



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

STRENGTHENING **PUBLIC** PROTECTION

2017 ANNUAL REPORT



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MISSION

THE MISSION OF THE CMRTO IS TO REGULATE THE PROFESSION OF MEDICAL RADIATION TECHNOLOGY TO SERVE AND PROTECT THE PUBLIC INTEREST.

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

What a year it was! I imagine there are only a few MRTs or sonographers who don't now know that 2017 was an historic and incredibly active year for the CMRTO.

After many years of work and countless hours of dedicated effort on the part of the CMRTO and sonographers across Ontario, in August 2017 CMRTO received direction from Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division, Ministry of Health and Long-Term Care (MOHLTC), to regulate diagnostic medical sonographers under the CMRTO, and to begin the regulation of sonographers by January 2018.

The goal of regulating sonographers was driven by the recognition that with self-regulation under the CMRTO, sonographers would join medical radiation technologists and other healthcare professions registered in the province's 26 health regulatory colleges in realizing the many benefits of self-regulation, including recognition of the education and training sonographers have, authorized use of a title [MRT(DMS) or DMS], and assurance that the profession's standards are enforced and the public protected.

About six weeks after the original direction, the Ontario Government introduced Bill 160, *Strengthening Quality and Accountability for Patients Act, 2017*. Among other extensive changes,

Bill 160 will repeal the current *Medical Radiation Technology Act* and replace it with the *Medical Radiation and Imaging Technology Act, 2017* (MRIT Act), which will, when in effect, change the name of CMRTO to the College of Medical Radiation and Imaging Technologists of Ontario. The Act has received Royal Assent and is now awaiting the date of proclamation.

In late December, we welcomed the announcement by MOHLTC that the three regulations necessary to regulate diagnostic medical sonographers under the *Regulated Health Professions Act* (RHPA) and within the CMRTO were approved, effective January 1, 2018.

The amended registration regulation enables CMRTO to regulate diagnostic medical sonographers as a fifth specialty within the College and sets out the registration requirements for an applicant to be issued a certificate of registration in the new specialty. Another regulation, the prescribed forms of energy regulation, adds the use of sound waves for diagnostic ultrasound to the scope of practice of the profession. The third regulation, the Controlled Acts regulation under the RHPA, sets out who can order and apply soundwaves for diagnostic ultrasound.

However these announcements were simply triggers for beginning an extraordinarily complicated process that included surveying all medical radiation technologists, diagnostic medical sonographers, other health professionals and members of the public to get feedback regarding the proposed revisions to new Standards of Practice, 11 in-person workshops held across the province (attended by more than 300 MRTs and sonographers), and extensive legal and committee work to draft regulations and policies to meet the government's very tight time frames.

By year-end, we had provided the government with everything it needed to regulate sonographers. How were we able to accomplish so much in such a short period of time? Part of the answer is, of course, that Council, the Registrar, CMRTO staff, individual MRTs and sonographers and legal counsel worked tirelessly to ready the needed regulations and policies for the government. Part was also foresight: In anticipation of the government's direction, Council had already created and populated a Sonography Implementation Group to advise the Registrar, staff and advisers on processes and protocols for effective integration of sonographers into the CMRTO.

However, it is paradoxical to say it in the middle of praising the efforts of everyone involved, but despite everything that has been accomplished, the job is not finished. In fact, the hard work is still to come — registering the province's more than 3,000 sonographers.

So, it is a good time to remind us of the CMRTO's vision to be a "future-focused, collaborative regulator committed to excellence". In 2017, CMRTO Council, Registrar, staff, MRTs, sonographer volunteers, and advisers pulled together to manage an unprecedented regulatory achievement. In doing so, they demonstrated collaboration and commitment to excellence in every sense of those two ideas.

My commitment is to continue to work in this spirit towards completing the task of registering sonographers with CMRTO and managing the many other priorities for the CMRTO in the coming year in the interest of strengthening public protection.



Linda Gough
Registrar & CEO

REGISTRAR & CEO'S MESSAGE

For the College of Medical Radiation Technologists of Ontario (CMRTO) 2017 inaugurated a process that over the next two-to-three years will see the most radical transformation in the CMRTO since its formation nearly 25 years ago out of its predecessor the Board of Radiological Technicians.

Although Council and staff had been working for many years with members, organizations representing sonographers and the Ontario Ministry of Health and Long-Term Care (MOHLTC) on the regulation of sonographers, when we received direction in August from the Ontario government to regulate diagnostic medical sonographers under the CMRTO, we recognized the significant challenge ahead of us to meet particularly tight time frames.

Over the subsequent five months we engaged in activities and processes that included:

- drafting regulations and policies to enable the CMRTO to register diagnostic medical sonographers as a fifth specialty and set out the registration requirements for an applicant to be issued a certificate of registration in the new specialty

- revising the Standards of Practice to add the practice of diagnostic medical sonographers, and amending the Code of Ethics (the Standards of Practice and Code of Ethics set out the minimum requirements for professional practice and conduct for members, and are meant to assure the quality of professional practice)
- developing the organizational mechanisms and infrastructure to be ready to receive applications in the new specialty beginning January 1, 2018
- extensive in-person and online consultation with members and sonographers across the province on the revised regulations and policies
- repeated liaison and consultation with the MOHLTC on draft regulations

Within the five-month time frame, we worked collaboratively with the MOHLTC to ensure all the regulatory and policy decisions were in place to take the final step of approving the regulation of diagnostic medical sonographers.

And by December 20, 2017 we were in a position to welcome the MOHLTC's approval of all regulations needed for diagnostic medical sonographers to become part of the CMRTO, effective January 1, 2018.

Providing this comprehensive regulation 'package' for the government, creating the application and registration processes, forms and information materials, and managing the hundred small details needed to get ready to add over 3,000 new members to the CMRTO register required herculean efforts on the part of dozens of CMRTO staff, members and sonographers.

I want to recognize College staff, Council and Executive members, volunteer MRTs and sonographers across the province and, of course, our legal counsel, whose dedication, work and ingenuity evidence their commitment to public protection in Ontario's health care system. In particular I'd also like to thank Council president Wendy Rabbie for her leadership and support during this remarkable period in the CMRTO's history.

Put simply everyone went above and beyond to do what was required to complete the public protection framework for medical radiation technology by including diagnostic medical sonographers in the CMRTO.

We are confident that by the end of the one-year grandparenting period a year from now (December 31, 2018) all diagnostic medical sonographers practising in Ontario will be registered as members of the CMRTO and will be providing safe, effective and ethical ultrasound services to the public of Ontario.

