RU RMT 22 — Research & Regulations

Lecture 08 — College Governance, By-Laws, Quality Assurance and Discipline

The Board and its committees · By-Laws 1 to 13 · The quality assurance programme · Complaints, ICRC, discipline, fitness to practise · Mandatory reporting and reinstatement

Course structure: Lectures 1–6 Research · Lectures 7–12 Regulation of Massage Therapy in Ontario · 8 instructional days · 56 contact hours · 7 contact hours per dayDelivered in person at Ruhani College and online via Zoom in the same live session, in alignment with CMTCA Accreditation Standards (2024) and the FOMTRAC Inter-Jurisdictional Practice Competencies and Performance Indicators (2016)Regulation strand, Lecture 2 of 6 — how the College is run and what happens when a registrant falls short

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Where We Are

Recap of Lecture 7

Regulation protects the public; the College's duty runs to the publicThe RHPA, the Health Professions Procedural Code, the Massage Therapy Act and O. Reg. 544/94Section 3 scope of practice; section 7 title protection; thirteen controlled acts, none authorized for RMTsThe College regulates; the RMTAO advocates

Today

How the College is governed: the Board, statutory committees and non-Board membersThe thirteen by-laws and what each one doesThe quality assurance programme and what it asks of youThe complaints process from intake to dispositionThe Inquiries, Complaints and Reports Committee and its powersDiscipline, penalties, fitness to practise, and reinstatementMandatory reporting obligations and the Patient Relations Programme

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Learning Objectives — Lecture 8

You will be able to

Describe the composition and role of the Board and of each statutory committeeSummarize the purpose of each of By-Laws 1 to 13Explain the role and function of the RegistrarDescribe the professional liability insurance requirementExplain the purpose of the quality assurance programme and a registrant’s obligations within it

You will also be able to

Explain the complaint and discipline process from receipt of a complaint to dispositionList the powers of the Inquiries, Complaints and Reports CommitteeList the penalties available to a Discipline Committee panelDistinguish professional misconduct, incompetence and incapacityState the mandatory reporting obligations of registrants, employers and facility operatorsDescribe the Patient Relations Programme and eligibility for funding for therapy and counsellingState the restrictions on applications for reinstatement

Competency and Accreditation Linkage

FOMTRAC Practice Competencies (2016)

1.2 b.1 — Demonstrate knowledge of the mandate and roles of a regulatory body1.2 b.2 — Demonstrate knowledge of the obligations of a registrant1.2 b.4 — Practise in accordance with regulatory requirements1.2 a.3 — Practise in compliance with federal and provincial requirements1.2 v — Utilize self-reflection to identify personal strengths and areas for improvement1.2 t — Maintain currency with developments in the profession

CMTCA Accreditation Standards (2024)

1.1 / 1.2 — Competencies taught and assessed throughout3.9 — Students are made aware of the need to commit to lifelong learning to maintain the integrity and quality assurance of the profession7.3 — Regulator examination results used to evaluate programme effectivenessLearning domain: Cognitive Level 2 — comprehend and apply information.

PART 1

How the College Is Governed

A statutory body with a public majority of oversight, professional expertise, and a Registrar who runs it day to day.

The Board (Council)

Composition and election

Under section 5 of the Massage Therapy Act, the Council is composed of at least six and no more than nine elected registrants, and at least five and no more than eight public members appointed by the Lieutenant Governor in CouncilPublic members must not be registrants of this or any other health regulatory College, nor members of another CouncilRegistrants who practise or reside in Ontario and are not in default of the annual fee may vote in electionsElections are conducted by district, in accordance with By-Law No. 2The Council elects a President and Vice-President annually from among its own membersThe College now uses the term Board for what the statute calls the Council

What the Board does

Sets strategic direction and approves the budgetMakes by-laws and approves Standards of Practice, the Code of Ethics, policies and position statementsProposes regulations for government approvalAppoints the Registrar and the members of committeesHolds meetings that are open to the public, with minutes publishedThe presence of appointed public members is the structural guarantee that self-regulation is not self-interest. It is a point examiners like.

The Statutory Committees

Required by the Health Professions Procedural Code; composition set by By-Law No. 5.

