

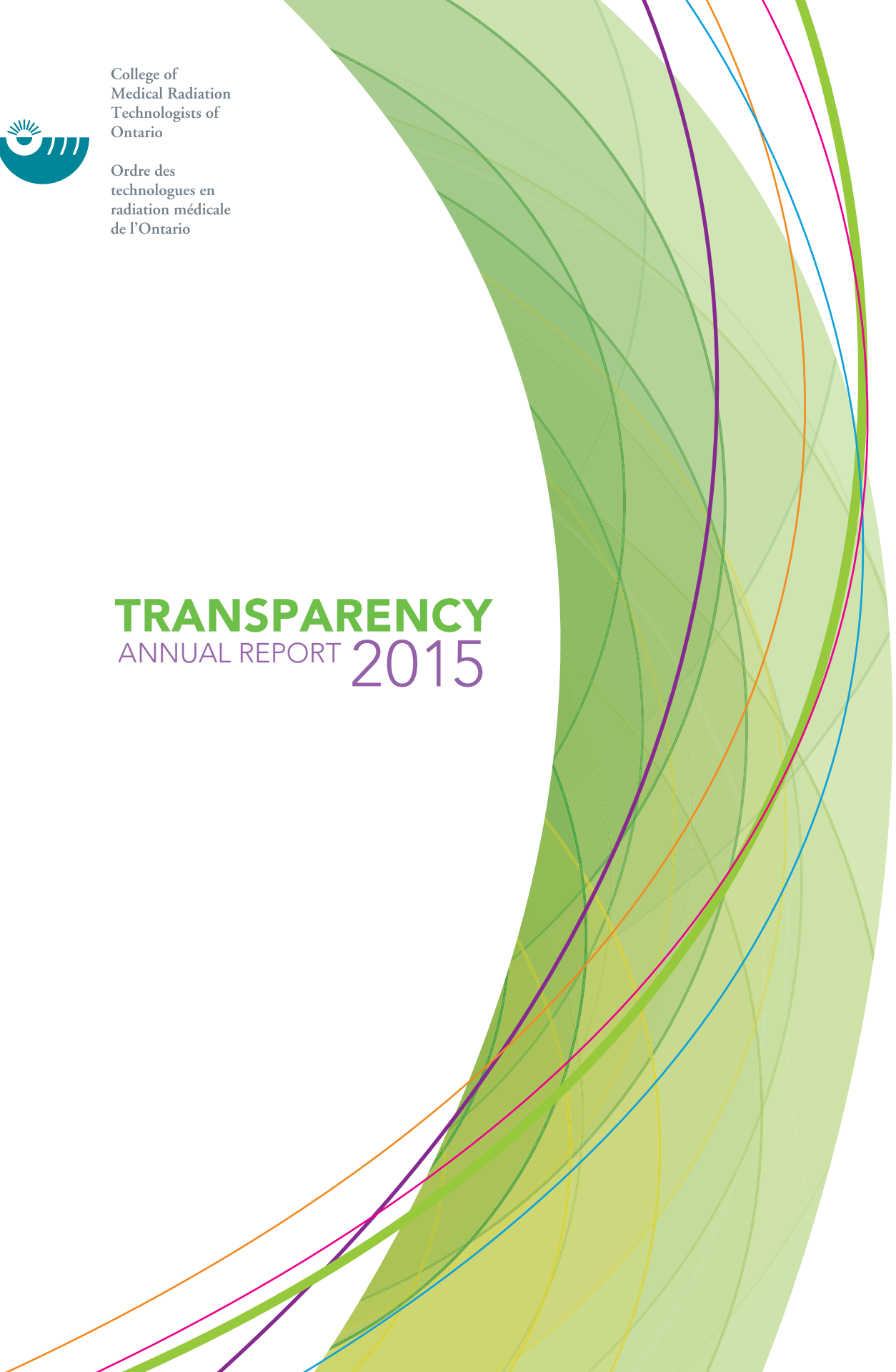


College of  
Medical Radiation  
Technologists of  
Ontario

Ordre des  
technologues en  
radiation médicale  
de l'Ontario

# TRANSPARENCY

ANNUAL REPORT 2015



## **MISSION**

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

## **VISION**

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

## **VALUES**

Integrity | Fairness | Respect | Professionalism

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## PRESIDENT'S MESSAGE

### Bronwen Baylis

When I assumed the responsibilities of President of the CMRTO in June of 2015, I thought a lot about how much there is to do. It feels as if we are so often in the throws of change, driven as many in our profession are by our desire to protect the interests of the public and to safeguard the quality of our professional practice.

But I took confidence from looking back at what we have been able to accomplish over the past three years as a Council and a profession, and in particular the three-year project we undertook to refresh our governance structure — now complete for the time being.

Governance is about who makes decisions, how they make them, and how others affected by the decisions make their voice heard. Above all it is about demonstrating accountability to the public, the profession and each other as Council members for the decisions taken and the initiatives undertaken.

Some of the elements of this governance restructuring will be known to you, others perhaps less so because they touch on the internal workings of the CMRTO, Council and the statutory committees, although all progress has been reported in Insights, on the website and in some previous annual reports. Key among our progress in governance and accountability are the following accomplishments completed by Council over the past three years:

- A balanced scorecard that rationalizes statistics provided by committees so that it is easier for Council to focus on key performance metrics with respect to the work of the CMRTO as a regulatory body and 'corporate' entity
- A dashboard that makes selected scorecard results easily accessible as a snapshot of CMRTO's regulatory, strategic and member engagement initiatives
- A thorough evaluation process that looks at the performance of Council as a whole and includes assessments of Council's performance, its meetings, the work of its committees as well as self-assessments of Council and committee members
- A comprehensive review of financial reporting to Council and streamlining of financial reporting mechanisms and investment policies

- Ensuring approved policies are readily available to all Council and Committee members
- Providing additional orientation processes for new and experienced Council members so they have a more in-depth understanding of their roles
- The implementation of an annual performance review of our Registrar & CEO and a review of her employment contract

In the end, though, governance is about being answerable and accountable to the public, regulators and members. Our new 'What you must know about...professional accountability' (WYMKA) is symbolic of our commitment to help members understand what accountability means in their day-to-day professional practice. The WYMKA examines the clear and transparent ways in which MRTs must be accountable to their patients and the public to provide safe, effective and ethical medical radiation technology services.

As I took up my new role in June 2015, and as I look ahead to my tenure as President, there is one adjustment about which I would love your feedback. While the CMRTO President has always taken a significant leadership role within Council, of lesser priority has been being visible to members as an elected leader within the profession. I think the time has come for me, as young people say today, to 'step out' . . . to become someone many more of you recognize as the face of your Council. Let me assure I am up for it (although a little trepidatious). So, please look for some announcements in this regard over my term.

Finally, having only assumed the role of President in June 2015, I would be remiss not to express my heartfelt thanks for the work of my predecessor. The highlights you see here are a result of the leadership Donna Lewis provided during her nine-year term on the CMRTO Council and her three-year term as President. Her outstanding contribution and leadership will have an enduring impact on the CMRTO; moreover, her support and friendship to me will ensure that her legacy is sustained during my tenancy in the role.



## REGISTRAR & CEO'S MESSAGE

### Linda Gough

Many CMRTO members have been practising as MRTs in Ontario for at least ten years, and I wonder sometimes if many of you feel the way I do about the extent of the changes in our profession that we have witnessed during that time.

For my part, looking back to nine years as CMRTO Registrar, I am astonished at how far we have come as a profession and a regulatory college. Enumerating the changes would take up all the space I have for this message and, in fact, could easily consume the whole of an annual report — and your patience.

But in the last two to three years in particular we have accomplished much:

- We have demonstrated our commitment to more rigorous governance of the CMRTO and have been assertive about our commitment to transparency.
- We have advanced our leading quality assurance program, including the creation of the ePortfolio and in 2015 creating the QuickQA app available to all CMRTO MRTs for download on their mobile devices to record their continuous learning information on the go. (The information entered into the app is uploaded directly to your ePortfolio.)
- We increased the information available about MRTs on the public register online for the use of managers and the public.
- We have responded successfully to a number of major initiatives by the Office of the Fairness Commissioner, the Ministry of Health and Long-Term Care, and HealthForce Ontario among other government agencies.
- We have taken the lead in reviewing, assessing and strengthening our transparency processes and behaviors to ensure we meet and exceed provincial government requirements.
- We rebuilt our website so that it can become the hub for all public information needs, as well as member requirements for such transactions as online registration.

