



CMRTO

2019

ANNUAL REPORT

TABLE OF CONTENTS

3	President and Registrar & CEO's Message
5	Report from Council
14	Committee Reports
14	Inquiries, Complaints and Reports Committee
17	Discipline Committee
18	Fitness to Practise Committee
19	Patient Relations Committee
20	Quality Assurance Committee
24	Registration Committee
29	Membership Profile
31	Summary Financial Statements



Wendy Rabbie
President



Linda Gough
Registrar & CEO

PRESIDENT AND REGISTRAR & CEO'S MESSAGE

The 2019 annual report of the College of Medical Radiation Technologists of Ontario (CMRTO) is our last since we came into being with the proclamation of the *Medical Radiation Technology Act* (MRT Act) over 26 years ago – but this is not an unhappy event.

The good news is that CMRTO became the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) on January 1, 2020 when the *Medical Radiation and Imaging Technology Act* (MRIT Act) was proclaimed, repealing and replacing the MRT Act. As a result, the CMRTO ended on December 31, 2019, and consequently this is the last annual report for the CMRTO.

This significant event is the culmination of years of work as a regulator to protect the public by regulating diagnostic medical sonographers with the CMRTO, and preparing for the repeal and replacement of the *Medical Radiation Technology Act*.

The proclamation of the MRIT Act is the historic legislative end point of a remarkable and comprehensive effort to unite professionals in medical radiation and imaging technology into a single regulatory body to serve and protect the public interest by establishing standards of practice for the profession, setting entry to practice requirements, ensuring the continued competence of members through our quality assurance program, and addressing concerns from the public through our complaints and discipline processes.

As President for the last four years, and as Registrar & CEO for 13 years, we've been aided in this journey by successive governing Councils that have been nothing short of exemplary in supporting efforts to accomplish this objective.

Whether it was encouraging us to create a new visual identity and website and update publications and other communication tools in anticipation of official proclamation, approving new by-laws to establish a new Council structure, supporting a new online application system, or approving the hiring of additional staff to manage application and registration processes, our Councils (composed of members of the public, who are appointed by the provincial government and members of the profession who are elected by members) have been faultless in their commitment to getting the job done.

CMRTO staff members have also demonstrated an unwavering commitment to implementing Council's vision throughout these complex and arduous undertakings. We are continually impressed by CMRTO staff's willingness to pursue any assignment energetically and thoroughly, whether to maintain the CMRTO's systems and processes to protect the public interest and support the tasks of its statutory committees, working to ensure the smooth and ordered integration of diagnostic medical sonographers into the CMRTO, or keeping members and the public informed about new initiatives. Not enough can be said about the value of having team members who embrace challenges with determination, grace and, yes, good humor when needed.

There is another partner to whom we are grateful — the Ontario Ministry of Health. Our solid and collaborative working relationship with the various professionals and policy staffs within the ministry has enabled us to move ahead on many levels while supporting the legislative processes to put in place the necessary formal regulatory infrastructure. They have shown confidence in us and, in turn, have given us the confidence to proceed with registering diagnostic medical sonographers and creating a new identity for the CMRTO in anticipation of the proclamation of the MRIT Act.

The foundation is now complete.

The future for the CMRTO is about five specialties working together as one profession to ensure their knowledge, experience, judgement and expertise serve the public interest with professionalism, care, safety and continuous learning.

REPORT FROM COUNCIL

COUNCIL

Wendy Rabbie, President	MRT(R)	District 1 - radiography
Jay A. Needles, Vice President	MRT(MR)(R)	District 4 - magnetic resonance
Ebenezer Adiyiah	MRT(R)	(Retired) District 3 – radiography <i>(to September 27, 2019)</i>
Susan Allen	Public Member	(Retired) District 1 – radiography <i>(to June 13, 2019)</i>
Nathalie Bolduc	MRT(R)	<i>(to October 8, 2019)</i>
Elaine Bremer	Public Member	District 2 - radiation therapy
Angela Cashell	MRT(T)	District 5 - diagnostic medical sonography <i>(from June 13, 2019)</i>
Zainool Dhalla	DMS, MRT(R)	District 6 - member at large <i>(from June 13, 2019)</i>
Yasir Khalid	MRT(T)	<i>(to November 15, 2019)</i>
Mary (Susan) Gosso	Public Member	<i>(to November 13, 2019)</i>
Janice Hoover	Public Member	Transitional Council Member <i>(to June 13, 2019)</i>
Ray Lappalainen	DMS	<i>(to June 18, 2019)</i>
Franklin Lyons	Public Member	<i>(from October 31, 2019)</i>
Caitlin McCabe	Public Member	(Retired) District 7 – faculty <i>(to June 13, 2019)</i>
Cathryne Palmer	MRT(T)	<i>(from September 13, 2019)</i>
Nilay Saha	Public Member	<i>(from October 31, 2019)</i>
Victoria Romero	Public Member	(Retired) District 4 – radiography <i>(to June 13, 2019)</i>
Janet K. Scherer	MRT(R)	District 7 - academic councilor <i>(from June 13, 2019)</i>
Kieng Tan	MRT(T)	Transitional Council Member <i>(to June 13, 2019)</i>
Scott Tracze	Public Member	
Carolyn Trottier	DMS	
Martin Ward	Public Member	
Sandra Willson	MRT(N)	District 3 - nuclear medicine

EXECUTIVE COMMITTEE

Wendy Rabbie, President	MRT(R)	Council Member
Jay A. Neadles, Vice President	MRT(MR)(R)	Council Member
Nathalie Bolduc	MRT(R)	Council Member (to June 13, 2019)
Angela Cashell	MRT(T)	Council Member
Janice Hoover	Public Member	Council Member (to November 13, 2019)
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.

THE MEDICAL RADIATION AND IMAGING TECHNOLOGY ACT

The *Medical Radiation and Imaging Technology Act, 2017* (MRIT Act) received Royal Assent in December 2017 and for the majority of 2019 was awaiting a proclamation date. The MRIT Act improves transparency to the public by changing the CMRTO's name to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO), and the name of the profession to medical radiation and imaging technology to reflect all five specialties providing medical radiation and imaging services to patients in Ontario. The new Act was expected to come into effect on January 1, 2019 but had yet to be proclaimed into force for the majority of 2019. In mid-December 2019, the government proclaimed the MRIT Act in force effective January 1, 2020. In 2019, in anticipation of this legislation being proclaimed, CMRTO Council and staff spent months evolving our visual identity, creating a new website, and updating publications and tools that reflect the change in name and identity. This left the College in an excellent position to swiftly introduce its new identity, launch the new website, and disseminate revised publications that reference up-to-date legislation and link to new online resources. We introduced the new logo and website at our September 20, 2019 Council meeting and communicated the changes to members and stakeholders through eblasts, news stories, and social media postings.

The updated visual identity features our acronym (CMRTO), updated visual, and the words “regulator of medical radiation and imaging technologists in Ontario” that describes in plain terms what CMRTO does, while the new website makes it easier and faster for the public, members, applicants, and employers to find the information they are looking for in fewer steps and with greater clarity.

REGISTRATION REGULATION

Council approved for circulation and comment a new registration regulation to be made under the MRIT Act. Among other things, the proposed regulation refers to the new name of the profession (medical radiation and imaging technology) and streamlines the regulation by combining the registration requirements for all five specialties into one section. Members, applicants, stakeholders and the public were encouraged to review the proposed regulation and provide comments using the College’s public consultation forum.

