that are not subject to Ontario's accreditation criteria. In order to ensure that all applicants for registration are familiar with the principles of sexual abuse prevention, the CMRTO amended its registration regulation to include a requirement for registration that all applicants must successfully complete a course in jurisprudence set and approved by the CMRTO Council. The jurisprudence course must now be completed by all applicants and contains a specific module about sexual abuse prevention and the patient relations program. This way, the CMRTO can be confident that all applicants for registration, regardless of where they were educated, are familiar with the principles of sexual

abuse prevention and their responsibilities and obligations including the mandatory reporting of suspected sexual abuse of a patient. The jurisprudence program is a self-study program which is available at no cost on the CMRTO website at <https://www.cmrto.org/resources/legislation-regulations-by-laws/jurisprudence/legislation-learning-package> .

#### **d. Standards of Practice and Code of Ethics**

All medical radiation technologists (MRTs) are required to practice in accordance with the CMRTO's Standards of Practice and Code of Ethics which are reviewed regularly and revised as required. The Standards of Practice were last updated in 2011 and the Code of Ethics in 2014.

The Standards of Practice include the following specific standard that addresses MRTs' relationships with their patients:

*MRTs have patient care as their main concern.*

*MRTs must maintain clear and professional boundaries in relationships with patients and treat all patients with dignity and respect. MRTs must have the knowledge, skills and judgement to avoid placing patients at unnecessary risk of harm, pain or distress. MRTs must be able to provide appropriate responses to patient inquiries about procedures and related issues, and accept the patient's autonomy and the right of the patient or the patient's substitute decision maker to consent to or refuse service. MRTs must understand how and act to protect the confidentiality of all professionally acquired information about patients and the privacy of patients with respect to that information, while facilitating the effective delivery of health care.*

There are also several indicators under that standard that speak more specifically to sexual abuse prevention including the following:

*MRTs must*

- *treat the patient with dignity and respect and in accordance with the Code of Ethics of the College*
- *make modifications to procedures based on the patient's physical, medical and/or emotional status and needs, based on the MRT's assessment of the patient's physical, medical and/or emotional status and needs*
- *instruct the patient to remove only the clothing and items that will interfere with the diagnostic or therapeutic procedures*
- *provide the patient with a gown or sheet to cover areas where clothing was removed*
- *explain to the patient when and where the MRT might touch him/her and why*
- *touch the patient in only those areas needed to facilitate carrying out the procedure*

In addition, the CMRTO Code of Ethics sets out MRTs' responsibilities to their patients as follows:

MRTs act in the best interests of their patients by:

- *upholding the principle of informed consent including the right of the patient, or the patient's substitute decision maker, to refuse service;*
- *respecting the dignity, privacy and autonomy of their patients;*
- *maintaining clear and appropriate professional boundaries in the MRT – patient relationship;*
- *treating all patients equitably, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, same sex partnership status, family status, disability or type of illness;*
- *providing individualized, comprehensive and safe treatment during examinations or therapy sessions, taking into account the patient's particular physical and emotional needs, values and cultural background; and*
- *preserving and protecting the confidentiality of information acquired through professional contact with the patient, except to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information.*

The CMRTO Standards of Practice are available on the CMRTO website at:

<https://www.cmrto.org/resources/publications/standards-of-practice> and the Code of Ethics are available at: <https://www.cmrto.org/resources/publications/code-of-ethics> .

#### **d. Guidelines and information - What you must know about...**

In addition to the guidance provided to MRTs by the Standards of Practice and the Code of Ethics, the CMRTO has developed a series of publications called *What you must know about...* which provide additional information and guidance to members on specific topics. Included in this series is *What you must know about...sexual abuse* which is available on the CMRTO website at: <https://www.cmrto.org/resources/publications/wymkas/sexual-abuse> . This document is reviewed annually by the Patient Relations Committee and revised when required to ensure its currency and relevance.

Most recently, in September 2014, the CMRTO developed and published *What you must know about...communicating with patients* which includes communication guidelines for MRTs. The communication guidelines were developed to bring the principles of patient and family centred care into the practice of MRTs in Ontario. The CMRTO worked with patient and family representatives and MRTs practising in various settings in the development of this innovative document. The communication guidelines were introduced to members by the Registrar in a series of meetings across the province to stimulate discussion and encourage feedback. MRTs across the province welcomed the publication and shared their enthusiasm and support for optimizing communication with their patients and for providing patient and family centred care. The document is available on the CMRTO website at:

<https://www.cmrto.org/resources/publications/wymkas/communicating-with-patients> .

#### **e. CMRTO's Quality Assurance Program**

The CMRTO's Quality Assurance program (QAP) is in place to ensure the continuing competence of our members. All members must confirm their compliance with the QAP annually when they renew their registration each year. Members must also complete a Quality Assurance Portfolio each calendar year. The Portfolio includes a self-assessment based on the standards of practice, a QA Profile which describes the member's practice and a method to keep a record of continuing education and professional development activities completed each year. Each member is required to complete and record at least 25 hours of continuing education and professional development activities each year.

