



College of  
Medical Radiation  
Technologists of  
Ontario

Ordre des  
technologues en  
radiation médicale  
de l'Ontario



# COLLABORATION

2012 AR





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## President's Message

# Donna D. Lewis



I have been a member of the College's Council for the past six years (and a member of the profession for 20 years) and have seen remarkable changes in the self-regulatory structure within which our profession works, including new standards of practice in 2011 alone.

Given the extent and pace of the changes, when I became president of the College in June I was grateful for the legacy of David Price's six-year tenure as president. Not only did it give the College tremendous stability in sometimes unsettled times, but it also created a momentum on which to build over the next few years. I am honored to play a small role in, I hope, maintaining that forward motion with Council.


We have accomplished so much over the past few years — a new scope of practice, new standards of practice, mandatory online membership renewal, completing the development of a comprehensive QA program and welcoming the accompanying regulatory framework, are among the signature developments from my perspective.

Of particular interest to me has been the growth of our commitment to quality assurance. For six years I served as chair of the Quality Assurance Committee and led the implementation of the multi-source feedback component of the QA program and more recently the implementation of the individual practice assessment by an assessor.

With the new QA regulation coming into force in November 2012, we can now take a breath and ensure that all three QA pieces — the multi-source feedback, the Self-Assessment Profile and Continuous Learning Portfolio, and the individual practice assessment — are functioning as intended.

Thankfully, this sense that the College now has a little breathing room to work on some other important projects and to undertake some self-reflection as a College and Council has coincided with my presidency. I have a couple of things I want to accomplish during my tenure.

I want to ensure that there continues to be a sense of inclusivity in the governance of the Council as it works to fulfill the College's mandate to protect the public. Membership on the College's Council is meant to represent the professional and geographic breadth of the practice of medical radiation technology in the province as well as the public. I believe it is important, therefore, for all Council members to have the opportunity to make their views known around any issue that affects our mandate and the profession. As president, I hope I — and will continue to — foster a sense that Council is a place where all views can be expressed and debated.



In 2012, Council began what can be called a 'governance review' that will take a look at the structure and functioning of the College to ensure it continues to meet the needs of a self-regulated health care profession in a rapidly changing regulatory and technology environment.

**“ the College now has a little breathing room to work on some other important projects and to undertake some self-reflection as a College and Council has coincided with my presidency ”**

This governance review began shortly after Council received a presentation by Ms. Kathy Wilkie, registrar and executive director of the College of Medical Laboratory Technologists of Ontario (CMLTO) and Mr. Pat Mercuri, past president of the CMLTO, entitled "Sharing Learning about CMLTO's Governance Development Journey".

As Council continues down a similar path in 2012 and into 2013, I am grateful to have the opportunity as president to join Council, College staff and all members on that review of the College's governance structure and to work with colleagues, public members and College staff who are as committed as I am to our mandate, the public and our profession.

## Registrar's Message

# Linda Gough




The concept of 'collaboration' – within our profession itself, other regulated health professions and with various government ministries and agencies – has been a consistent theme of the College's annual report and Insights for as long as I have been at the College. Given how our profession usually works as part of inter-professional teams to ensure high standards of patient care, this shouldn't be surprising: Collaboration is how we operate in our practice as medical radiation technologists, and collaboration has become a hallmark of the way the College interacts with all partners in Ontario's health system.

In fact, it is fair to say this approach is the centerpiece of our reputation in Ontario's health care sector. And this year I think we took our relationship with other colleges and regulatory bodies to a new level of partnership and cooperative work. We are proud to have been a founding member – and now the 'host' office – of a new national alliance of MRT regulators, which was created in the fall of 2011. The Alliance of Medical Radiation Technologists Regulators of Canada (AMRTRC) comprises six provincial MRT regulators who have come together with the objective of enhancing public protection by promoting MRT regulation and working towards common standards between jurisdictions. The Alliance held three meetings in June, July and October 2012.

Of course, for as long as I have been with the College we have worked closely with the Canadian Association of Medical Radiation Technologists (CAMRT). For example, for the last two years the CAMRT has been conducting a competency profile review as well as developing best practice guidelines for MRTs. The College's certification and examination committee carefully reviewed and commented on the CAMRT's documents, and provided substantive recommendations on its draft conclusions.

In Ontario, the College cooperated with the Ministry of Health and Long-Term Care to fulfill a variety of requests for information about the profession. In 2012, for example, we completed a questionnaire on the overall level of inter-jurisdictional labour mobility; the timelines for certifying applicants already certified in their home jurisdiction; and any unintended consequences to the implementation of Chapter 7 of the Agreement on Internal Trade which relates to labour mobility.

Additionally, the College participated in the Federation of Health Regulatory Colleges of Ontario's (FHRCO) initiative to develop the FHRCO Interprofessional Collaboration (IPC) eTool; a customizable, point of care, decision-making tool that empowers teams to optimize roles, responsibilities and services for fulfilling patient and client needs. This initiative is a continuation of the work the College conducted with the Federation which culminated in 2006 in the release of the Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario.



As always, we also had frequent contact with the Health Professions Regulatory Advisory Council (HPRAC) as we provided comments and submissions to this body. (HPRAC provides advice to the Minister of Health and Long-Term Care "on matters related to the regulation of health professions in Ontario.") This year among other requests we provided information on the College's history of sexual abuse complaints as HPRAC considered its recommendations to the Minister of Health and Long-Term Care regarding the mandatory revocation provisions of the *Regulated Health Professions Act* related to the treatment of spouses by regulated health professionals. And one of the other Ontario government bodies with which the College has had regular interaction is the Office of the Fairness Commissioner (OFC), which released its assessment report in 2012. The College had already implemented the OFC's recommendations before the OFC had completed its report.

On a national level, we have partnered for the last number of years with regulatory bodies in other provinces and the Canadian Institute for Health Information (CIHI) in the development of a national, supply-based database of medical radiation technologists. CIHI's report called "Medical Radiation Technologists in Canada, 2010" was released in 2012.

And among other health profession regulatory bodies, the College often collaborates on a variety of matters with the College of Physicians and Surgeons of Ontario (CPSO). This year the College provided general and specific comments and rationales for some of its suggested amendments on the CPSO's draft document entitled *Independent health facilities – clinical practice parameters and facility standards for diagnostic imaging – fourth edition, 2012*.

In addition, the College regularly collaborates with other health professions' colleges, such as dentistry, chiropractic, physiotherapy, medical laboratory technology and nursing, on issues related to the practice of medical radiation technology.

The College's Council believes we are in the best position to fulfill our mandate to protect the public through the self-regulation of the practice of our profession by engaging with other health professionals when our interests coincide and by involving ourselves with others whose decisions affect our profession. By collaborating we ensure we meet both our mandate to protect the public and the expectations of MRTs for a regulatory body that is effective, fair and professional.