The proposed registration regulation awaits further direction from the Ministry of Health before the College is able to submit it for approval.

REGULATION OF DIAGNOSTIC MEDICAL SONOGRAPHERS

January 1, 2019 was the date by which all diagnostic medical sonographers had to be registered with CMRTO in order to be legally authorized to practice the profession in Ontario and to apply soundwaves for diagnostic medical sonography. Throughout 2018, CMRTO staff, Council and committee members worked hard to ensure the smooth and seamless integration of diagnostic medical sonographers in to the CMRTO. As of January 2, 2019, more than 3,867 certificates in diagnostic medical sonography (DMS) had been issued.

At our March 2019 Council Meeting, CMRTO invited officials from the Ministry of Health and Long-Term Care to attend a presentation on the College’s activities regulating diagnostic medical sonographers. Registrar & CEO Linda Gough recapped the flood of activity carried out by the College over the 17 months beginning with the notification in August 2017 that CMRTO would be responsible for regulating diagnostic medical sonographers, to January 1, 2019 when registration with CMRTO became mandatory for anyone working as a DMS in Ontario.

At that meeting, Council presented Thomas Custers, Manager of the Health Workforce Regulatory Oversight Branch of the MOHLTC, with the *'Final Report to the Ministry of Health and Long-Term Care Regarding the Successful Completion of the Regulation of Diagnostic Medical Sonographers by the College of Medical Radiation Technologists of Ontario'*. This comprehensive publication collected all of CMRTO's communications and outreach efforts to members, applicants, stakeholders and the public related to the regulation of diagnostic medical sonographers over this period, demonstrating the CMRTO's thoroughness in regulating this new specialty

As of December 31, 2019, CMRTO regulates nearly 4,000 members who hold diagnostic medical sonography as a primary specialty and over 11,000 medical radiation and imaging technologists overall. Registration helps the public be confident that MRTs and DMSs are qualified to practice, maintain their competence, and practice safely, effectively and ethically.

ONLINE APPLICATION SYSTEM

On January 1, 2019, CMRTO moved to a fully online application system. Building on the successful implementation of the online application process for diagnostic medical sonographers in 2018, applicants in all specialties are now able to apply for registration with the CMRTO using the online application system. Supporting documentation for the online application process in the form of application guides for Ontario applicants, Canadian labour mobility applicants, Canadian non-labour mobility applicants, international applicants, and applicants seeking reinstatement have been created to make applying as easy and straightforward as possible. The online application process also includes an application to add a second specialty. This improved online application process streamlines submission for applicants and facilitates the review process for the CMRTO registration team.

CMRTO'S NEW ELECTORAL DISTRICTS/COUNCIL COMPOSITION

The 2019 election marked the first election held under CMRTO's new electoral districts, which were amended by By-law No. 60 to include the addition of diagnostic medical sonographers to Council.

The 2019 CMRTO Council includes three newly elected or appointed members, including Council's first elected diagnostic medical sonographer, the first elected member-at-large and the first appointed academic councilor.

The transition to the new Council composition is occurring incrementally over 2019 and 2020. The result will be the total number of professional members on Council being reduced by one. The seven professional members will join seven public members to create a balanced Council of equal numbers of public and professional members. These changes reflect the governance best practices of smaller Council sizes and an equal public/professional member ratio.

COMMUNICATIONS OUTREACH

Webinars

In the fall, CMRTO again hosted a webinar series covering a wide range of topics related to the practice of medical radiation and imaging technology in Ontario. These 45-minute webinars were designed to be short, practical and informative sessions for new and established members alike.

Topics for these webinars included:

- The Quality Assurance Program
- Sonography update
- Everything you need to know about the *Medical Radiation and Imaging Technology Act* now!

We also released a brief educational video walking MRITs through how to complete the yearly quality assurance requirements. The video shows how to complete the QA profile, Self-Assessment, and Record of Continuing Education and Professional Development, as well as telling members what they need to know about the jurisprudence program resource.

Our webinars allow us to connect with many MRITs and share information in a cost-effective and flexible manner. We continue to focus on finding webinar times that work for an increased number of members and identifying topics that are of greatest relevance to our members in meeting their professional accountabilities.

Conferences and presentations

Throughout 2019, CMRTO staff and Council members were active in delivering presentations at academic institutions and attending conferences. The Registrar & CEO, Deputy Registrar, Quality Assurance Director, Quality Assurance Manager, and Professional Practice Advisor delivered a total of 15 presentations to 513 attendees and attended seven conferences throughout the year, meeting with more than 500 booth visitors. Speaking at these venues and communicating face-to-face with members, students and applicants allowed the College to answer questions and help current and future members of the profession to understand CMRTO's public protection mandate.

Email communications

Throughout 2019, the College continued our online communication efforts with members and applicants. A total of 38 targeted bulk email messages were sent to members and applicants to inform them of new developments, outline their obligations as regulated health professionals, and share information about upcoming events and activities of interest. This focus on online communication proved very effective, as demonstrated by a delivery rate of 99.7% and nearly 55,000 in-message clicks – a 240% increase of in-message clicks over the previous year! This increase shows a real interest from CMRTO members and applicants to learn more about the topics covered in the email messages they received.

Social media

In 2019, Twitter outpaced Facebook in new follower numbers with an increase of 23% to Facebook's 14%. However, Facebook still carries higher engagement with 5,059 likes, shares, comments, clicks, etc. on 113 posts over the course of the year. The College's Twitter account saw 1,600 engagements on 112 tweets, while our LinkedIn account saw our followers increase by 50.6%. and 1,325 engagements or social actions resulting from 92 updates. Our audience continues seeking us out on different social media platforms and CMRTO continues our commitment to sharing content on social media, trending towards an increasingly engaged and informed audience base.

STRATEGIC PLAN 2017-2021: COMMITMENT TO REGULATORY EXCELLENCE

In December 2016, Council approved *Strategic Plan 2017-2021: Commitment to Regulatory Excellence* to guide the work of the CMRTO for the next five years.

As part of this plan, the following strategic and enabling goals were identified to help guide CMRTO activities and projects:

Strategic goals



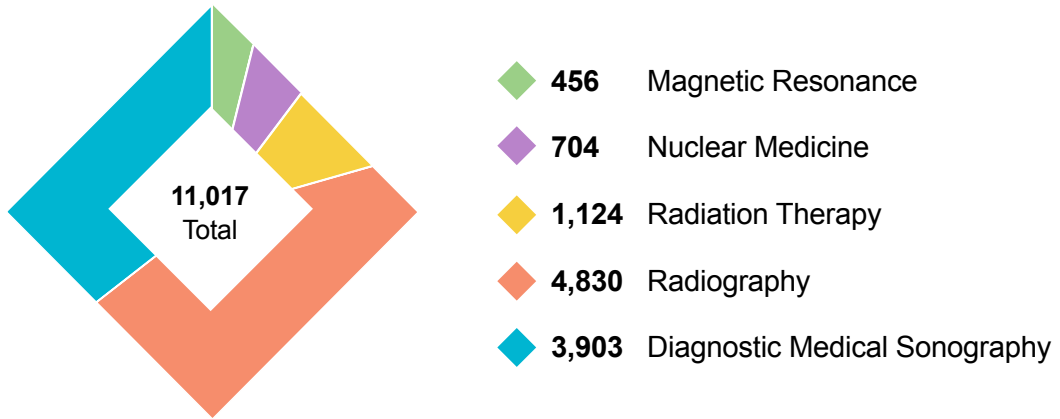
Enabling goals



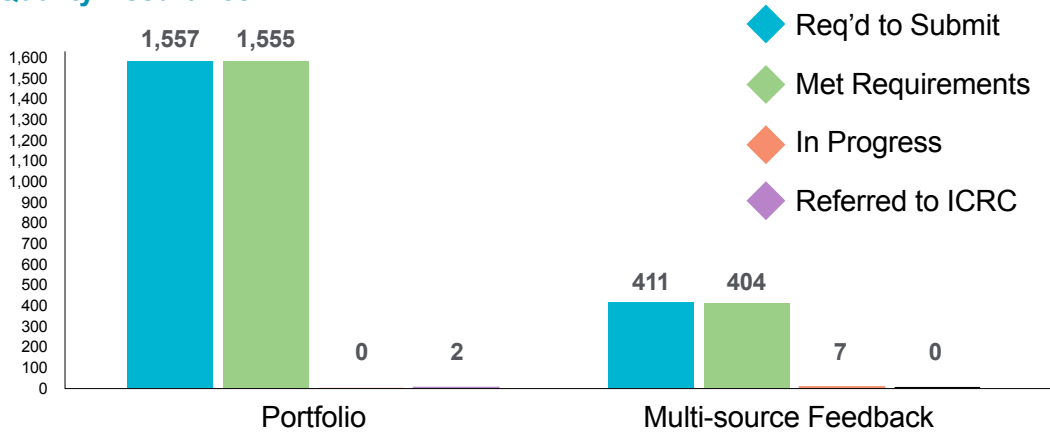
Throughout 2019, these strategic and enabling goals took centre stage in our activities, and especially regarding the regulation of diagnostic medical sonographers.

CMRTO DASHBOARD Q4 2019: JAN 1 – DEC 31, 2019

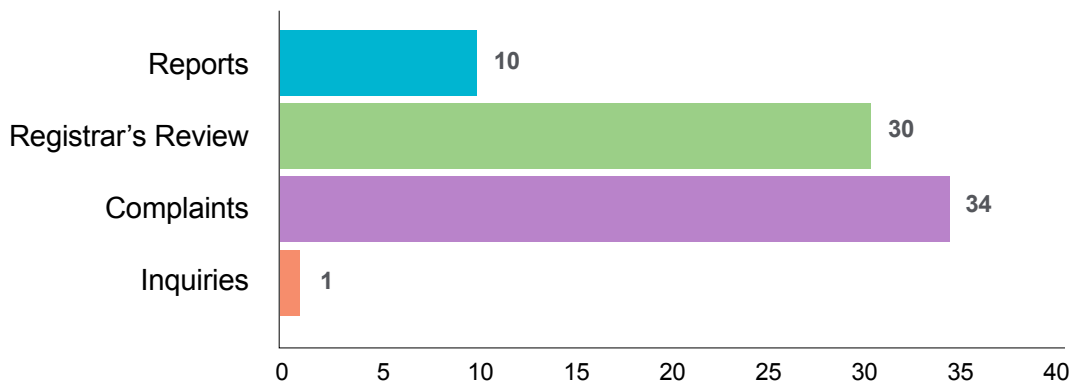
Active members by primary specialty



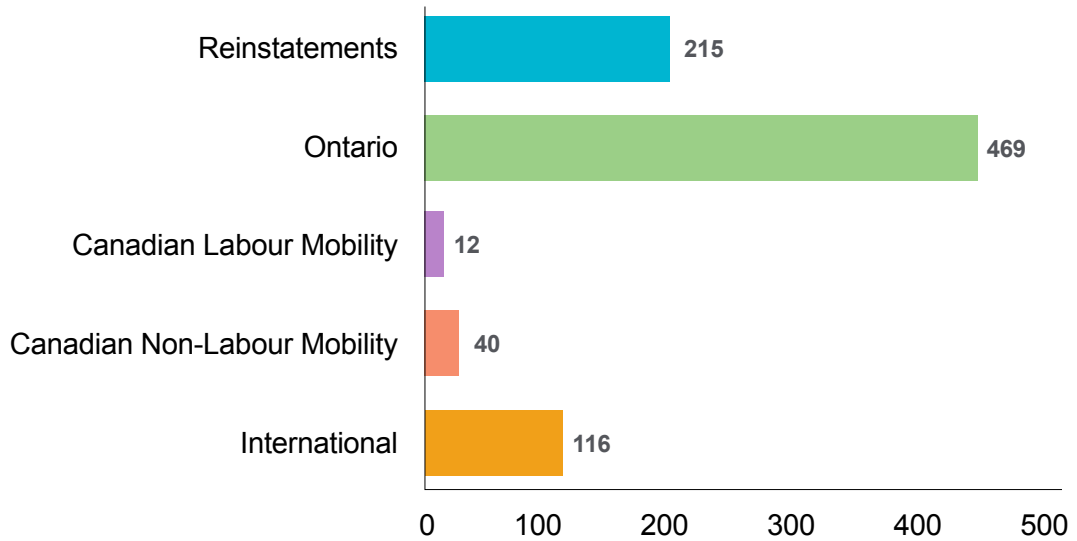
Quality Assurance



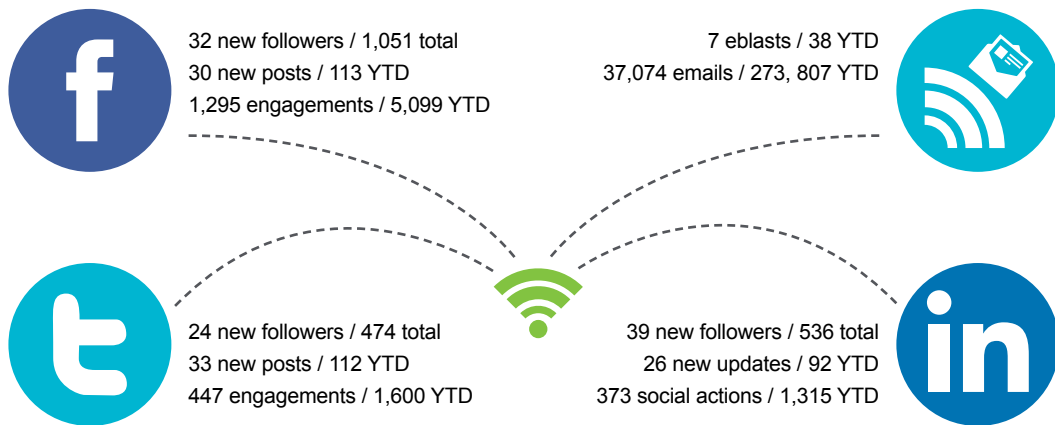
Professional Conduct new cases



Registration applications



Communications



11 Presentations
to members &
applicants
3,519 attendees



7 Conference exhibits
535 booth visits



19 Meetings
with ministry &
agencies

COMMITTEE REPORTS

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Elaine Bremer, Chair	Public Member	Council Member <i>(Chair to October 8, 2019)</i>
Angela Cashell	MRT(T)	Council Member <i>(Chair from November 7, 2019)</i>
Susan Allen	Public Member	Council Member <i>(to June 13, 2019)</i>
Rania Arabi	MRT(N)(MR)	Appointed Member
Bronwen Baylis	MRT(R)	Appointed Member
Angela Brunetti	MRT(T)	Appointed Member
Lisa Giampa	MRT(N)	Appointed Member
Tarja Heiskanen	MRT(T)	Appointed Member
Yasir Khalid	MRT(T)	Council Member <i>(from June 13, 2019)</i>
Caitlin McCabe	Public Member	Council Member <i>(from November 7, 2019)</i>
Veronica Nelson	MRT(R)	Appointed Member <i>(to June 13, 2019)</i>
Kim Phan	DMS	Appointed Member <i>(from June 13, 2019)</i>
Janet Scherer	MRT(R)	Council Member <i>(to June 13, 2019)</i> Appointed Member <i>(from June 13, 2019)</i>
Titus Stan	DMS	Appointed Member
Kimberly Thorvaldson	MRT(R)	Appointed Member
Martin Ward	Public Member	Council 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.