- And we made steps to improve our communication to members, the public and the provincial government, including launching a social media strategy that has seen us create a presence on Facebook and Twitter, today's two leading social media platforms, and inaugurating a Registrar's blog.

Indeed, we are now a very different college than we were even five years ago. But we have needed to be to face the challenges that confront regulatory bodies in Ontario in the 21st century, and that will confront the CMRTO in the coming few years.

There are more substantive changes for us on the horizon. During 2015 the Health Professions Regulatory Advisory Council (HPRAC) reviewed an application by the Ontario Association of Medical Radiation Sciences regarding the regulation of diagnostic sonography, and conducted an extensive public and stakeholder consultation on the issue. On August 24, 2015, Minister Hoskins released HPRAC's report and one of the recommendations outlined is that diagnostic medical sonographers be regulated with CMRTO.

Since CMRTO also believes it is in the best interest of the public of Ontario to regulate diagnostic sonographers with medical radiation technologists under one regulatory College, it would not be surprising if the government moves to do so in the near future. Given there are upwards of 3,000 sonographers practising in Ontario, having sonographers joining medical radiation technologists would be a huge — even disruptive — undertaking.

However, precisely because of the advances I have referenced, those in the President's message and others too numerous to mention, I am absolutely confident the CMRTO, its members and its Council are strongly positioned to take on this task going forward should it be approved by the Ontario Ministry of Health and Long-Term Care.

We are ready.

## REPORT FROM COUNCIL

### Council

Bronwen Baylis, President (President from June 18, 2015, Vice-President to June 18, 2015)	MRT(R)	District 4 – Radiography
Wendy Rabbie, Vice-President (Vice-President from June 18, 2015)	MRT(R)	District 2 – Radiography
Elaine Bremer	Public Member	
Patrice Burke	Public Member	(to April 20, 2015)
Angela Cashell	MRT(T)	District 5 - Radiation Therapy (from June 18, 2015)
Janice Hoover	Public Member	(from August 15, 2015)
Mary Ann Ginty	MRT(R)	District 1 - Radiography
Donna D. Lewis (President to June 18, 2015)	MRT(T)	District 5 - Radiation Therapy (to June 18, 2015)
Claudina Di Zio (Dina) Longo	MRT(R)	District 3 - Radiography
Franklin Lyons	Public Member	
Elnora Magboo	Public Member	
Hal McGonigal	Public Member	
Jay A. Neadles	MRT(MR), MRT(R)	District 8 - Magnetic Resonance
Cathryne Palmer	MRT(T)	District 7 - Faculty
Sandra Upton	MRT(N)	District 6 – Nuclear Medicine (from February 11, 2015)
Martin Ward	Public Member	

### Executive Committee

Bronwen Baylis, President	MRT(R)	Council Member
Wendy Rabbie, Vice-President	MRT(R)	Council Member (from June 18, 2015)
Angela Cashell	MRT(T)	District 5 - Radiation Therapy (from June 18, 2015)
Donna D. Lewis	MRT(T)	Council Member (to June 18, 2015)
Elnora Magboo	Public Member	Council Member
Jay A. Neadles	MRT(MR), MRT(R)	Council Member
Martin Ward	Public Member	Council Member (from June 18, 2015)



The following is a summary of what has been a noteworthy and extremely productive year for Council, its statutory committees and CMRTO staff.

## Transparency, Governance and Accountability

CMRTO has always taken - and continues to take - initiatives that confirm our commitment to making accountability and transparency the keystones of our decision-making and our strategic direction as a college.

Council has completed a comprehensive review of its governance structure and practices, the goal of which was to ensure the CMRTO is meeting or exceeding current expectations for accountability and transparency in its governance. In 2013, we expanded the information available on the public register about MRTs and approved a new strategic plan.

In March of 2015, CMRTO Director of Professional Conduct, Tina Langlois, conducted a second transparency review to assess the responses of other RHPA (*Regulated Health Professions Act*) regulatory colleges to Minister Hoskins' October 4, 2014 correspondence, outlining their current and planned initiatives to increase transparency.

The review also outlined the transparency principles developed by The Advisory Group for Regulatory Excellence (AGRE) that are guiding the transparency work at health regulatory colleges.

AGRE is made up of six health regulatory colleges: the College of Physicians and Surgeons of Ontario, the College of Nurses of Ontario, the Royal College of Dental Surgeons of Ontario, the Ontario College of Pharmacists, the College of Physiotherapists of Ontario and the College of Optometrists of Ontario. These six colleges formed AGRE in 2012 to create a working group on transparency. Their goal was to examine information-sharing practices and to make recommendations on how regulators can make more information about members and college processes available to the public.

The AGRE colleges have broken the transparency work into two phases and each college is proceeding with Phase 1 and 2 changes according to their own timelines. For its own part, the CMRTO Council has made the topic 'Transparency Initiative' a standing item on the Council agenda, and has endorsed the AGRE transparency principles and uses the principles as the decision framework in CMRTO's transparency review.

The eight AGRE transparency principles are set out below:

1. The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system of self-regulation works effectively.
2. Providing more information to the public has benefits, including improved patient choice and increased accountability for regulators.
3. Any information provided should enhance the public's ability to make decisions or hold the regulator accountable. This information needs to be relevant, credible and accurate.

4. In order for information to be helpful to the public, it must:
  - Be timely, easy to find and understand
  - Include context and explanation
5. Certain regulatory processes intended to improve competence may lead to better outcomes for the public if they happen confidentially.
6. Transparency discussions should balance the principles of public protection and accountability, with fairness and privacy.
7. The greater the potential risk to the public, the more important transparency becomes.
8. Information available from colleges about members and processes should be similar.

### **Report from the Task Force on Sexual Abuse**

In 2015, the Patient Relations Committee anticipated the release of the report from the Task Force on Sexual Abuse appointed by the Minister of Health and Long-Term Care, however the report was not released in 2015.

### **Communications**

In 2014, Council approved a new communications strategy for the next three years. Summer of 2015 saw the last print edition of Insights, CMRTO's newsletter, delivered to members and stakeholders through the mail. In keeping with CMRTO's Strategic Plan, we continue to transition away from print publications in favour of more web-based and electronic communications.

### **Diagnostic Medical Sonographers**

In August 2015, Minister Hoskins released the Health Professions Regulatory Advisory Council (HPRAC) report on recommendations for the regulation of diagnostic sonographers. One of the recommendations outlined in the report is that diagnostic medical sonographers be regulated with the CMRTO.

In developing its report, HPRAC reviewed the Ontario Association of Medical Radiation Sciences' (OAMRS) application regarding the regulation of diagnostic sonography, and conducted an extensive three month public and stakeholder consultation. The position of the CMRTO is that it is in the best interest of the public of Ontario to regulate diagnostic sonographers with medical radiation technologists under one regulatory College.

CMRTO has continued discussions with the Ministry and other stakeholders about prospective next steps on this important public protection initiative. In November, the CMRTO presented to the Health Human Resources Strategy Division of the Ministry on the practice of sonographers and the regulatory framework to integrate the profession into CMRTO.

## Quality Assurance

In September, the CMRTO was pleased to announce the release of the innovative CMRTO Quality Assurance QuickQA mobile application for mobile devices! The app is available to all CMRTO MRTs for download to record their continuous learning information on the go. The information entered into the app is then uploaded directly to their ePortfolio. The app took many months to develop by the CMRTO QA Committee and Claymore Inc., the company that also developed the CMRTO ePortfolio. Thank you to the focus group of MRTs who assisted in its development. The app is available for download from the Google or Apple stores.

## Review of the Healing Arts Radiation Protection Act (HARP Act)

In October, Registrar & CEO, Linda Gough, met with two ADMs at the Ministry and the CMRTO provided a submission to the Expert Panel to Enhance the Safety and Quality of Energy-Appling Medical Devices in Ontario (EAMD Panel) of Health Quality Ontario (HQQ), on the important work of developing recommendations and advice to HQO on the modernization of the HARP Act.