## REPORT FROM COUNCIL

### Council

#### Members

Donna D. Lewis, President	MRT(T)	District 5 - Radiation Therapy
Bronwen Baylis, Vice-President	MRT(R)	District 4 - Radiography
Patrice Burke	Public Member	
Anthony (Tony) Carroll	Public Member	
Mary Ann Ginty	MRT(R)	District 1 - Radiography
Robert Kamen	MRT(N)	District 6 - Nuclear Medicine
Claudina Di Zio (Dina) Longo	MRT(R)	District 3 - Radiography
Elnora Magboo	Public Member	
Hal McGonigal	Public Member	
Caron Murray	MRT(MR), MRT(R)	District 8 - Magnetic Resonance
Cathryne Palmer	MRT(T)	District 7 - Faculty
David Price	MRT(R)	District 2 - Radiography (to June 21, 2012)
Wendy Rabbie	MRT(R)	District 2 - Radiography (from June 21, 2012)
Amin Saab	Public Member	(to March 10, 2012)
Ghulam Sajan	Public Member	
Tarlok Singh	Public Member	

### Executive Committee

#### Members

Donna D. Lewis, President	MRT(T)	Council Member
Bronwen Baylis, Vice-President	MRT(R)	Council Member (from June 21, 2012)
Robert Kamen	MRT(N)	Council Member
Elnora Magboo	Public Member	Council Member
Hal McGonigal	Public Member	Council Member (to June 21, 2012)
Caron Murray	MRT(MR), MRT(R)	Council Member
David Price	MRT(R)	Council Member (to June 21, 2012)
Ghulam Sajan	Public Member	Council Member (from June 21, 2012)



The following is a summary of the notable undertakings and accomplishments of Council, its statutory committees and College staff.

- In June the College said goodbye to David Price as President after six-year tenure and nine year total term on the College Council. Donna Lewis was elected as President of the College on June 21, 2012, after serving on the Executive Committee and acting as chair of the Quality Assurance Committee since 2006. Bronwen Baylis was elected Vice-President also on June 21, 2012. Bronwen has served as chair of the Patient Relations Committee since 2007 and has been a member of various College committees and working groups.
- The College implemented mandatory online renewal for members effective June 1, 2012, after providing online service since June 2009. Online renewal became practical and necessary as a way for the College to collect certain information from members in compliance with the *Regulated Health Professions Act* (RHPA). The need to collect an increasing amount of information prompted the College to look for ways to improve efficiency and effectiveness of the annual renewal process. Completing the process online is a more cost-effective and environmentally friendly method. Information is updated more quickly, and uses less paper.
- The College is proud to have been one of the founding members of the Alliance of Medical Radiation Technologists Regulators of Canada (the Alliance). The Alliance is comprised of six provincial MRT regulators who have come together to ensure public protection by further advancing MRT regulation and standards, regulatory issues and patient care. In November and December of 2012, the College helped facilitate the Alliance to conduct a nationwide survey of medical radiation technologists who operate hybrid imaging equipment (PET-CT, SPECT-CT and PET-MR). The information gathered will be critical in assisting the provincial regulators to develop policies on the use of hybrid imaging equipment.
- In January the College submitted its response to the Health Professions Regulatory Advisory Council (HPRAC) consultation on the mandatory revocation provisions of the RHPA as they relate to the treatment of spouses by regulated health professionals.
- The College participated in the Canadian Association of Medical Radiation Technologists (CAMRT) competency profile review project 2011-2012 and to provide feedback on the draft competency profiles. The certification and examination committee of the College carefully reviewed and commented on the CAMRT competency profiles for radiological technology, nuclear medicine, radiation therapy and magnetic resonance.
- The CAMRT started a project to develop and publish Best Practice Guidelines for MRTs in Canada and requested the College's feedback on the first phase of the draft guidelines. The College's certification and examination committee carefully reviewed the draft documents and provided comments.
- The College was an active participant in an initiative undertaken by the Federation of Health Regulatory Colleges of Ontario (FHRCO) to develop an eTool, a web based application intended to assist interprofessional health teams coordinate care within the expanded (and overlapping) scopes and authorities. The FHRCO Interprofessional Collaboration (IPC) eTool is a customizable, point of care, decision-making tool that enables teams to optimize roles, responsibilities and services for fulfilling patient/client needs.

## COMMITTEE REPORTS

### INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

#### Members

Caron Murray, Chair	MRT(MR), MRT(R)	Council Member
Bronwen Baylis	MRT(R)	Council Member
Patrice Burke	Public Member	Council Member
Angela Cashell	MRT(T)	Appointed Member
Benoit Guibord	MRT(T)	Appointed Member
Jane MacFayden	MRT(MR), MRT(R)	Appointed Member (from June 21, 2012)
Wendy Rabbie	MRT(R)	Council Member
Amin Saab	Public Member	Council Member (to March 10, 2012)
Ghulam Sajan	Public Member	Council Member (from June 21, 2012)
David M. Wilson	MRT(N)	Appointed Member

The Inquiries, Complaints and Reports (ICR) Committee is the statutory committee under the *Regulated Health Professions Act* (the RHPA) responsible for handling all complaints, reports and inquiries regarding member conduct.

The Chair of the ICR Committee has appointed two separate panels, the Inquiry Panel and the Complaints and Reports Panel. The panels hold separate meetings and deal with distinct matters and therefore their data is tracked separately.

#### Inquiry Panel

Inquiry cases involve issues related to a member's fitness to practise. The inquiry is focused on identifying if a member is suffering from a physical or mental condition or disorder, the nature and extent of the condition or disorder and whether to refer the matter to the Fitness to Practise Committee for a hearing. These cases are handled by the Inquiry Panel of the ICR Committee. In 2012, one matter was referred to the Inquiry Panel and their inquiries continue into 2013.

#### 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 2012, the Complaints and Reports Panel reviewed a total of 34 cases, 30 of which were carried forward from 2011. Of those cases, 21 were complaints, 2 were reports and 1 was an inquiry. The Complaints and Reports Panel issued a total of 27 decisions.

Below are charts that show the total number of cases reviewed and the number of decisions issued by the ICR Committee in 2012, the outcomes as well as a breakdown of the complaints and reports by the related Practice Standard.

### Total number of cases reviewed in 2012 by meeting dates

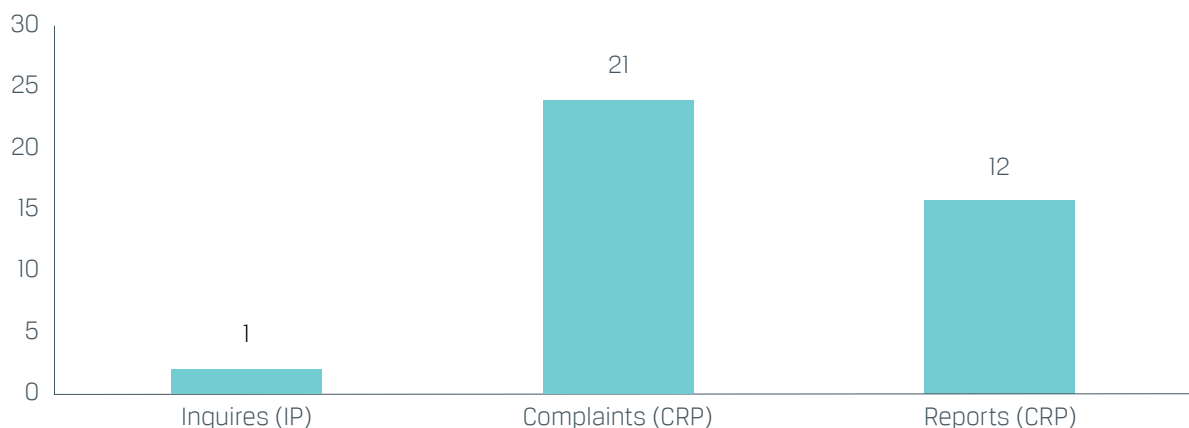
Numbers include carry over cases from 2011 and new cases 2012

