



RU RMT 22 — Research & Regulations

Lecture 09 — Code of Ethics and the Standards of Practice in Daily Care

The four ethical principles · Client-centred Care · Communication · Collaboration and Professional Relationships · Conflict of Interest · Fees and Billing · Ethical decision-making

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 day Delivered 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 3 of 6 — the standards that shape every appointment from greeting to receipt



How the Standards Are Built

Every CMTO Standard of Practice follows the same structure. Recognizing it makes all fourteen easier to learn.

The structure

Client outcome — what the client is entitled to experience
Registered Massage Therapist outcome — what the RMT must achieve
Requirements — the numbered obligations, each beginning "The RMT must"
Relevant legislation and regulation — where the legal force comes from
Related career-span competencies — the link to the competency framework
Resources and guidance, and related standards

Why the structure matters

The requirements are mandatory. "Must" is not "should"
Breaching a published Standard of Practice is an act of professional misconduct under section 26 of O. Reg. 544/94
Bolded terms are defined in the CMTO glossary and carry their defined meaning
Most standards cross-reference the six elements of informed consent and the draping standard
Terminology note: the standards updated in 2025 and 2026 are moving from "client" to "patient".
The obligations are unchanged. Use the wording of the current version of each standard.



Learning Objectives — Lecture 9

You will be able to

State the four principles of the CMTO Code of Ethics and the behaviours that support each
Explain the purpose and structure of the Standards of Practice
Apply the Standard of Practice: Client-centred Care to a treatment plan and a discharge decision
Apply the Standard of Practice: Communication in a client interaction
Apply the Standard of Practice: Collaboration and Professional Relationships to a referral and to shared care

You will also be able to

Identify real, potential and perceived conflicts of interest and describe how to avoid, manage and disclose them
Apply the Standard of Practice: Fees and Billing to fees, receipts and gift certificates
Explain the obligations that arise under the Ontario Human Rights Code in practice
Use an ethical decision-making framework to work through a conflict between obligations
Identify when an employer instruction conflicts with a professional obligation, and what to do



Competency and Accreditation Linkage

FOMTRAC Practice Competencies (2016)

1.1 a–h — Written, oral, electronic communication; communication respecting diversity; active listening; non-verbal communication; medical terminology
1.2 m — Identify and address conflict of interest
1.2 o — Apply ethical considerations in decision making
1.2 r — Establish and maintain professional collaboration
1.2 x — Ensure sound practice management, including billing procedures
1.3 a and b — Display positive regard toward the client; practise client-centred care

CMTCA Accreditation Standards (2024)

1.6 — Ethical standards related to cultural competency, cultural safety and cultural humility
1.7 — Ethical standards related to identifying and avoiding fraudulent activities and fraud protection
1.10 — Community collaborations to increase interprofessional educational exposure
2.4 — Critical thinking and problem-solving
5.7 — An ethics decision-making framework is in place and used

PART 1

The Code of Ethics

Adopted as By-Law No. 11. Four principles, and the behaviours that give them effect.

The RHPA requires regulatory Colleges to develop, establish and maintain standards of professional ethics. The Standards of Practice and the professional misconduct regulation set out explicit expectations; the Code explains the principles and values beneath them. It applies to all Massage Therapists in Ontario regardless of practice context, and it is also intended for use by students, educators and researchers. It exists to help you exercise professional judgement in situations the standards do not specifically address. It is accompanied by a glossary of terms which carries defined meanings. It is not aspirational language: it is a by-law, and conduct contrary to it can found a finding of professional misconduct. Principle 4 closes the obvious loophole explicitly: Massage Therapists do not justify unethical behaviour by rationalizing that it is not expressly prohibited in the Code or in legislation.