REPORT FROM COUNCIL

Council

Wendy Rabbie, President	MRT(R)	District 2 - Radiography
Angela Cashell, Vice-President	MRT(T)	District 5 - Radiation Therapy
Ebenezer Adiyiah	MRT(R)	District 3 – Radiography <i>(from June 15, 2017)</i>
Susan Allen	Public Member	
Nathalie Bolduc	MRT(R)	District 1 - Radiography
Elaine Bremer	Public Member	
Mary (Susan) Gosso	Public Member	
Janice Hoover	Public Member	
Ray Lappalainen	Sonographer	Transitional Council Member <i>(from September 26, 2017)</i>
Claudina Di Zio (Dina) Longo	MRT(R)	District 3 – Radiography <i>(to June 15, 2017)</i>
Franklin Lyons	Public Member	
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
Carolyn Trottier	Sonographer	Transitional Council Member <i>(from September 26, 2017)</i>
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
Nathalie Bolduc	MRT(R)	Council Member
Janice Hoover	Public Member	Council Member
Jay A. Neadles	MRT(MR), MRT(R)	Council Member
Martin Ward	Public Member	Council Member

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

New Strategic Plan

In September 2016 Council met for a comprehensive strategic planning session to develop a new roadmap for the next five years. The new Strategic Plan: Commitment to Regulatory Excellence was approved by Council in December 2016 to guide the work of the CMRTO in 2017 and beyond.

Following are the strategic and enabling goals that will guide CMRTO through the next five years:

Strategic Goals



Enabling Goals



The regulation of diagnostic medical sonographers

By far, the largest and most exciting development for CMRTO in 2017 was the journey we took towards the regulation of diagnostic medical sonographers. On August 2, 2017, CMRTO's President, Wendy Rabbie, received a letter from Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division, Ministry of Health and Long-Term Care, directing the CMRTO to regulate diagnostic medical sonographers under the CMRTO by January 2018. In her letter, Ms. Cole noted that regulating diagnostic medical sonographers with CMRTO will enhance public protection and make the regulatory framework consistent for all areas of

medical imaging. Although the process started in earnest in the summer of 2017, and will not come to its completion until January 1, 2019, without a doubt the regulation of diagnostic medical sonography as a fifth specialty within CMRTO was the main focus of Council, statutory committees and staff in 2017.

Here are the major milestones in the implementation of the regulation of diagnostic medical sonographers on January 1, 2018.

DMS Updates

Beginning in August, CMRTO published and circulated to MRTs, sonographers and stakeholders the diagnostic medical sonography focused, *DMS Updates*. Four editions of the newsletter were distributed throughout the year with the aim of keeping MRTs, sonographers and stakeholders up to date about the process and progress to regulate diagnostic medical sonographers within the CMRTO.

Registration regulation consultation

In August 2017, CMRTO circulated for 60 days, a consultation to members and stakeholders, regarding proposed amendments to the registration regulation made under the *Medical Radiation Technology Act, 1991* (MRT Act). The amendments enable the registration of diagnostic medical sonographers (DMS) as the CMRTO's fifth specialty, as well as setting out the requirements for applicants to be issued a certificate of registration in the new specialty.

Council reviewed all the received comments and approved the amendments at their meeting on October 20, 2017 and the proposed regulation was submitted to government.

On December 20, the Ministry of Health and Long-Term Care announced that the regulations necessary to regulate diagnostic medical sonographers under the *Regulated Health Professions Act* and within the CMRTO were approved, effective January 1, 2018.

The regulation amending the registration regulation addressed the following areas:

- registration requirements during grandparenting period
- ongoing registration requirements
- specialty certificate in the new specialty of diagnostic medical sonography
- protected title of “medical radiation technologist – diagnostic medical sonographer” or “diagnostic medical sonographer” and the associated abbreviations, MRT(DMS) or DMS
- conditions of registration for all five specialties

Other Regulations

In addition to the CMRTO registration regulation, the government approved the prescribed forms of energy regulation for the scope of practice statement set out in the MRT Act which adds the use of sound waves for diagnostic ultrasound to the scope of practice, and the Controlled Acts regulation under the RHPA relating to who can order and apply soundwaves for diagnostic ultrasound.

Medical Radiation and Imaging Technology Act

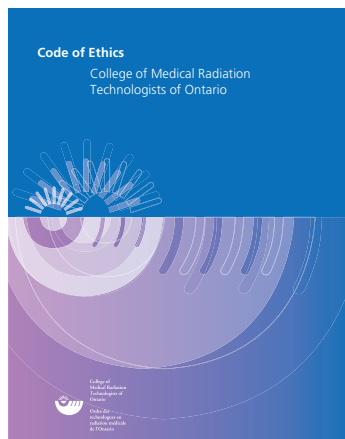
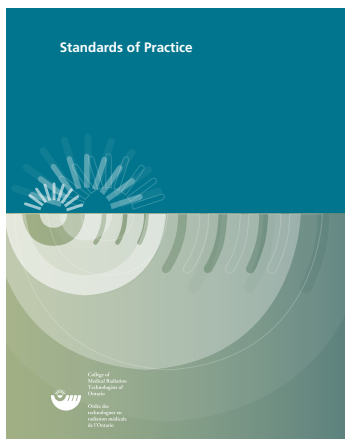
At the end of September, the Ontario Government introduced Bill 160, the *Strengthening Quality and Accountability for Patients Act, 2017*, part of which proposed changes to the *Medical Radiation Technology Act (MRT Act)* to strengthen and make more transparent oversight of diagnostic medical sonographers. If passed, the MRT Act will be repealed and replaced with the *Medical Radiation and Imaging Technology Act (MRIT Act)*.

The new *Medical Radiation and Imaging Technology Act* will affect the CMRTO:

- by changing the CMRTO's name to reflect its full membership, including diagnostic medical sonographers, to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)
- by changing the current CMRTO scope of practice statement to include the “application of soundwaves” in order to incorporate the practise of diagnostic medical sonographers
- by appropriately identifying all medical radiation and imaging professionals who are members of the (new) CMRITO

It is expected that the new Act will come into effect on January 1, 2019.

New Standards of Practice and Code of Ethics



In the Fall, CMRTO set out to revise the standards of practice to take into account the knowledge and skills required of diagnostic medical sonographers.

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

The survey closed at midnight on November 30, 2017 and Council considered all feedback about the proposed revisions. Almost 200 comments from members and diagnostic medical sonographers, were reviewed and Council made further changes based on those comments.

On December 8, 2017, Council approved the revised Standards of Practice and Code of Ethics to come into effect when the registration regulation came into force on January 1, 2018.

In the consultation survey, we asked members and diagnostic medical sonographers to indicate whether they prefer to receive the new publications in electronic or paper format. Over 80% of respondents indicated they would prefer an electronic copy. When the new Standards of Practice came into effect, on January 1, 2018, CMRTO notified members by email and posted electronic versions of the Standards of Practice and Code of Ethics to the CMRTO website.

Registering diagnostic medical sonographers

The requirements for registration for diagnostic medical sonographers are set out in the registration regulation made under the MRT Act.