	Carry-over from 2011	Mar	May	Aug	Sep	Oct	Dec	Totals
Inquiries (IP)	0	0	0	0	1	0	0	1
Complaints (CRP)	18	0	2	0	0	1	0	21
Reports (CRP)	12	0	0	0	0	0	0	12
<b>Total Reviewed</b>	<b>30</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>34</b>

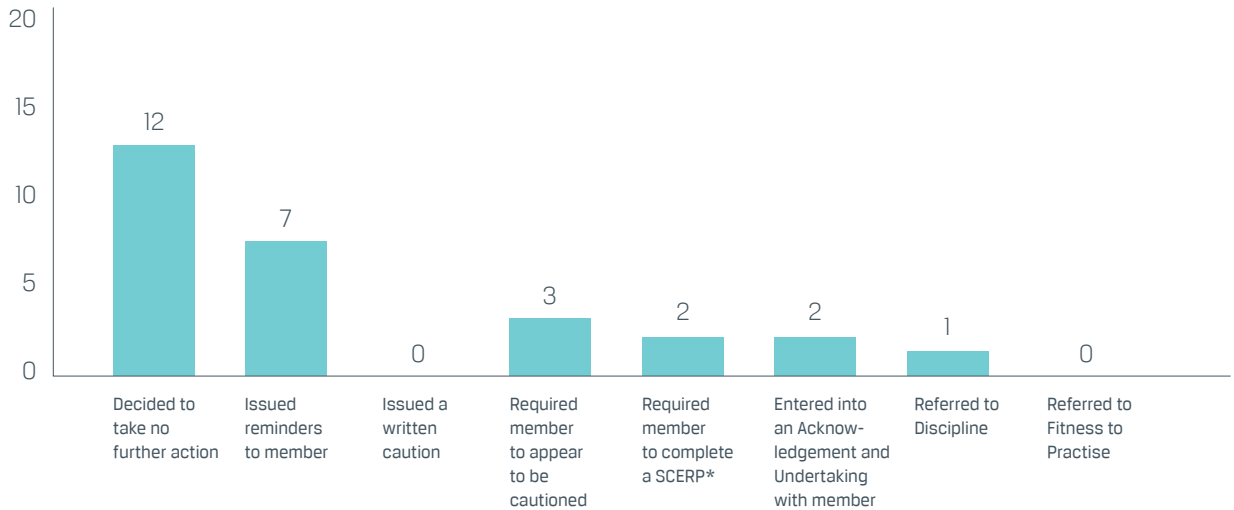
IP = Inquiry Panel

CRP = Complaints and Reports Panel

### Total number of cases reviewed by panels of the ICR Committee in 2012

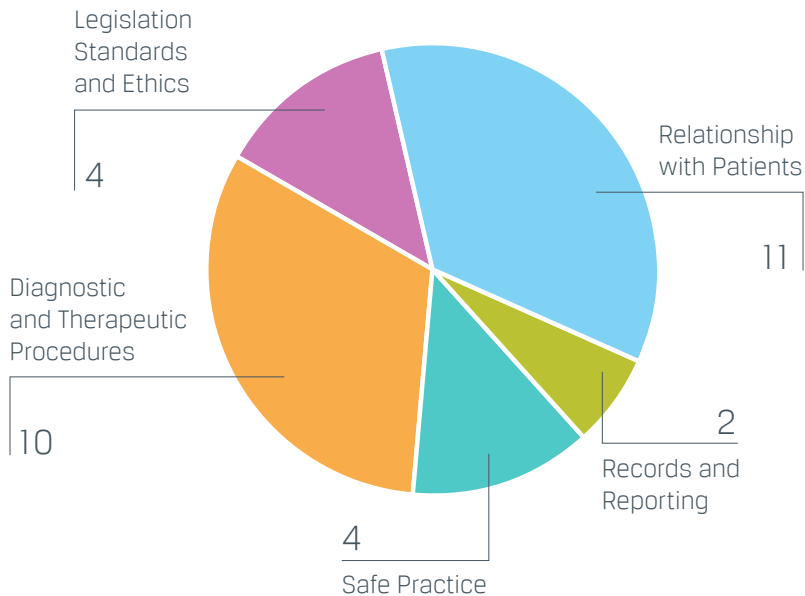


## Decisions issued by panels of the ICR Committee in 2012



\*SCERP= specified continuing education and remediation program

## Complaints/Reports by Practice Standards 2012



A complaint or report may involve more than one Practice Standard; therefore, then total number of Practice Standards may not equal the total number of complaints and reports. The Practice Standard involved in a complaint or report are assigned at the time the decision is issued.

## Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) is an agency of the government, independent of the CMRTO, that is responsible for reviewing the decisions of the Inquiries, Complaints and Reports Committee regarding complaints. HPARB can review both the adequacy of the investigation and the reasonableness of the decision. A review may be requested by either the complainant or the member who is the subject of the complaint.

In 2012 there were two requests made to HPARB for a review, one by a member and the other by a complainant. The reviews of these two decisions were not held in 2012.

## DISCIPLINE COMMITTEE

### Members

Claudina Di Zio (Dina) Longo, Chair	MRT(R)	Council Member
Anthony (Tony) Carroll	Public Member	Council Member
Lisa Di Prospero	MRT(T)	Appointed Member
Gina Du	MRT(N)	Appointed Member
Mary Ann Ginty	MRT(R)	Council Member
Valerie Kelly	MRT(T)	Appointed Member
Hal McGonigal	Public Member	Council Member (from June 21, 2012)
Jay Neadles	MRT(MR), MRT(R)	Appointed Member
Ghulam Sajan	Public Member	Council Member
Tarlok Singh	Public Member	Council Member (from June 21, 2012)

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

The Discipline Committee heard one matter in 2012, the summary of which is set out below.