Committee	Function
Executive	Acts for the Board between meetings, within its delegated authority
Registration	Decides applications referred by the Registrar; may impose terms, conditions or limitations
Inquiries, Complaints and Reports (ICRC)	Investigates complaints and Registrar's reports and decides the disposition
Discipline	Hears allegations of professional misconduct and incompetence referred by the ICRC
Fitness to Practise	Hears matters where a registrant may be incapacitated
Quality Assurance	Administers the quality assurance programme and may require remediation
Patient Relations	Oversees measures to prevent and address sexual abuse of patients, including funding for therapy and counselling

By-Law No. 6 provides for non-Board committee members: registrants who are not on the Board may be appointed to serve on committeesThis widens participation and brings additional clinical expertise into decision-makingPanels of the ICRC and the Discipline Committee include both professional and public members. No panel is composed only of registrants.

The Registrar

By-Law No. 9 and the Health Professions Procedural Code define the role.

The Registrar is the College's chief executive, appointed by the Board and accountable to itIssues certificates of registration to applicants who meet the requirements, and refers questionable applications to the Registration CommitteeMaintains the Register and ensures the required information is accurate and publicReceives complaints and mandatory reports and refers them to the ICRCMay make a Registrar's report to the ICRC where there are reasonable and probable grounds to believe a registrant has committed an act of professional misconduct or is incompetentAppoints investigators, with approval, and may seek an order to enter and inspect a practiceIssues notices to registrants, including notice where the Minister refers a suggested amendment to the Advisory Council under section 8 of the ActA Registrar's report is the route by which a matter can proceed without any member of the public having complained — for example, after a media report or an inspection finding.

The By-Laws — 1 to 7

By-Law	Subject	What it covers
No. 1	Conduct of business and administration of the affairs of the College	Seal, banking, signing authority, meetings, records, indemnification
No. 2	Election of members to Council	Districts, eligibility, nomination, voting, disputed elections, vacancies
No. 3	Election of the officers of the College	Election of President and Vice-President, terms, removal
No. 4	The Council of the College	Duties of Council members, code of conduct, attendance, conflict of interest
No. 5	Composition of statutory committees	Membership numbers and mix of professional and public members
No. 6	Non-Council members	Appointment of registrants who are not on the Board to serve on committees
No. 7	Fees	Application, registration, annual, late, reinstatement and administrative fees, set out in Schedule A

The By-Laws — 8 to 13

By-Law	Subject	What it covers
No. 8	The Register and registrant information	Information registrants must provide and keep current; what appears on the Public Register
No. 9	The Registrar	Appointment, duties and authority of the Registrar
No. 10	Professional liability insurance	The requirement to carry insurance, minimum coverage, and proof on renewal
No. 11	Code of Ethics	Adopts the Code of Ethics as a by-law of the College
No. 12	Professional corporations	Certificates of authorization, naming, shareholders and renewal for incorporated practices
No. 13	Authorizing the making of grants	Authority for the College to make grants, for example in support of research or education

By-Law No. 11 matters most in daily practice: it gives the Code of Ethics binding force as a by-law rather than as guidanceBy-Law No. 10 matters most at renewal: practising without the required insurance is a breach of a registrant obligationBy-Law No. 8 matters most administratively: keeping your registered information current is your responsibility, not the College’s

PART 2

Quality Assurance

The programme that assumes competence must be maintained, not merely demonstrated once at registration.

The Quality Assurance Programme

Why it exists

The Health Professions Procedural Code requires every College to have a quality assurance programmeIts purpose is to assure the public that registrants continue to practise competently and ethically across a careerIt is developmental in intent: the emphasis is on reflection, self-assessment and improvement rather than punishmentThe CMTO programme is known as STRiVEIt is separate from the complaints and discipline process, and information gathered in it is treated as confidential under the Code

What it typically involves

Self-assessment against the Standards of Practice and the career-span competenciesA professional development or learning plan, with reflection on what changed as a resultKnowledge, skill and judgement assessment, including jurisprudence contentPractice assessment or peer review for selected registrantsWhere a deficiency is identified, the Quality Assurance Committee may require specified continuing education or remediationRequirements change. Check cmto.com and your annual renewal notice for what is currently required of you.

What Quality Assurance Asks of You Clinically

Evidence-informed practice, as required by the Standard of Practice: Client-centred Care requirement 6Self-reflection on practice, as required by Code of Ethics Principle 4 and FOMTRAC competency 1.2 vCurrency with developments in the profession, as required by FOMTRAC competency 1.2 tPractice evaluation: reviewing your own records and outcomes to see what actually happens in your practiceRecords that are complete enough to be reviewed — a practice assessment looks at chartsIdentification of your own limits, and referral where the client's needs exceed themA plan for addressing gaps, and evidence that you followed itThis is where the research strand of the course meets the regulatory strand. The audit cycle from Lecture 6 is exactly what a quality assurance programme is asking you to be able to do.