On or before December 31, 2018, sonographers may apply for registration with the CMRTO using one of two methods – either through the grandparenting provision or by successfully completing an approved educational program and an approved examination. After December 31, 2018, the grandparenting provision is no longer available to applicants and all applicants will have to complete an approved educational program AND an approved examination, in order to be eligible for registration.

In 2017, CMRTO prepared for the regulation of diagnostic medical sonographers by updating its member management database and developing its first online applications process. The online application process was posted to the CMRTO website when the registration regulation came into effect on January 1, 2018.

The Quality Assurance program

In 2017, updates to the Quality Assurance (QA) program were developed, to come into effect on January 1, 2018.

In determining what changes should be made, the CMRTO QA Committee considered the following:

- the new Standards of Practice, effective January 1, 2018
- ways to make the QA Portfolio easier to use
- ways to improve and maintain member compliance with the QA program

The QA ePortfolio will now be the only method available to members to record their self-assessments and participation in continuing education or professional development and has been revised to be easier for members to complete. The print version of the QA Portfolio is no longer available.

The ePortfolio now has only three components to it:

- the QA Profile
- the Self-Assessment, and
- the Record of Continuing Education and Professional Development

These are the required components that must be filled out on an annual basis.

Registrar & CEO's workshops

Throughout October and early November 2017, CMRTO Registrar & CEO, Linda Gough, presented a series of well received information workshops at 11 locations around the province.

Nearly 300 MRTs and sonographers attended the workshops in person. Not surprisingly, the focus of the workshops was the regulation of diagnostic medical sonographers as a fifth specialty within the CMRTO. More than 200 of the attendees were sonographers.

Accreditation

In 2017, CMRTO and other regulators and professional associations across Canada worked collaboratively to find a replacement accreditation provider for the approved educational programs after we received notice from the Canadian Medical Association (CMA) that it would be ending its Conjoint Accreditation Services effective February 2018.

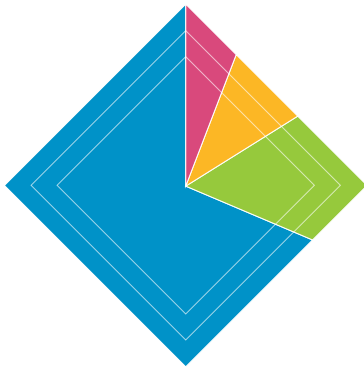
After an intensive search, Health Standards Organization (HSO) and its affiliate Accreditation Canada (AC) was selected to deliver accreditation services for medical radiation technology education programs through its new Equal Canada Program.

The CMRTO, CAMRT and CMA worked with HSO/AC throughout 2017 to ensure a smooth transition for the educational programs.

