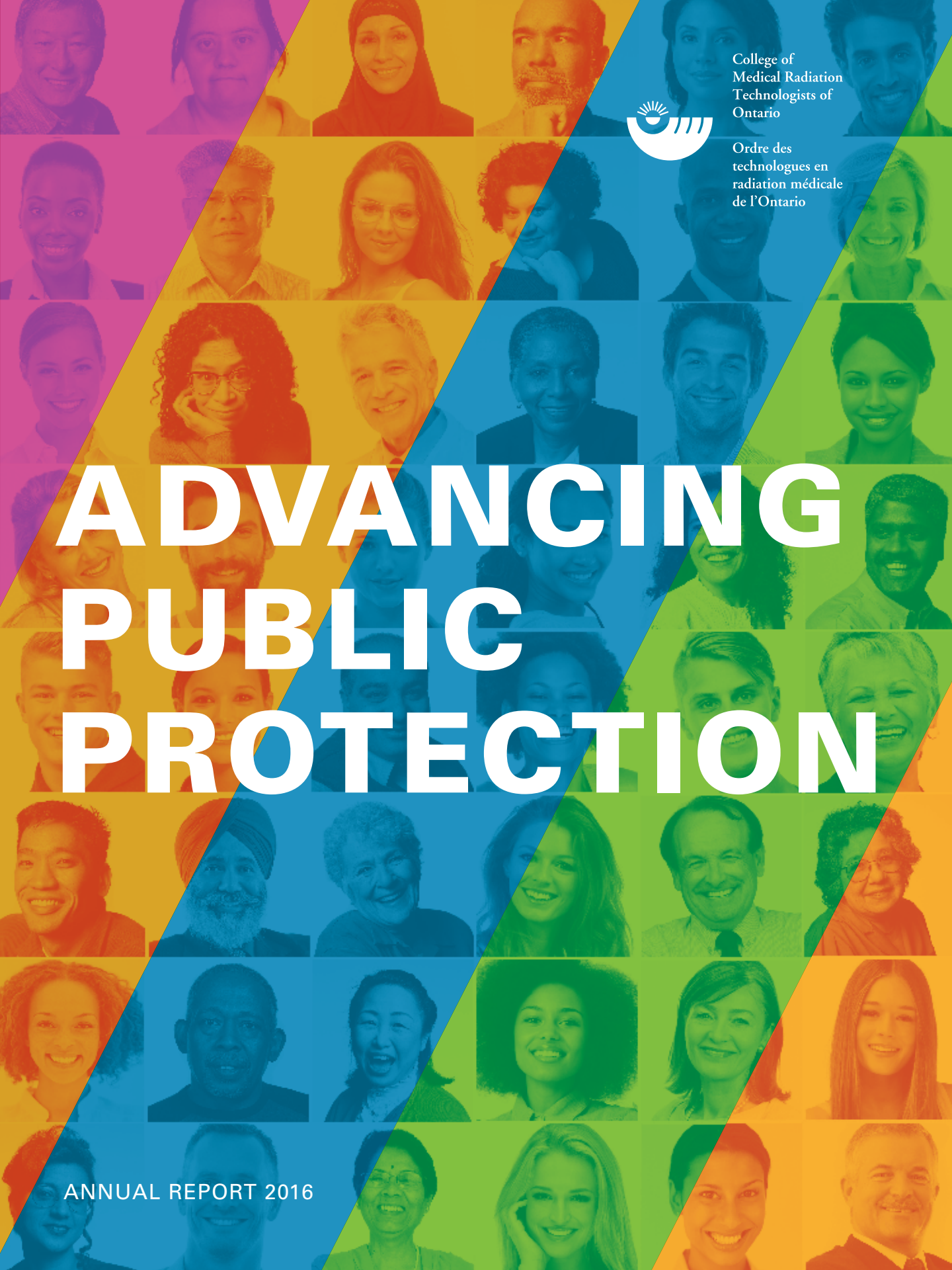


College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

ADVANCING PUBLIC PROTECTION

ANNUAL REPORT 2016

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 | Transparency | Respect | Professionalism

Wendy Rabbie
President

PRESIDENT'S MESSAGE

The year 2016 was one in which the CMRTO Council, college staff and volunteers from the profession evidenced their readiness to re-dedicate themselves to 'advancing public protection', the theme of this year's annual report. But what does 'advancing public protection' mean in practice?

To answer that admittedly rhetorical question it is worth reiterating the mission of the CMRTO: To regulate the profession of medical radiation technology to serve and protect the public interest. CMRTO achieves this by setting standards of practice and entry to practice requirements for medical radiation technologists (MRTs) and by ensuring the continued competence of MRTs. It also means addressing concerns from members of the public through a complaints and discipline process. In doing so, we ensure that MRTs continue to practise safely, effectively and ethically in the changing healthcare environment.

The scope of the activities the Council engages in within any given year to meet this mandate and advance public protection is both broad and deep. In 2016 it included considering and seeking comprehensive legal advice on far-reaching changes to the *Regulated Health Professions Act* proposed in Bill 87, introduced for first reading in 2016. It encompassed developing the policy infrastructure should the Ontario government proceed with the regulation of diagnostic medical sonographers as recommended by HPRAC more than two years ago. And it comprised continuing implementation initiatives to strengthen transparency and communication with the public and members of the profession about the CMRTO's responsibilities.

I especially want to commend the work of the Sonography Implementation Group (SIG). The purpose of the group was to provide advice to the CMRTO Council on issues related to the proposed integration of diagnostic medical sonographers with the CMRTO.

Meeting five times between February and May of 2016, SIG offered valuable contributions to the development of policies to shape the necessary regulatory model to achieve this goal.

Bronwen Baylis, chair of SIG and my predecessor as CMRTO President, provided a report to Council with suggestions and recommendations regarding the regulatory tools and policy solutions related to the proposed regulation of diagnostic medical sonographers with CMRTO.

After this year of intense SIG committee activity, I recognize part of my responsibility as President — my challenge if you like — going forward, as we wait for the government's decision, will be to maintain the energy and attention so admirably exhibited by our committee members. But I do believe that after a year of hard and focused work we are prepared to hit the ground running should the government provide its direction to integrate diagnostic medical sonographers with the CMRTO. As 16th century Spanish novelist Miguel de Cervantes said: "To be prepared is half the victory."

Frankly, the fact that we are ready in anticipation of a government determination is typical of the way the CMRTO gets things done. Having participated over the past few years on many CMRTO committees and work groups, including the Patient Relations and Inquiries, Complaints and Reports Committees and the Governance Task Group, and sat through many Council meetings, I can confidently say that the CMRTO is ready for any challenge. The readiness to do what is necessary to advance public protection is one of the notable strengths of Council, volunteers and staff.

I will close with a few comments about Council itself. This past year saw turnover among some of the long-term Council members whose terms were up or for whom other challenges were planned or in store. These members contributed enormously to our work, and represent institutional knowledge that will be hard to replace.

However, new Council members - both public members and MRTs - have integrated themselves well into Council's responsibilities, aided by a thorough orientation program put on by the CMRTO. They have brought new and necessary perspectives to bear on our work.

I look forward to working with them, Council veterans, college staff and all members who care about upholding the highest expectations for public protection through the effective regulation of MRTs.