## Registrar's Workshops

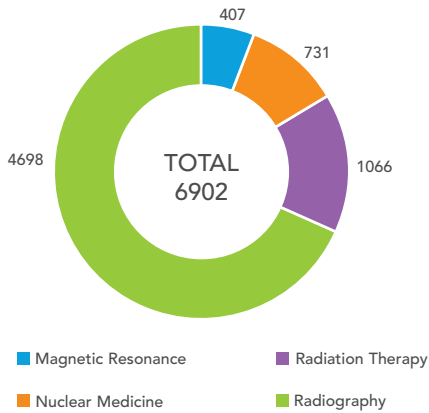
Throughout October 2015, the CMRTO's Registrar, Linda Gough, presented a series of well received information workshops at 11 locations around the province. This year's topics included the new CMRTO publication 'What you must know about...professional accountability'. The publication examines how, as regulated health professionals, MRTs are accountable to their patients and the public to provide safe, effective and ethical medical radiation technology services.

The new publication also promotes collaborative care in medical radiation technology by supporting MRTs to practice effectively within interprofessional care teams by clarifying expectations of practice, common standards of practice, and providing a strong scope of practice statement.

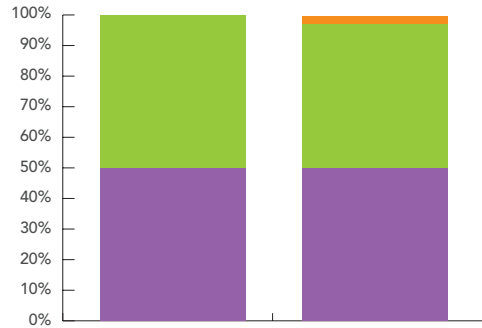
Other important topics covered at the Registrar's workshops were the Ministry of Health and Long Term Care's transparency initiative, an update on the CMRTO quality assurance (QA) program – the multisource feedback system (MSF) and the new QA App – and the Health Professions Regulatory Advisory Council (HPRAC) report about the regulation of diagnostic medical sonographers, a topic generating much interest among MRTs.

# CMRTO DASHBOARD Q4: JANUARY 1 - DECEMBER 31, 2015

## Active Members by Primary Specialty

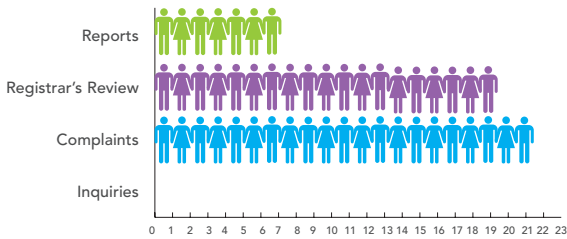


## Quality Assurance

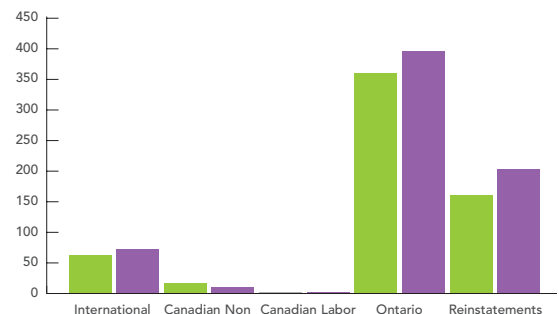


	2014 Portfolio	2015 MSF
Reassigned to Portfolio & Met Requirements		16
Met Requirements	661	186
Req'd to Submit	661	202

## Professional Conduct New Cases

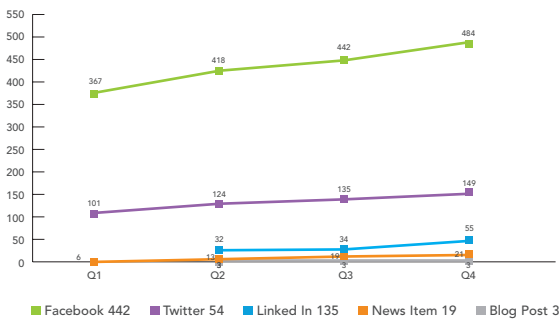


## Applications

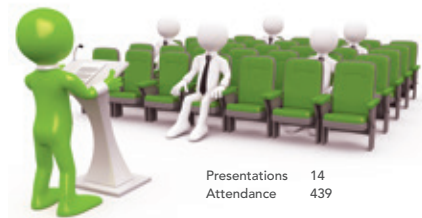


	2014	2015
International	64	73
Canadian Non-Labor Mobility	17	10
Canadian Labor Mobility	2	3
Ontario	364	401
Reinstatements	163	205

## Social Media Use



## Strategic & Member Engagement

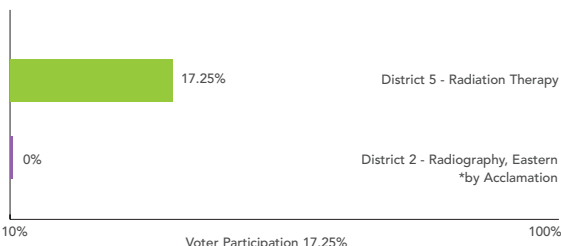


Presentations 14  
Attendance 439

### Strategic Plan Progress

Strategic Plan Progress	On Target
Facilitate safe use of new and changing diagnostic and therapeutic technologies by MRTs	✓
Contribute to quality patient care and treatment through leadership and collaboration	✓
Increase awareness and understanding of the role of the CMRTO through communications with the public and members	✓

## Elections 2015



## COMMITTEE REPORTS

### Inquiries, Complaints and Reports Committee

Wendy Rabbie, Chair	MRT(R)	Council Member
Bronwen Baylis	MRT(R)	Council Member
Elaine Bremer	Public Member	Council Member
Patrice Burke	Public Member	Council Member (to April 20, 2015)
Angela Cashell	MRT(T)	Council Member (from June 18, 2015)
Benoit Guibord	MRT(T)	Appointed Member
Jane MacFayden	MRT(MR), MRT(R)	Appointed Member
Kimberly Thorvaldson	MRT(R)	Appointed Member (from June 18, 2015)
Martin Ward	Public Member	Council Member (from June 18, 2015)
David M. Wilson	MRT(N)	Appointed Member

The Inquiries, Complaints and Reports (ICR) Committee is the statutory committee under the *Regulated Health Professions Act* (the RHPA) responsible for handling all complaints, reports and inquiries regarding member conduct.

The Chair of the ICR Committee has appointed two separate panels, the Inquiry Panel and the Complaints and Reports Panel. The panels hold separate meetings and deal with distinct matters and therefore their data is tracked separately.

#### Inquiry Panel

Inquiry cases involve issues related to a member's fitness to practise. The inquiry is focused on identifying if a member is suffering from a physical or mental condition or disorder, the nature and extent of the condition or disorder and whether to refer the matter to the Fitness to Practise Committee for a hearing. These cases are handled by the Inquiry Panel of the ICR Committee.

## Complaints and Reports Panel

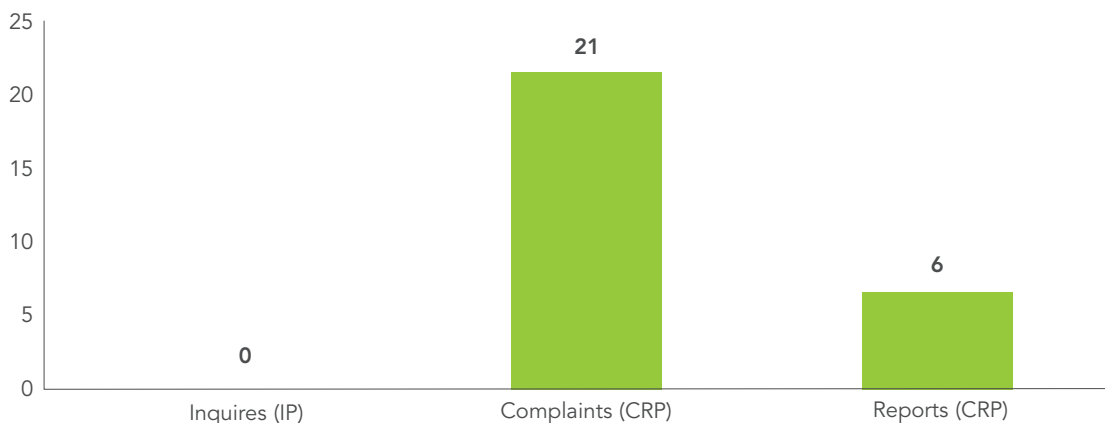
Complaint cases are opened when the CMRTO receives a written/recorded complaint regarding the conduct of a member. These cases are investigated by the Complaints and Reports Panel of the ICR Committee.