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

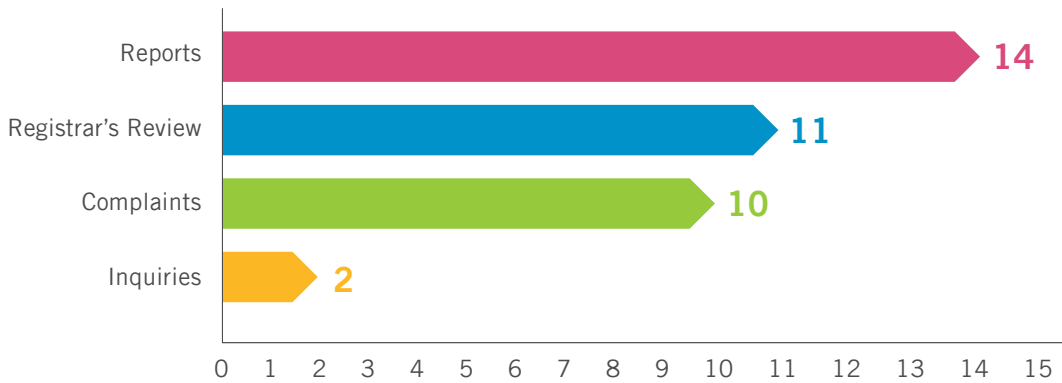
Regulatory

Active Members by Primary Specialty

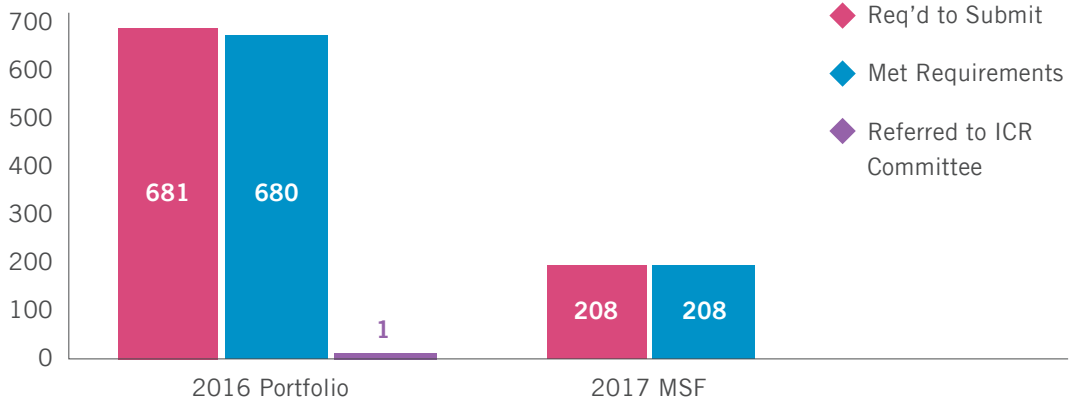


414	Magnetic Resonance
729	Nuclear Medicine
1084	Radiation Therapy
4814	Radiography
7041	Total

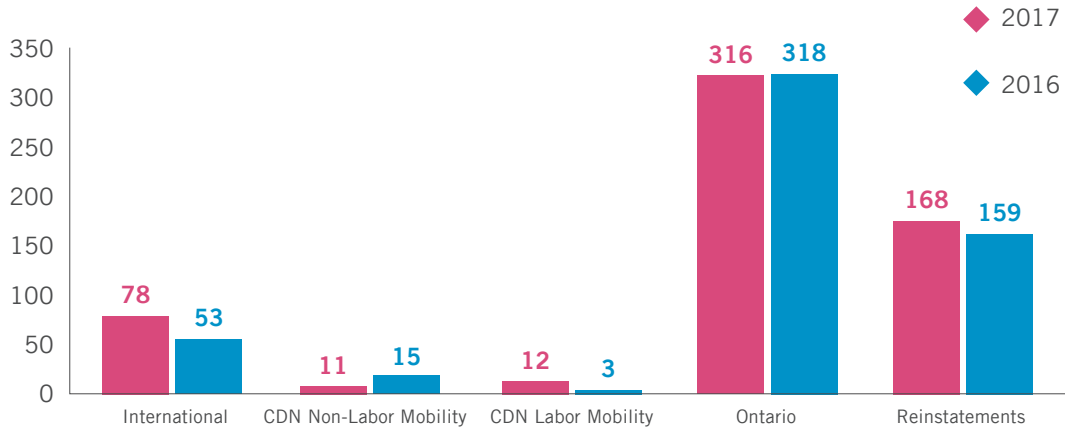
Professional Conduct New Cases



Quality Assurance

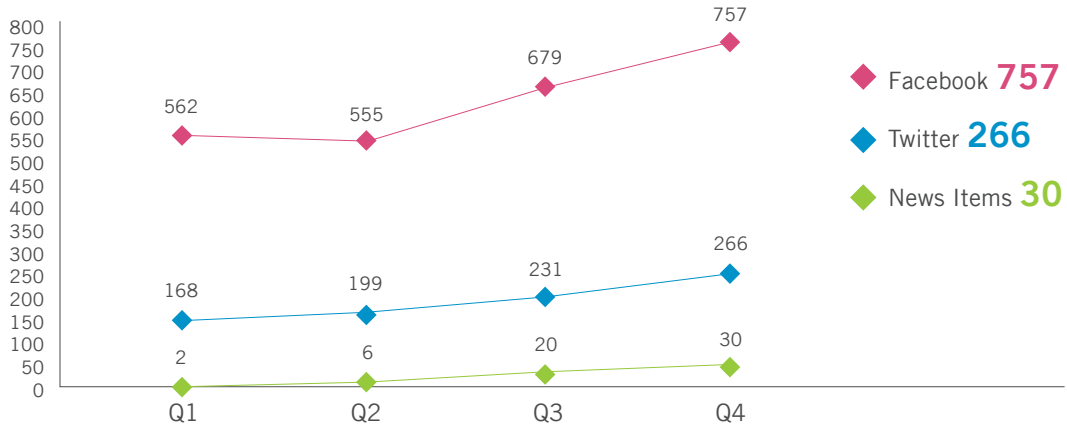


Registration Applications



Strategic and Member Engagement

Social Media Use



Conferences



Conference Booth Visits **1232**

Number of Conferences **8**

Strategic & Member Engagement



Presentations **17**
Attendance **785**

Strategic Plan Progress

On Target

- Ensure MRTs continue to practise safely, effectively and ethically in a changing health care environment ✓
- Enhance the confidence of all stakeholders in the regulation of MRTs ✓
- Contribute and respond to government initiatives to ensure the continued protection of the public ✓

COMMITTEE REPORTS

Inquiries, Complaints and Reports Committee

Elaine Bremer, Chair	Public Member	Council Member
Bronwen Baylis	MRT(R)	Appointed Member
Andre Bowen	MRT(N)	Appointed Member (to June 14, 2017)
Angela Brunetti	MRT(T)	Appointed Member
Angela Cashell	MRT(T)	Council Member
Lisa Giampa	MRT(N)	Appointed Member (from June 15, 2017)
Tarja Heiskanen	MRT(T)	Appointed Member (from June 15, 2017)
Veronica Nelson	MRT(R)	Appointed Member (from June 15, 2017)
Janet Scherer	MRT(R)	Council Member
Kimberly Thorvaldson	MRT(R)	Appointed Member
Martin Ward	Public Member	Council Member
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

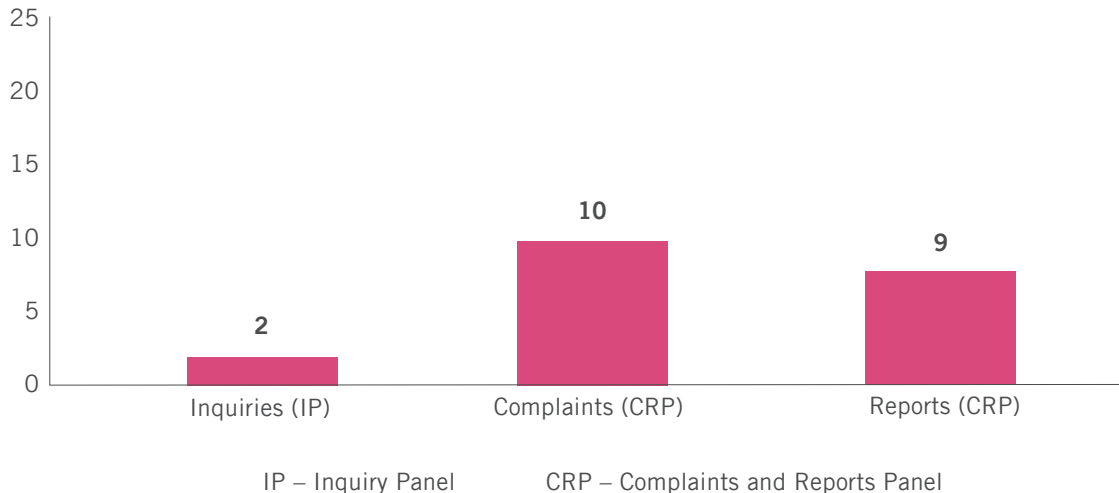
Complaint cases are opened when the College receives a written/recorded complaint regarding the conduct of a member. These cases are investigated by the Complaints and Reports Panel of the ICR Committee.

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.

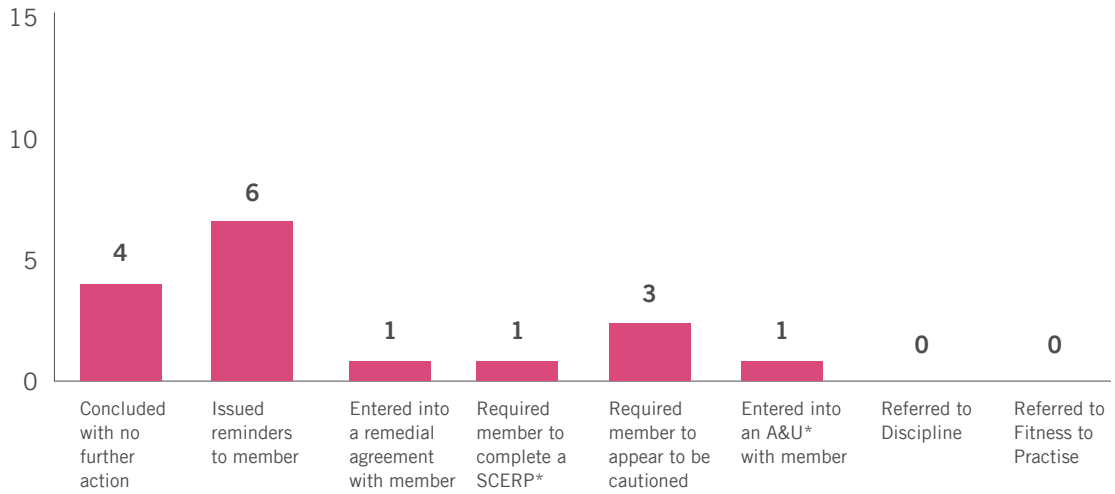
In 2017, panels of the Inquiries, Complaints and Reports Committee reviewed a total of 21 new cases. Of those cases, 10 were complaints, nine were reports and two were inquiries. Panels of the Inquiries, Complaints and Reports Committee issued a total of 16 decisions.