Linda Gough
Registrar & CEO

REGISTRAR'S MESSAGE

For many of us, 'planning' can seem like an activity in which we invest a lot of time for little gain since events have a habit of overtaking the best plans. As Scottish poet Robbie Burns put it: "The best laid schemes o' mice an' men / Gang aft a-gley." (Translation — they get messed up.)

But I know of at least one exception to the poet's caution — the CMRTO's strategic plan. The year 2016 was the third and final year of a strategic plan developed in 2013 that guided us from 2014 - 2016. A detailed report of our accomplishments as a college under that strategic plan — highlights of which were in the fall issue of Insights—demonstrates my point . . . when we plan, we act!

The simple truth is CMRTO believes strategic planning is at the core of successful management of a regulatory college to ensure we stay current with rapidly responding system and practice level changes and challenges.

So, in September 2016 Council met for a comprehensive and thorough strategic planning session to develop a new roadmap for the next five years.

CMRTO Council works closely with staff to develop a plan that will guide our activities and focus for the subsequent years. The plan takes into account the impact of technological advances on the profession, changes in MRTs' professional practice, initiatives needed to improve our ability to protect the public, and anticipated legislative progress.

That's not to say that in any given year there aren't surprises to be managed.

At the beginning of 2016, for example, the Canadian Medical Association (CMA) announced it would be divesting itself of the accreditation of health education programs. This change has a significant impact on the CMRTO and other regulators in addition to certifying bodies and educational institutions.

CMRTO participated in the Allied Health Program Accreditation Working Group, along with the Canadian Association of Medical Radiation Technologists and the Alliance of Medical Radiation Technologist Regulators of Canada to search for an alternative mechanism to accredit the educational programs. A small subgroup developed a request for proposal that was distributed to interested organizations, with responses received in September. By October the working group had received presentations from the two potential accreditation solutions, and the Ministry of Health and Long-Term Care met in October with three of the professions regarding the status of accreditation.

By year-end, no decision had been made about alternatives, but the CMRTO is committed to staying involved until a resolution is found. This initiative demonstrates the importance of collaborating effectively with other organizations to respond to unexpected issues in a timely and transparent fashion.

There are also initiatives that fall outside the strategic plan, but are the result of recognizing changing circumstances for patient care and public and member information obligations.

Two examples of this in 2016 were the need to renew the CMRTO's communications plan, last updated in 2014, and in a similar vein recognizing that MRTs and the public need more inclusive and transparent opportunities to participate in CMRTO by-law and policy discussions.

The new 2016 communication plan recommended that CMRTO have a more active physical presence with MRTs, the public and employers, in addition to its current web, print, annual workshop and expanded social media activities. Not only did we create and staff a new CMRTO booth for various events but we also created a new, and very popular, patient information poster to explain the role of MRTs and what the public can expect from them.

To facilitate consultation we created a dedicated consultations page on our website to make it easier for the public and MRTs to participate in CMRTO consultations. When a new consultation is available for comment, MRTs and stakeholders will be notified by email and a notice about the consultation will be posted to the website.

Yes, we plan well and implement our plans in a thorough and disciplined manner befitting a professional regulatory college. But we also ensure we have the flexibility and adroitness to manage unanticipated challenges in a dynamic, and sometimes uncertain, regulatory and professional workplace environment.

REPORT FROM COUNCIL

Council

Wendy Rabbie, President *(President from June 16, 2016)* *(Vice President to June 16, 2016)*	MRT(R)	District 2 - Radiography
Bronwen Baylis, President *(President to June 16, 2016)*	MRT(R)	District 4 – Radiography *(to June 16, 2016)*
Angela Cashell, Vice-President *(Vice President from June 16, 2016)*	MRT(T)	District 5 - Radiation Therapy
Mary Ann Ginty	MRT(R)	District 1 – Radiography *(to June 16, 2016)*
Susan Allen	Public Member	*(from September 28, 2016)*
Nathalie Bolduc	MRT(R)	District 1 - Radiography *(from June 16, 2016)*
Elaine Bremer	Public Member	
Mary (Susan) Gosso	Public Member	*(from November 16, 2016)*
Janice Hoover	Public Member	
Claudina Di Zio (Dina) Longo	MRT(R)	District 3 - Radiography
Franklin Lyons	Public Member	
Elnora Magboo	Public Member	*(to May 24, 2016)*
Hal McGonigal	Public Member	*(to November 14, 2016)*
Jay A. Neadles	MRT(MR), MRT(R)	District 8 - Magnetic Resonance
Cathryne Palmer	MRT(T)	District 7 - Faculty
Janet K. Scherer	MRT(R)	District 4 - Radiography *(from June 16, 2016)*
Martin Ward	Public Member	
Sandra Willson	MRT(N)	District 6 - Nuclear Medicine

Executive Committee

Wendy Rabbie, President	MRT(R)	Council Member
Angela Cashell, Vice President	MRT(T)	Council Member
Bronwen Baylis	MRT(R)	Council Member *(to June 16, 2016)*
Nathalie Bolduc	MRT(R)	Council Member *(from June 16, 2016)*
Janice Hoover	Public Member	Council Member *(from June 16, 2016)*
Elnora Magboo	Public Member	Council Member *(to May 24, 2016)*
Jay A. Neadles	MRT(MR), MRT(R)	Council Member
Martin Ward	Public Member	Council Member

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

Enhancing public awareness

In March, Council approved a new communications plan. Part of that plan was to establish CMRTO as a physical presence with the public, employers and MRTs, beyond current web, print and annual workshop activities, through a focus in particular on the public register. One of the most visible ways that CMRTO accomplished this was the development of a patient information poster for use in the waiting rooms of diagnostic imaging and radiation therapy departments. The poster explains the role of MRTs and what the public can expect from their MRT. It is available in both French and English. Over 1000 posters were distributed at conferences and upon request throughout 2016.

CMRTO created a display booth which was exhibited at seven conferences during 2016, resulting in nearly 1000 face to face interactions with MRTs, employers and stakeholders.

We also focused on improving awareness of the public register at conferences. This began in early 2016 when we created the 'Find an MRT' feature on the CMRTO website. At conferences, Find an MRT brochures and pens were distributed to remind employers of the practice information available about MRTs on the public register. Live demonstrations of the Find an MRT web feature were conducted throughout the conferences.

Diagnostic medical sonographers

More than two years ago, HPRAC recommended to the Minister of Health and Long-Term Care that diagnostic medical sonographers be regulated with the CMRTO. We support HPRAC's recommendation, and believe it is in the public interest that diagnostic medical sonographers be regulated with CMRTO.

Council recognized that extensive preparation would be required should the government proceed with the regulation of diagnostic medical sonographers. Council established the Sonography Implementation Group (SIG). The purpose of the group was to provide advice to the CMRTO Council on issues related to the proposed regulation of diagnostic medical sonographers.

SIG met five times between February and May of 2016 and offered valuable contributions to the development of policies regarding the proposed regulation of diagnostic medical sonographers. The Chair of SIG, former CMRTO President, Bronwen Baylis, provided a report to Council with suggestions and recommendations regarding the regulatory tools and issues related to the proposed regulation of diagnostic medical sonographers with CMRTO.

CMRTO looks forward to working with the MOHLTC to implement the government's directions should that come to pass.

The statement below, released by CMRTO on June 27, 2016, outlines SIG's recommended changes required to regulate diagnostic medical sonographers with CMRTO.

In June 2014, the Health Professions Regulatory Advisory Council (HPRAC) recommended to the Minister of Health and Long-Term Care that diagnostic medical sonographers be regulated with the College of Medical Radiation Technologists of Ontario (CMRTO).