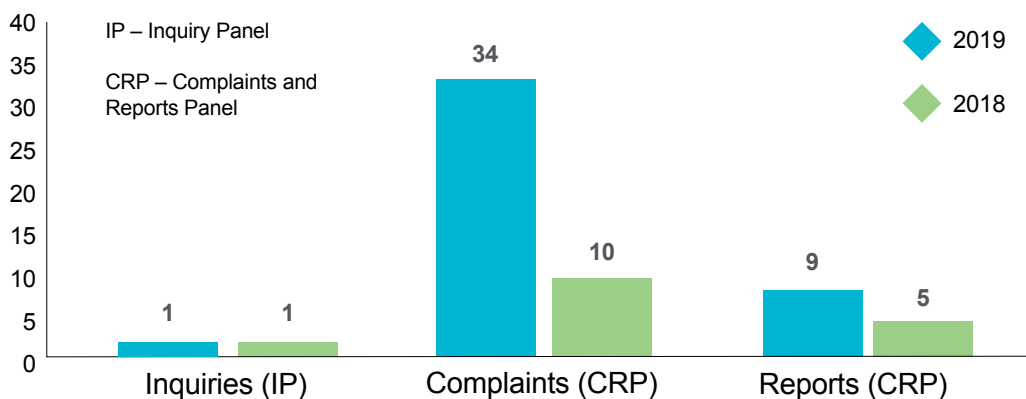
Complaints and Reports Panel

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 2019, panels of the ICR Committee reviewed a total of 44 new cases. Of those cases, 34 were complaints, 9 were reports and 1 was an inquiry.

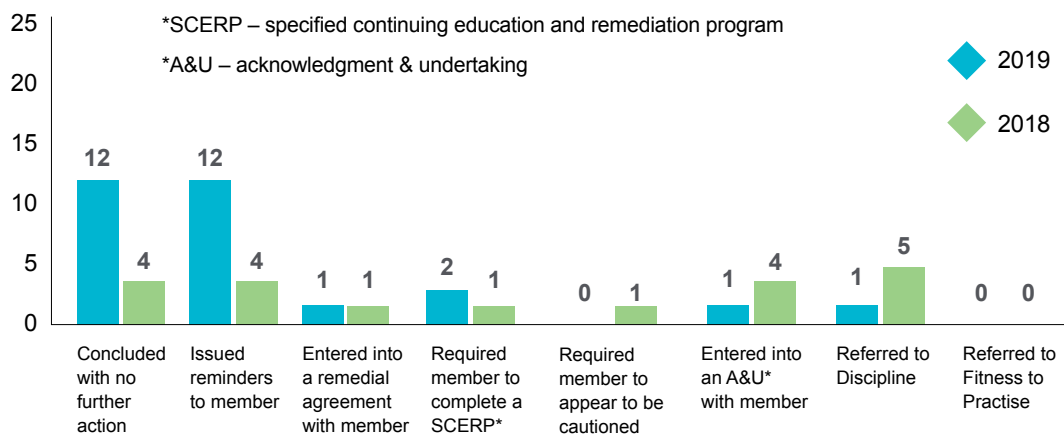
Total number of cases reviewed by panels of the ICR Committee in 2018 and 2019



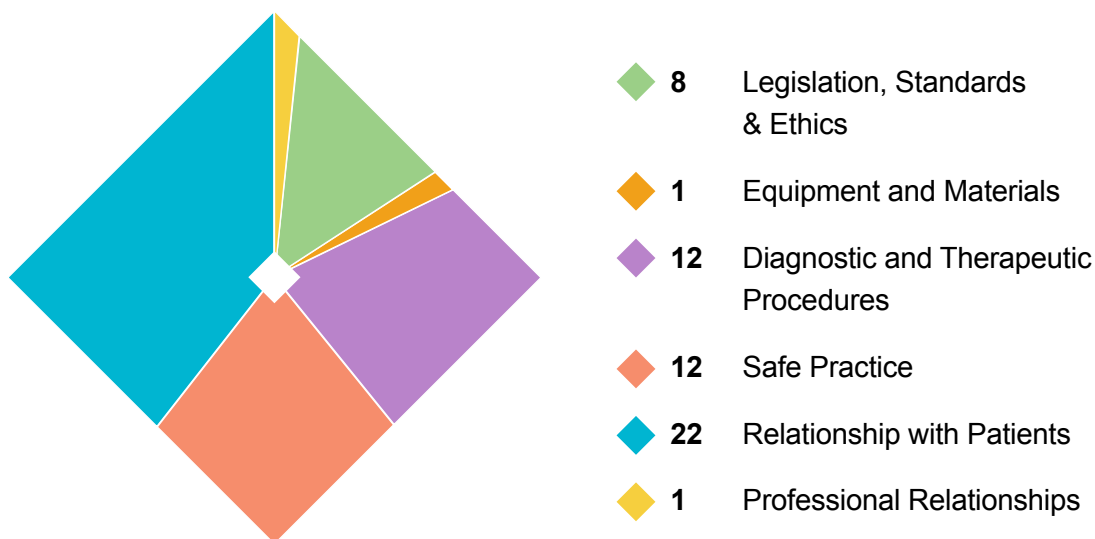
In 2019, panels of the ICR Committee issued a total of 29 decisions.

Below are charts that show the outcomes of the decisions issued by the ICR Committee in 2019, 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.

Decision Outcomes issued by panels of the ICR Committee in 2018 and 2019



Complaints/Reports by Practice Standard 2019



**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 standards 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 2019 there were no HPARB decisions issued.

DISCIPLINE COMMITTEE

Franklin Lyons, Chair	Public Member	Council Member <i>(to June 18, 2019)</i>
Jay Needles, Chair	MRT(MR)(R)	Council Member <i>(Chair from September 20, 2019)</i>
Ebenezer Adiyiah	MRT(R)	Council Member
Renate Bradley	MRT(T)	Appointed Member
Zainool Dhalla	MRT(R), DMS	Council Member <i>(from June 13, 2019)</i>
Lisa Di Prospero	MRT(T)	Appointed Member
Claudina Di Zio Longo	MRT(R)	Appointed Member <i>(to June 13, 2019)</i>
Simrat Grewal	DMS	Appointed Member
Janice Hoover	Public Member	Council Member <i>(to November 13, 2019)</i>
Jia Inacio	MRT(R)	Appointed Member
An Ling	DMS	Appointed Member
Victoria Romero	Public Member	Council Member <i>(from November 7, 2019)</i>
Nilay Saha	Public Member	Council Member <i>(from November 7, 2019)</i>
Scott Tracze	Public Member	Council Member
Martin Ward	Public Member	Council Member
Sandra Willson	MRT(N)	Council Member
Miranda Young	MRT(R)	Appointed Member <i>(from June 13, 2019)</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 2019 and no hearings were held.