Below are charts that show the outcomes of the decisions issued by the ICR Committee in 2017, 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 new cases reviewed by panels of the ICR Committee in 2017



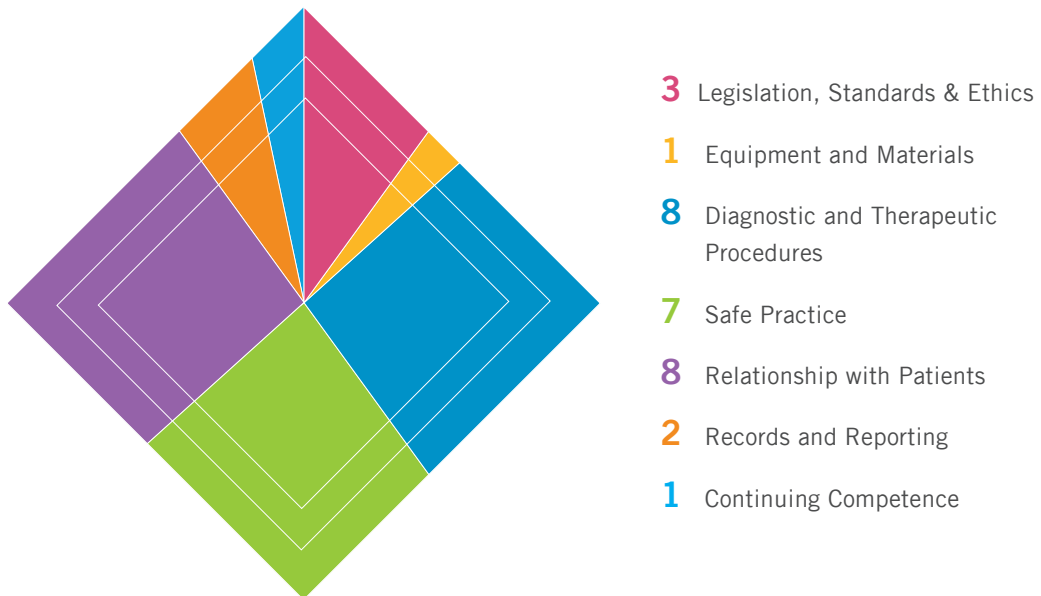
Decision Outcomes issued by panels of the ICR Committee in 2017



*SCERP – specified continuing education and remediation program

*A&U – Acknowledgment & Undertaking

Complaints/Reports by Practice Standard 2017



*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 2017 there were eight HPARB matters carried over from 2016. In six cases, HPARB confirmed the decision of the Inquiries, Complaints & Reports Committee, in one case HPARB returned the decision to the Inquiries, Complaints & Reports Committee and required it to reconsider its decision in light of the Board's Reasons, and in one case, the application for review was withdrawn.

In 2017 there were three new requests made to HPARB for a review. The decisions in the review of these matters were not issued in 2017.

Discipline Committee

Franklin Lyons, Chair	Public Member, Chair	Council Member
Ebenezer Adiyiah	MRT(R)	Council Member <i>(from June 15, 2017)</i>
Susan Allen	Public Member	Council Member <i>(from June 15, 2017)</i>
Rania Arabi	MRT(N), MRT(MR)	Appointed Member <i>(from June 15, 2017)</i>
Martin Chai	MRT(T)	Appointed Member
Lisa Di Prospero	MRT(T)	Appointed Member
Claudina Di Zio (Dina) Longo	MRT(R)	Appointed Member
Janice Hoover	Public Member	Council Member
Jay Neadles	MRT(MR), MRT(R)	Council Member
Janet Scherer	MRT(R)	Council Member <i>(to June 14, 2017)</i>
Lamees Wahab	MRT(N)	Appointed Member
Martin Ward	Public Member	Council Member
Sandra Willson	MRT(N)	Council Member <i>(from June 15, 2017)</i>

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

There were no referrals to the Discipline Committee in 2017 and no hearings were held in 2017.

Fitness to Practise Committee

Nathalie Bolduc, Chair	MRT(R)	Council Member
Michael Burnet	MRT(R)	Appointed Member (to June 14, 2017)
Mary (Susan) Gosso	Public Member	Council Member (from June 15, 2017)
David McDougall	MRT(R)	Appointed Member
Derek Ribeiro	MRT(T)	Appointed Member (from June 15, 2017)

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 and no hearings were held in 2017.

Patient Relations Committee

Wendy Rabbie, Chair	MRT(R)	Council Member
Nathalie Bolduc	MRT(R)	Council Member
Angela Cashell	MRT(T)	Council Member
Janice Hoover	Public Member	Council Member
Jay Needles	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.

Bill 87, the *Protecting Patients Act* was introduced into the legislature on December 8, 2016 and proposed extensive amendments to the *Regulated Health Professions Act* in response to the recommendations in the Task Force on Sexual Abuse's Report. Bill 87 received Royal Assent on May 30, 2017 although some provisions will only come into force on proclamation including the provision which expands the eligibility for funding and therapy for patients who allege they have been sexually abused by a health care professional. In addition, the Minister has new regulation

making authority related to the composition of committees, the patient relations program and the acts of sexual abuse that result in mandatory revocation. There were no regulations introduced in 2017.

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 2017.

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
Merrylee McGuffin	MRT(T)	Appointed Member
Tammy E. Urso	MRT(N)	Appointed Member
Martin Ward	Public Member	Council 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 six days of meetings, one teleconference meeting and one workshop in 2017. In 2017, 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 member. 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 member is required to complete and record at least 25 hours of continuing education and professional development activities each year. A member may be requested to submit the QA Portfolio for assessment by the QA Committee or an assessor.

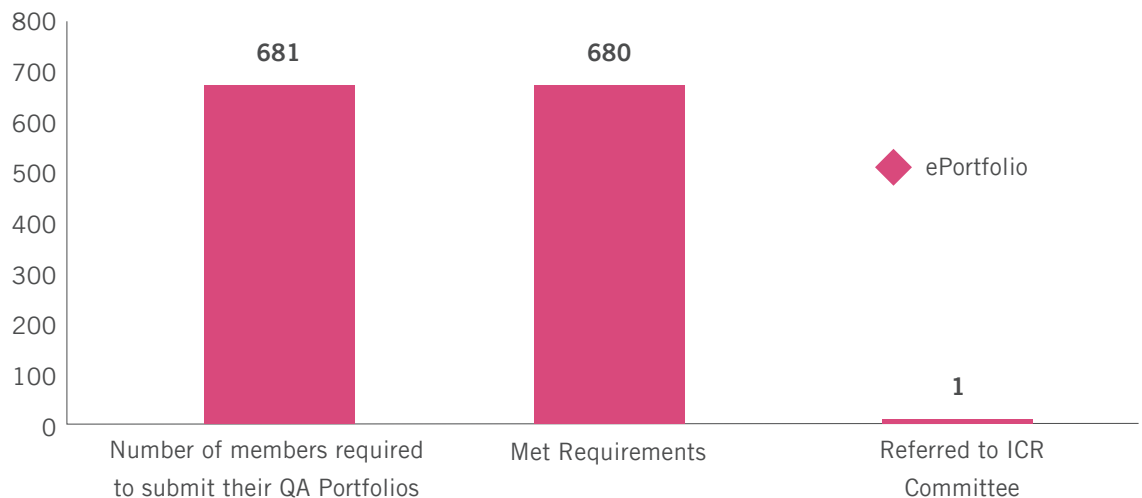
For 2017, Council approved 10% of members to be randomly selected to submit their 2016 QA Portfolios for assessment.