Principle 1 — Benefit Clients and Serve Their Best Interests

To fulfil this goal, Massage Therapists:

Commit to benefiting clients and serving their best interests using their knowledge, skill and professional judgement
Ensure that their professional knowledge and skill are current and evidence-informed, based on clinical research, practice context, client perspective and practitioner experience
Clearly provide clients with the information they need to make informed decisions about their health care
Encourage client engagement and focus on client goals and preferences
Use oral and written communication to facilitate client understanding and conflict resolution
Are aware of and attentive to transference and counter-transference in the client–therapist relationship
Are knowledgeable about other regulated health professions and work collaboratively to improve client care, reduce risks, increase client safety and optimize health outcomes

The second bullet is the direct link to the entire research strand of this course. Currency is an ethical obligation, not merely a competency.



Principle 2 — Treat All Clients with Respect and Dignity

To fulfil this goal, Massage Therapists:

Recognize clients' ethical and legal rights to be the decision makers in their health care
Obtain informed consent to treatment prior to providing care, and respect the client's right to accept or refuse treatment without prejudice
Recognize the power imbalance inherent in the client–therapist relationship and maintain professional boundaries
Keep client health and personal information confidential, except with the consent of the client or as required by law
Provide clients with advance notice and a referral when discharging them from care, except in the case of an abusive client
Provide fair and equitable access and consistent quality care to all clients, free of discrimination based on the protected grounds and social areas outlined in the Ontario Human Rights Code
Protected grounds include age, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed or religion, disability, family status, marital status, gender identity, gender expression, sex and sexual orientation.



Principle 3 — Not Harm Clients

To fulfil this goal, Massage Therapists:

Refrain from behaviours that could potentially harm clients, and make every reasonable effort to prevent harm
Do not, under any circumstance, participate in any form of sexual behaviour with clients, including behaviours the client appears to consent to
Do not participate in any form of harassment of clients, colleagues, other health professionals or employees
Ensure they are not impaired in their professional ability by any physical or mental condition or disorder
Practise only within their scope of practice, recognize their limitations, and refer where another professional's expertise better addresses the client's needs
Act with honesty and transparency if harm occurs: disclose it to the client, minimize it and prevent recurrence
Obtain informed consent prior to treatment; avoid dual relationships; ensure the relationship is not exploited for any personal, social, emotional or financial reason
Provide therapeutic touch thoughtfully and tactfully; maintain a clean, hygienic and safe working environment; ensure client and business records are securely retained

To fulfil this goal, Massage Therapists:

Individually and collectively maintain public trust and confidence, and conduct themselves with personal and professional integrity at all times Assume responsibility for their actions and decisions, and for upholding their ethical obligations — including advising employers when those obligations conflict with employer expectations Maintain clear, legible and comprehensive client and business records Meet all mandatory reporting obligations, and consider reporting other unethical behaviour Meaningfully participate in advancing career-span competencies and continuing professional development through self-evaluation of practice Commit to self-care and personal health and wellness Discontinue care only in the circumstances the Code specifies, with the discharge process documented in the client's file Use healthcare resources responsibly; use electronic communication, social media and digital technology responsibly; do not participate in fraud, including fraudulent billing; do not engage in conduct, advertising or promotion that discredits the profession Conduct that brings the profession into disrepute is called "conduct unbecoming" in the professional misconduct regulation.



PART 2

Client-Centred Care

The standard that organizes the whole clinical encounter — and the one most often cited alongside others.



Client-Centred Care — The Outcomes

Client outcome

The client is meaningfully engaged in decision-making for their massage therapy care. Care centres the client's unique needs, views, preferences, concerns and health goals.

RMT outcome

The RMT provides massage therapy focused on the best interests and unique needs, views, preferences and concerns of each individual client. The RMT ensures the client is actively involved in decision-making regarding their care. This standard was updated on 30 September 2025. Read the current version on cmto.com rather than an older printed copy.