## Summary of Discipline Hearing – Sunil Kumar Gupta

### Decision

On October 17, 2012, a panel of the Discipline Committee (the Panel) found former member Sunil Kumar Gupta guilty of professional misconduct in that:

1. he failed to notify the College in a timely fashion of his criminal conviction for fraud relating to his practice,

2. between January 1, 1999 and October 30, 2004, he falsified records relating to his practice by submitting false claims and billings to the Ministry of Health and Long-Term Care, Ontario Health Insurance Plan (OHIP), in furtherance of a threshold avoidance scheme, or for sleep studies, x-ray services and ultrasounds that were never performed,
3. he failed to maintain the standards of practice of the profession and contravened the *Medical Radiation Technology Act* & regulations by committing fraud, contrary to the Criminal Code, with respect to matters related to his practice as a member,
4. he contravened a federal law which is relevant to his suitability to practice by committing fraud, contrary to the Criminal Code, and
5. he signed or issued in his professional capacity, documents that he knew contained false or misleading statements by submitting false claims and billings to OHIP in furtherance of a threshold avoidance scheme, or for sleep studies, x-ray services and ultrasounds that were never performed.

### **Reasons**

The Panel based their finding in item 1 on the representations Mr. Gupta made on his CMRTO Application for Renewal of Registration, dated June 26, 2008. In this document Mr. Gupta stated that he had not been convicted of a criminal offence or an offence related to the regulation of the practice of medical radiation technology. The Panel also relied on the decision of the Superior Court of Justice in *R. v. Sunil Gupta*, dated November 28, 2007, which indicates that Mr. Gupta was convicted of two counts of fraud over \$5,000 for defrauding the Ontario Health Insurance Plan (OHIP).

The Panel based their findings in items 2, 3, 4 and 5 on the decision of the Superior Court of Justice in *R. v Sunil Gupta* convicting Mr. Gupta of two counts of fraud over \$5,000 for defrauding OHIP, and the Ontario Court of Appeal's endorsement and order dismissing Mr. Gupta's appeal from those convictions.

### **Penalty**

The Panel of the Discipline Committee ordered that Mr. Gupta's certificate of registration be revoked, that the decision and penalty, including the revocation, be reflected on the public register, and that its finding and order be published in the official publication of the College, on the College's website and on any other media related document that is provided to the public and deemed appropriate by the College.

### **Reasons**

The Panel accepted the College's submissions concerning penalty and considered the following aggravating factors: the misconduct was calculated, the fraud took place over a number of years and was "wide scale", the amount of the fraud was extremely high, and the fraud involved the misappropriation of OHIP money that is paid for by taxpayers. In addition, the Panel noted that Mr. Gupta did not express personal responsibility or remorse for the fraud he had committed.

Mr. Gupta's certificate of registration was revoked after the appeal period expired.

## FITNESS TO PRACTISE COMMITTEE

### Members

Mary Ann Ginty, Chair	MRT(R)	Council Member
Lorie Eastick	MRT(T)	Appointed Member (until June 21, 2012)
Liz Lorusso	MRT(MR), MRT(R)	Appointed Member (from June 21, 2012)
Julie Mathewson	MRT(N)	Appointed Member
Hal McGonigal	Public Member	Council Member

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 2012 and no hearings were held in 2012.

## PATIENT RELATIONS COMMITTEE

### Members

Bronwen Baylis, Chair	MRT(R)	Council Member
Amin Saab	Public Member	Council Member (until March 10, 2012)
Tarlok Singh	Public Member	Council Member (from June 21, 2012)
Jennifer Stones	MRT(T)	Appointed Member
Tammy Urso	MRT(N)	Appointed Member

The role of the Patient Relations Committee is to advise Council on the patient relations program, and other matters related to enhancing the relationship between the public and its members. The Committee is responsible to administer the college's program for funding therapy and counseling for eligible persons who were sexually abused by a member (eligibility requirements are set out in the legislation).

The Patient Relations Committee met twice in 2012. There were no requests for funding for therapy or counseling.

The Patient Relations Committee ensured current and relevant information is available from the College's website related to the sexual abuse prevention plan for members and the public.

In 2012, the Patient Relations Committee developed professional practice articles to support members in their interaction with patients. The Patient Relations Committee also finalized the process and format for the annual report regarding the CMRTO's patient relations program.

## QUALITY ASSURANCE COMMITTEE

### Members

Donna D. Lewis, Chair	MRT(T)	Council Member
Anthony (Tony) Carroll	Public Member	Council Member (to June 21, 2012)
Sylvie Ferguson	MRT(R)	Appointed Member
Dawn-Marie King	MRT(N)	Appointed Member
Hal McGonigal	Public Member	Council Member (from June 21, 2012)
Hilda Pope	MRT(MR)	Appointed 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 seven days of meetings in 2012. In 2012, 5% of the College membership was randomly selected to participate in the QA Program. Of these members, 251 members participated in the Multi-Source Feedback (MSF) practice assessment, 34 members participated in the Individual Practice Assessment (IPA) conducted by an assessor and 42 members were required to submit their Self-Assessment Profiles, Continuous Learning Portfolios and related quality assurance records. Twenty-seven members requested and were granted deferrals.

The members' Self-Assessment Profiles, Continuous Learning Portfolios and related quality assurance records continue to be of high quality. The results of the MSF practice assessment and the IPA conducted by an assessor were also of a high quality.

The chart below provides the means or average scores in each category on the MSF practice assessment for 2012. The questionnaires use a five point Likert scale with five being "among the best" and four being "in the top half".



## Multi-Source Feedback practice assessment results 2012

Category	Mean Scores 2012 (251 members)
<b>Questionnaires completed by peers (other MRTs)</b>	
Professional Relationships, Continuing Competence	4.62
Legislation Standards and Ethics, Diagnostic and Therapeutic	4.68
Equipment and Materials, Safe Practice, Records and Reporting	4.67
Relationship with Patients	4.73
<b>Questionnaires completed by co-workers (receptionist, radiologist, oncologist, nurse, etc.)</b>	
Relationship with Patients	4.82
Professional Relationships, Records and Reporting	4.74
<b>Questionnaires completed by patients</b>	
Relationship with Patients	4.91
Communication	4.81

## REGISTRATION COMMITTEE

### Members

Tarlok Singh, Chair	Public Member	Council Member
Cathryne Palmer	MRT(T)	Council Member
Susanne Reesor	MRT(N)	Appointed Member (to June 21, 2012)
Janet Scherer	MRT(R)	Appointed Member
Anna Simeonov	MRT(MR), MRT(R)	Appointed Member
Alan Thibeau	MRT(N)	Appointed Member (from June 21, 2012)

The role of the Registration Committee is to consider applicants for registration with the College, that have been referred by the Registrar because the Registrar has doubts that the applicant fulfills the registration requirements set out in the registration regulation. The Committee assesses applicants' qualifications to practice medical radiation technology in Ontario, in an equitable, fair and consistent manner for all applicants.