QA ePortfolio

Since the QA ePortfolio went live in August 2013, members have embraced the intuitive and accessible technology. Use of the ePortfolio over the paper QA Portfolio has increased markedly every year since 2013. In 2017, over 98% of members who were randomly selected to submit their QA portfolios for assessment did so using the ePortfolio.

The majority of members who submit their ePortfolio exceed the required 25 hours of continuing education and professional development activities, with some recording over 100 hours. In 2017, 681 members were required to submit their 2016 QA Portfolios for assessment by the QA Committee or an assessor. 680 members met the requirements and one member did not meet the requirements and was referred to the ICR Committee.

2017 QA Portfolio Assessment



QuickQA App

The QuickQA app was launched in August 2015 for both android and apple mobile devices. The app allows members 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 members, it has been downloaded 1,672 times.

Multi-Source Feedback (MSF) Assessment

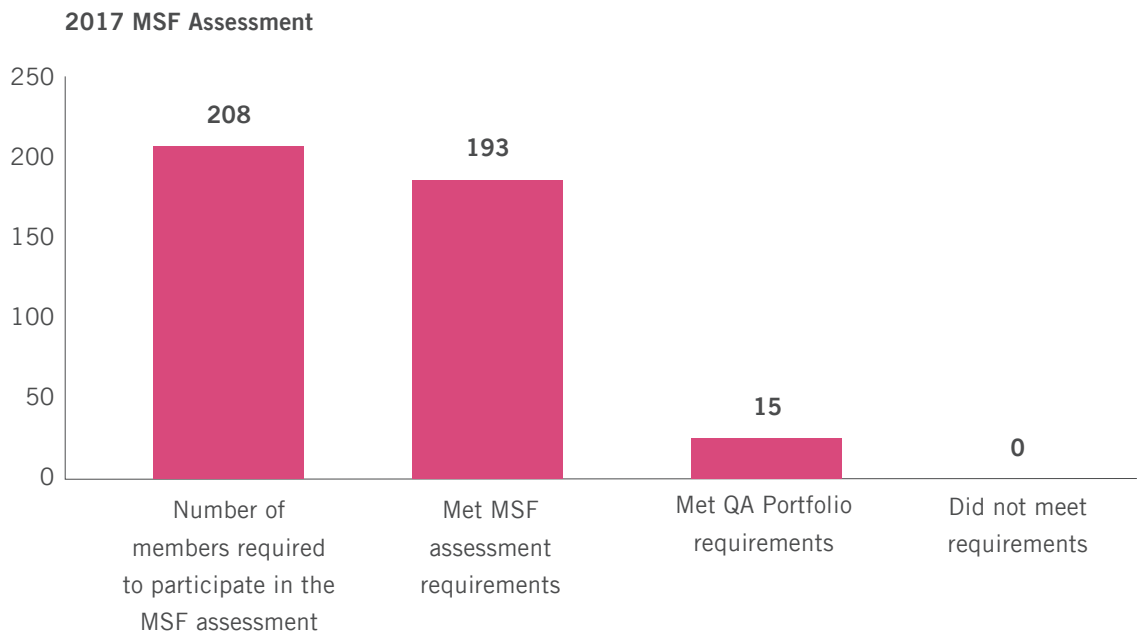
The peer and practice assessment by means of a multi-source survey is completed by individual members selected by the QA Committee in accordance with the QA regulation. The assessment includes a self, peer and co-worker, and patient assessments of an MRT's practice, based on the standards of practice.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

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 2017. 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.

All the members met the requirements of the peer and practice assessment.



Individual Practice Assessment (IPA)

The QA Committee has completed the revision of the IPA process. The circumstances under which a member will be selected by the QA Committee to participate in an IPA with an assessor include when, based on an assessment of the QA Portfolio or an MSF assessment, the QA Committee is of the opinion that there may be a gap in a member's practice and a further assessment of the member's practice is required.

There were no individual practice assessments conducted in 2017.

Registration Committee

Janice Hoover, Chair	Public Member	Council Member
Valentina Al-Hamouche	MRT(R)	Appointed Member
Dolores Dimitropoulos	MRT(R)	Appointed Member
Cathryne Palmer	MRT(T)	Council Member
Anna Simeonov	MRT(MR), MRT(R)	Appointed Member
Kieng Tan	MRT(T)	Appointed Member
Alan Thibeau	MRT(N)	Appointed Member

The Registration Committee held eight days of meetings and one teleconference meeting to discharge its statutory responsibilities in 2017. During these meetings, the Committee reviewed and approved the following:

Internationally Educated Applicants

- Reviewed 78 new applications for registration from internationally educated individuals
- Issued 75 decisions where the panel approved 75 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)