PART 3

Complaints and Discipline

What actually happens when someone contacts the College about a registrant.

How a Matter Reaches the College

Three routes

A complaint from a member of the public, a client, a family member, a colleague or an employerA Registrar's report, where the Registrar has reasonable and probable grounds to believe there has been professional misconduct or incompetenceA mandatory report filed under the RHPA by a registrant, an employer, a facility operator or another regulated professionalComplaints must generally be in writing or recorded; the College publishes a form and accepts complaints from anyoneAnonymous information may still trigger a Registrar's report if it is credible

First steps

The registrant is notified of the complaint and given the substance of the allegationsThe registrant is invited to respond in writing, usually within thirty daysThe College may appoint an investigator, who can obtain records and interview witnessesClient records may be compelled — PHIPA permits disclosure to the College for this purposeThe matter proceeds to the Inquiries, Complaints and Reports Committee for decisionCooperating with an investigation is a registrant obligation. Failing to respond is itself a form of professional misconduct.

The Inquiries, Complaints and Reports Committee

What it does

Reviews the complaint or report, the registrant's response and the investigation materialIt is a screening committee, not a tribunal: it does not hold a hearing or make findings of fact after evidenceA panel includes both professional and public membersIt must generally dispose of a complaint within a statutory timeframe, and must notify the parties of delayIts written decision gives reasons to both the complainant and the registrant

Its possible dispositions

Take no further actionProvide advice or recommendations to the registrantIssue a written caution, delivered in person before a panelRequire the registrant to complete a specified continuing education or remediation programme (a SCERP)Refer specified allegations to the Discipline CommitteeRefer the registrant to the Fitness to Practise Committee where incapacity is in issueAccept an undertaking from the registrantEither party may request a review by the Health Professions Appeal and Review Board, except where the matter has been referred to discipline.

Professional Misconduct, Incompetence and Incapacity

Three distinct concepts with different processes and different consequences.

Concept	Meaning	Where it is decided
Professional misconduct	Conduct defined as misconduct in the RHPA or in section 26 of O. Reg. 544/94 — including breaching a College standard, sexual abuse, falsifying records, conflict of interest, failing to maintain records, and conduct unbecoming	Discipline Committee
Incompetence	Professional care displaying a lack of knowledge, skill or judgement of a nature or extent demonstrating the registrant is unfit to continue, or that their practice should be restricted	Discipline Committee
Incapacity	A physical or mental condition or disorder such that the registrant is unfit to continue practising, or requires terms and conditions	Fitness to Practise Committee

Section 26 of O. Reg. 544/94 is the professional misconduct regulation and is the provision most frequently cited in discipline decisionsNote that breaching a published Standard of Practice is itself an act of professional misconduct — this is why the standards are not advisoryIncapacity proceedings are held in the absence of the public, because they concern the registrant’s health.

The Discipline Hearing

A Discipline Committee panel includes professional and public members and is chaired by a Board memberHearings are generally open to the public, and decisions are published on the College website and noted on the Public RegisterCollege counsel presents the case; the registrant may be represented by their own counselEvidence is called and witnesses may be cross-examined; the standard of proof is the civil standard, the balance of probabilitiesThe panel makes findings on the allegations and then, if there is a finding, holds a penalty phaseThe parties may present a joint submission on penalty, which the panel is not obliged to acceptDecisions may be appealed to the Divisional CourtRead one published decision in full before you graduate. Nothing else conveys as clearly how a series of small lapses in documentation, consent or boundaries is characterized after the fact.

Penalties Available to a Discipline Panel

Where a panel finds professional misconduct, it may make any of the following orders.

Direct the Registrar to revoke the registrant’s certificate of registrationDirect the Registrar to suspend the certificate for a specified periodDirect the Registrar to impose specified terms, conditions and limitations on the certificate, for a specified or indefinite periodRequire the registrant to appear before the panel to be reprimandedRequire the registrant to pay a fine of not more than $35,000 to the Minister of FinanceWhere the finding concerns sexual abuse, the panel may also require the registrant to reimburse the College for funding provided to the patient under the Patient Relations Programme, and may require security for that reimbursementCosts may be ordered: the College’s legal costs and expenses, the costs of the investigation, and the costs of the hearingFor specified acts of sexual abuse, revocation is mandatory — the panel has no discretion. Lecture 11 sets out which acts these are.