The Registration Committee held nine days of meetings to discharge its statutory responsibilities in 2012. During these meetings, the Committee reviewed and approved the following:

## **Internationally Educated Applicants**

- Reviewed 87 applications for registration from internationally educated applicants
- Reviewed one application for removal of terms, conditions, and limitations
- Issued 73 decisions where the panel
  - Approved 72 applications for registration following the completion of certain requirements, including the successful completion of the CMRTO approved examination (the Canadian Association of Medical Radiation Technologists' national certification examination)
  - Approved the removal of terms, conditions and limitations imposed on one certificate of registration

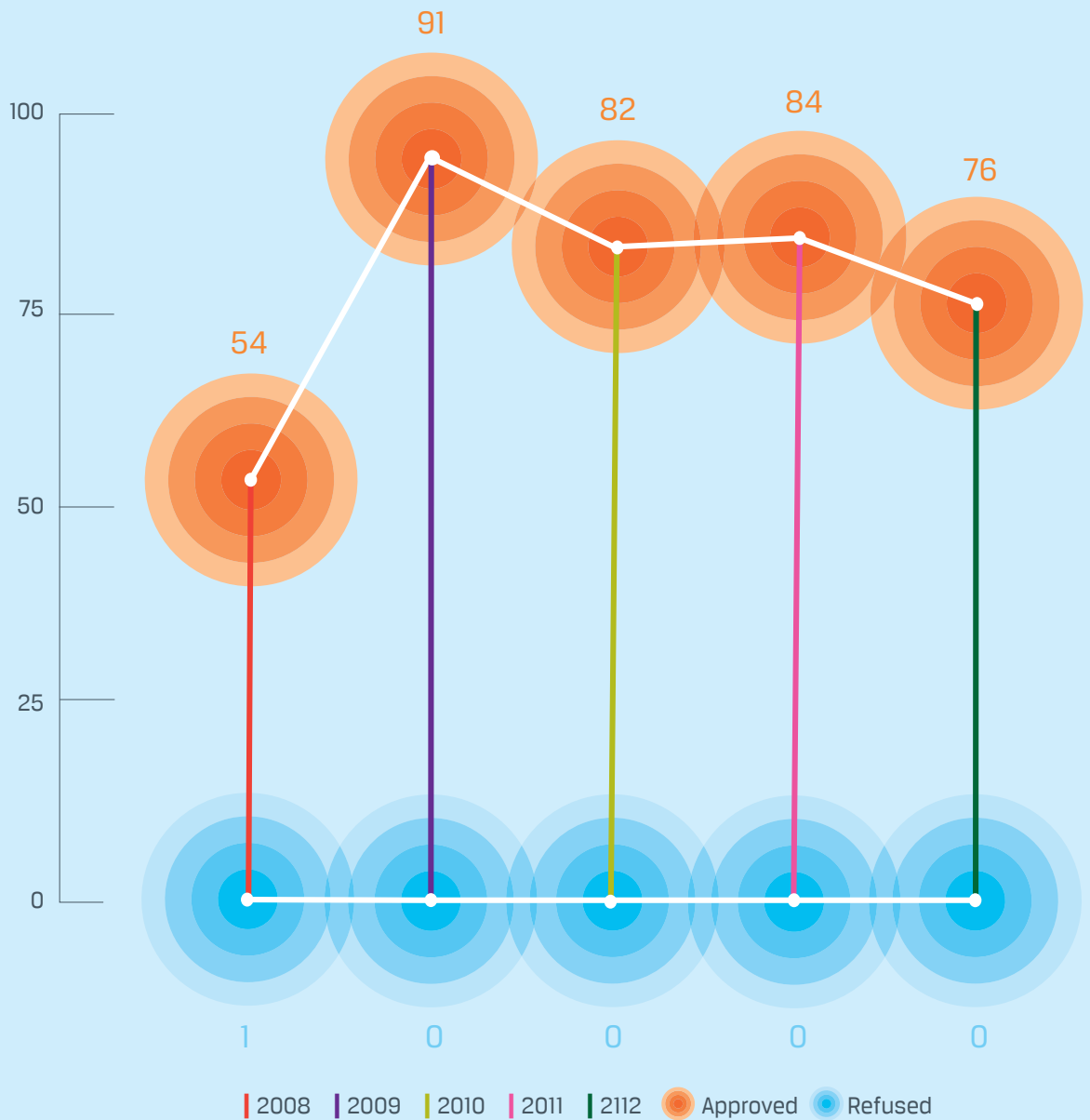
## **Ontario Educated Applicants**

- Reviewed three applications for registration from Ontario educated applicants
- Reviewed four applications for reinstatement from past members
- Issued three decisions where the panel
  - approved two applications for registration
  - approved one application for reinstatement

## **Office of the Fairness Commissioner**

The College submitted the Registration Practices Assessment Report to the Office of the Fairness Commissioner (OFC) in February 2012. The College submitted the 2011 Fair Registration Practices Report to the Office of the Fairness Commissioner in March 2012.

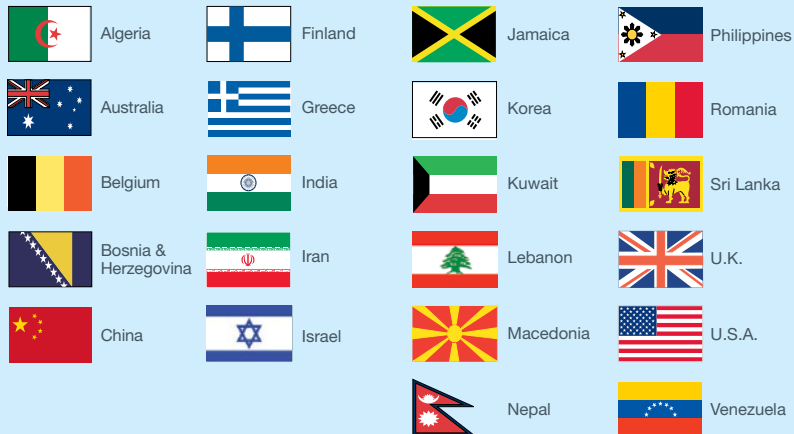
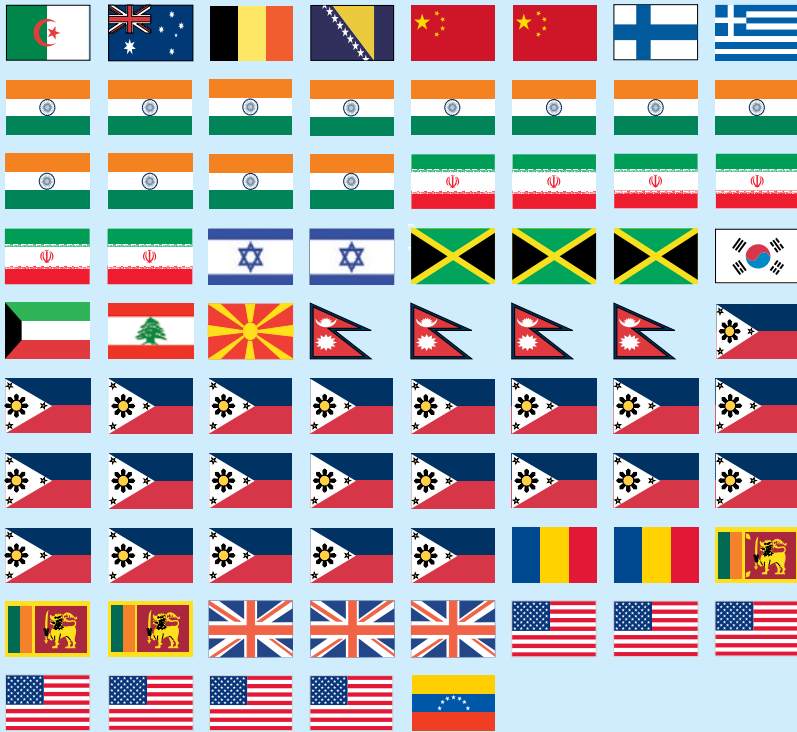
## Decisions issued by Registration Committee annually from 2008-2012



\*The total number of decisions issued by the Registration Committee includes decisions for applications referred to the Committee including Ontario educated applicants, internationally educated applicants and past members.