Another component of the CMRTO's quality assurance program is a Peer and Practice Assessment by means of a multi-source feedback (MSF) system, which includes a self, peer and co-worker, and patient assessment of an MRT's practice, based on the standards of practice. The patient assessment questionnaire includes specific questions regarding the MRT's communication and conduct with the patient. The CMRTO believes that because the QAP is grounded in the standards of practice and seeks direct patient input regarding MRT conduct, it also contributes to our member's knowledge and understanding of the sexual abuse prevention principles and the CMRTO's philosophy of zero tolerance of sexual abuse of patients. Further information on the MSF peer and practice assessment can be found on the CMRTO website at: <https://www.cmrto.org/resources/publications/qa-msf-handbook> .

#### **f. Professional practice information**

The CMRTO publishes *Insights*, a member newsletter that is also accessible to the public via the website, which often includes topical professional practice articles and case studies to instruct and guide MRTs' conduct with their patients. This information is available on the CMRTO website at: <https://www.cmrto.org/resources/publications/insights/> .

### **3. Staff training**

CMRTO staff who take calls from the public all receive orientation and sensitivity training that includes orientation to the principles of sexual abuse prevention. The CMRTO values providing personal assistance to all callers and therefore ensures that telephone calls are answered immediately by a person and not by automated attendant or voicemail, which can be frustrating to the public and in particular a person calling to make a complaint.

CMRTO's Director of Professional Conduct who deals with complaints and reports regarding MRT conduct has received advanced training in handling allegations of abuse through the Council on Licensure, Enforcement and Regulation and participates in any available continuing education related to sexual abuse prevention.

#### 4. Information for the Public

##### **e. CMRTO website**

In 2014, as part of the strategic goal *to increase awareness and understanding of the role of the CMRTO through communications with the public and members*, the CMRTO developed and implemented a new communications strategy. The first phase of the communications strategy was implemented in 2014 – the redesign of the website. The website was redesigned and refreshed with an emphasis on improved navigation and ease of access to information for the public and for members.

The CMRTO's website is our primary communication vehicle to reach the public of Ontario. The website has a dedicated "Public" tab that includes information about the CMRTO and MRTs as well as links to information about the complaints process, how to file a complaint and the public register. The public can also access the Standards of Practice and Code of Ethics as well as all CMRTO's publications from the website. The CMRTO website is available at: [www.cmrto.org](http://www.cmrto.org) .

##### **f. The Public Register of MRTs**

The public register is an important resource for the public to obtain information about MRTs. The CMRTO recently amended its bylaws to allow more information to be included on the public register including any restriction placed on members by the courts that might be relevant to their practice, such as bail conditions that are imposed as a result of criminal charges being laid. In addition, improvements have been made to the search functionality of the public register to make it easier to find information about MRTs. The CMRTO public register can be found on the CMRTO website at: <https://www.cmrto.org/public-register-of-mrts/> .

As part of its planned transparency review in 2015, the CMRTO will review and examine what information is available to the public and consider whether any additional information should be added to the website and/or public register.

##### **c. Public service announcements**

Through the Federation of Health Regulatory Colleges of Ontario (FHRCO), the CMRTO participates in valuable public service announcements through a variety of methods. The FHRCO website provides information to the public on the importance of regulation for the protection of the public, and how to contact colleges. This information can be found on the FHRCO website at: <http://www.regulatedhealthprofessions.on.ca/for-the-public.html> .

##### **d. Information provided directly to patients**

From time to time, the CMRTO is advised or receives information that a member has been charged with the sexual assault of a patient. In these cases, the Director of Professional Conduct makes contact with the police to provide written information directly to the victim regarding the role of the CMRTO in handling complaints about MRT conduct, encouraging the



patient to contact the CMRTO Director of Professional Conduct for further information. We follow the same process with employers or other professionals making mandatory reports regarding allegations of sexual abuse where the patient has asked not to be named in the report. This approach ensures that patient confidentiality is preserved but provides patients with the essential information regarding the CMRTO complaints process.

## **Conclusion**

The CMRTO is firmly committed to a zero tolerance philosophy as it relates to sexual abuse and takes seriously its role in sexual abuse prevention. Sexual abuse prevention is taught in MRT educational programs and through the jurisprudence course requirement for registration, member conduct is guided by the Standards of Practice and Code of Ethics and guidelines outlined in the *What you must know about...* publications. Information is provided to members and the public on the CMRTO website and the CMRTO's strategic goals articulate the commitment to increase awareness and understanding of the role of the CMRTO through communications with the public and members.

I hope this information is helpful. If you have any questions or require any additional information, please do not hesitate to contact Linda Gough, Registrar.

Sincerely,

A handwritten signature in cursive script that reads "Donna D. Lewis". The signature is written in black ink and is positioned above the typed name.

Donna D. Lewis, MRT(T)  
President