Both the CMRTO and the Ontario Association of Medical Radiation Sciences (OAMRS) support HPRAC's recommendation, and believe it is in the public interest that diagnostic medical sonographers be regulated with CMRTO.

While the government has not yet indicated whether it will accept HPRAC's advice, the CMRTO governing Council recognized that extensive preparation will be required should the government proceed with the regulation of diagnostic medical sonographers.

To this end, the Council assembled a committee of experts—the Sonography Implementation Group (SIG)—to analyze the current practice, education and certification of sonographers and to recommend changes that may be needed to the CMRTO's name, policies, structure and regulatory instruments to accommodate the addition of diagnostic medical sonographers.

The Sonography Implementation Group included six CMRTO Council members (Bronwen Baylis, Wendy Rabbie, Elaine Bremer, Dina Longo, Sandra Upton and Martin Ward), the CMRTO Registrar and three directors (Linda Gough, Caroline Morris, Annette Hornby and Tina Langlois), two representatives of the OAMRS (Greg Toffner and Ray Lappalainen), two Sonography Canada representatives (Cathy Babiak and Tom Hayward), a representative of the Ontario Association of Radiology Managers (Jim Fedoryshin), a manager of an independent health facility (Colleen Taylor), three practising sonographers (Kim Boles, Zani Dhalla, Kim Jozkow) and two diagnostic medical sonography educators (Christine Gardin and Lori Koziol).

Between February 10, 2016 and May 30, 2016 the group developed proposals for amendments to the Medical Radiation Technology Act including the scope of practice statement, authorized acts and protected titles. And it recommended changes to:

- *CMRTO regulations governing registration, quality assurance and professional misconduct*
- *The CMRTO Standards of Practice*
- *The structure of the CMRTO Council and electoral districts*
- *The definition of approved educational programs*
- *The professional certification examination*

The group's report on these recommendations was submitted to the CMRTO Council at its meeting on June 17, 2016.

"On behalf of the CMRTO and the profession, I want to express my deepest gratitude to the members of the committee and their organizations for their work over the past five months in developing 27 recommendations that will enable the CMRTO to implement the government's directions should that come to pass," said Bronwen Baylis, CMRTO Council president and chair of the SIG.

Added CMRTO Registrar & CEO Linda Gough: "The government will decide whether sonographers will be regulated under Ontario's Regulated Health Professions Act, and CMRTO looks forward to working with the Ministry of Health and Long-Term Care to continue to ensure the protection of the public."

Accreditation

At the beginning of 2016 the Canadian Medical Association (CMA) announced it would be divesting itself of the accreditation of health education programs. This change will have a significant impact for certifying bodies, regulators and educational institutions. CMRTO is participating in the Allied Health Program Accreditation Working Group, along with the Canadian Association of Medical Radiation Technologists (CAMRT) and the Alliance of Medical Radiation Technologist Regulators of Canada (AMRTRC) to search for an alternative mechanism to accredit the educational programs. A small subgroup developed a request for proposals that was distributed to interested organizations with responses received in September.

Activities of the Working Group throughout 2016 include:

- AMRTRC held an accreditation information day in March
- CAMRT took the lead in forming a collaborative working group to search for a new accreditation solution, which AMRTRC joined

- The Working Group developed an RFP to secure a replacement to the CMA Conjoint Accreditation Process for the accreditation of the CMRTO approved educational programs which was shared widely
- Responses to the RFP were due in September
- In late September, requests by the Canadian Society for Medical Laboratory Science (CSMLS) and the regulators for the medical laboratory technologists to join the Working Group were granted
- In October, the Working Group received presentations from the two potential accreditation solutions
- The MOLHTC held a meeting with three of the professions regarding the status of accreditation in October

We will continue to provide updates to the educational programs and other stakeholders as this important work continues.

Improved transparency

During the summer, CMRTO developed a dedicated consultations page on our website to make it easier for the public and MRTs to participate in CMRTO consultations. MRTs, stakeholders and members of the public can now comment on proposed regulation and by-law changes online.

The first consultation was regarding proposed changes to By-law No. 28, which sets out what information about MRTs the CMRTO collects, and what information is required to be posted to the public register.

Strategic Plan

The CMRTO Strategic Plan 2014-2016 which guided the work of the CMRTO over past three years, ended on December 31, 2016. In September, Council met for a strategic planning session to develop a new strategic plan for the next five years. The new Strategic Plan: Commitment to Regulatory Excellence, was approved by Council in December. Following are the strategic and enabling goals that will guide CMRTO through the next five years:

Strategic Goals

Enabling Goals

Online election

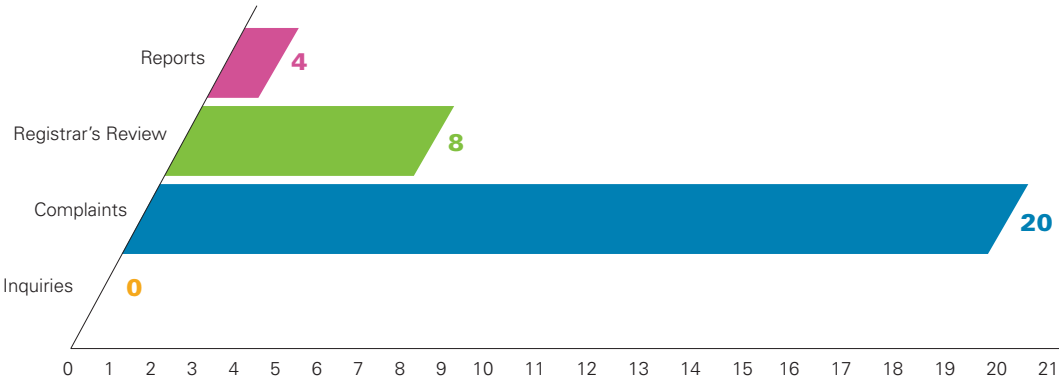
In keeping with CMRTO's Strategic Plan, we continued to transition away from print publications in favour of more web-based and electronic communications. In 2016 CMRTO held our first online election of members to Council. Election 2016 took place in Districts 1, 4, 7 and 8. MRTs in these districts received emails detailing the new online election process, as well as electronic nomination forms giving all those interested and eligible the opportunity to stand for election in 2016. The online voting process proved to be easy and reliable. We received positive feedback from members who found the process to be quick and intuitive.