Client-Centred Care — Requirements 1 to 9

The RMT must:

1. Obtain informed consent prior to conducting an assessment, providing treatment or modifying a treatment plan, covering all six required elements
2. Obtain written informed consent prior to every assessment or treatment of sensitive areas — upper inner thighs, chest wall muscles and breasts. Breasts must not be touched except where assessment or treatment is requested by the client for a clinically indicated reason. Written consent is also required before assessing or treating the gluteal muscles, but may be obtained once per treatment plan and then verbally before each treatment
3. Promote the client's involvement in their own health goals by considering client input and supporting informed decision-making in all aspects of care
4. Assess the client, including obtaining health history, to determine their condition and whether massage therapy is indicated
5. Develop a treatment plan based on the assessment and the client's goals, monitor the response and modify treatment accordingly
6. Integrate an evidence-informed approach including professional knowledge, experience and practice evaluation, external research, client perspective and practice context
7. Only treat conditions within the RMT's competence and within the scope of practice of massage therapy
8. Where dual-registered, ensure the client understands when care is being provided within massage therapy and when within another profession
9. Refer to another RMT, healthcare professional or person whose expertise best addresses the client's needs, when appropriate and with consent

The RMT must:

10. Provide fair and equitable access and consistent quality of care to all clients
11. Treat all clients with respect and dignity
12. Ensure the client's continuing comfort and safety during treatment, addressing intended and unintended effects and outcomes
13. Drape in accordance with the Standard of Practice: Draping and Physical Privacy
14. Work with the client and others to plan and implement discharge from care
15. Only discontinue needed care where the discharge process is documented in the client's file and the client requests it, or alternative services are arranged or a reasonable opportunity given to arrange them, or the client is unable or unwilling to pay, or the client is abusive or poses a real or perceived threat and has been referred to the Public Register
16. Never abuse a client — verbally, physically, psychologically, emotionally, sexually or financially
17. Never have a sexual relationship with a client. A person remains a client for this purpose for one year after they cease to be a client, and it may never be appropriate regardless of the passage of time
18. At the client's request, securely transfer copies of the health record to another RMT or healthcare professional
19. On resignation or clinic closure, refer the client appropriately and ensure records are properly retained, transferred and disposed of



Discharge and Abandonment

Abandonment

Discontinuing needed care without following the discharge process is an act of professional misconduct. It includes simply ceasing to book a client without notice or referral. It also arises when a therapist leaves a practice without ensuring clients are notified. Clients must be told how they can continue to access their records if that arrangement will change. If a clinic owner will not permit you to contact clients directly, you may arrange for someone else at the clinic to notify them.

Discharging an abusive client

The Code and the Client-centred Care standard both permit discontinuation where the client is abusive toward the RMT or poses a real or perceived threat. The discharge must still be documented in the client's file. The client should be referred to the CMTO Public Register so they can find another registrant. Advance notice and referral are otherwise required in every case. You are not obliged to tolerate abuse in order to meet your professional obligations. You are obliged to end the relationship properly and document it.

PART 3

Communication, Collaboration, Conflict of Interest and Fees

Four standards that govern how you speak, how you work with others, how you manage interests, and how you charge.



Standard of Practice — Communication

The requirements

Obtain informed consent prior to assessment, treatment or modification of a treatment plan, covering the six elements Engage the client in dialogue so they can discuss goals, raise concerns, ask questions, participate in decision-making and suggest changes to treatment Use effective communication including plain language and active listening to accurately transmit information about massage therapy Adapt communication according to the client's understanding, needs and preferences Allow a third party chosen by the client to be present to assist with communication when requested Ensure all forms of communication — spoken, written, paper, electronic and social media — are respectful, ethical and professional, and maintain privacy and confidentiality

In practice

Plain language means avoiding technical vocabulary the client has not been given, not simplifying to the point of inaccuracy Active listening means confirming that the client's meaning has been understood, not waiting to speak Adaptation may involve interpretation services, written material, extra time, or a different format — this also engages the AODA, covered in Lecture 12 The third-party provision matters for clients who want a support person present FOMTRAC competencies 1.1 a to h cover written, oral, electronic and non-verbal communication, communication respecting diversity, active listening and medical terminology. This standard is where they land.