FITNESS TO PRACTISE COMMITTEE

Nathalie Bolduc, Chair	MRT(R)	Council Member <i>(to June 13, 2019)</i>
Mary (Susan) Gosso	Public Member	Council Member <i>(Chair from June 13, 2019)</i> <i>(to November 13, 2019)</i>
Jordan Aarssen	MRT(T)	Appointed Member <i>(from June 13, 2019)</i>
Christine MacRae	DMS	Appointed Member <i>(from June 13, 2019)</i>
Hanan Massoud	DMS	Appointed Member <i>(to June 13, 2019)</i>
David McDougall	MRT(R)	Appointed Member <i>(to June 13, 2019)</i>
Kieng Tan	MRT(T)	Council Member <i>(from June 13, 2019)</i>

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 2019 and no hearings were held in 2019.

PATIENT RELATIONS COMMITTEE

Wendy Rabbie, Chair	MRT(R)	Council Member
Nathalie Bolduc	MRT(R)	Council Member <i>(to June 13, 2019)</i>
Angela Cashell	MRT(T)	Council Member
Janice Hoover	Public Member	Council Member <i>(to November 13, 2019)</i>
Jay Neadles	MRT(MR)(R)	Council Member
Martin Ward	Public Member	Council Member
Sandra Willson	MRT(N)	Council Member <i>(from June 13, 2019)</i>

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

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

The Patient Relations Committee is also responsible for administering the fund for therapy and counseling for patients who allege they have been sexually abused by a member. There were no requests for funding for therapy or counselling in 2019.

QUALITY ASSURANCE COMMITTEE

Sandra Willson, Chair	MRT(N)	Council Member
Nathalie Bolduc	MRT(R)	Appointed Member <i>(from June 13, 2019)</i>
Tatiana Grankina	DMS	Appointed Member
Thomas (Tom) Holland	MRT(R)	Appointed Member <i>(to June 13, 2019)</i>
Constance Krajewski	MRT(R)	Appointed Member
Merrylee McGuffin	MRT(T)	Appointed Member
John Andrew Mogg	MRT(R)(MR)	Appointed Member
Derek Ribeiro	MRT(T)	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 in-person meetings and three meetings by teleconference in 2019.

In 2019, 18% of the CMRTO membership was randomly selected for assessment under the QA Program. 14% of the CMRTO membership is required to submit their QA Portfolio for assessment in 2020 and 4% of members were selected to participate in the 2019 peer and practice assessment by means of a multi-source feedback (MSF) assessment.

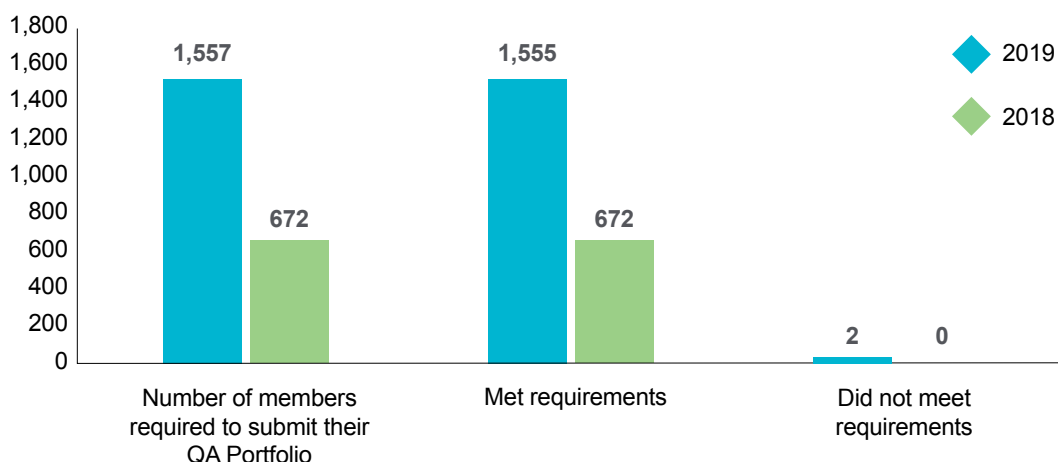
Quality Assurance Portfolio

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.

CMRTO wanted to ensure that all members who had not yet been required to undergo a QA assessment be required to do so. In 2018, Council approved that any member who had been registered with the College for over one year and who had never been randomly selected to undergo a QA assessment (either by submitting their QA Portfolio for assessment or by undergoing a peer and practice assessment by means of a multi-source feedback assessment (MSF), be required to submit their 2018 QA Portfolio for assessment in 2019. Therefore, there was no random selection of members to make their QA Portfolio available to the QA Committee for assessment. As a result of this direction, in 2019, 1,557 members were required to submit their QA Portfolio for assessment and all members who had been registered for over one year had undergone at least one QA assessment.

In 2018, CMRTO retired the old paper portfolio – all members are now required to record their continuing education and professional development activities hours using the ePortfolio.

2019 QA Portfolio assessments with 2018 comparison



Hours of continuing education and professional development

The majority of members who had their QA Portfolios assessed, had exceeded the required minimum of 25 hours of continuing education and professional development activities with some recording over 100 hours.

QuickQA app

The QuickQA app was launched in August 2015 for both Android and Apple mobile devices. This free app allows members to record their continuing education and professional development activities using their smartphones and tablets, which upload recorded activities to the QA ePortfolio when connected to the internet.

The QuickQA app has been downloaded 2,211 times and has proven to be a popular tool among members for recording continuing education and professional development activities. In 2019 there were over 4,895 continuing educational activities uploaded using the app.

Multi-source Feedback (MSF) assessment

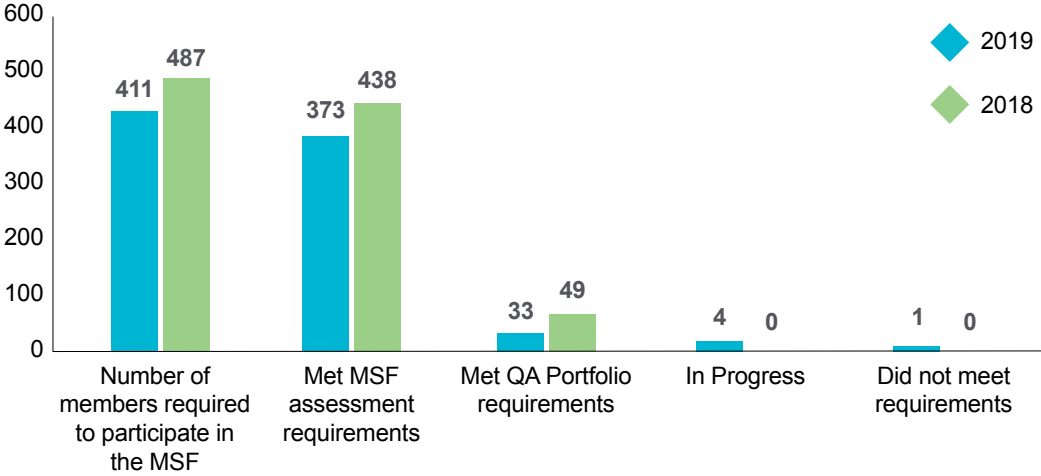
The peer and practice assessment by means of a multi-source survey is completed by individual members randomly selected by the QA Committee in accordance with the QA regulation. The assessment includes a self, peer and co-worker, and patient assessments of a member's practice, based on the standards 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 members to complete the MSF assessment include:

- sufficient number of peers and co-workers
- involved in clinical practice in Ontario

Over 440 members were required to participate in the MSF assessment in 2019. A total of 33 (9.0%) members did not meet the criteria to participate in the MSF assessment process and were required to submit their QA Portfolio instead.