The Complaints and Reports Panel of the ICR Committee also considers reports made by the Registrar regarding the results of an investigation conducted by an investigator appointed by the Registrar. With the approval of the ICR Committee, the Registrar may appoint an investigator to conduct an investigation to determine whether a member has engaged in professional misconduct or is incompetent.

In 2015, panels of the Inquiries, Complaints and Reports Committee reviewed a total of 27 new cases. Of those cases, 21 were complaints, and 6 were reports. Panels of the Inquiries, Complaints and Reports Committee issued a total of 21 decisions.

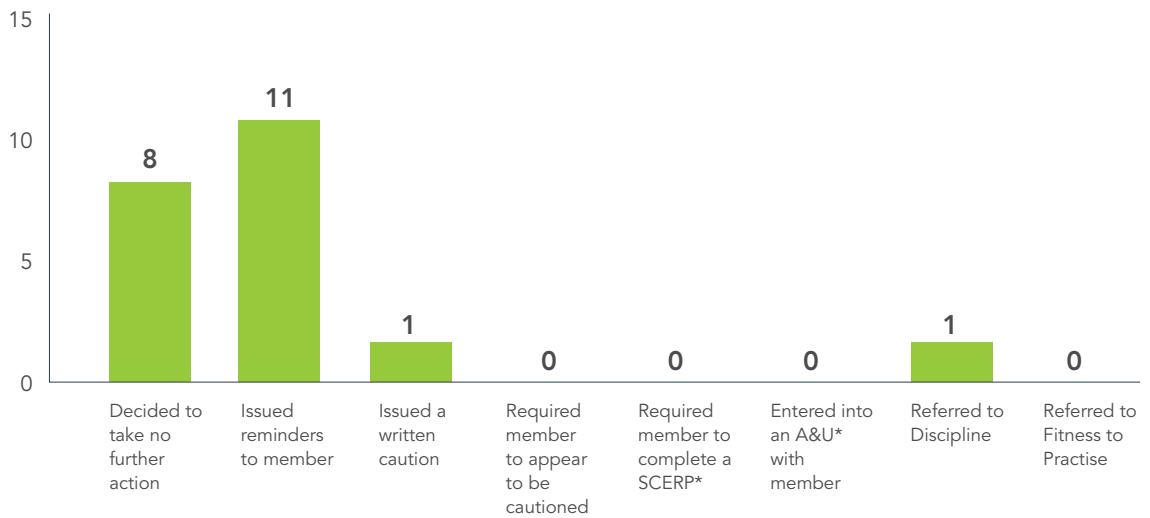
Below are charts that show the total number of cases reviewed and the outcomes of the decisions issued by the ICR Committee in 2015, as well as a breakdown of the complaints and reports by the related practice standard. Please note that a decision may involve more than one outcome and more than one practice standard.

**Total number of cases reviewed by panels of the ICR Committee in 2015**



IP – Inquiry Panel      CRP – Complaints and Reports Panel

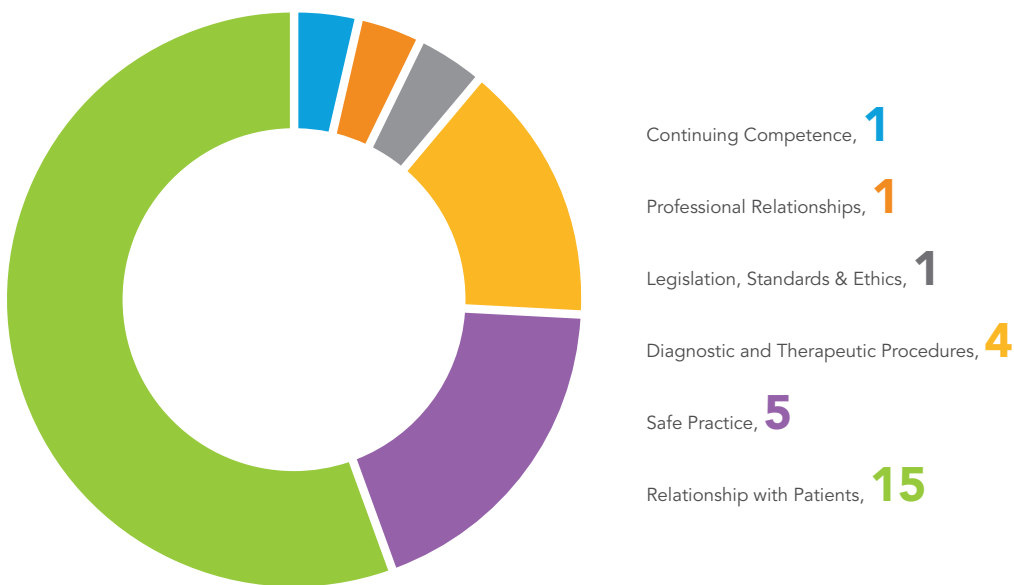
### Decision Outcomes issued by panels of the ICR Committee in 2015



\*SCERP - specified continuing education and remediation program

\*A&U - Acknowledgement & Undertaking

### Complaints/Reports by Practice Standard 2015



A complaint or report may involve more than one practice standard. The total number of practice standards may not equal the total number of complaints and reports decisions issued. The practice standard involved in a complaint or report are assigned at the time the decision is issued.

## Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) is an agency of the government, independent of the CMRTO that is responsible for reviewing the decisions of the Inquiries, Complaints and Reports Committee regarding complaints. HPARB can review both the adequacy of the investigation and the reasonableness of the decision. A review may be requested by either the complainant or the member who is the subject of the complaint.

In 2015 there was one HPARB matter carried over from 2014. In this case, HPARB confirmed the decision of the Inquires, Complaints & Reports Committee. In 2015 there were two new requests made to HPARB for a review. The decisions in the review of these matters were not issued in 2015.

## Transparency

In 2015, as part of the CMRTO's ongoing transparency project, the ICR Committee undertook a detailed analysis of its decision making from a risk perspective and also ensured that the CMRTO's ICR Committee outcomes align with those recommended by the Advisory Group on Regulatory Excellence.

## Discipline Committee

Claudina Di Zio (Dina) Longo, Chair	MRT(R)	Council Member
Ebenezer Adiyiah	MRT(R)	Appointed Member
Martin J. Chai	MRT(T)	Appointed Member
Lisa S. Di Prospero	MRT(T)	Appointed Member
Gina Du	MRT(N)	Appointed Member
Mary Ann Ginty	MRT(R)	Council Member
Franklin Lyons	Public Member	Council Member
Hal McGonigal	Public Member	Council Member
Hilda M. Pope	MRT(MR)	Appointed Member
Martin Ward	Public Member	Council Member

(from June 18, 2015)

The Discipline Committee is responsible for holding hearings related to professional misconduct and incompetence matters referred by the Inquiries, Complaints and Reports Committee.

There was one referral to the Discipline Committee in 2015 the hearing for which is scheduled to take place in 2016. Therefore there were no hearings held in 2015.



## Fitness to Practise Committee

Mary Ann Ginty, Chair	MRT(R)	Council Member
Michael Burnet	MRT(R)	Appointed Member
Liz Lorusso	MRT(MR), MRT(R)	Appointed Member
Hal McGonigal	Public Member	Council Member

The Fitness to Practise Committee is responsible for holding hearings related to incapacity matters referred by the Inquiries, Complaints and Reports Committee.

There were no referrals to the Fitness to Practise Committee in 2015 and no hearings were held in 2015.