Standard of Practice — Collaboration and Professional Relationships

The requirements

Take reasonable steps to understand what other care the client is receiving, and ensure the massage therapy treatment plan complements the care provided by others within the circle of care Document significant collaboration in the health record, including reports received for examinations, tests, consultations or treatments, and the details of every referral made Allow others within the circle of care to access the health record where reasonably necessary for the provision of health care, unless the client has expressly instructed otherwise Work to resolve problems or conflicts with others involved in the client's care that could interfere with safe, effective and ethical care, and document those concerns and the steps taken Refer the client to another RMT, healthcare professional or person whose expertise best addresses their needs, when appropriate and with consent Protect privacy and confidentiality in accordance with the Standard of Practice: Privacy and Confidentiality

What it looks like

Asking, at intake and at reassessment, what other care the client is receiving Writing a referral letter that describes your findings without communicating a diagnosis Reading and filing reports you receive rather than leaving them unread Raising a concern with a colleague directly and professionally, and recording that you did Recognizing the limits of your competence and referring rather than persisting CMTCA criterion 1.10 requires programmes to build interprofessional exposure precisely because collaboration is a standard, not an optional extra.

The outcome and the rule

Client outcome: the client receives services solely in their best interest, not compromised by any potential, real or perceived personal or financial interest
RMT outcome: the RMT avoids any potential, real or perceived conflict; if it cannot be avoided it must be managed and disclosed to the client
The test is not whether you were actually influenced. It is whether a reasonable client would see a competing interest

The four named prohibitions

1. Providing or receiving a monetary or other benefit for referring a client to or from any other business — for example, a referral fee
2. Recommending a product or service in which the RMT has a personal or financial interest without first disclosing the nature of that interest and advising the client they may obtain a suitable alternative elsewhere. This discussion must be documented in the health record
3. Sharing revenue, fees or income with a person associated with the practice who is not a regulated health professional in Ontario, unless a written agreement ensures the RMT remains responsible for the professional aspects of practice, including record keeping and billing
4. Renting premises to or from any person or business where the rent is determined, in whole or in part, by the volume of client referrals



Conflict of Interest in Everyday Situations

Common scenarios

Selling supplements, creams, pillows, orthotics or devices from the treatment room
Recommending a course, a practitioner or a clinic in which you have an interest
Receiving commission from a supplier whose products you recommend
Renting a room where the rent varies with how many clients you refer to the landlord
Recommending a treatment frequency that serves your schedule rather than the client's need
Accepting gifts of significant value from a client

The three-step response

Avoid the conflict if you can — this is the standard's first preference
If it cannot be avoided, manage it: disclose the nature of your interest, and tell the client they can obtain a suitable alternative elsewhere
Document the disclosure and the discussion in the client's health record
Fraudulent practice is a related but distinct issue. CMTCA criterion 1.7 requires the curriculum to cover identifying and avoiding fraudulent activities, including billing for treatments never provided and misrepresenting credentials.



Standard of Practice — Fees and Billing

The RMT must:

Keep a financial record for each client containing the particulars of services provided, fees charged and a copy of the receipt issued
Not submit an account or charge for services the RMT knows is false or misleading
Not sell or assign any debt owed for professional services to a third party such as a collection agency; paying by credit card is not caught by this
Make any penalties for missed or cancelled appointments public and known to the client in advance of the first appointment, and inform clients of any changes
Fees must be communicated to the client before services are provided, itemized on a receipt if requested, and posted in a visible location in the practice setting
Fees must not differ from the posted fee without noting the rationale and the difference in the client's health record, and without the client's prior acceptance
Fees must not be excessive or unreasonable, and must not be reduced for prompt payment
The CMTO does not set fees. RMTs set their own; the RMTAO publishes a guideline based on fees commonly charged.