The Patient Relations Programme

What it is

Every College must maintain a patient relations programme with measures to prevent and address the sexual abuse of patientsRequired elements include educational requirements for registrants, guidelines for conduct with patients, training of College staff, and information for the publicIt includes the provision of funding for therapy and counselling for people who were sexually abused by a registrant

Funding for therapy and counselling

Eligibility arises where there has been a finding by the Discipline Committee, or in other circumstances specified by the CodeNo psychological or other assessment of the person is required in order to qualifyThe person is not required to testify at a hearing in order to receive fundingFunding is paid to the therapist or counsellor, not to the person, and may be used only for therapy or counsellingThe therapist chosen must not be a family member and must not have been found guilty of abuse themselves; where the therapist is not a regulated professional, the person must acknowledge this in writingThe College may seek to recover the funding from the registrant

Mandatory Reporting Obligations

Who must report, and when

A registrant who has reasonable grounds, obtained in the course of practice, to believe that a member of any health regulatory College has sexually abused a patient must file a written reportThe obligation does not arise if the registrant does not know the name of the professional who would be the subject of the reportEmployers and facility operators must report the termination, suspension or restriction of a registrant for professional misconduct, incompetence or incapacity — and must report if the registrant resigns while such a matter is pendingRegistrants must self-report findings of professional misconduct, incompetence or incapacity by another College, and certain findings of guilt for offencesRegistrants must report a professional negligence or malpractice finding against them

How the report is made

In writing, to the Registrar of the College of the professional who is the subject of the reportWithin thirty days of the obligation arising — or immediately, if there are reasonable grounds to believe the professional will continue to abuse that patient or will abuse othersThe report must contain the name of the person filing it, the name of the professional, and an explanation of the alleged abuseThe patient’s name may be included only if the patient has consented in writingWhere the grounds were obtained from a patient, the registrant must use best efforts to advise the patient before filingFailure to file a required report is an offence, punishable by a fine of up to $50,000, and it is also professional misconduct.

Reinstatement After Revocation or Suspension

A person whose certificate has been revoked or suspended as a result of disciplinary or incapacity proceedings may apply in writing to the Registrar to have a new certificate issued or the suspension removedGeneral restriction: the person must wait at least one year after the date of the revocation or suspension before applyingWhere the revocation or suspension resulted from sexual abuse, the person must wait at least five yearsIn either case, a further application may not be made until at least six months after a decision on a previous applicationApplications arising from professional misconduct or incompetence are referred to the Discipline Committee; those arising from incapacity are referred to the Fitness to Practise CommitteeThe committee considers whether the person has met the terms imposed, and whether they are now fit to practiseFor the most serious acts of sexual abuse, the legislation provides that a certificate revoked on that basis may not be reinstatedThe five-year rule and the one-year rule are frequently examined. Note also that the clock runs from the date of revocation, not from the date of the conduct.

Practical Lessons from Published Decisions

What recurs in the case law

Inadequate or absent records, which make it impossible to defend what was actually doneConsent that was assumed rather than obtained and documented, particularly for sensitive areasDraping that did not maintain the client's physical privacyBoundary crossings that escalated: social contact, gifts, personal disclosure, then moreBilling irregularities, including receipts for services outside the scope of practiceFailure to respond to the College, which is treated as an aggravating factor

What protects you

Contemporaneous, complete records written within the required timeA documented consent conversation covering all six required elementsConsistent draping practice and explicit discussion before treating sensitive areasClear boundaries maintained from the first appointment, not renegotiated laterAccurate receipts that identify only what was actually providedPrompt, full cooperation with any College inquiryAlmost every case turns on documentation. The record you write in ninety seconds today is the evidence you will rely on in three years.