CMRTO Dashboard: January 1 - December 31, 2016

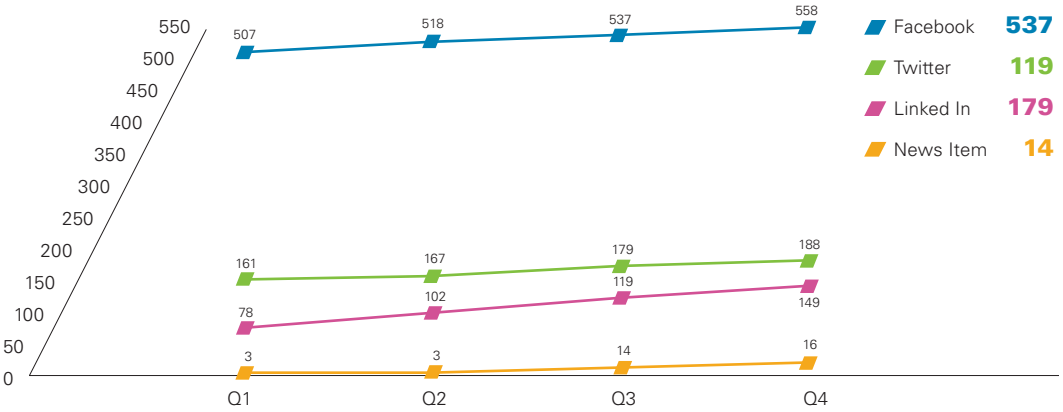
Active members by primary specialty

Magnetic Resonance	417
Nuclear Medicine	730
Radiation Therapy	1058
Radiography	4777
Total	6982

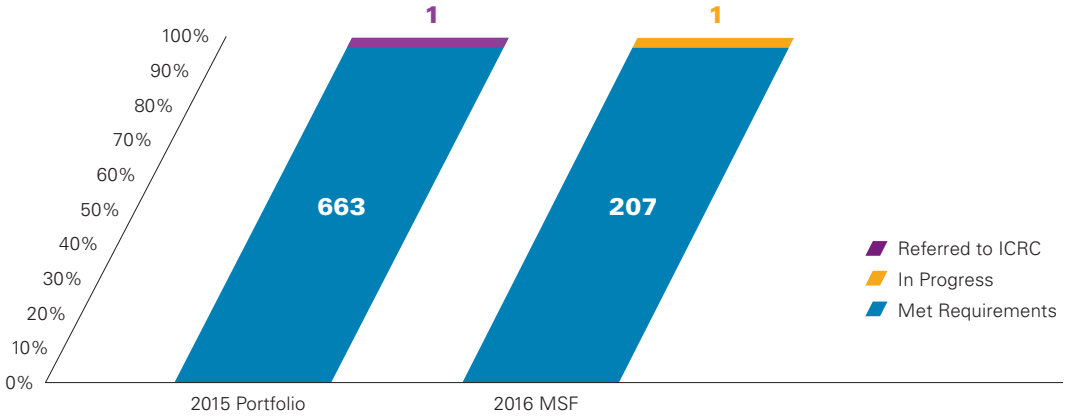
Professional conduct new cases



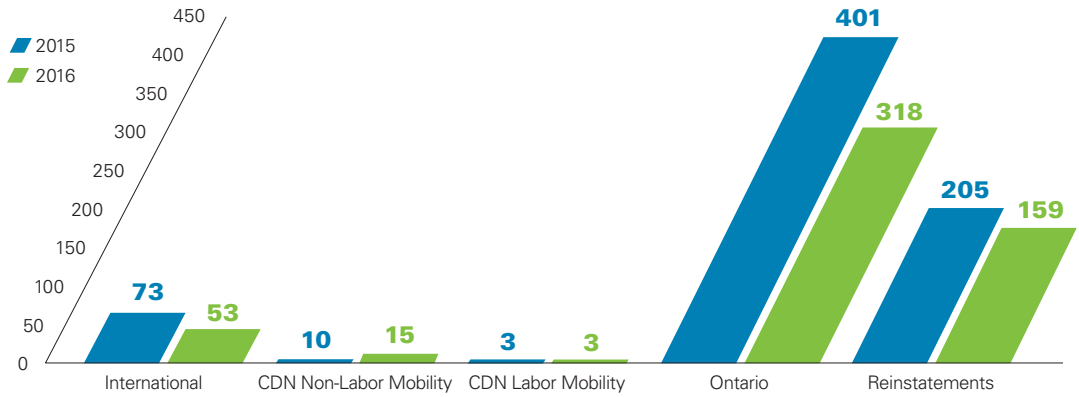
Social media use



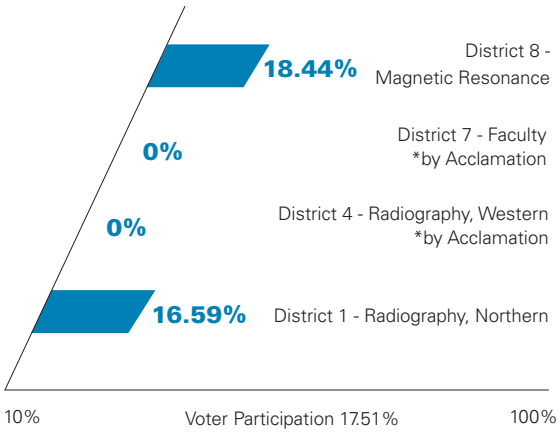
Quality Assurance



Applications



Elections 2016



Strategic & member engagement

Presentations **5**
Attendance **432**

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	✓

COMMITTEE REPORTS

Inquiries, Complaints and Reports Committee

Elaine Bremer, Chair *(Chair from June 16, 2016)*	Public Member	Council Member
Wendy Rabbie *(Chair to June 16, 2016)*	MRT(R)	Council Member *(to June 16, 2016)*
Bronwen Baylis	MRT(R)	Appointed Member
Andre Bowen	MRT(N)	Appointed Member *(from June 16, 2016)*
Angela Brunetti	MRT(T)	Appointed Member *(from June 16, 2016)*
Angela Cashell	MRT(T)	Council Member
Benoit Guibord	MRT(T)	Appointed Member *(to June 16, 2016)*
Janet K. Scherer	MRT(R)	Council Member *(from June 16, 2016)*
Kimberly Thorvaldson	MRT(R)	Appointed Member
Martin Ward	Public Member	Council Member
David M. Wilson	MRT(N)	Appointed Member
Jane MacFayden	MRT(MR), MRT(R)	Appointed Member *(to June 16, 2016)*

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

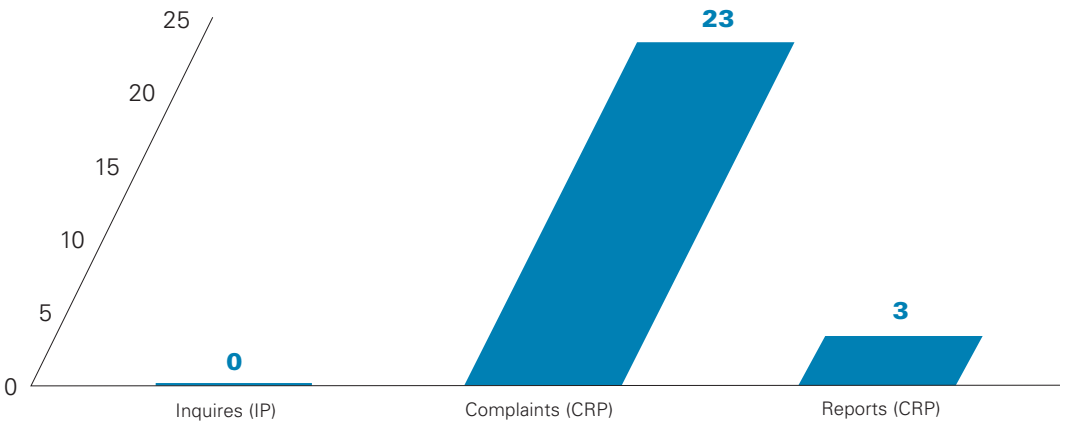
Complaint cases are opened when the CMRTO receives a written/recorded complaint regarding the conduct of a member. These cases are investigated by the Complaints and Reports Panel of the ICR Committee.

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 2016, panels of the Inquiries, Complaints and Reports Committee reviewed a total of 26 new cases. Of those cases, 23 were complaints, and three were reports. Panels of the Inquiries, Complaints and Reports Committee issued a total of 25 decisions.