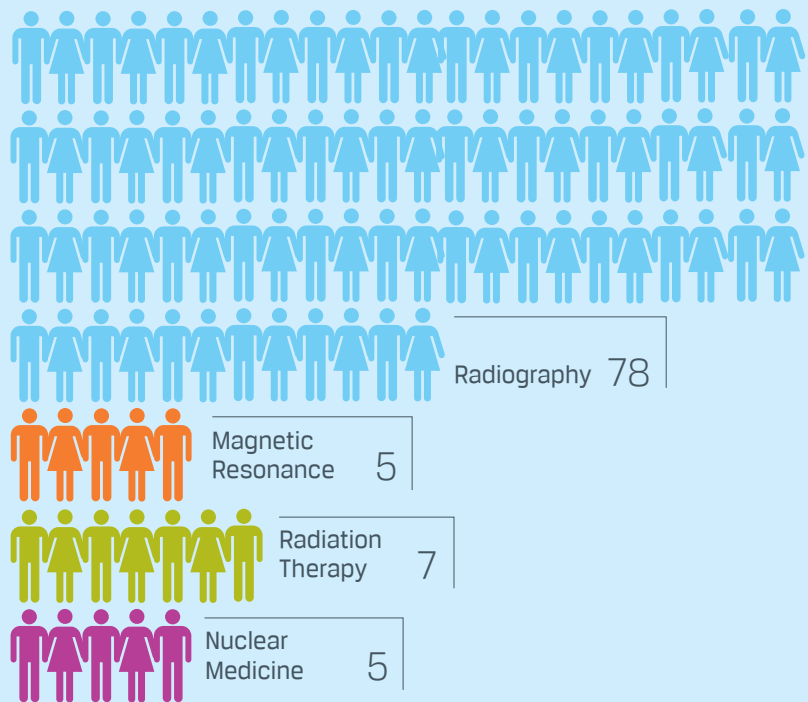
## Countries in which international applicants completed their education in medical radiation technology - 2012

One flag represents one person



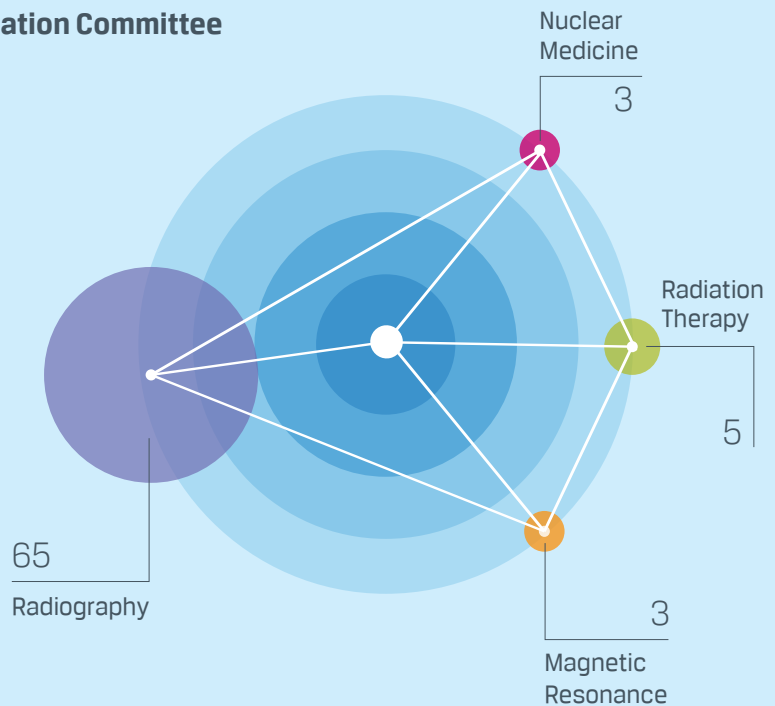
\*The total number of countries in which international applicants completed their education in medical radiation technology for new applications received in 2012 does not correspond to the total number of applications reviewed, or decisions issued, as the total number of applications reviewed includes applications returned for review with additional information.

## Applications reviewed by Registration Committee by specialty - 2012



## Decisions issued by Registration Committee by specialty - 2012

\*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.