## Patient Relations Committee

Bronwen Baylis, Chair	MRT(R)	Council Member
Angela Cashell	MRT(T)	Council Member (from June 18, 2015)
Elnora Magboo	Public Member	Council Member
Jay A. Needles	MRT(MR), MRT(R)	Council Member
Wendy Rabbie	MRT(R)	Council Member
Martin Ward	Public Member	Council Member (from June 18, 2015)

The Patient Relations Committee is responsible for the CMRTO's Patient Relations Program. The Patient Relations Program includes measures for preventing and dealing with sexual abuse of patients, including educational requirements for members, guidelines for the conduct of members with their patients, training for CMRTO's staff and the provision of information for the public.

At the CMRTO, the Executive Committee 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.

The Patient Relations Committee is also responsible for administering the fund for therapy and counseling for patients who have been sexually abused by a member. There were no requests for funding for therapy or counselling in 2015.

## Quality Assurance Committee

Sandra Upton, Chair (Chair from June 18, 2015)	MRT(N)	Council Member
Sylvie Ferguson	MRT(R)	Appointed Member (to June 18, 2015)
Thomas (Tom) Holland	MRT(R)	Appointed Member
Constance Krajewski	MRT(R)	Appointed Member (from June 18, 2015)
Donna D. Lewis (Chair to June 18, 2015)	MRT(T)	Appointed Member (from June 18, 2015)
Hal McGonigal	Public Member	Council Member
Merrylee McGuffin	MRT(T)	Appointed Member
Tammy E. Urso	MRT(N)	Appointed Member

The role of the Quality Assurance Committee is to develop and administer a quality assurance program that includes:

- continuing education or professional development to promote continuing competence and continuing quality improvement among the members,
- self, peer and practice assessments, and
- a mechanism to maintain members' participation in, and compliance with, the program.

The Quality Assurance Committee held eight days of meetings in 2015. In 2015, 13% of the CMRTO membership was randomly selected to participate in the QA program. 10% of the CMRTO membership was required to submit their QA Portfolio and 3% of members were selected to participate in a peer and practice assessment by means of a multi-source feedback (MSF) assessment.

### Quality Assurance Portfolio

Due to the successful implementation of the ePortfolio in 2013, the CMRTO was able to increase the number of members selected to submit their QA Portfolio from 3% to 10% for the year ending December 2014. In 2015, 661 members were required to submit their QA Portfolios either by ePortfolio or print version. 96% of members submitted their QA Portfolios electronically by ePortfolio in 2015.

## QA Portfolio Submissions Assessed in 2015

<b>Selected Members</b>	<b>Total Number Assessed</b>	<b>%</b>
QA ePortfolio	636	96.2
QA Portfolio Print version	25	3.8
<b>Total</b>	<b>661</b>	<b>100</b>

### Multi-Source Feedback (MSF) Assessment

The peer and practice assessment by means of a multi-source survey is completed by individual MRTs selected by the QA Committee in accordance with the QA regulation. The assessment includes a self, peer and co-worker, and patient assessment of an MRT's practice, based on the standards of practice. A report of this assessment is prepared by the QA Committee, a copy of which is provided to the MRT.

The criteria for MRTs to complete the MSF Assessment include:

- Sufficient number of peers and co-workers
- Involved in clinical practice in Ontario

Over 200 members were required to participate in the MSF assessment in 2015. 16 (7.9%) members did not meet the criteria to participate in the MSF assessment process and were required to submit their QA Portfolio instead.

The Individual Practice Assessment (IPA) was not used in the program this year due to the review and redevelopment of the IPA assessment process.

<b>Selected Members</b>	<b>Number of Assessed Members</b>	<b>%</b>
Completed MSF (Self, Peer & Co-worker and Patient surveys)	167	82.7
Completed MSF (Self and Peer & Co-worker surveys)	17	8.4
Completed MSF (Self and Patient surveys)	2	1.0
Changed to QA Portfolio	16	7.0
<b>Total</b>	<b>202</b>	<b>100</b>

## Registration Committee

Elnora Magboo, Chair	Public Member	Council Member
Valentina Al-Hamouche	MRT(R)	Appointed Member
Janice Hoover	Public Member	Council Member (from August 15, 2015)
Cathryne Palmer	MRT(T)	Council Member
Janet Scherer	MRT(R)	Appointed Member
Anna Simeonov	MRT(MR), MRT(R)	Appointed Member
Alan Thibeau	MRT(N)	Appointed Member

The role of the Registration Committee is to consider applications for registration with the CMRTO that have been referred by the Registrar because the Registrar has doubts that the applicant fulfills the registration requirements set out in the registration regulation. The Committee assesses applicants' qualifications to practice medical radiation technology in Ontario in an equitable, fair and consistent manner for all applicants.

The Registration Committee held eight days of meetings and two teleconference meetings to discharge its statutory responsibilities in 2015. During these meetings, the Committee reviewed and approved the following:

### Internationally Educated Applicants

- Reviewed 74 new applications for registration from internationally educated individuals
- Issued 80 decisions where the panel approved 80 applications for registration following the completion of certain requirements, including the successful completion of the CMRTO approved examination (the Canadian Association of Medical Radiation Technologists' national certification examination)

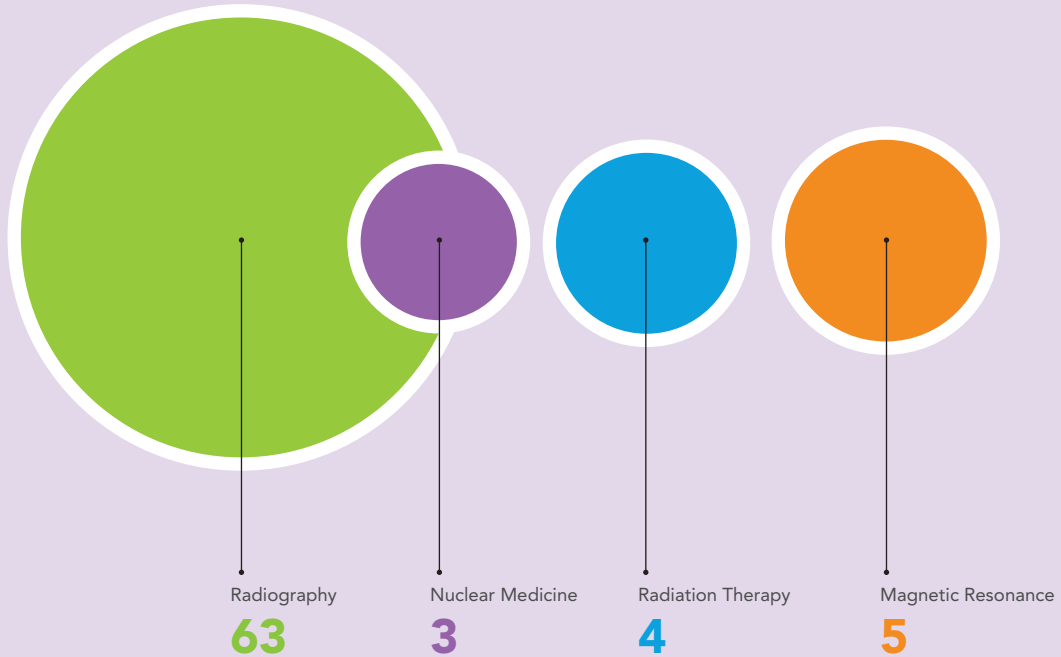
### Ontario Educated Applicants

- Reviewed one new application for registration from an Ontario applicant
- Issued one decision where the panel approved the application for registration following the completion of certain requirements