2019 Multi-source Feedback assessment with 2018 comparison



Individual Practice Assessment (IPA)

A member is required by the QA Committee to complete an IPA with an assessor 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 2019.



REGISTRATION COMMITTEE

Janice Hoover, Chair	Public Member	Council Member <i>(to November 13, 2019)</i>
Martin Ward, Chair	Public Member	Council Member <i>(Chair from November 13, 2019)</i>
Valentina Al-Hamouche	MRT(R)	Appointed Member
Zafar Bajwa	DMS	Appointed Member
Ruvette Coelho	MRT(T)	Appointed Member
Laura D'Alimonte	MRT(T)	Appointed Member <i>(from June 13, 2019)</i>
Dolores Dimitropoulos	MRT(R)	Appointed Member
Cara Mazur	MRT(R), DMS	Appointed Member
Cathryne Palmer	MRT(T)	Council Member <i>(to June 13, 2019)</i>
Anna Simeonov	MRT(MR)(R)	Appointed Member
Kiang Tan	MRT(T)	Appointed Member <i>(to June 13, 2019)</i>
		Council Member <i>(from June 13, 2019)</i>
Shona Whitmell	MRT(N), DMS	Appointed Member <i>(from June 13, 2019 to October 18, 2019)</i>

The role of the Registration Committee is to assess applications for registration which have been referred to the Committee by the Registrar to determine whether the applicants meet the requirements for registration to practise the profession in Ontario, in a fair, transparent, objective and impartial manner.

The Registration Committee held 11 days of meetings to discharge its statutory responsibilities in 2019.

During the 11 days of meetings, the Committee reviewed and approved the following:

Internationally educated applicants

- Reviewed 337 new applications for registration from internationally educated individuals
- Issued 334 decisions (the panel deferred decisions on three of the applications that were reviewed until 2020) where the panel approved 332 applications for registration following the completion of certain requirements, including the successful completion of the CMRTO approved examinations (either the Canadian Association of Medical Radiation Technologists' national certification examination or the Sonography Canada national certification examination(s)) and refused two applications for registration

Applicants trained in Ontario

- Reviewed nine applications for registration from applicants who completed their education in Ontario. The panel approved the nine applications for registration following the completion of certain requirements

Applicants trained in Canada outside of Ontario

- Reviewed two applications for registration from applicants who completed their education in Canada in a province outside of Ontario. The panel approved the two applications for registration following the completion of certain requirements

Applications from Members

- Reviewed one application for reinstatement of a certificate of registration from a former member. The panel approved the one application for reinstatement following the completion of certain requirements

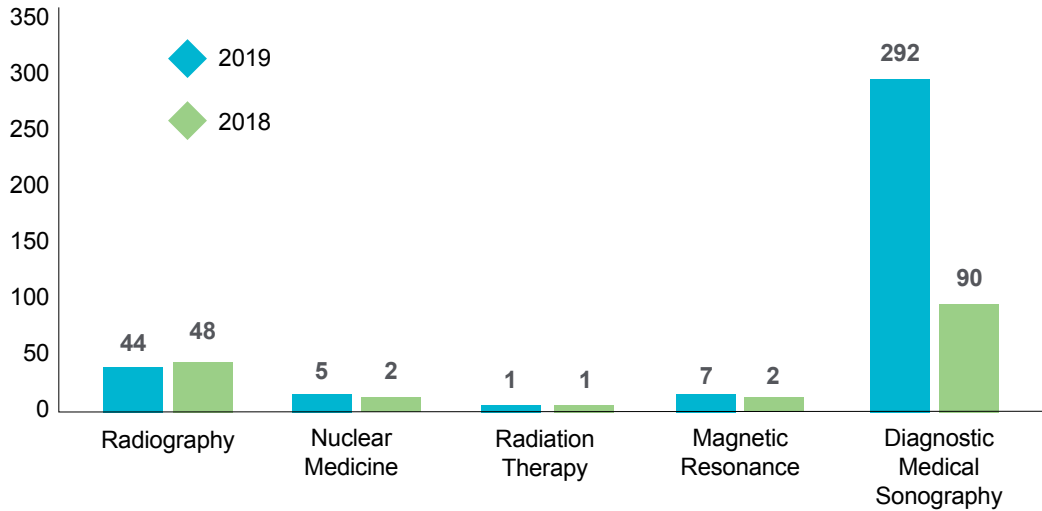
Office of the Fairness Commissioner

The CMRTO submitted the *2019 Fair Registration Practices Report* to the Office of the Fairness Commissioner in February 2020.

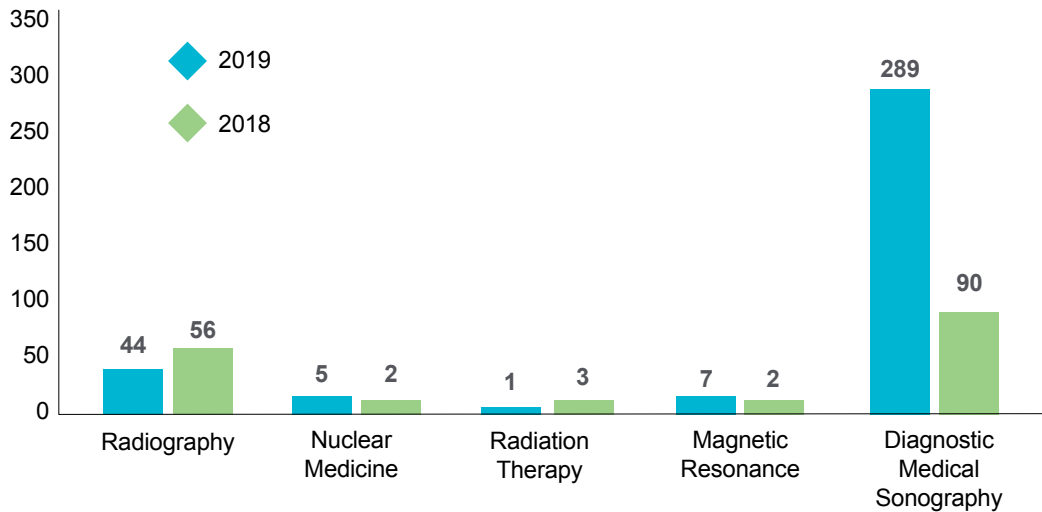
Education and Training

New members of the Registration Committee completed an orientation and training on the legislative framework and the CMRTO Registration Committee processes and procedures.