Receipts and Gift Certificates

Every receipt must include

The date of the appointment
The name of the client
The name of the RMT
The amount of the transaction
The signature and registration number of the RMT
The HST number, if applicable
These requirements apply whether the receipt is paper or electronic, and regardless of practice type or location

What a receipt may say

A receipt may indicate "Massage Therapy treatment" and carry the RMT's registration number only for products and services within the scope of practice of massage therapy. Receipts for anything outside the scope must state the product or service actually provided and must not refer to massage therapy. You cannot issue a massage therapy receipt or use your registration number for services not provided in compliance with the Standards of Practice, or not part of a massage therapy treatment plan.

Gift certificates: the receipt at purchase describes the service as "Gift Certificate" with the dollar amount paid. When redeemed, no dollar-value receipt may be issued — the receipt states "gift certificate redeemed" with no dollar amount.

Issuing a massage therapy receipt for something else is insurance fraud. It is one of the fastest routes to a discipline finding, and it usually begins as a favour to a client.

The obligations

Provide fair and equitable access and consistent quality care to all clients, free of discrimination on the protected grounds of the Ontario Human Rights Code
Employ communication approaches that respect diversity, and adapt communication to the client's needs — FOMTRAC 1.1 d and e
Practise professionally regardless of personal beliefs, and identify beliefs that may conflict with professional practice — FOMTRAC 1.2 h
Cultural safety is an outcome: the client feels safe receiving care. Cultural humility is the ongoing self-reflective process that produces it

In practice

Ask for and use the client's name and pronouns; the Collecting Personal Health Information standard expressly allows asking about gender identity and pronouns
Do not require a client to justify a request for accommodation of a religious, cultural or accessibility need
Recognize that expectations about touch, undress and privacy vary, and discuss options rather than assuming
Trauma- and violence-informed practice means minimizing the potential for harm and re-traumatization, regardless of whether a history is known to you
CMTCA criteria 1.5 and 1.6 require this content specifically: trauma- and violence-informed approaches, and cultural competency, safety and humility.



An Ethical Decision-Making Framework

CMTCA criterion 5.7 requires programmes and workplaces to have one. This is a usable version.

Step	Stage	What you do
1	Recognize	Notice that a decision has an ethical dimension — someone's interests, rights or trust are engaged
2	Gather	Establish the facts: what happened, who is affected, what does the client want, what is uncertain
3	Identify obligations	Which legislation, standards, Code principles and employer policies apply? Where do they conflict?
4	Generate options	List more than two courses of action, including doing nothing and seeking advice
5	Test each option	Does it protect the client? Is it defensible if published? What would the College conclude? Could you explain it to the client?
6	Decide and act	Choose the option that best protects the client and complies with your obligations
7	Document	Record the situation, the reasoning and the action in the appropriate record
8	Reflect	Review the outcome; identify what should change in your practice or policies



When Obligations Conflict

Common conflicts

An employer requires a treatment length or booking pattern that prevents proper assessment and consent
A clinic policy requires you to sell products the client does not need
A client asks for a receipt dated differently, or in another person's name
A client asks you to omit something from the record
A colleague's practice concerns you, but reporting will damage a working relationship
A client requests treatment beyond your competence and is unwilling to be referred

How to resolve them

The hierarchy: legislation, then College standards and by-laws, then employer policy
Code of Ethics Principle 4 expressly requires you to advise employers when their expectations conflict with your ethical and professional obligations
Your certificate, not your employer's policy, is what is at risk in a discipline proceeding
Contact the CMTO Practice Specialist for guidance before acting where the answer is genuinely unclear
Document the conflict, the advice sought and the decision made
"My employer told me to" has never succeeded as a defence before a Discipline Committee.