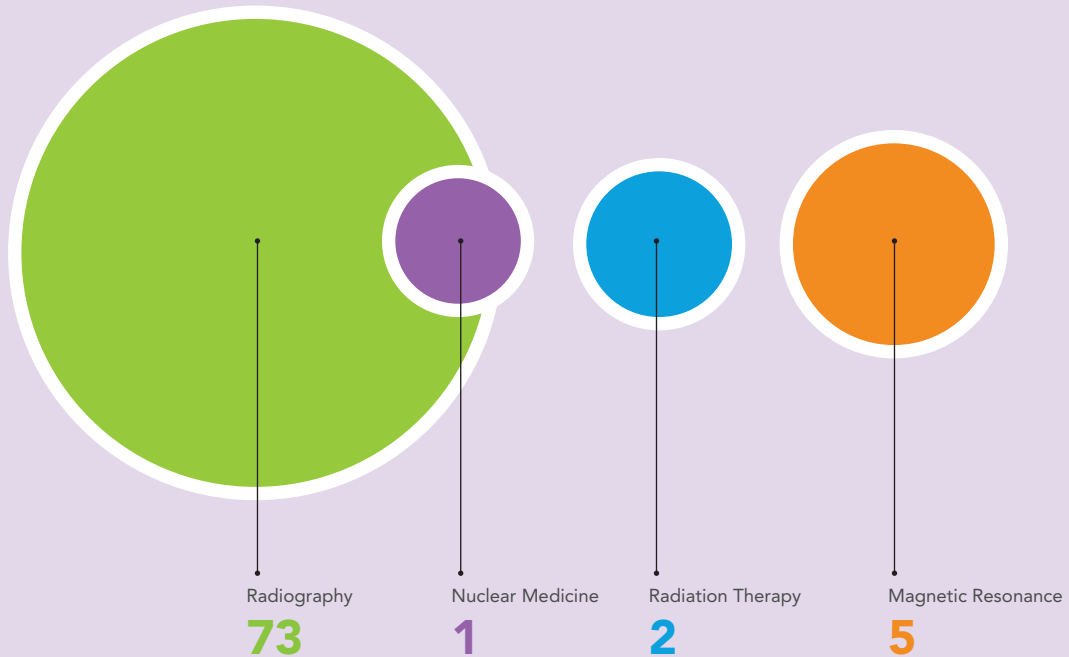
### Office of the Fairness Commissioner

The CMRTO submitted the 2015 Fair Registration Practices Report to the Office of the Fairness Commissioner in February 2016.

## Applications reviewed by the Registration Committee by specialty - 2015

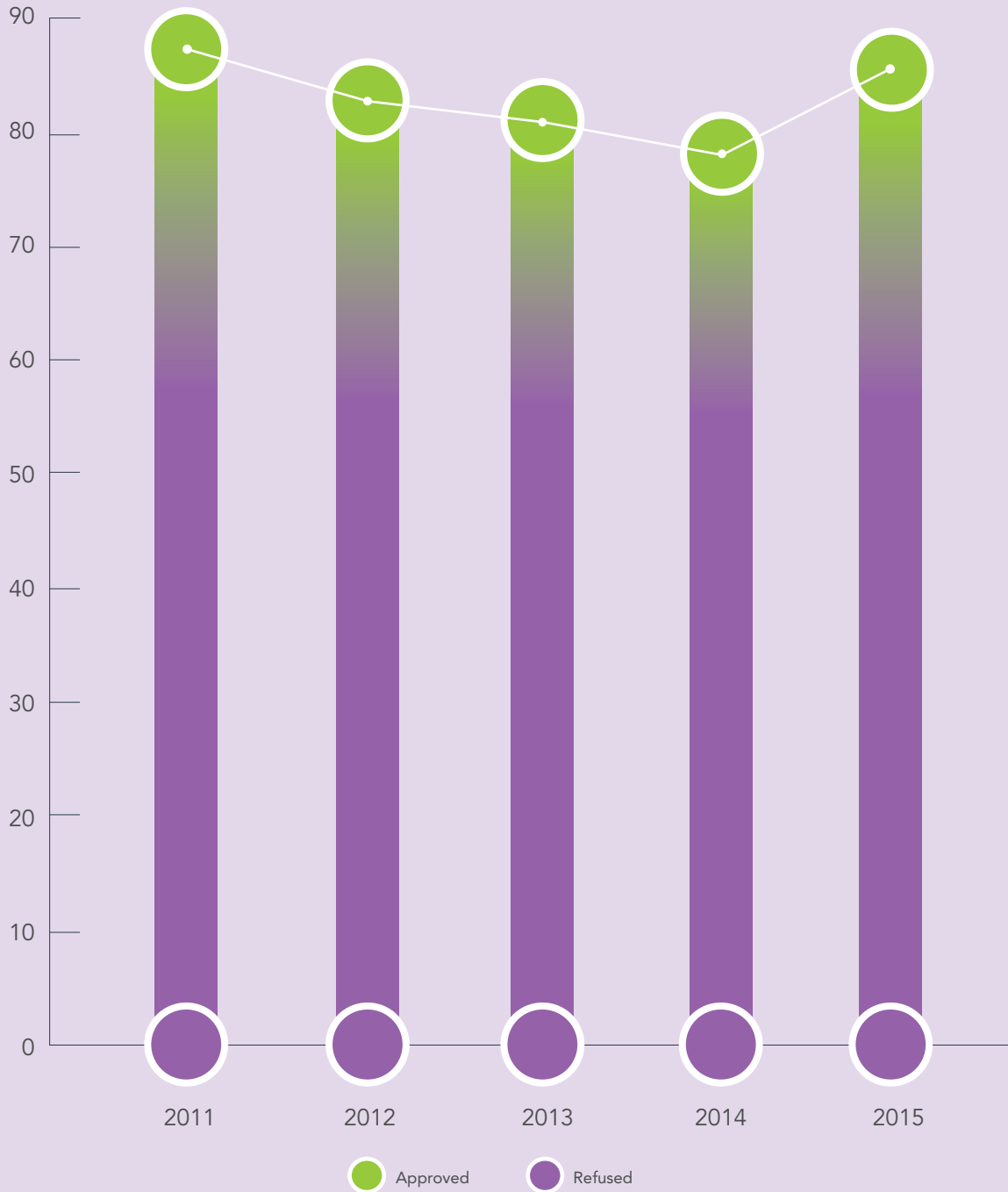


## Decisions issued by the Registration Committee by specialty - 2015



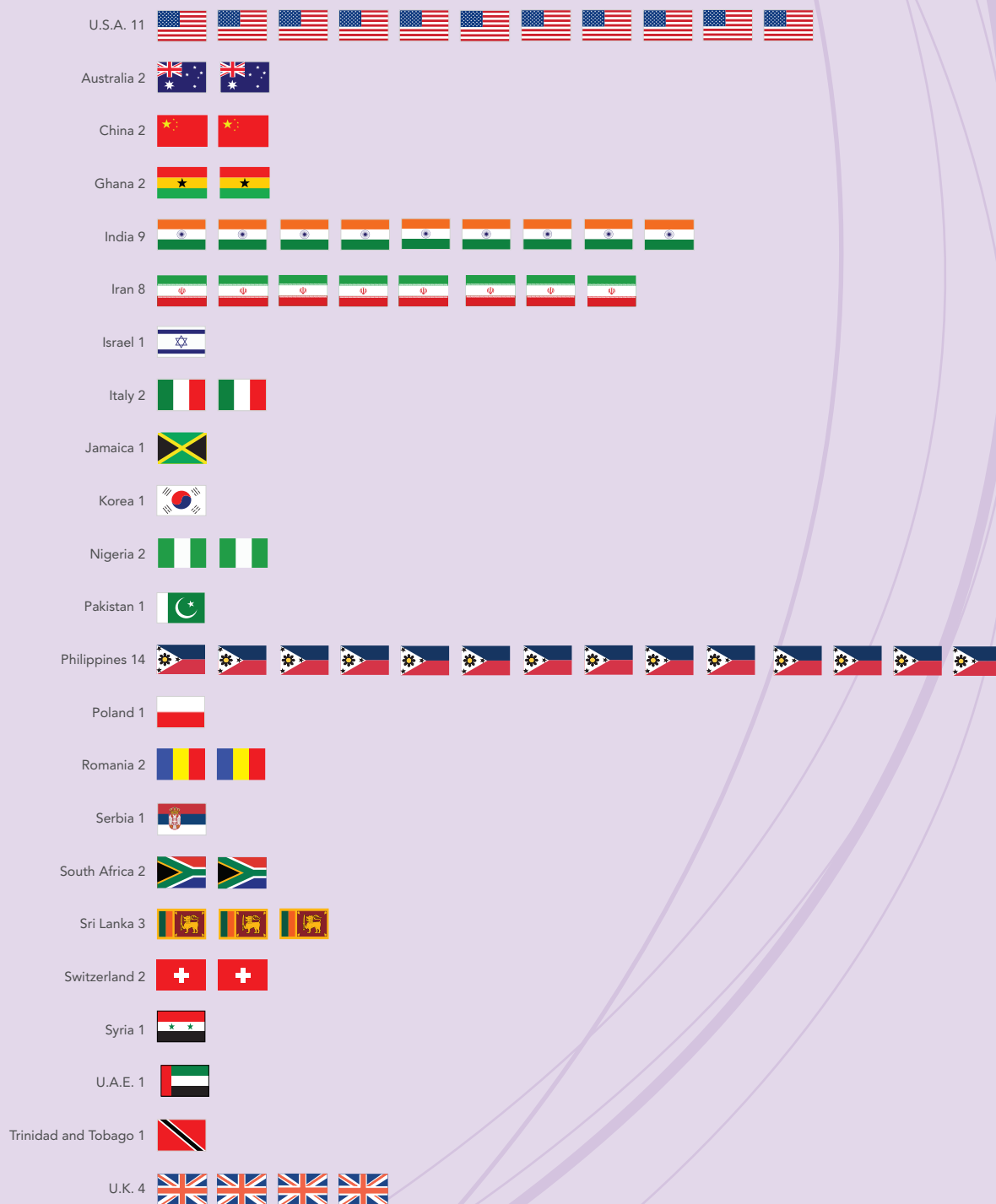
\* The total number of decisions may not correspond to the total number of applications reviewed as decisions may be pending receipt of additional information or decisions may be issued for applications reviewed in the previous calendar year.