Applications reviewed by the Registration Committee by specialty in 2019, with 2018 comparison

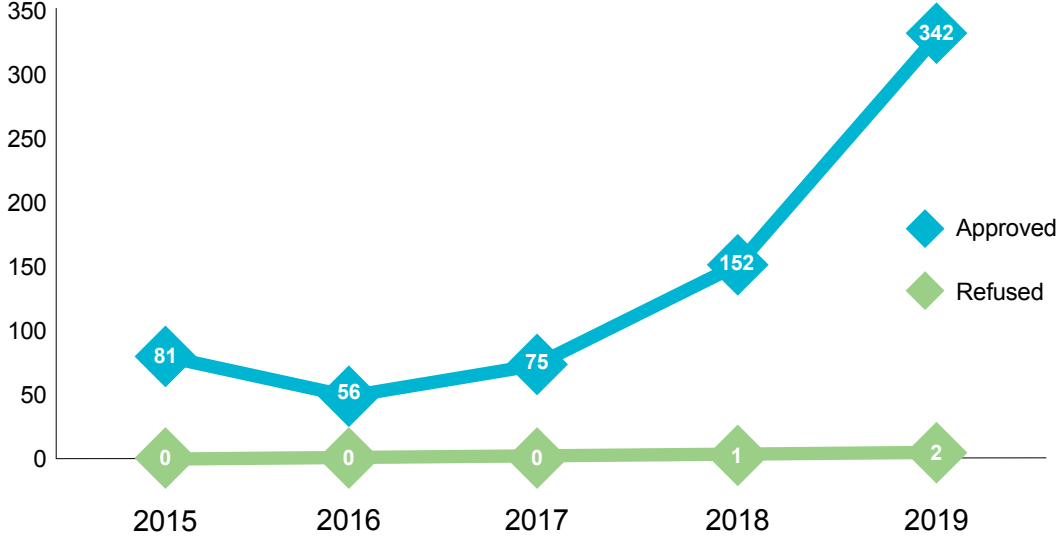


Decisions issued by the Registration Committee by specialty in 2019, with 2018 comparison

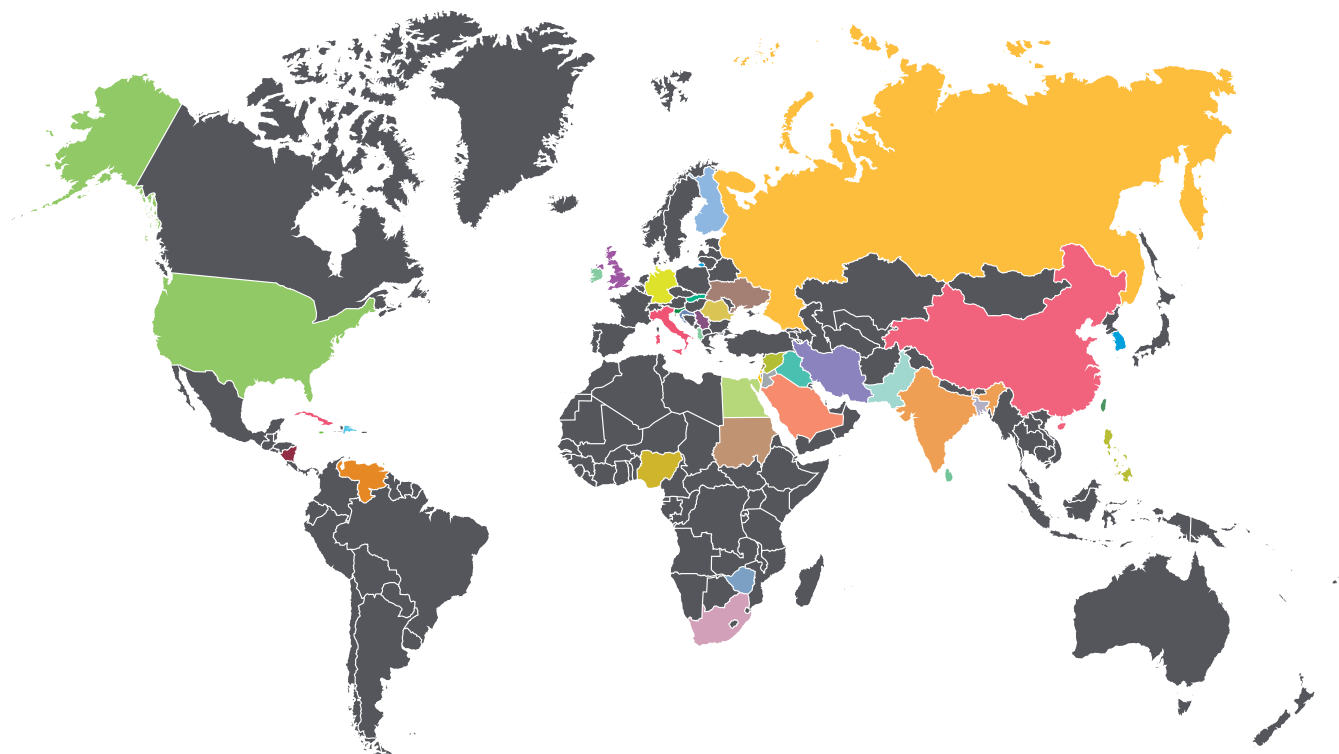


**The total number of decisions may not correspond to the total number of applications reviewed as decisions may be pending receipt of additional information or decisions may be issued for applications reviewed in the previous calendar year.*

Decisions issued by the Registration Committee annually 2015 - 2019



Countries in which international applicants completed their education in medical radiation and imaging technology, 2019



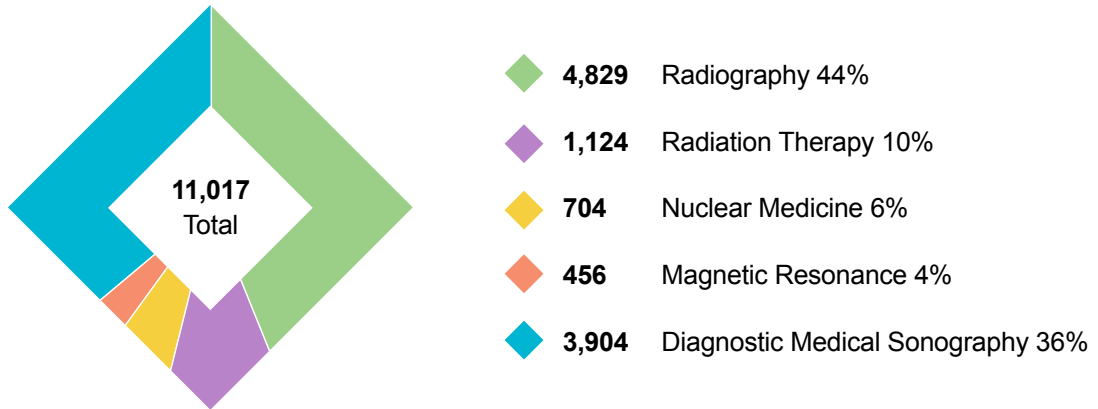
◆ Albania 1	◆ Sudan 1	◆ Ireland 3
◆ Belgrade 1	◆ Taiwan 1	◆ Nigeria 3
◆ Croatia 1	◆ Trinidad and Tobago 1	◆ UK 5
◆ Cuba 1	◆ Zimbabwe 1	◆ Russia 6
◆ Finland 1	◆ Dominican Republic 2	◆ Iraq 7
◆ Germany 1	◆ Jamaica 2	◆ China 8
◆ Israel 1	◆ Jordan 2	◆ USA 10
◆ Italy 1	◆ Lebanon 2	◆ Philippines 11
◆ Nicaragua 1	◆ South Africa 2	◆ Egypt 16
◆ Romania 1	◆ Sri Lanka 2	◆ Bangladesh 23
◆ Saudi Arabia 1	◆ Syria 2	◆ India 26
◆ Slovak Republic 1	◆ Ukraine 2	◆ Iran 54
◆ South Korea 1	◆ Venezuela 2	◆ Pakistan 126