Social Media, Advertising and Professionalism Online

The Communication standard applies to social media as fully as to speech: all communication must be respectful, ethical and professional, and must protect privacy and confidentiality. The Code of Ethics requires responsible use of electronic communication, social media and digital technology. Never post client information, images or identifiable details without express written consent — and consider whether consent can be freely given given the power imbalance. A client testimonial that reveals they are your client is a disclosure of personal health information. Do not make claims of cure or guaranteed outcomes; do not use titles or credentials you do not hold. Conduct online that discredits the profession or breaches public trust may found a finding of conduct unbecoming, even outside working hours. Accepting client friend requests or following clients personally creates a dual relationship — see Lecture 11. The practical test before posting: would you be comfortable if this appeared as an exhibit in a discipline hearing, or on the front page of a newspaper?

In-Class Activity 1 — Ethical Dilemma Rounds

The task (30 minutes, small groups)

Your instructor will distribute a set of dilemmas — a client offering a valuable gift; a landlord proposing rent tied to referrals; a client requesting a backdated receipt; an employer requiring product sales; a colleague you suspect is practising while impaired. For each, apply the eight-step framework. Name every standard, Code principle and legislative provision engaged. State the action you would take and what you would document. Identify whether a mandatory report is triggered.

Debrief prompts

Which dilemmas had a clear answer in the standards, and which required judgement? Where did groups reach different conclusions, and on what did the difference turn? Which dilemmas would be simpler if a policy had been in place beforehand? Most ethical failures in practice are not hard cases resolved wrongly. They are easy cases nobody paused to recognize.



The Standards as a Set

Fourteen standards, grouped by what they protect. Seeing the grouping makes them far easier to recall.

Group	Standards	What is protected
The decision	Client-centred Care · Consent · Communication	The client's right to decide about their own body
The body	Draping and Physical Privacy · Professional Boundaries · Prevention of Sexual Abuse	Physical and personal safety and dignity
The information	Collecting Personal Health Information · Privacy and Confidentiality · Record Keeping	Control over what is known and shared
The relationship with others	Collaboration and Professional Relationships	Continuity and quality of the client's wider care
The money	Fees and Billing · Conflict of Interest	Trust that advice serves the client, not the therapist
The environment	Infection Prevention and Control · Safety and Risk Management	Freedom from avoidable physical harm

The sequence

Greeting and orientation: explain what will happen, how long it will take and what the client can expect
Collect only the personal health information necessary, offering more than one method
Assess, including history, to determine the condition and whether massage therapy is indicated
Explain your findings in plain language, describing what you found without communicating a diagnosis
Propose a treatment plan built on the assessment, the client's goals and the available evidence
Obtain informed consent covering all six elements, including written consent where sensitive areas are involved
Discuss draping and positioning options before the client undresses

And afterwards

Monitor comfort and consent continuously; reverify when the plan changes
Reassess the same measures at the end of treatment and record both values
Provide self-care advice within scope and document the advice given
Discuss frequency honestly, without recommending more than the client's needs justify
Chart the visit fully, including the consent conversation, within the required time
Issue a compliant receipt
Every step above is a requirement of a named standard. There are no optional steps in this sequence.



Treatment Planning and Discharge

The plan

Must be developed for each client based on the assessment and the client's goals for treatment
Must be monitored and modified according to the client's response
Must be documented — a copy of any treatment plan is a required content of the health record
Must relate to outcomes the client actually wants, not only to findings that interest you
Must stay within your competence and within the scope of practice

Discharge

Work with the client, and others as required, to plan and implement discharge from care
Discharge is a planned clinical event, not the point at which the client stops booking
Document the discharge process in the client's file
On resignation or clinic closure, refer the client appropriately and ensure records are retained, transferred and disposed of properly
Notify clients when you leave a practice; if the owner will not permit direct contact, arrange for someone else at the clinic to notify them
Open-ended treatment with no reassessment and no discharge plan is a pattern that attracts attention from both insurers and the College.