Fitness to Practise and Incapacity

The process

Where the ICRC or the Registrar has reasonable grounds to believe a registrant is incapacitated, the matter may be referred to a Board of Inquiry or to the Fitness to Practise CommitteeThe registrant may be required to undergo a physical or mental examination by a specified health professionalRefusing to submit to an ordered examination may lead to suspension of the certificateHearings are held in the absence of the public because health information is in issue

Outcomes and framing

The committee may revoke, suspend, or impose terms, conditions and limitations on the certificateThe purpose is public protection, not punishment — incapacity is not misconductA registrant whose condition is managed may return to practice with appropriate conditionsThe Code of Ethics requires registrants to ensure they are not impaired in their professional ability by any physical or mental condition, and to commit to self-care and personal wellnessSeeking help for your own health is a professional obligation, not a professional risk. The framework exists to allow safe return to practice.

Professional Liability Insurance and Incorporation

Insurance — By-Law No. 10

Registrants in the general class must maintain professional liability insurance meeting the minimum coverage the by-law specifiesProof of insurance is required on registration and on annual renewalCoverage must extend to all practice settings in which the registrant works, including outcall and community settingsPractising without the required insurance is a breach of a registrant obligationEmployer-held coverage may not extend to your independent practice — verify rather than assume

Professional corporations — By-Law No. 12

An RMT may incorporate a health profession corporation and must obtain a certificate of authorization from the CollegeShareholders must be members of the profession, subject to the limited family-member provisions of the Business Corporations ActThe corporate name must comply with the by-law and must include the professional designationThe certificate of authorization is renewed annuallyIncorporation does not change your personal professional accountability. The individual registrant remains responsible for the professional aspects of the practice.

In-Class Activity 1 — Follow the Complaint

The task (30 minutes, small groups)

Your instructor will give each group a short complaint scenarioMap the complaint through the process: intake, notice to the registrant, response, investigation, ICRCDecide which ICRC disposition you would expect, and give reasonsIdentify which Standard of Practice or which provision of section 26 is engagedIf you would refer to discipline, state the allegations preciselyState what documentation, if it existed, would have changed the outcome

Debrief prompts

Which scenarios turned on the facts, and which turned on the absence of records?Where did groups disagree about the appropriate disposition?How many scenarios also triggered a mandatory report by someone else?The most useful realization from this activity is how often a defensible practice and an indefensible one differ only in what was written down.

Section 26 — The Professional Misconduct Regulation

What it contains

Section 26 of O. Reg. 544/94 under the Massage Therapy Act lists the acts that constitute professional misconductIt is the provision most frequently cited in discipline decisions, and almost every Standard of Practice cross-references itContravening a standard of practice of the profession, or failing to maintain a standard, is itself listed as professional misconductSo is contravening the Act, the RHPA, or the regulations under either

Categories of listed conduct

Practice-related: exceeding scope, treating without consent, failing to refer, practising while impairedRecords: failing to keep required records, falsifying records, signing a false or misleading document, improperly releasing informationBusiness: charging excessive or unreasonable fees, submitting false or misleading accounts, conflict of interest, improper advertisingRelationship: sexual abuse, breach of confidentiality, abusing a client verbally or physicallyRegulatory: failing to reply to a College written inquiry, failing to cooperate with an investigation, breaching an undertakingA residual category: conduct unbecoming, and conduct that would reasonably be regarded by members as disgraceful, dishonourable or unprofessionalRead section 26 in full at least once. It is the clearest single statement of what the profession will not tolerate.

Investigations and Inspections

Powers

The Registrar may appoint an investigator where the ICRC has received a complaint or where there are reasonable and probable grounds to believe misconduct or incompetence has occurred, with Board approvalAn investigator may enter and inspect a place where the registrant practises, at a reasonable time, and may copy recordsA warrant may be obtained where entry is refused or where a dwelling is involvedPHIPA permits disclosure of personal health information to the College for the purpose of an investigation — client consent is not required for thisObstructing an investigator is an offence

What to do if you are investigated

Respond within the time given; failing to reply to a College written inquiry is itself professional misconductProduce complete records; do not create, alter or backdate anything — this converts a manageable matter into a serious oneObtain legal advice; your liability insurer will normally fund itBe factual and complete in your response; do not speculate about the complainant's motivesDo not contact the complainantMost registrants who face discipline are not investigated for the conduct alleged. They are disciplined for the record keeping and the response.