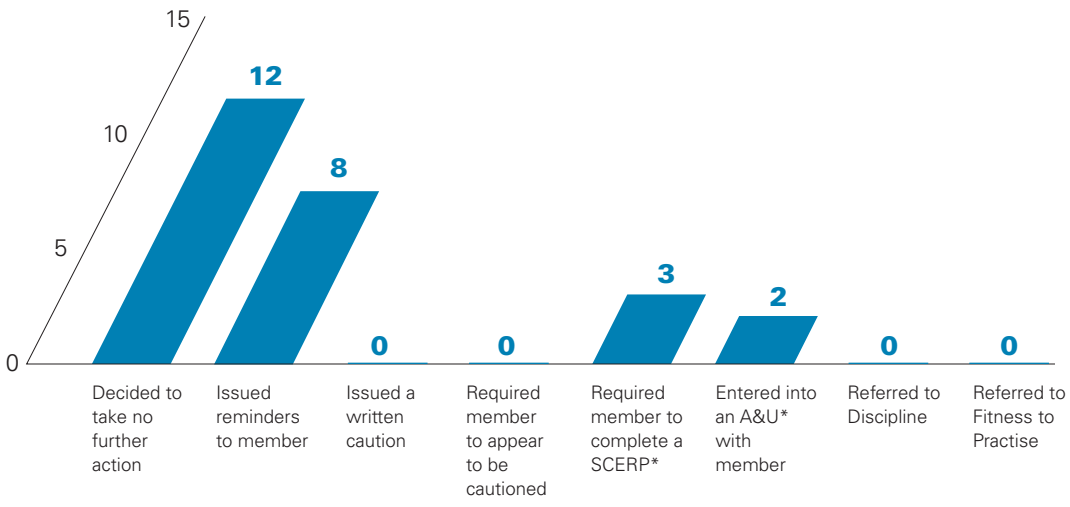
Below are charts that show the total number of cases reviewed and the outcomes of the decisions issued by the ICR Committee in 2016, as well as a breakdown of the complaints and reports by the related practice standard. Please note that a decision may involve more than one outcome and more than one practice standard.

Total number of cases reviewed by panels of the ICR Committee in 2016



IP – Inquiry Panel, CRP – Complaints and Reports Panel

Decision Outcomes issued by panels of the ICR Committee in 2016



*SCERP - specified continuing education and remediation program
*A&U - Acknowledgement & Undertaking

Complaints/Reports by Practice Standard 2016

Professional Relationships	3
Legislation, Standards & Ethics	6
Equipment and Materials	2
Diagnostic and Therapeutic Procedures	8
Safe Practice	3
Relationship with Patients	13

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 2016 there were two HPARB matters carried over from 2015. In both cases, HPARB confirmed the decision of the Inquires, Complaints and Reports Committee. In 2016 there were nine new requests made to HPARB for a review. The decisions in the review of these matters were not issued in 2016.

Discipline Committee

Franklin Lyons, Chair *(Chair from June 16, 2016)*	Public Member	Council Member
Claudina Di Zio Longo *(Chair to June 16, 2016)*	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 *(to June 16, 2016)*
Mary Ann Ginty	MRT(R)	Council Member *(to June 16, 2016)*
Janice Hoover	Public Member	Council Member *(from June 16, 2016)*
Jay A. Neadles	MRT(MR), MRT(R)	Council Member *(from June 16, 2016)*
Janet Scherer	MRT(R)	Council Member *(from June 16, 2016)*
Lamees Wahab	MRT(N)	Appointed Member *(from June 16, 2016)*
Hilda M. Pope	MRT(MR)	Appointed Member *(to June 16, 2016)*
Martin Ward	Public Member	Council Member

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 was held in 2016, the summary of which is set out below.

Summary of Discipline Hearing – Feras Salim

Decision

On March 23, 2016 a panel of the Discipline Committee (the Panel) found member Feras Salim guilty of professional misconduct, in that he:

- engaged in conduct relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional, and
- failed to comply with an order of a committee of the CMRTO, namely the decision of the Inquires, Complaints and Reports Committee dated July 18, 2014.

Reasons

Mr. Salim admitted the allegations which relate to his failure to comply with a specified continuing education or remediation program (SCERP) ordered by the Inquiries, Complaints and Reports Committee in July 2014.

The SCERP ordered by the ICR Committee required Mr. Salim to submit his quality assurance records for the year 2012 which he had failed to submit when requested by the Quality Assurance Committee. Mr. Salim submitted his quality assurance records for 2012 in August 2015, after the allegations of professional misconduct had already been referred to the Discipline Committee for a hearing by the ICR Committee in July 2015.

Penalty

The Discipline Committee accepted a joint position on penalty from the CMRTO and Mr. Salim and made the following order:

- The result of the Discipline Committee proceeding, including a synopsis of the decision, shall be on the register for an unlimited period of time pursuant to sections 23(2) and 23(14) of the Health Professions Procedural Code (the 'Code'),
- The Findings and the Order of the Discipline Committee shall be published, in detail, with the name of Mr. Feras Salim in the annual report of the CMRTO and in any other publication deemed appropriate by the CMRTO, pursuant to sections 56(1) and 56(2) of the Code, and
- The member Mr. Feras Salim shall forthwith pay costs to the CMRTO in the amount of $2,500.00 pursuant to section 53.1 of the Code.

Fitness to Practise Committee

Nathalie Bolduc, Chair *(Chair from June 16, 2016)*	MRT(R)	Council Member *(from June 16, 2016)*
Mary Ann Ginty *(Chair to June 16, 2016)*	MRT(R)	Council Member *(to June 16, 2016)*
Michael Burnet	MRT(R)	Appointed Member
Liz Lorusso	MRT(MR), MRT(R)	Appointed Member *(to June 16, 2016)*
David McDougall	MRT(R)	Appointed Member *(from June 16, 2016)*
Hal McGonigal	Public Member	Council Member *(to November 14, 2016)*

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 2016 and no hearings were held in 2016.

Patient Relations Committee

Wendy Rabbie, Chair *(Chair from June 16, 2016)*	MRT(R)	Council Member
Bronwen Baylis *(Chair to June 16, 2016)*	MRT(R)	Council Member *(to June 16, 2016)*
Nathalie Bolduc	MRT(R)	Council Member *(from June 16, 2016)*
Angela Cashell	MRT(T)	Council Member
Janice Hoover	Public Member	Council Member *(from June 16, 2016)*
Elnora Magboo	Public Member	Council Member *(to May 24, 2016)*
Jay A. Neadles	MRT(MR), MRT(R)	Council Member
Martin Ward	Public Member	Council Member

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.

On September 9, 2016, the report from the Task Force on Sexual Abuse appointed by the Minster of Health and Long-Term Care, which contains 34 recommendations, was released. Bill 87, the *Protecting Patients Act* was introduced into the legislature on December 8, 2016 and proposes extensive amendments to the *Regulated Health Professions Act* in response to the recommendations in the Task Force's report.

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 2016.

Quality Assurance Committee

Sandra Willson, Chair	MRT(N)	Council Member
Thomas (Tom) Holland	MRT(R)	Appointed Member
Constance Krajewski	MRT(R)	Appointed Member
Donna D. Lewis	MRT(T)	Appointed Member
Hal McGonigal	Public Member	Council Member *(to November 14, 2016)*
Merrylee McGuffin	MRT(T)	Appointed Member
Tammy E. Urso	MRT(N)	Appointed Member
Martin Ward	Public Member	Council Member *(from June 16, 2016)*

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.