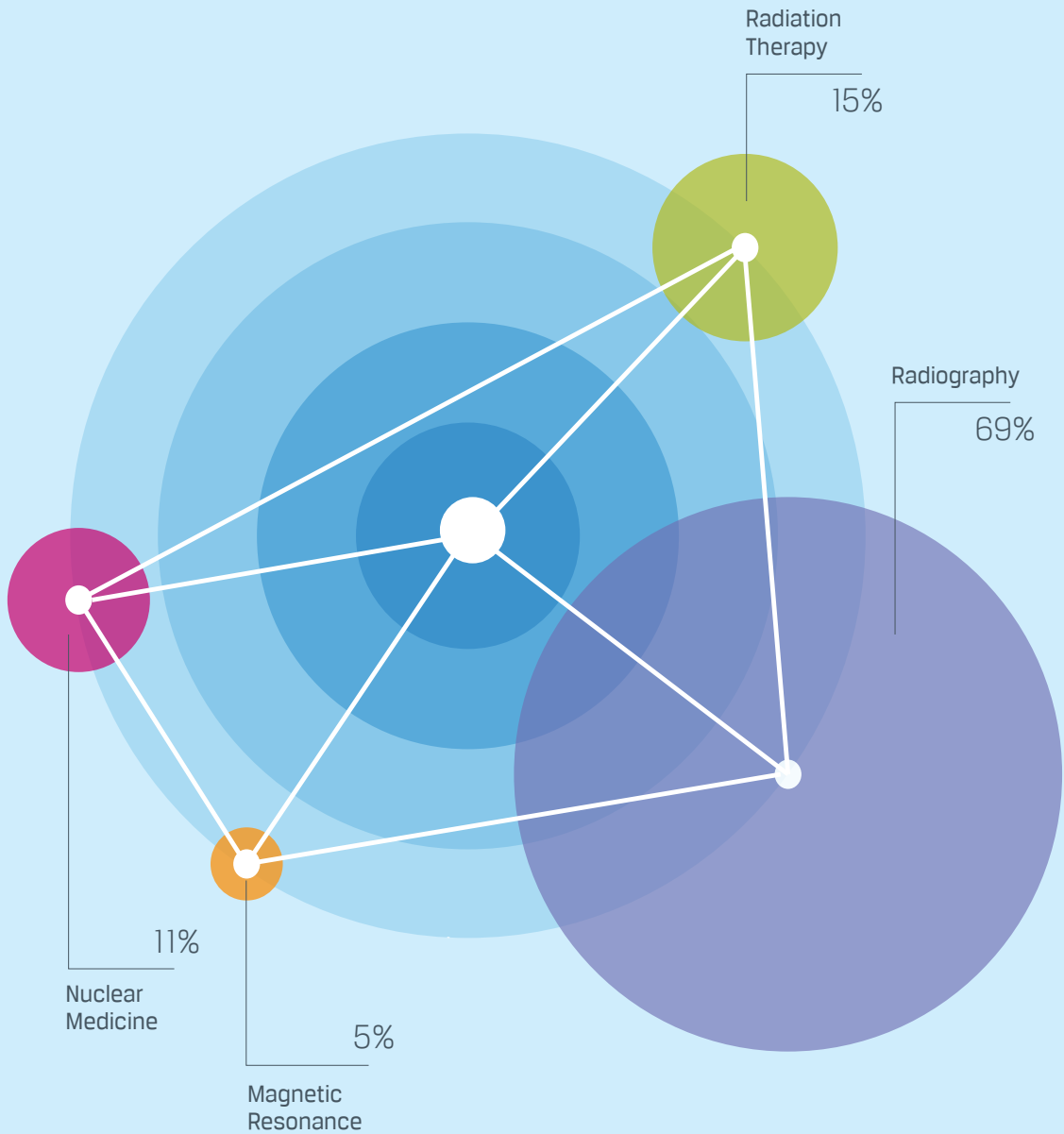
## MEMBERSHIP PROFILE

### Total registrants by status and primary specialty

	2012	2011	2010
<b>Active</b>			
Specialty			
Nuclear Medicine	754	742	739
Radiography	4646	4629	4599
Radiation Therapy	1018	978	952
Magnetic Resonance	354	346	340
Employment Specific			
Nuclear Medicine	12	12	13
<b>Total Active</b>	<b>6784</b>	<b>6707</b>	<b>6643</b>
<b>Resigned</b>			
Specialty			
Nuclear Medicine	29	28	29
Radiography	255	237	211
Radiation Therapy	53	50	53
Magnetic Resonance	10	9	3
Employment Specific			
Nuclear Medicine	0	1	1
<b>Total Resigned</b>	<b>347</b>	<b>325</b>	<b>297</b>
<b>Suspended (for failure to pay fees)</b>			
Specialty			
Nuclear Medicine	2	3	5
Radiography	3	7	10
Radiation Therapy	2	0	3
Magnetic Resonance	1	0	0
Employment Specific			
Nuclear Medicine	0	0	0
<b>Total Suspended</b>	<b>8</b>	<b>10</b>	<b>18</b>
<b>Total Active, Resigned and Suspended</b>	<b>7139</b>	<b>7042</b>	<b>6958</b>

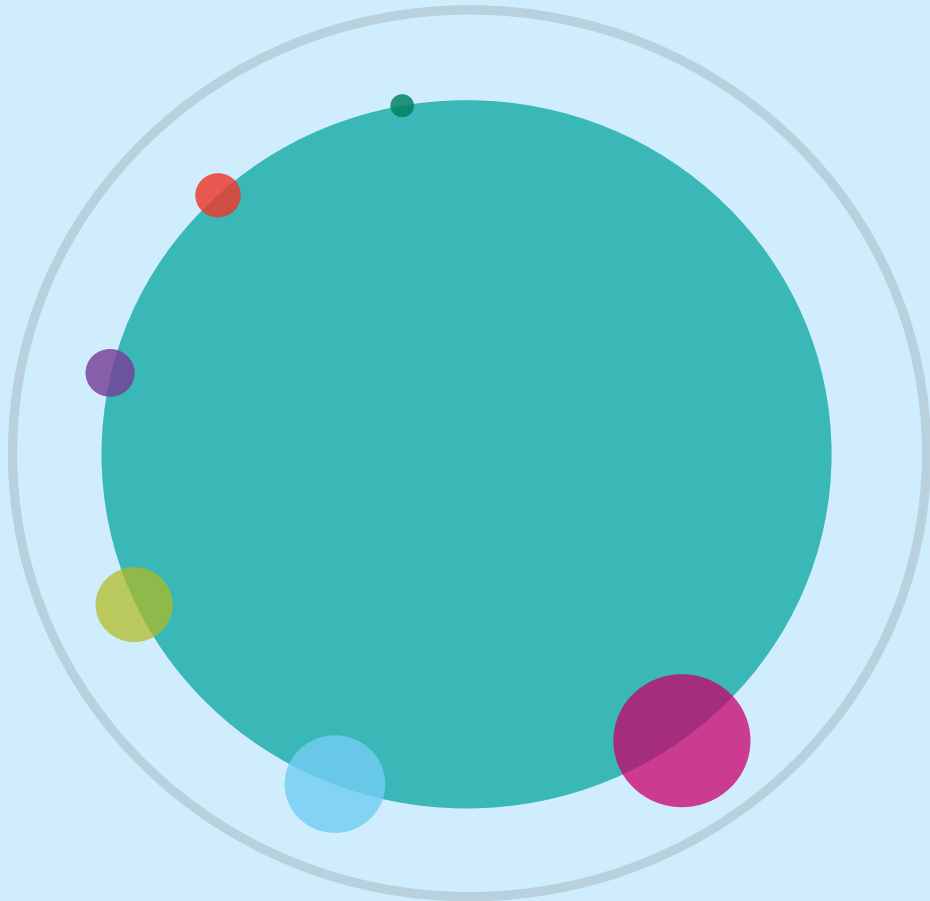
## Active members on December 31, 2012 by primary speciality

Blue circle represents 100%





## Active members on December 31, 2012 by location of initial education in medical radiation technology



- 85% Ontario educated
- 6.1% Canadian educated (outside Ontario)
- 4.1% Asia
- 2.5% Europe
- 1.3% North and South America
- 0.9% Africa
- 0.2% Australia and New Zealand



# Financial Statements

# INDEPENDENT AUDITORS' REPORT

## To the Members of The College of Medical Radiation Technologists of Ontario

We have audited the accompanying financial statements of The College of Medical Radiation Technologists of Ontario, which comprise the statement of financial position as at December 31, 2012, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

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

### Auditors' Responsibility

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

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

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

### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of The College of Medical Radiation Technologists of Ontario as at December 31, 2012, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



Chartered Accountants, Licensed Public Accountants  
March 28, 2013  
Toronto, Canada

## Statement of Financial Position

### December 31, 2012, with comparative figures for 2011

	2012	2011
<b>Assets</b>		
Current assets:		
Cash	\$ 173,124	\$ 40,616
Accounts receivable and prepaid expenses	43,600	61,505
	216,724	102,121
Capital assets (note 2)	556,655	598,334
Investments (note 3)	1,623,868	1,299,322
	<b>\$ 2,397,247</b>	<b>\$ 1,999,777</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	\$ 71,662	\$ 115,125
Deferred revenue (note 5)	1,523,662	1,507,385
	1,595,324	1,622,510
Deferred lease inducements (note 6)	196,171	224,196
Net assets:		
Invested in capital assets	360,484	374,138
Unrestricted	245,268	(221,067)
	605,752	153,071
Commitments (note 7)		
	<b>\$ 2,397,247</b>	<b>\$ 1,999,777</b>

See accompanying notes to financial statements.