Interim Orders and Undertakings

Interim suspension and restriction

Where the ICRC believes a registrant's conduct exposes or is likely to expose clients to harm or injury, it may make an interim order suspending or restricting the certificate pending the outcomeThe registrant is given an opportunity to make submissionsAn interim order appears on the Public RegisterThis is a protective measure, not a finding of misconduct

Undertakings

A registrant may give the College a written undertaking — for example not to treat clients of a particular group, not to practise without a chaperone, or to complete specified educationAn undertaking may resolve a matter without a discipline referralBreaching an undertaking is professional misconduct in its own rightTerms, conditions and limitations imposed by a committee operate similarly and are recorded on the RegisterThe College's first question in any matter is always the same: what is required right now to protect the public?

The Registration Committee

The Registrar issues certificates to applicants who plainly meet the registration requirementsWhere the Registrar has doubts, the application is referred to the Registration CommitteeThe Committee may direct the Registrar to issue the certificate, to issue it with specified terms, conditions and limitations, or to refuse itIt may also direct that the applicant complete additional examinations, training or assessmentThe applicant is entitled to make written submissions before a decisionAn applicant may request a review of the decision by the Health Professions Appeal and Review BoardGood character is a registration requirement; findings, charges and conduct in other jurisdictions are consideredDisclose fully and early on your application. Non-disclosure discovered later is treated far more seriously than the underlying matter usually would have been.

Transparency and the Public

What the public can see

The Public Register: name, registration number, class and status, terms and conditions, business address and telephone numberNotations of revocation and suspensionReferrals to the Discipline Committee, and the outcomes of disciplinary and incapacity proceedingsPublished discipline decisions with reasonsBoard meeting agendas, minutes and annual reportsThe CMTO’s College Performance Measurement Framework reporting

Why transparency matters

Self-regulation depends on public confidence, and confidence depends on visibilityA regulator that resolved everything privately would not be credibleTransparency also has a preventive effect: published decisions inform the whole professionThe CMTO actively directs the public to check the Register before bookingFOMTRAC competency 1.2 b requires you to know both the mandate of the regulator and the obligations of a registrant. Transparency is where the two meet.

Employer, Facility and Educator Reporting

The obligations

An employer or facility operator must report to the College when a registrant is terminated, suspended or has privileges restricted for professional misconduct, incompetence or incapacityThe report is also required if the registrant resigns while such a matter is pending or being investigatedThe CMTO publishes a policy on mandatory reporting of sexual abuse by massage therapy educational facilities and instructorsEducators and clinical supervisors therefore carry reporting obligations in respect of students and colleagues

Implications for you now

As a student in a supervised clinic, you are within a system that has reporting obligationsCMTCA criteria 3.12 to 3.15 require a student code of conduct addressing discrimination, harassment, bullying, violence and offences of a sexual nature, with progressive discipline up to expulsion and reporting to appropriate authoritiesConduct during your programme can affect the good character assessment at registrationThe professional expectations of this course are not deferred until graduation. They begin in the student clinic.

Preparing for Your First Renewal

A practical checklist for the year after registration.

Diarize the renewal deadline; late renewal attracts fees under By-Law No. 7 and may result in suspensionConfirm your professional liability insurance is current and meets the minimum required by By-Law No. 10, and covers every setting in which you practiseUpdate your business address, telephone number and practice information on the RegisterComplete any quality assurance requirements attached to the renewal cycleDeclare accurately: findings, charges, other registrations and health matters where the declaration asksRetain evidence of your professional development activitiesConfirm your record keeping arrangements are documented with any employerDeclaring accurately is not optional. A false declaration on renewal is professional misconduct and is treated as a matter of integrity rather than administration.

A Timeline of a Serious Matter

Approximate stages. Timelines vary, and the Procedural Code imposes some statutory limits.

Stage	What happens	What the registrant does
Receipt	The College receives a complaint, report or Registrar's report	Is notified and given the substance of the allegations
Response	The registrant is invited to respond in writing	Obtains legal advice; responds fully and on time
Investigation	An investigator may obtain records and interview witnesses	Produces complete, unaltered records
ICRC decision	The panel decides the disposition and gives written reasons	Receives the decision; may seek HPARB review in some cases
Referral	Specified allegations are referred to the Discipline Committee	Prepares a defence; may negotiate an agreed statement of facts
Hearing	Evidence is heard in public; findings are made	Attends; may be represented by counsel
Penalty	The panel makes orders on penalty and costs	Complies with the order; the outcome is published
Post-order	Terms are monitored; reinstatement may be sought after the applicable waiting period	Completes remediation; applies in writing to the Registrar

What Protects a Registrant

Before anything happens

Records that are complete, contemporaneous and specificConsent conversations documented in substance, not just noted as obtainedConsistent draping and boundary practice with every client, not only where you sense riskAccurate receipts and financial recordsCurrent insurance in every practice settingA habit of seeking advice early from the Practice Specialist or a mentor

When something does happen

Respond on time and in fullNever alter, create or destroy a record after the factTake legal advice; notify your insurer promptlyCooperate fully with the investigationReflect honestly and change what needs changing, whatever the outcomeNone of this is about avoiding accountability. It is about being able to demonstrate what you actually did, which is what a competent practitioner should be able to do in any case.