## Decisions issued by the Registration Committee annually 2011 - 2015



\*The total number of decisions issued by the Registration Committee includes decisions for all types of applications referred to the Committee including Ontario educated applicants, internationally educated applicants and past members.

## Countries in which international applicants completed their education in medical radiation technology, 2015



\*The total number of countries in which international applicants completed their education in medical radiation technology for new applications received in 2015 does not correspond to the total number of applications reviewed, or decisions issued, as the total number of applications reviewed includes applications returned for review with additional information.

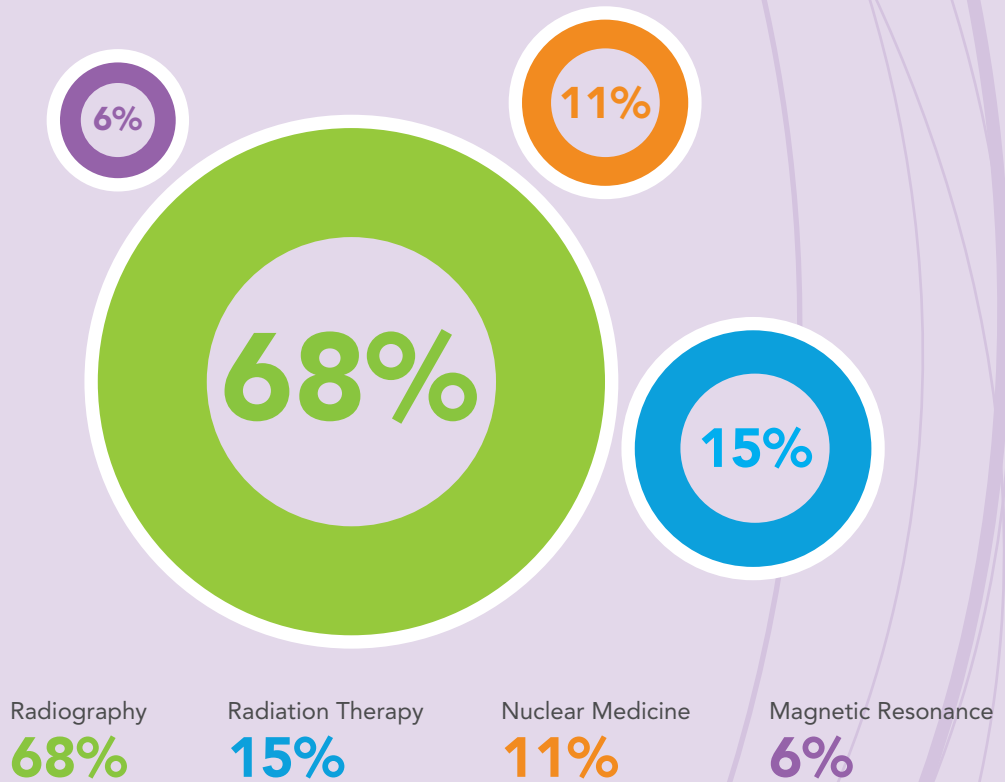
## MEMBERSHIP PROFILE

### Total Registrants by Status and Primary Specialty

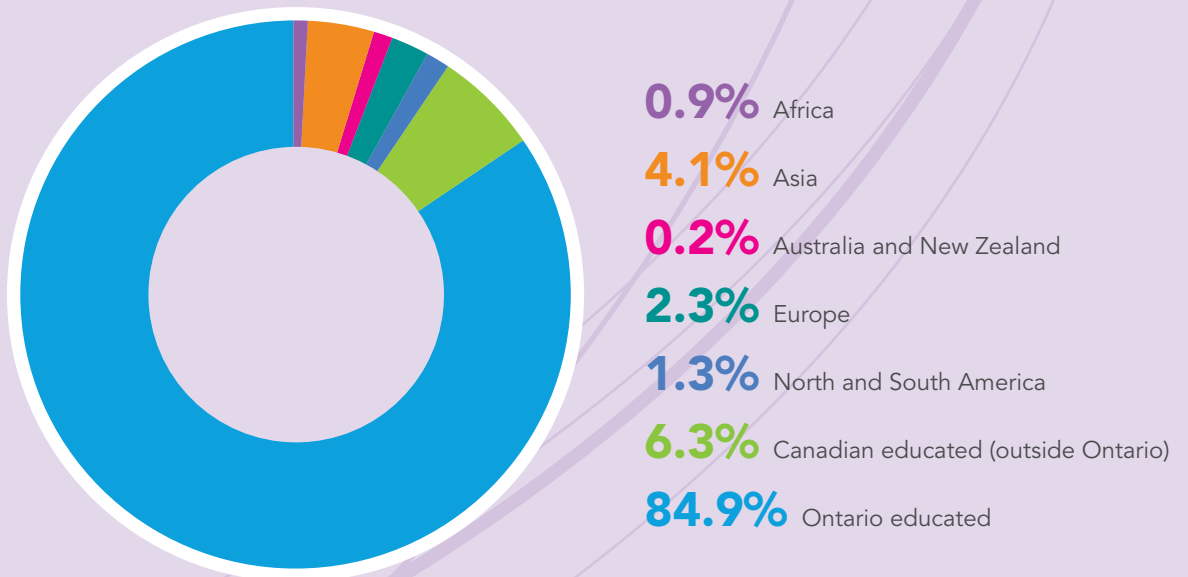
	2015	2014	2013
<b>Active</b>			
Specialty			
Nuclear Medicine	724	742	749
Radiography	4698	4655	4649
Radiation Therapy	1066	1046	1042
Magnetic Resonance	407	383	402
Employment Specific			
Nuclear Medicine	7	9	10
<b>Total Active</b>	<b>6902</b>	<b>6835</b>	<b>6852</b>
<b>Resigned</b>			
Specialty			
Nuclear Medicine	36	38	45
Radiography	269	285	237
Radiation Therapy	80	74	56
Magnetic Resonance	13	14	17
Employment Specific			
Nuclear Medicine	2	1	2
<b>Total Resigned</b>	<b>400</b>	<b>412</b>	<b>357</b>
<b>Suspended (for failure to pay fees)</b>			
Specialty			
Nuclear Medicine	0	1	0
Radiography	5	4	3
Radiation Therapy	1	2	0
Magnetic Resonance	0	0	1
<b>Total Suspended</b>	<b>6</b>	<b>7</b>	<b>4</b>
<b>Total Active, Resigned and Suspended</b>	<b>7308</b>	<b>7254</b>	<b>7213</b>



Active members on December 31, 2015 by primary specialty



Active Members on December 31, 2015 by location of initial education in medical radiation technology



The background features a complex pattern of overlapping, semi-transparent circles and lines in various shades of green and yellow. The circles vary in size and opacity, creating a layered, organic effect. The lines are thin and intersect to form a grid-like structure within the circular shapes. The overall color palette is natural and earthy, ranging from light lime green to deep forest green and bright yellow.