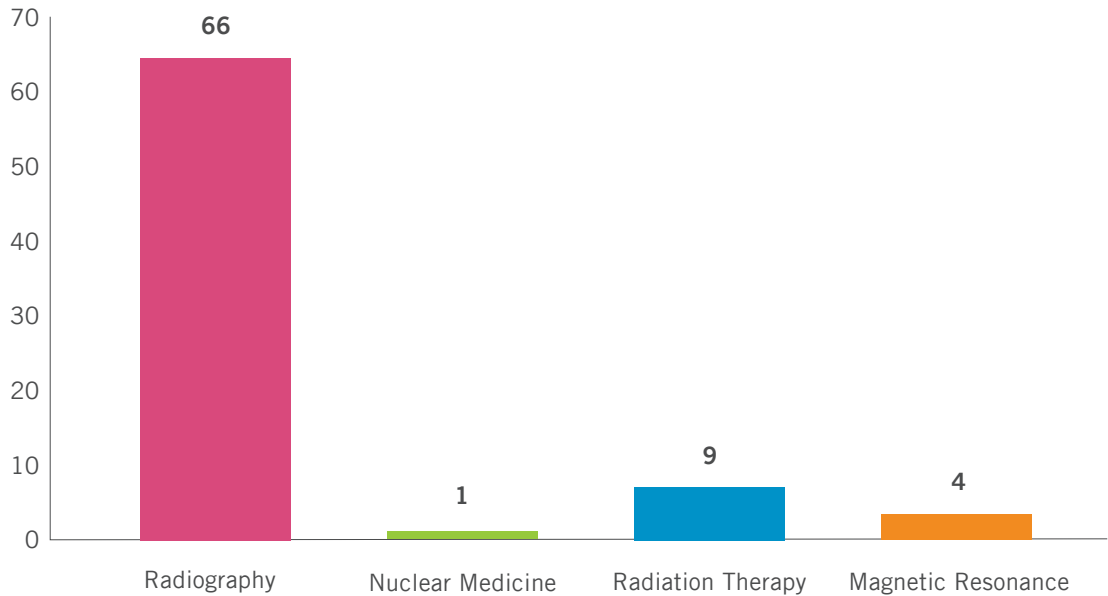
Ontario Educated Applicants

- Reviewed one new application for registration from an Ontario applicant
- Reviewed one new application for registration from an applicant who completed an educational program in Canada
- Issued one decision where the panel approved the application for registration following the completion of certain requirements. The other application is pending a decision

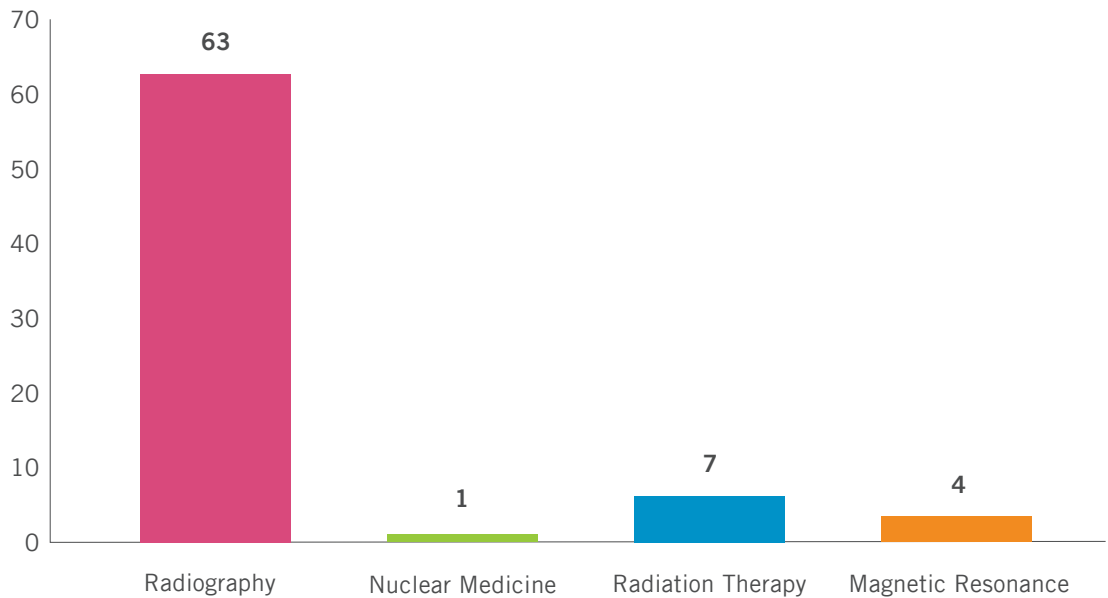
Office of the Fairness Commissioner

The CMRTO submitted the 2017 Fair Registration Practices Report to the Office of the Fairness Commissioner in February 2018 and posted the report on its website.

Total number of new applications reviewed by the Registration Committee by specialty - 2017