Communication in Difficult Moments

The situation

A client asks what is wrong with them
A client asks whether
massage will cure their condition
A client is unhappy with
the treatment
A client asks about another practitioner's
care
A client asks a personal question about you
A client
discloses something distressing

A professional response

Describe your findings; explain you are not able to
diagnose, and refer where appropriate
Explain what the
evidence supports, what you will measure, and what
remains uncertain
Listen fully, acknowledge the concern,
ask what they would like to be different, and document
the exchange
Do not criticize a colleague; describe your
own findings and, where you have real concerns, address
them through the proper channel
Redirect briefly and
warmly to the clinical purpose; self-disclosure is a
boundary issue, not a courtesy
Listen without investigating;
consider whether a reporting obligation arises; document
factually



Working with Employers and Colleagues

Common friction points

Appointment lengths that do not permit proper assessment, consent and charting
Turnover expectations that prevent adequate cleaning and disinfection between clients
Pressure to sell products, packages or prepaid blocks of treatment
Clinic templates and intake forms that do not meet current standards
Ambiguity about who holds the client records
Instructions about receipts that would misdescribe a service

How to handle them

Raise it early, in writing, and framed around the standard rather than around preference
Code of Ethics Principle 4 requires you to advise employers when their expectations conflict with your ethical and professional obligations
Offer a workable alternative rather than only an objection
Seek guidance from the CMTO Practice Specialist and record that you did
If the practice cannot be changed, consider whether you can continue to practise there compliantly
You cannot delegate your certificate. Where an employer instruction and a standard conflict, the standard governs.



Professionalism Day to Day

The FOMTRAC professionalism competencies, translated into ordinary practice.

Maintain personal hygiene and professional appearance appropriate to the setting — competency 1.2 lManage professional time effectively: start and end on time, and allow enough time to chart — competency 1.2 pMaintain a safe and comfortable practice environment consistent with client needs — competency 1.2 fPractise professionally regardless of personal beliefs, and develop strategies to keep practice independent of conflicting beliefs — competency 1.2 hContribute to an effective, collaborative atmosphere in group settings, and interact respectfully with colleagues — competency 1.1 iIdentify and address interpersonal conflict using recognized strategies — competency 1.1 jPractise within your knowledge and skill level and articulate your personal limits — competency 1.2 uEmploy critical thinking: define issues clearly, identify relevant information, determine a course of action and defend the rationale — competency 1.2 nProfessionalism is assessed continuously in this course and in your clinical placements, exactly as it is assessed in practice.



Fraud and Fraud Prevention

What counts as fraudulent practice

Billing for treatments that were never provided
Submitting the same claim to more than one insurer
Submitting claims for missed or cancelled appointments
Letting someone not covered by a plan use its benefits — for example invoicing under a spouse's or dependant's name
Using an RMT registration number to claim benefits for services received from someone else, such as an esthetician or unregistered provider
Making misleading or false representation of credentials

Protecting yourself and the profession

Never lend your registration number or pre-sign receipts
Reconcile your own receipts and claims regularly; you are responsible for what is submitted under your number
Refuse requests to alter dates, names or service descriptions, and be prepared with a clear sentence for doing so
Report suspected fraud through the appropriate channel
CMTCA criterion 1.7 requires this content in the curriculum, including conflict of interest, unlawful benefits, payment through deceit and identity theft
Insurer investigations frequently result in a report to the College, and fraud findings almost always carry a suspension or revocation.