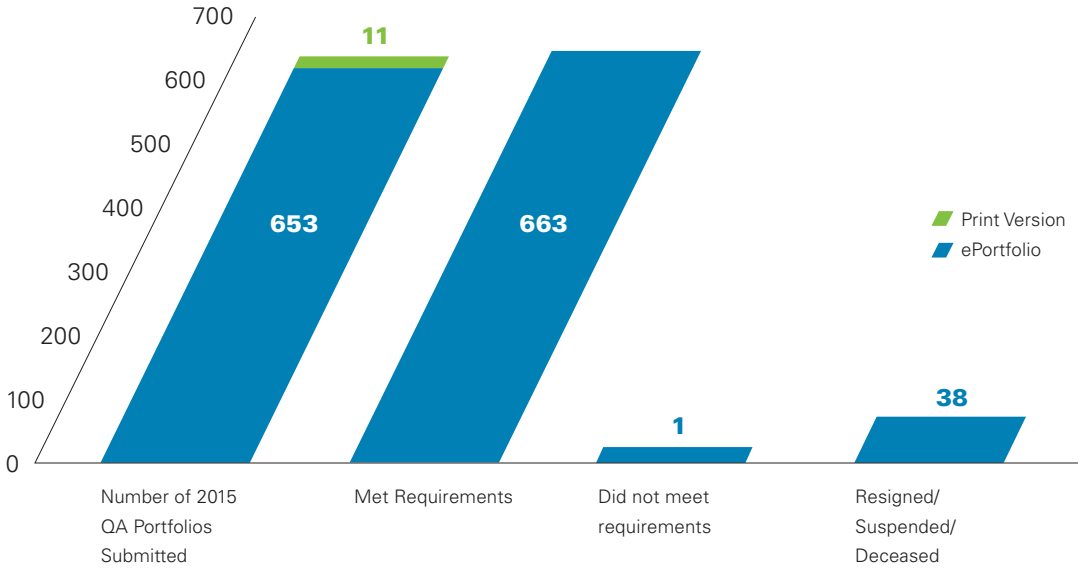
The Quality Assurance Committee held seven days of meetings and one workshop in 2016. In 2016, 13% of the CMRTO membership was randomly selected for assessment under the QA program. 10% of the CMRTO membership was required to submit their QA Portfolio for assessment and 3% of members were selected to participate in a peer and practice assessment by means of a multi-source feedback (MSF) assessment.

Quality Assurance Portfolio

The QA Portfolio is completed each calendar year by every MRT. The QA 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 MRT is required to complete and record at least 25 hours of continuing education and professional development activities each year. A member may be requested to submit the QA Portfolio for assessment by the QA Committee or an assessor.

For 2016, Council approved 10% of MRTs to be randomly selected to submit their 2015 QA Portfolios for assessment.

2016 QA Portfolio Assessment



QA ePortfolio

Since the QA ePortfolio went live in August 2013, MRTs have embraced the intuitive and accessible technology. Use of the ePortfolio over the paper QA Portfolio has increased markedly every year since 2013. In 2016, over 98% of MRTs who were randomly selected to submit their QA portfolios for assessment did so using the ePortfolio.

The majority of MRTs who submit their ePortfolio exceed the required 25 hours of continuing education and professional development activities, with some MRTs recording over 100 hours.

QuickQA app

The QuickQA app was launched to all MRTs in August 2015 for both android and apple mobile devices. The app allows MRTs to record their continuing education and professional development activities using their mobile devices. The app uploads recorded activities to the QA ePortfolio when connected to the internet.

Since launching the QuickQA app, which is free to all MRTs, it has been downloaded 1,232 times.

Multi-source feedback (MSF) assessment

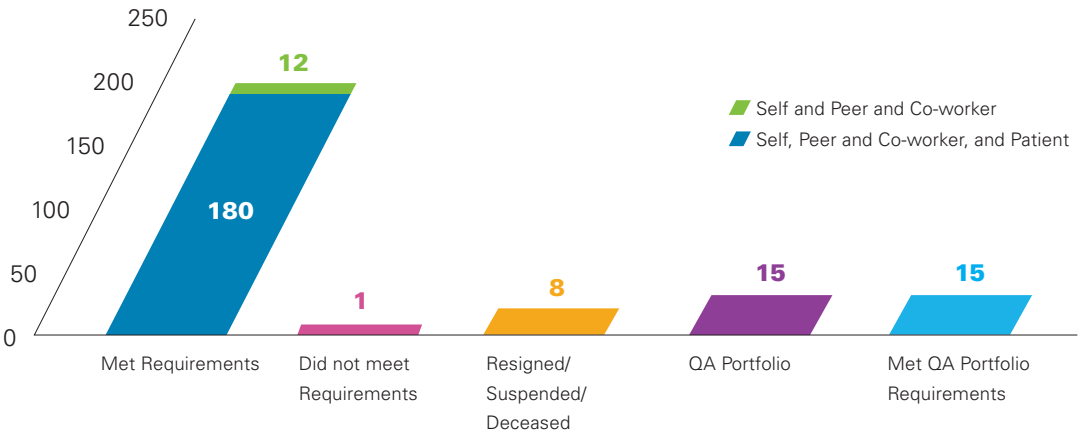
The peer and practice assessment by means of a multi-source survey is completed by individual MRTs selected by the QA Committee in accordance with the QA regulation. The assessment includes a self, peer and co-worker, and patient assessments of an MRT's practice, based on the standards of practice. A 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 2016. 15 (7.2%) members did not meet the criteria to participate in the MSF assessment process and were required to submit their QA Portfolio instead.

2016 MSF Assessment



Registration Committee

Janice Hoover, Chair *(Chair from May 24, 2016)*	Public Member	Council Member
Elnora Magboo *(Chair to May 24, 2016)*	Public Member	Council Member *(to May 24, 2016)*
Valentina Al-Hamouche	MRT(R)	Appointed Member
Dolores Dimitropoulos	MRT(R)	Appointed Member *(from June 16, 2016)*
Cathryne Palmer	MRT(T)	Council Member
Janet K. Scherer	MRT(R)	Appointed Member *(to June 16, 2016)*
Anna Simeonov	MRT(MR), MRT(R)	Appointed Member
Kieng Tan	MRT(T)	Appointed Member *(from June 16, 2016)*
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 practise medical radiation technology in Ontario in an equitable, fair and consistent manner for all applicants.