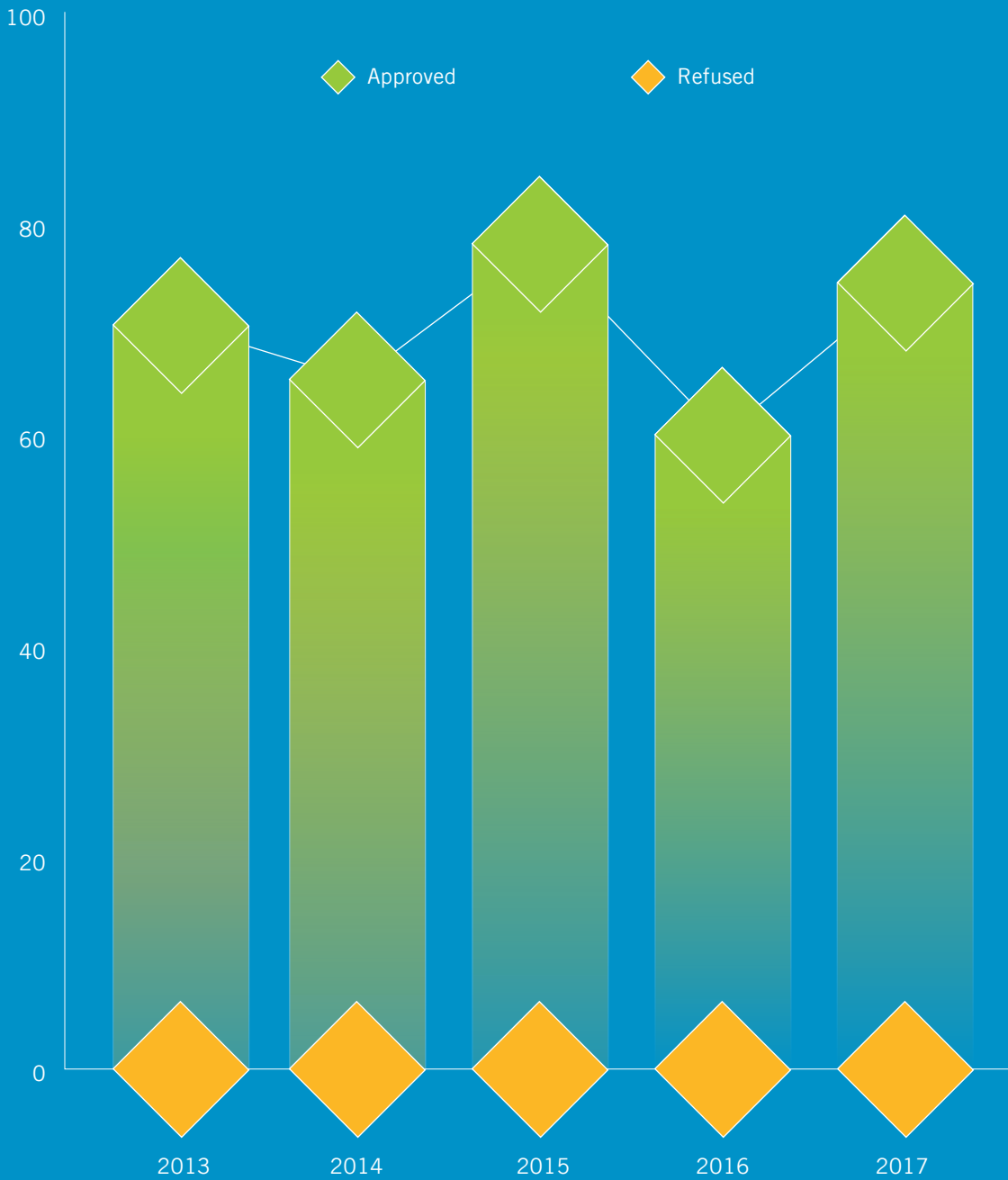


Decisions issued by the Registration Committee by specialty - 2017



*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 2013 - 2017



*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, 2017



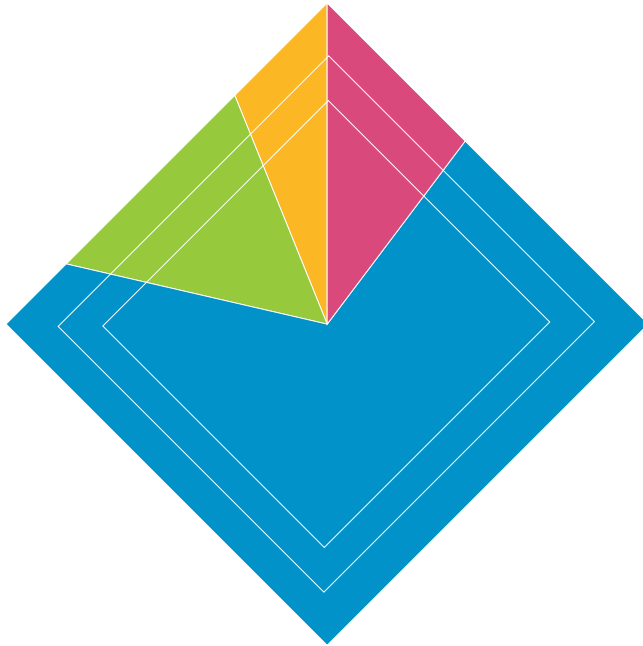
*The total number of countries in which international applicants completed their education in medical radiation technology for new applications received in 2017 does not correspond to the total number of applications reviewed, or decisions issued, as the total number of applications reviewed includes applications from Canadian applicants.

MEMBERSHIP PROFILE

Total registrants by status and primary specialty

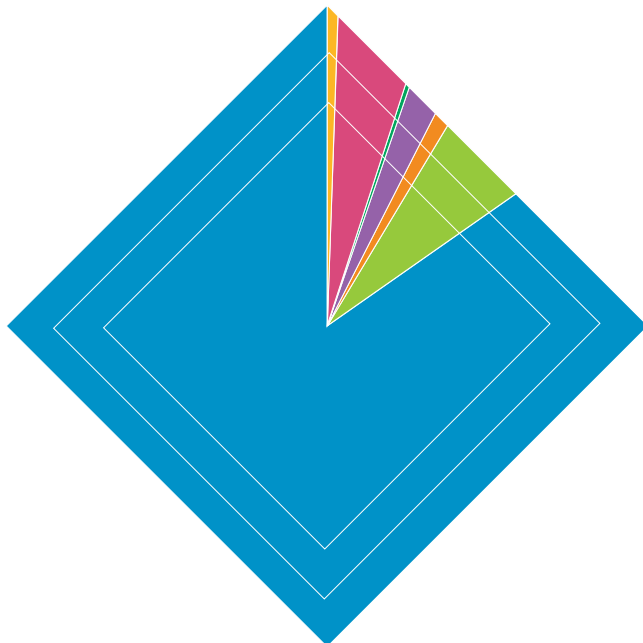
	2017	2016	2015
Active			
Specialty			
Nuclear Medicine	722	723	724
Radiography	4814	4777	4698
Radiation Therapy	1084	1058	1066
Magnetic Resonance	414	417	407
Employment Specific			
Nuclear Medicine	7	7	7
Total Active	7041	6982	6902
Resigned			
Specialty			
Nuclear Medicine	34	32	36
Radiography	269	248	269
Radiation Therapy	80	75	80
Magnetic Resonance	28	14	13
Employment Specific			
Nuclear Medicine	0	0	2
Total Resigned	421	369	400
Suspended (for failure to pay fees)			
Specialty			
Nuclear Medicine	0	1	0
Radiography	4	3	5
Radiation Therapy	0	1	1
Magnetic Resonance	0	0	0
Total Suspended	4	5	6
Total Active, Resigned and Suspended	7466	7356	7308

Active members on December 31, 2017 by primary specialty



- 10.3%** Nuclear Medicine
- 68.4%** Radiography
- 15.4%** Radiation Therapy
- 5.9%** Magnetic Resonance

Active members on December 31, 2017 by location of initial education in medical radiation technology



- 0.8 %** Africa
- 4.4 %** Asia
- 0.2%** Australia and New Zealand
- 2.1%** Europe
- 1.3%** North and South America
- 6.5%** Canadian educated (outside Ontario)
- 84.7%** Ontario educated

INDEPENDENT AUDITORS' REPORT



KPMG LLP

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100 New Park Place, Suite 1400
Vaughan ON L4K 0J3
Canada
Tel 905-265-5900
Fax 905-265-6390

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

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

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

The image shows the handwritten signature of KPMG LLP in black ink. The letters are bold and slanted, with a horizontal line underneath the signature.

Chartered Professional Accountants, Licensed Public Accountants
March 27, 2018
Vaughan, Canada

Statement of Financial Position

December 31, 2017, with comparative information for 2016

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

See accompanying notes to financial statements.

On behalf of the Council:



Member



Member

Statement of Operations

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

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

See accompanying notes to financial statements.

Statement of Changes in Net Assets

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

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

See accompanying notes to financial statements.

Statement of Cash Flows

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

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

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended December 31, 2017

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

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

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

1. Significant accounting policies:

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

(a) Capital assets:

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

(b) Financial instruments:

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

(c) Revenue recognition:

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

(d) Deferred lease inducements:

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

(e) Pension plan:

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

(f) Use of estimates:

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

2. Capital assets:

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

3. Investments:

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

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

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

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

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

4. Deferred revenue:

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

5. Deferred lease inducements:

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

The components of deferred lease inducements are as follows:

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

6. Pension plan:

Some of the employees of CMRTO have become members of the HOOPP (the "Plan"), which is a multi-employer defined benefit pension plan. Plan members will receive retirement benefits based on the member's contributory service, the highest average annualized earnings during any consecutive five-year period, and the most recent three-year average year's maximum pensionable earnings. As at December 31, 2017, the Plan is 122% funded. Contributions to the Plan made during the year ended December 31, 2017 by CMRTO on behalf of its employees amounted to \$84,258 (2016 - \$69,361) and are included in the statement of operations. Employees' contributions to the Plan in 2017 were \$66,871 (2016 - \$55,048).

7. Commitments:

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

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

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