In-Class Activity 2 — Read a Real Decision

The task (25 minutes, pairs)

Using the published discipline decision you read for homework, identify the allegations as they were framedIdentify which provisions of section 26 and which Standards of Practice were citedRecord the findings the panel made and the penalty it orderedIdentify any aggravating and mitigating factors the panel namedWrite two sentences on what the registrant could have done differently at the earliest point in the sequence

Debrief prompts

How early in the sequence was there a clear opportunity to prevent the outcome?What role did documentation play in the panel's reasoning?Were costs ordered, and on what basis?Decisions are public precisely so they can be learned from. Reading them is a legitimate and free form of professional development.

Summary — Lecture 8

Governance

The Board comprises elected registrants and appointed public members; officers are elected annuallySeven statutory committees, with panels containing both professional and public membersThe Registrar is the chief executive, issues certificates, maintains the Register, and may make a Registrar's reportThirteen by-laws; By-Law No. 11 adopts the Code of Ethics, No. 10 requires insurance, No. 8 governs the RegisterThe quality assurance programme requires self-assessment, reflection, currency and practice evaluation

Accountability

Matters arrive by complaint, Registrar's report or mandatory reportThe ICRC screens and may take no action, advise, caution, require remediation, or refer to disciplineProfessional misconduct and incompetence go to Discipline; incapacity goes to Fitness to PractisePenalties include revocation, suspension, terms and conditions, reprimand, a fine of up to $35,000, reimbursement of patient funding, and costsMandatory reports are due in thirty days, or immediately where further abuse is anticipated; failure is an offence carrying up to $50,000Reinstatement requires a one-year wait, or five years where sexual abuse was the basis

Assessment, Preparation and Homework

How this lecture is assessed

Lecture 8 is examinable on the regulation quiz and on the final examinationExpect items on ICRC dispositions, the list of discipline penalties, the distinction between misconduct, incompetence and incapacity, the mandatory reporting timelines, and the reinstatement waiting periodsApproved assessment scheme: Quiz 1 20%, Quiz 2 20%, Assignment 1 10%, Assignment 2 10%, the Final Examination 30% and Professional Practice and Participation 10%. Pass: 70% overall.

Before Lecture 9

Read the CMTO Code of Ethics in full — all four principlesRead the Standards of Practice: Client-centred Care, Communication, Collaboration and Professional Relationships, Conflict of Interest, and Fees and BillingNote the six elements of informed consent that appear in several of these standardsBring one situation from placement or observation where two obligations seemed to conflict

References and Further Reading

Rattray, F., & Ludwig, L. (2000). Clinical Massage Therapy: Understanding, Assessing and Treating Over 70 Conditions. Toronto: Talus Incorporated. (Chapters on the therapeutic relationship, health history, treatment planning and documentation.)Massage Therapy Act, 1991, S.O. 1991, c. 27, and O. Reg. 544/94 (General). Government of Ontario.Regulated Health Professions Act, 1991, S.O. 1991, c. 18, including Schedule 2, the Health Professions Procedural Code. Government of Ontario.Health Care Consent Act, 1996, S.O. 1996, c. 2, Sch. A. Government of Ontario.Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sch. A. Government of Ontario.Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, and O. Reg. 191/11 (Integrated Accessibility Standards).College of Massage Therapists of Ontario. Standards of Practice, Code of Ethics, By-Laws, Policies and Position Statements. Retrieved from cmto.com.College of Massage Therapists of Ontario. Guide to Record Keeping Requirements; An RMT's Guide to Consent; Clinical Indications for Massage Therapy of Sensitive Areas.Federation of Massage Therapy Regulatory Authorities of Canada. (2016). Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice.Canadian Massage Therapy Council for Accreditation. (2024). CMTCA Accreditation Standards for Massage Therapy Education Programs in Canada.