# **FINANCIAL STATEMENTS**



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## INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of The College of Medical Radiation Technologists of Ontario, which comprise the statement of financial position as at December 31, 2015, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

#### Management's Responsibility for the Financial Statements

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

#### Auditors' Responsibility

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

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

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

#### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of The College of Medical Radiation Technologists of Ontario as at December 31, 2015, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Chartered Professional Accountants, Licensed Public Accountants  
March 31, 2016  
Toronto, Canada

## STATEMENT OF FINANCIAL POSITION

December 31, 2015, with comparative information for 2014

	2015	2014
<b>Assets</b>		
<b>Current assets:</b>		
Cash	\$ 530,116	\$ 255,991
Accounts receivable and prepaid expenses	57,835	60,270
	587,951	316,261
Capital assets (note 2)	550,761	633,204
Investments (note 3)	1,709,820	1,687,278
	<b>\$ 2,848,532</b>	<b>\$ 2,636,743</b>
<b>Liabilities and Net Assets</b>		
<b>Current liabilities:</b>		
Accounts payable and accrued liabilities	\$ 101,723	\$ 133,924
Deferred revenue (note 4)	1,576,779	1,562,162
	1,678,502	1,696,086
Deferred lease inducements (note 5)	112,098	140,122
<b>Net assets:</b>		
Invested in capital assets	438,663	493,082
Unrestricted	619,269	307,453
	1,057,932	800,535
Commitments (note 7)		
	<b>\$ 2,848,532</b>	<b>\$ 2,636,743</b>

See accompanying notes to financial statements.

On behalf of the Council:



Member



Member

## STATEMENT OF OPERATIONS

Year ended December 31, 2015, with comparative information for 2014

	2015	2014
<b>Revenue:</b>		
Fees	\$ 3,337,550	\$ 3,328,179
Investment, net (note 3)	21,794	110,131
	3,359,344	3,438,310
<b>Expenses:</b>		
Human resources (note 6)	1,369,492	1,296,275
Operating	730,682	718,834
Communications and legal	439,284	566,741
Amortization of capital assets	236,486	261,081
Committee meetings	129,030	129,342
Education, quality assurance and other	124,826	97,202
Projects	72,147	174,964
	3,101,947	3,244,439
<b>Excess of revenue over expenses</b>	<b>\$ 257,397</b>	<b>\$ 193,871</b>

See accompanying notes to financial statements.

## STATEMENT OF CHANGES IN NET ASSETS

Year ended December 31, 2015, with comparative information for 2014

			2015	2014
	Invested in capital assets	Unrestricted	Total	Total
Net assets, beginning of year	\$ 493,082	\$ 307,453	\$ 800,535	\$ 606,664
Excess of revenue over expenses (expenses over revenue)	(208,462)	465,859	257,397	193,871
Investment in capital assets	154,043	(154,043)	–	–
<b>Net assets, end of year</b>	<b>\$ 438,663</b>	<b>\$ 619,269</b>	<b>\$ 1,057,932</b>	<b>\$ 800,535</b>

See accompanying notes to financial statements.

## STATEMENT OF CASH FLOWS

Year ended December 31, 2015, with comparative information for 2014

	2015	2014
Cash provided by (used in):		
<b>Operations:</b>		
Excess of revenue over expenses	\$ 257,397	\$ 193,871
Items not involving cash:		
Amortization of capital assets	236,486	261,081
Amortization of deferred lease inducements	(28,024)	(28,024)
Unrealized gain on investments	–	(311)
Change in non-cash operating working capital	(15,149)	28,856
	450,710	455,473
<b>Investments:</b>		
Purchase of capital assets	(154,043)	(216,605)
Disposal of investments	1,190,795	2,293,581
Purchase of investments	(1,213,337)	(2,388,963)
	(176,585)	(311,987)
Increase in cash	274,125	143,486
Cash, beginning of year	255,991	112,505
<b>Cash, end of year</b>	<b>\$ 530,116</b>	<b>\$ 255,991</b>

See accompanying notes to financial statements.

# NOTES TO FINANCIAL STATEMENTS

Year ended December 31, 2015

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

## 1. Significant accounting policies:

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

### (a) Capital assets:

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

### (b) Investments:

Investments are stated at fair value. The change in the difference between the fair value and cost of investments at the beginning and end of each year is reflected in the statement of operations.

High interest savings accounts, and guaranteed investment certificates are valued at book value, as it is consistent with market value. Transaction costs are expensed as incurred.

### (c) Revenue and deferred revenue:

Membership and registration fees are recognized as revenue in the fiscal year to which they relate. Fees paid in advance are not considered earned and are recorded as deferred revenue. Grants are recognized as revenue in the year in which the related expenses are incurred.

### (d) Deferred lease inducements:

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

### (e) Pension plan:

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

### (f) Financial instruments:

CMRTO measures its cash and cash equivalents at fair value. Accounts receivable and accounts payable and accrued liabilities are measured at amortized cost.

### (g) Use of estimates:

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

## 2. Capital assets:

			2015	2014
	Cost	Accumulated amortization	Net book value	Net book value
Computer hardware	\$ 151,866	\$ 123,665	\$ 28,201	\$ 20,058
Computer software	712,700	401,137	311,563	367,821
Office equipment	206,328	186,072	20,256	2,988
Website	119,825	47,528	72,297	94,249
Leasehold improvements	296,446	178,002	118,444	148,088
	<b>\$ 1,487,165</b>	<b>\$ 936,404</b>	<b>\$ 550,761</b>	<b>\$ 633,204</b>

## 3. Investments:

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

	2015	2014
Cash and cash equivalents	\$ 709,820	\$ 174,967
High interest savings securities	1,000,000	1,512,311
	<b>\$ 1,709,820</b>	<b>1,687,278</b>

Net investment revenue consists of the following:

	2015	2014
Interest on investments	\$ 21,794	\$ 26,187
Realized gain on investments	–	83,633)
Unrealized gain on investments	–	311
	<b>\$ 21,794</b>	<b>\$ 110,131</b>

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

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

The high interest savings securities bear a yield to maturity from 0.71% to 2.57% (2014 - 1.20% to 2.57%) with maturing dates between March 2016 to December 2019.



#### 4. Deferred revenue:

	2015	2014
Balance, beginning of year	\$ 1,562,162	\$ 1,567,725
Amounts received	3,257,803	3,245,427
Amounts recognized as revenue	(3,243,186)	(3,250,990)
<b>Balance, end of year</b>	<b>\$ 1,576,779</b>	<b>\$ 1,562,162</b>

#### 5. Deferred lease inducements:

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

The components of deferred lease inducements are as follows:

	2015	2014
Leasehold improvements	\$ 280,245	\$ 280,245
Less accumulated amortization	168,147	140,123
	<b>\$ 112,098</b>	<b>\$ 140,122</b>

#### 6. Pension plan:

Some of the employees of CMRTO have become members of the HOOPP (the "Plan"), which is a multi-employer defined benefit pension plan. Plan members will receive retirement benefits based on the member's contributory service, the highest average annualized earnings during any consecutive five-year period, and the most recent three-year average year's maximum pensionable earnings. As at December 31, 2015, the Plan is 122% funded. Contributions to the Plan made during the year ended December 31, 2015 by CMRTO on behalf of its employees amounted to \$63,405 (2014 - \$54,993) and are included in the statement of operations. Employees' contributions to the Plan in 2015 were \$50,300 (2014 - \$43,397).

## 7. Commitments:

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

2016	\$ 181,000
2017	181,000
2018	176,000
2019	170,000
	<b>\$ 708,000</b>





College of  
Medical Radiation  
Technologists of  
Ontario

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