On behalf of the Council:

  
Member

  
Member

## Statement of Operations

Year ended December 31, 2012, with comparative figures for 2011

	2012	2011
Revenue:		
Fees	\$ 3,266,064	\$ 2,912,763
Investment	38,643	87,940
	3,304,707	3,000,703
Expenses:		
Salaries and employee benefits	1,160,838	1,070,227
Legal and other professional fees	292,064	311,188
Rent	276,452	290,855
Amortization of capital assets	221,272	199,651
Hearings and investigations	153,057	129,439
Office, printing and stationery	135,180	118,464
Communication and publications	110,649	147,424
Bank charges and credit card fees	85,321	69,545
Postage and courier	78,298	62,667
Information technology	75,648	191,511
Committee meetings	67,178	57,721
Quality assurance and accreditation	58,609	95,670
Education and association fees	50,972	43,084
Honoraria	33,475	31,025
Travel and meetings	27,433	29,419
Council projects and government initiatives	15,989	261,359
Insurance	9,591	9,348
	2,852,026	3,118,597
<b>Excess of revenue over expenses (expenses over revenue)</b>	<b>\$ 452,681</b>	<b>\$ (117,894)</b>

See accompanying notes to financial statements.

## Statement of Changes in Net Assets

### Year ended December 31, 2012, with comparative figures for 2011

			2012	2011
	Invested in capital assets	Unrestricted	Total	Total
Net assets, beginning of year	\$ 374,138	\$ (221,067)	\$ 153,071	\$ 270,965
Excess of revenue over expenses (expenses over revenue)	(193,247)	645,928	452,681	(117,894)
Investment in capital assets	179,593	(179,593)	–	–
<b>Net assets, end of year</b>	<b>\$ 360,484</b>	<b>\$ 245,268</b>	<b>\$ 605,752</b>	<b>\$ 153,071</b>

See accompanying notes to financial statements.

## Statement of Cash Flows

### Year ended December 31, 2012, with comparative figures for 2011

	2012	2011
Cash provided by (used in):		
Operations:		
Excess of revenue over expenses (expenses over revenue)	\$ 452,681	\$ (117,894)
Items not involving cash:		
Amortization of capital assets	221,272	199,651
Amortization of deferred lease inducement	(28,025)	(28,025)
Unrealized gains on investments	(33,676)	(41,190)
Change in non-cash operating working capital	(9,281)	358,000
	602,971	370,542
Investments:		
Purchase of capital assets	(179,593)	(130,756)
Disposal of investments	1,099,711	558,505
Purchase of investments	(1,390,581)	(784,474)
	(470,463)	(356,725)
Increase in cash	132,508	13,817
Cash, beginning of year	40,616	26,799
<b>Cash, end of year</b>	<b>\$ 173,124</b>	<b>\$ 40,616</b>

See accompanying notes to financial statements.

## Notes to Financial Statements

### Year ended December 31, 2012

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

#### 1. Significant accounting policies:

These financial statements have been prepared in accordance with the Canadian accounting standards for not-for-profit organizations. The most significant accounting policies are as follows:

##### (a) Capital assets:

Capital assets are recorded at cost. Amortization of computer hardware, computer software and office equipment is provided from the date of acquisition on a straight-line basis at 20% per annum. Leasehold improvements are amortized on a straight-line basis over the term of the lease.

##### (b) Investments:

Investments are stated at fair value. The change in the difference between the fair value and cost of investments at the beginning and end of each year is reflected in the statement of operations.

Fixed income securities are valued at year-end quoted market prices, where available. Where quoted prices are not available, estimated fair values are calculated using comparable securities. Transaction costs are expensed as incurred.

##### (c) Revenue and deferred revenue:

Membership and registration fees are recognized as revenue in the fiscal year to which they relate. Fees paid in advance are not considered earned and are recorded as deferred revenue. Grants are recognized as revenue in the year in which the related expenses are incurred.

##### (d) Deferred lease inducements:

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

##### (e) Financial instruments:

The College measures its cash and cash equivalents at fair value. Accounts receivable, accounts payable and accrued liabilities are measured at amortized cost.

##### (f) Use of estimates:

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

## 2. Capital assets:

			<b>2012</b>	<b>2011</b>
	Cost	Accumulated amortization	Net book Value	Net book Value
Computer hardware	\$ 146,780	\$ 125,092	\$ 21,688	\$ 27,077
Computer software	836,914	577,970	258,944	238,728
Office equipment	254,766	186,120	68,646	95,507
Leasehold improvements	296,446	89,069	207,377	237,022
	<b>\$ 1,534,906</b>	<b>\$ 978,251</b>	<b>\$ 556,655</b>	<b>\$ 598,341</b>

## 3. Investments:

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

		Fair Value	
		<b>2012</b>	<b>2011</b>
Cash and cash equivalents		\$ 241,788	\$ 134,441
Fixed income securities		1,382,080	1,164,881
		<b>\$ 1,623,868</b>	<b>\$ 1,299,322</b>

The College has long-term investments in cash and cash equivalents and fixed income securities which are recorded at fair value. Cash and cash equivalents are instruments in highly liquid investments that are readily converted into known amounts of cash. The College is exposed to interest rate risk on its fixed income securities. The value of fixed income securities will vary with developments within the specific companies or governments which issue the securities. The value of fixed income securities will generally rise if interest rates fall, and fall if interest rates rise.

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

The fixed income securities bear a yield to maturity from 1.0% to 9.0% (2011 - 1.4% to 9.0%) with staggered maturity dates ranging from February 2013 to June 2067 (2011 - January 2012 to June 2041).



#### 4. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of \$37,394 (2011 - \$27,571).

#### 5. Deferred revenue:

	2012	2011
Balance, beginning of year	\$ 1,507,385	\$ 1,161,024
Amounts received during the year	3,195,841	3,152,077
Amounts recognized as revenue	(3,179,564)	(2,805,716)
<b>Balance, end of year</b>	<b>\$ 1,523,662</b>	<b>\$ 1,507,385</b>

#### 6. Deferred lease inducements:

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

The components of deferred lease inducements are as follows:

	2012	2011
Leasehold improvements	\$ 280,245	\$ 280,245
Less accumulated amortization	84,074	56,049
	<b>\$ 196,171</b>	<b>\$ 224,196</b>

#### 7. Commitments:

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

2013	\$ 167,000
2014	165,000
2015	178,000
2016	178,000
2017	178,000
Thereafter	341,000
	<b>\$ 1,207,000</b>

#### 8. Comparative figures:

Certain comparative figures have been reclassified to conform with the financial statement presentation adopted in the current year.







**College of  
Medical Radiation  
Technologists of  
Ontario**

**Ordre des  
technologues en  
radiation médicale  
de l'Ontario**

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