The Registration Committee held eight days of meetings and one teleconference meeting to discharge its statutory responsibilities in 2016. During these meetings, the Committee reviewed and approved the following:

Internationally educated applicants

- Reviewed 53 new applications for registration from internationally educated individuals
- Issued 56 decisions where the panel approved 56 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)

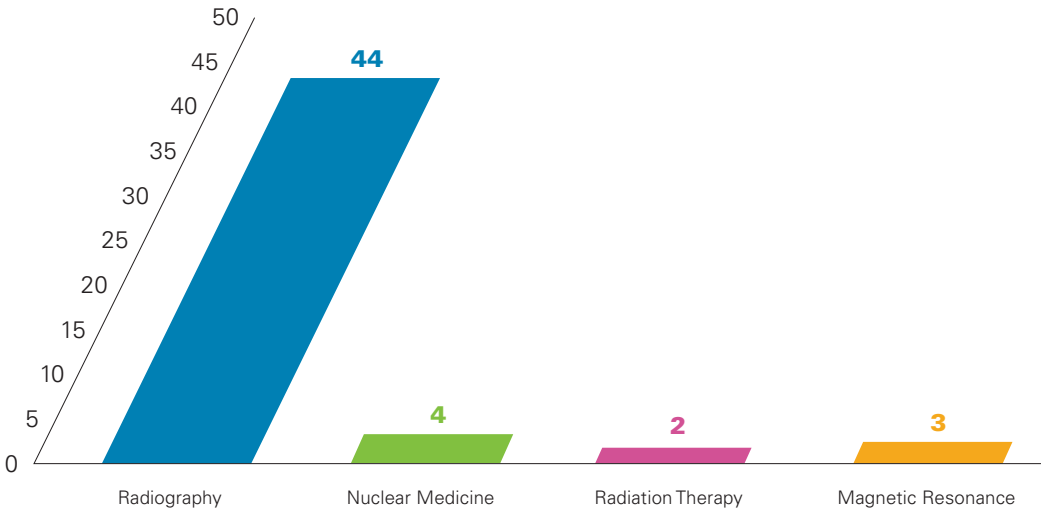
Ontario educated applicants

- Reviewed three new applications for registration from Ontario applicants
- Reviewed one application for reinstatement from a former member
- Issued three decisions where the panel approved the application for registration following the completion of certain requirements

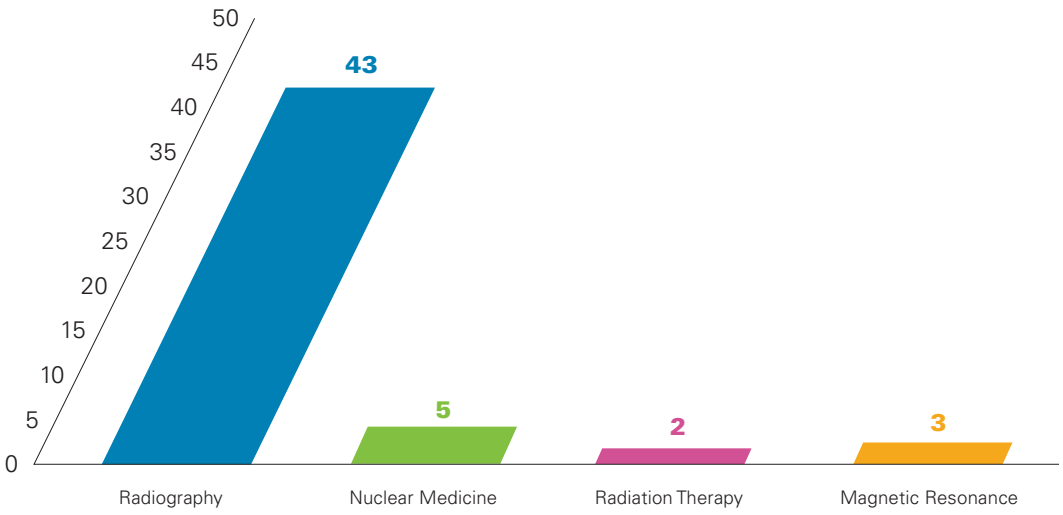
Office of the Fairness Commissioner

The CMRTO submitted the 2016 Fair Registration Practices Report to the Office of the Fairness Commissioner in February 2017 and posted the report on its website.

Applications reviewed by the Registration Committee by specialty - 2016

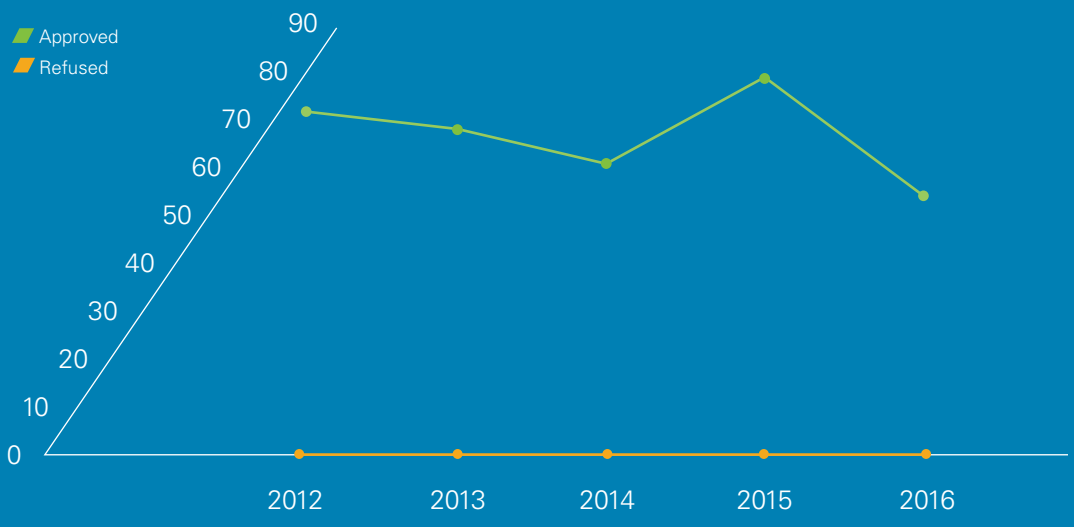


Decisions issued by the Registration Committee by specialty - 2016



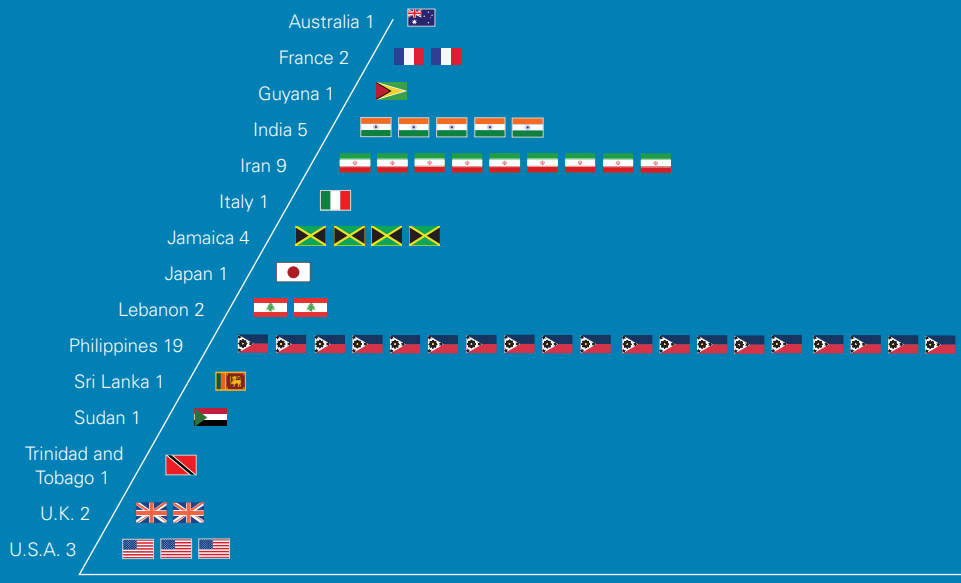
* The total number of decisions may not correspond to the total number of applications reviewed as decisions may be pending receipt of additional information or decisions may be issued for applications reviewed in the previous calendar year.