Applying the Framework — Two Worked Examples

A long-standing client offers you concert tickets

Recognize: a gift, from someone in an unequal relationship
Gather: value, context, whether it is a pattern, what the client may expect
Obligations: Professional Boundaries requirement 5 — neither give nor receive gifts of significant value; Conflict of Interest; Code Principle 3 on exploitation
Options: decline warmly; accept a token of nominal value; accept and disclose
Test: would this look acceptable in a published decision? Would it change how I treat this client?
Act: decline, explain the professional rule kindly, suggest a review or referral instead
Document: a brief note that the offer was made and declined

A clinic proposes rent based on referrals

Recognize: a financial arrangement affecting clinical judgement
Gather: the exact proposed terms and who benefits
Obligations: Conflict of Interest requirement 4 prohibits rent determined in whole or in part by the volume of client referrals; requirement 1 prohibits benefit for referral
Options: negotiate a fixed rent; decline the arrangement; seek advice
Test: an express prohibition, so there is no balancing exercise
Act: decline and propose a compliant fixed-rent arrangement in writing
Document: keep the correspondence



The Standards and the Evidence Strand

Where the two halves of this course meet, explicitly.

Client-centred Care requirement 6 requires an evidence-informed approach integrating professional knowledge, experience and practice evaluation, external research, client perspective and practice context Code of Ethics Principle 1 requires professional knowledge and skill to be current and evidence-informed, based on clinical research, practice context, client perspective and practitioner experience Code of Ethics Principle 4 requires self-evaluation of practice and appropriate response to the outcomes of evaluations and assessments The Consent standard requires that if you do not have sufficient information about the risks, benefits and contraindications of a modality or product, consent cannot be obtained and it must not be used The Communication standard requires plain language, which means being able to translate evidence into something the client can act on The Code prohibits conduct, advertising or promotion that discredits the profession — which includes overstating what the evidence supports Reading the literature is not an academic add-on to this profession. Four separate provisions require it.



In-Class Activity 2 — Audit a Receipt and a Fee Notice

The task (20 minutes, pairs)

Your instructor will provide sample receipts and a sample posted fee schedule, several containing errors. Check each receipt against the six required elements. Identify any receipt that describes a service outside the scope of practice as massage therapy. Check the gift certificate receipts against the standard's specific rule. Check the fee notice: is it visible, complete, and does it state the cancellation policy? Rewrite one faulty receipt correctly.

Debrief prompts

Which required element was missing most often? Which error would most likely be characterized as fraud rather than sloppiness? What would you say to a client who asks you to write a receipt differently? Have that sentence ready before you need it. "I can't do that — my registration number can only go on massage therapy" is a complete and professional answer.



Summary — Lecture 9

Ethics

The Code of Ethics is adopted as By-Law No. 11 and has four principles: benefit clients, treat with respect and dignity, do not harm, be responsible and accountable. Currency and evidence-informed knowledge are ethical obligations under Principle 1. Discrimination on Human Rights Code grounds is prohibited under Principle 2. Sexual behaviour with a client, harassment, impaired practice and dual relationships are prohibited under Principle 3. Records, reporting, self-evaluation, self-care and honest billing sit under Principle 4.

Standards

Client-centred Care: consent, written consent for sensitive areas, evidence-informed practice, competence, referral, discharge, never abuse, no sexual relationship. **Communication:** six elements of consent, dialogue, plain language, active listening, adaptation, third party, professional communication in every medium. **Collaboration:** understand other care, document referrals and reports, share within the circle of care, resolve conflicts, refer appropriately. **Conflict of Interest:** avoid; if unavoidable, manage and disclose and document. No referral fees, no undisclosed product interests, no referral-based rent. **Fees and Billing:** communicate and post fees, six receipt elements, no receipts for out-of-scope services, specific gift certificate rules.

How this lecture is assessed

Lecture 9 is examinable on the regulation quiz and on the final examination. Expect items on the four Code principles, on the four conflict of interest prohibitions, on the six receipt elements, on the gift certificate rule, and scenario items requiring you to apply the ethical decision-making framework. Approved 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 10

Read the Standards of Practice: Consent; Collecting Personal Health Information from Patients; and Privacy and Confidentiality. Read the CMTO Guide to Record Keeping Requirements in full. Read the Health Care Consent Act, 1996, sections on capacity and substitute decision-makers. Bring a blank health history form from a clinic and be prepared to critique it against the standard.



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.