**The total number of countries in which international applicants completed their education in medical radiation and imaging technology for new applications received in 2019 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.*

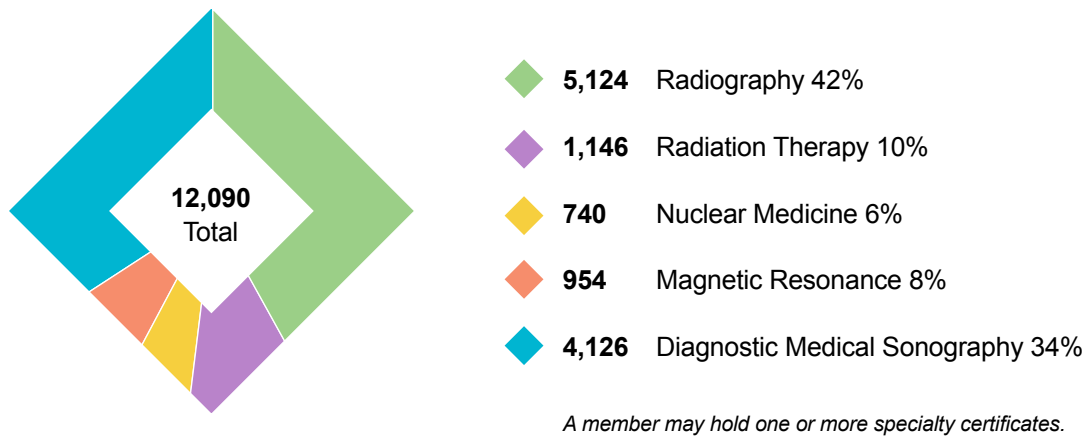
MEMBERSHIP PROFILE

	2019	2018	2017
Active			
Specialty (Primary)			
Nuclear Medicine	701	709	722
Radiography	4,829	4,838	4,814
Radiation Therapy	1,124	1,115	1,084
Magnetic Resonance	456	428	414
Diagnostic Medical Sonography	3,904	3,625	0
Employment Specific			
Nuclear Medicine	3	5	7
Total Active	11,017	10,720	7,041
Resigned			
Specialty (Primary)			
Nuclear Medicine	43	46	34
Radiography	303	329	269
Radiation Therapy	95	84	80
Magnetic Resonance	19	19	28
Diagnostic Medical Sonography	156	2	0
Employment Specific			
Nuclear Medicine	2	2	0
Total Resigned	618	482	421
Suspended (for failure to pay fees)			
Specialty (Primary)			
Nuclear Medicine	1	1	0
Radiography	11	8	4
Radiation Therapy	1	1	0
Magnetic Resonance	0	1	0
Diagnostic Medical Sonography	3	0	0
Total Suspended	16	11	4
Total Active, Resigned and Suspended	11,651	11,213	7,466

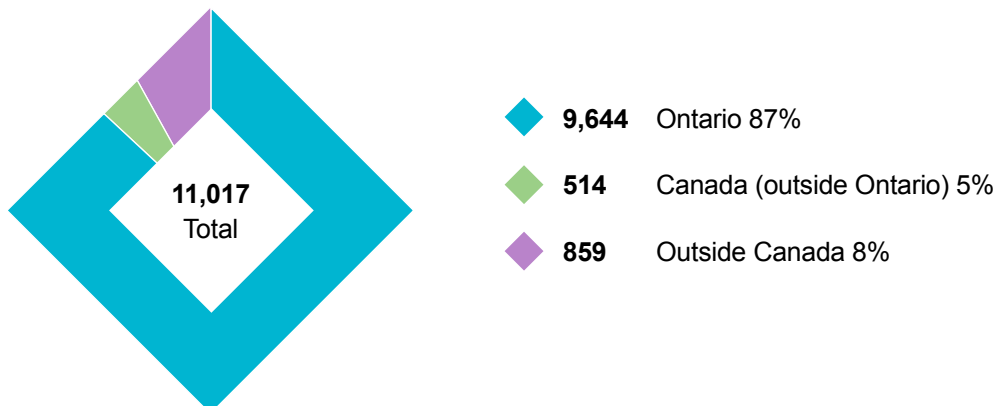
Active members on December 31, 2019 by primary specialty



Active specialty certificates on December 31, 2019



Active members on December 31, 2019 by location of initial education in medical radiation and imaging technology





SUMMARY FINANCIAL STATEMENTS

HILBORN_{LLP}

REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

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

Opinion

The summary financial statements, which comprise the summary statement of financial position as at December 31, 2019, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Medical Radiation Technologists of Ontario (the “College”) for the year ended December 31, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria described in the note to the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-forprofit organizations. Reading the summary financial statements and the auditor’s report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor’s report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated March 27, 2020.

Management’s Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria described in the note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

The logo for Hilborn LLP is written in a light blue, cursive script font. The word "Hilborn" is in a larger, more decorative script, and "LLP" is in a smaller, simpler script to its right.

Toronto, Ontario
March 27, 2020

Chartered Professional Accountants
Licensed Public Accountants

SUMMARY STATEMENT OF FINANCIAL POSITION

December 31	2019	2018
	\$	\$
ASSETS		
Current assets		
Cash	191,436	251,450
Accounts receivable	-	53,473
Lease incentives receivable	160,140	-
Prepaid expenses	125,921	72,201
	477,497	377,124
Investments	2,383,080	2,333,495
Capital assets	321,234	231,602
Intangible assets	509,776	609,458
	3,214,090	3,174,555
	3,691,587	3,551,679
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	271,176	411,415
Deferred registration fees	2,628,560	2,813,180
	2,899,736	3,224,595
Deferred lease incentives	160,140	28,024
	3,059,876	3,252,619
NET ASSETS		
Invested in capital and intangible assets	831,010	813,036
Unrestricted	(199,299)	(513,976)
	631,711	299,060
	3,691,587	3,551,679

SUMMARY STATEMENT OF OPERATIONS

Year ended December 31	2019	2018
	\$	\$
Revenues		
Registration fees	5,458,770	4,015,590
Investment income	52,000	28,154
	5,510,770	4,043,744
Expenses		
Human resources	2,726,221	2,370,092
Operating	1,019,735	820,893
Communications and legal	663,758	868,453
Amortization - capital assets	169,650	134,088
Amortization - intangible assets	199,082	231,062
Committee meetings	165,627	164,118
Education and quality assurance	234,046	163,525
	5,178,119	4,752,231
Excess of revenues over expenses (expenses over revenues) for year	332,651	(708,487)

NOTE TO SUMMARY FINANCIAL STATEMENTS

December 31, 2019

1. Basis of presentation

These summary financial statements are derived from the audited financial statements of the College of Medical Radiation Technologists of Ontario (the “College”) for the year ended December 31, 2019, which were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Management prepared these summary financial statements using the following criteria:

- (a) the summary financial statements include a statement for each statement included in the audited financial statements, except for the statements of changes in net assets and cash flows;
- (b) information in the summary financial statements agrees with the related information in the audited financial statements; and
- (c) major subtotals, totals and comparative information from the audited financial statements are included.

The audited financial statements of the College are available on the College website.



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