Decisions issued by the Registration Committee annually 2012 - 2016



*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, 2016



*The total number of countries in which international applicants completed their education in medical radiation technology for new applications received in 2016 does not correspond to the total number of applications reviewed, or decisions issued, as the total number of applications reviewed includes applications from Canadian applicants.

MEMBERSHIP PROFILE

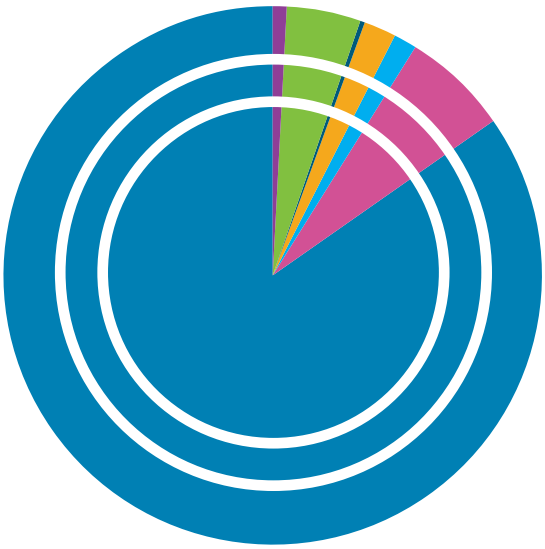
Total Registrants by Status and Primary Specialty

	2016	2015	2014
Active			
Specialty			
Nuclear Medicine	723	724	742
Radiography	4777	4698	4655
Radiation Therapy	1058	1066	1046
Magnetic Resonance	417	407	383
Employment Specific			
Nuclear Medicine	7	7	9
Total Active	**6982**	**6902**	**6835**
Resigned			
Specialty			
Nuclear Medicine	32	36	38
Radiography	248	269	285
Radiation Therapy	75	80	74
Magnetic Resonance	14	13	14
Employment Specific			
Nuclear Medicine	0	2	1
Total Resigned	**369**	**400**	**412**
Suspended (for failure to pay fees)			
Specialty			
Nuclear Medicine	1	0	1
Radiography	3	5	4
Radiation Therapy	1	1	2
Total Suspended	**5**	**6**	**7**
Total Active, Resigned and Suspended	**7356**	**7308**	**7254**

Active members on December 31, 2016 by primary specialty

Radiography	68.4%
Radiation Therapy	15.2%
Nuclear Medicine	10.4%
Magnetic Resonance	6.0%

Active members on December 31, 2016 by location of initial education in medical radiation technology



Africa	0.9%
Asia	4.6%
Australia and New Zealand	0.1%
Europe	2.1%
North and South America	1.3%
Canadian educated (outside Ontario)	6.5%
Ontario educated	84.6%

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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, 2016, 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, 2016, 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, 2017
Vaughan, Canada

Statement of Financial Position

December 31, 2016, with comparative information for 2015

	2016	2015
Assets		
Current assets:		
Cash	$ 251,103	$ 530,116
Accounts receivable and prepaid expenses	102,397	57,835
	353,500	587,951
Capital assets (note 2)	416,832	550,761
Investments (note 3)	2,228,492	1,709,820
	$ 2,998,824	$ 2,848,532
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	$ 135,052	$ 101,723
Deferred revenue (note 4)	1,589,080	1,576,779
	1,724,132	1,678,502
Deferred lease inducements (note 5)	84,073	112,098
Net assets:		
Invested in capital assets	332,759	438,663
Unrestricted	857,860	619,269
	1,190,619	1,057,932
Commitments (note 7)		
	$ 2,998,824	**$ 2,848,532**

See accompanying notes to financial statements.

On behalf of the Council:

Member

Member

Statement of Operations

Year ended December 31, 2016, with comparative information for 2015

	2016	2015
Revenue:		
Fees	$ 3,344,567	$ 3,337,550
Interest on investments	23,191	21,794
	3,367,758	3,359,344
Expenses:		
Human resources (note 6)	1,505,618	1,369,492
Operating	709,562	730,682
Communications and legal	438,827	439,284
Amortization of capital assets	236,714	236,486
Education, quality assurance and other	162,193	124,826
Committee meetings	129,206	129,030
Projects	52,951	72,147
	3,235,071	3,101,947
Excess of revenue over expenses	**$ 132,687**	**$ 257,397**

See accompanying notes to financial statements.

Statement of Changes in Net Assets

Year ended December 31, 2016, with comparative information for 2015

			2016	2015
	Invested in capital assets	Unrestricted	Total	Total
Net assets, beginning of year	$ 438,663	$ 619,269	$ 1,057,932	$ 800,535
Excess of revenue over expenses (expenses over revenue)	(208,689)	341,376	132,687	257,397
Investment in capital assets	102,785	(102,785)	–	–
Net assets, end of year	**$ 332,759**	**$ 857,860**	**$ 1,190,619**	**$ 1,057,932**

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended December 31, 2016, with comparative information for 2015

	2016	2015
Cash provided by (used in):		
Operations:		
Excess of revenue over expenses	$ 132,687	$ 257,397
Items not involving cash:		
Amortization of capital assets	236,714	236,486
Amortization of deferred lease inducements	(28,025)	(28,024)
Change in non-cash operating working capital	1,068	(15,149)
	342,444	450,710
Investments:		
Purchase of capital assets	(102,785)	(154,043)
Disposal of investments	800,000	1,190,795
Purchase of investments	(1,318,672)	(1,213,337)
	(621,457)	(176,585)
Increase (decrease) in cash	(279,013)	274,125
Cash, beginning of year	530,116	255,991
Cash, end of year	**$ 251,103**	**$ 530,116**

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended December 31, 2016

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:

			2016	2015
	Cost	Accumulated amortization	Net book value	Net book value
Computer hardware	$ 91,263	$ 69,278	$ 21,985	$ 28,201
Computer software	725,811	502,996	222,815	311,563
Office equipment	208,982	190,532	18,450	20,256
Website	140,388	75,605	64,783	72,297
Leasehold improvements	296,446	207,647	88,799	118,444
	$ 1,462,890	**$ 1,046,058**	**$ 416,832**	**$ 550,761**

3. Investments:

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

	2016	2015
Cash and cash equivalents	$ 978,241	$ 709,820
High interest savings securities	1,250,251	1,000,000
	$ 2,228,492	**$ 1,709,820**

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

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

The high interest savings securities bear a yield to maturity from 1.28% to 2.57% (2015 - 0.71% to 2.57%) maturing between April 2017 and December 2019.

4. Deferred revenue:

	2016	2015
Balance, beginning of year	$ 1,576,779	$ 1,562,162
Amounts received	3,276,877	3,257,803
Amounts recognized as revenue	(3,264,576)	(3,243,186)
Balance, end of year	**$ 1,589,080**	**$ 1,576,779**

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:

	2016	2015
Leasehold improvements	$ 280,245	$ 280,245
Less accumulated amortization	196,172	168,147
	$ 84,073	**$ 112,098**

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, 2016, the Plan is 122% funded. Contributions to the Plan made during the year ended December 31, 2016 by CMRTO on behalf of its employees amounted to $69,361 (2015 - $63,405) and are included in the statement of operations. Employees' contributions to the Plan in 2016 were $55,048 (2015 - $50,300).

7. Commitments:

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

2017	$ 181,000
2018	176,000
2019	169,000
	$ 526,000

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