



CMRITO

Regulator of medical radiation and
imaging technologists in Ontario

College of Medical Radiation and Imaging Technologists of Ontario Report for 2024

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

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Table of Contents

Introduction 4

 The College Performance Measurement Framework (CPMF) 4

 CPMF Model 5

 The CPMF Reporting Tool 7

 Completing the CPMF Reporting Tool 7

Part 1: Measurement Domains 8

 DOMAIN 1: Governance 8

 DOMAIN 2: Resources 37

 DOMAIN 3: System Partner 41

 DOMAIN 4: Information Management 47

 DOMAIN 6: Suitability to Practice 55

 DOMAIN 7 – Measurement, Reporting & Improvement 85

Part 2: Context Measures 90

 Table 1 – Context Measure 1 91

 Table 2 – Context Measures 2 and 3 93

 Table 3 – Context Measure 4 94

 Table 4 – Context Measure 5 95

 Table 5 – Context Measures 6, 7, 8 and 9 97

 Table 6 – Context Measure 10 99

 Table 7 – Context Measure 11 101

Table 8 – Context Measure 12 102

Table 9 – Context Measure 13 103

Table 10 – Context Measure 14 105

Glossary 106

Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate to act in the public interest?” This information:

- 1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. Supports Colleges in improving their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

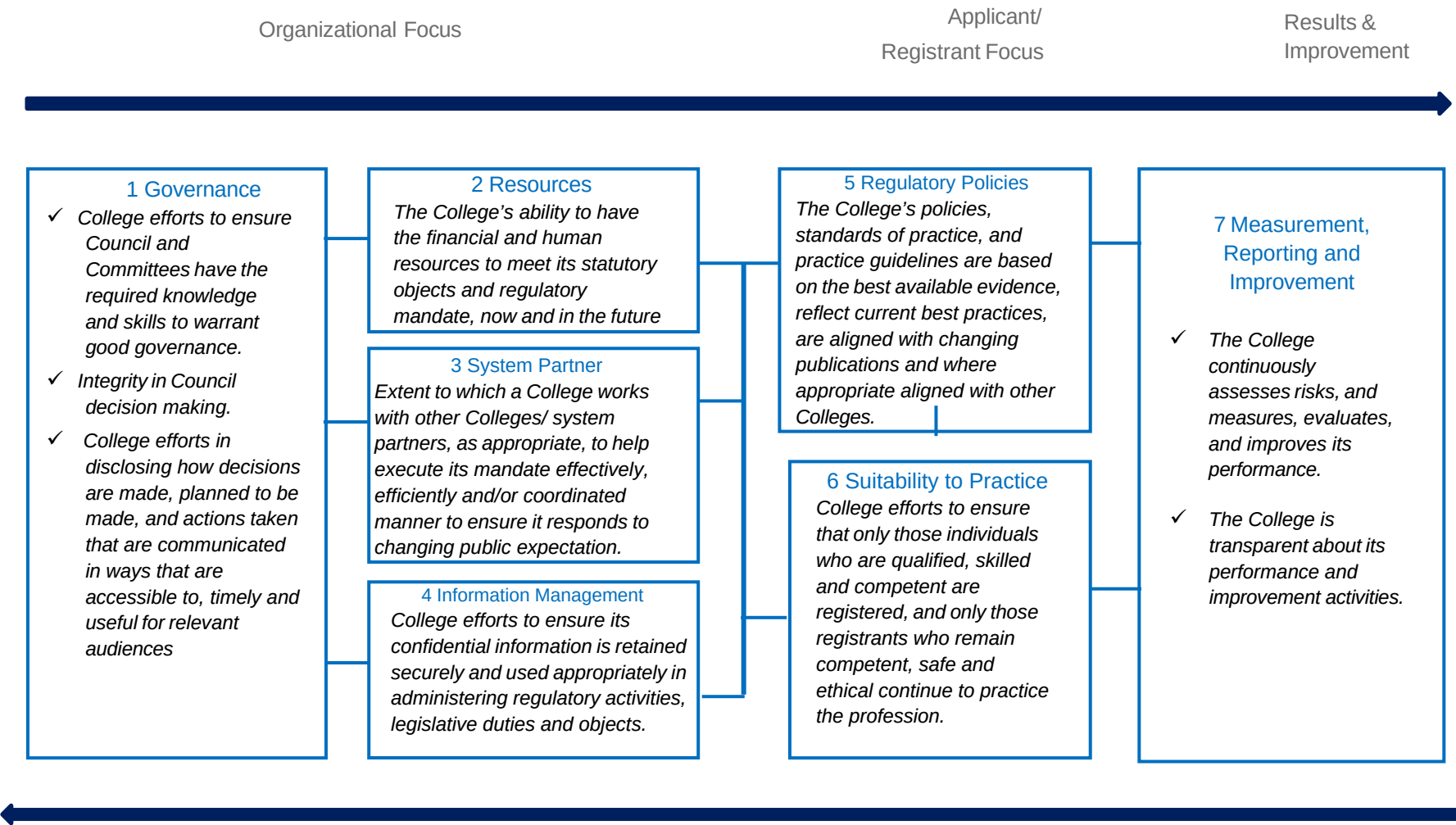


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other system partners.

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

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Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: Governance	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency and suitability criteria; and Benchmarked Evidence	The College fulfills this requirement: Yes - The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> CMRITO Council Member competencies and expectations 1.a.i. Professional members are eligible to stand for election to Council only after meeting pre-defined competency and suitability criteria Yes, candidates who stand for election to Council must meet eligibility requirements and predefined competency and suitability criteria. - An article was published in the Fall edition of the CMRITO’s newsletter, Insights, that provides registrants with information regarding the eligibility criteria, competencies, and expectations for those who are considering standing for election to CMRITO Council. Clarification of the required competencies and expectations form part of the annual election process. This information was provided in a recent issue of Insights, which can be found at this link. The link to this information can be found on page 1 of the publication in the Notice of Election 2025 article. - The required competencies (approved by Council in September 2014) that are provided to registrants as part of the notice of election can be accessed from this link which is also available in the Fall 2024 edition of Insights. - Information for registrants interested in standing for election is provided on the CMRITO website at this link. This page provides information on eligibility criteria, length of terms of office, the nomination procedure, and steps in the process. The eligibility criteria for registrants to stand for election to Council are set out in section 28.5 of By-law No. 60, which is also available on the CMRITO website. - In 2025 the three-year term of office for CMRITO’s Councillors for District 4 – magnetic resonance, District 5 – diagnostic medical sonography, and District 6 – registrant-at-large ends. All registrants were provided with information regarding the eligibility criteria, competencies and expectations for registrants who are considering applying for appointment as the District 4, 5, or 6 Councillors. A copy of the email that was sent to registrants can be found at this link. - In addition to the above, once a registrant has been elected to Council, these competencies and expectations are provided to all Council members (professional and public members) attending Council meetings as a governance resource tool and are reviewed at each Council meeting. This serves as a

			reminder of the competencies and expected behaviours of all Council members.	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			- Duration of orientation training. Two half day sessions - Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). Realtime interactive online workshop format with opportunities for participants to ask questions throughout the workshop with informal assessments for understanding. - Please insert a link and indicate the page number if training topics are public OR list orientation training topics.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i> 1.1.a. ii. Professional members are eligible to stand for election to Council only after attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. Yes, all professional members who are eligible to stand for election to Council are required to attend orientation training about the College’s mandate and expectations. - All candidates who put their name forward for election or appointment to the CMRITO Council are required to attend orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. The orientation was provided by the College’s Legal Counsel and the Registrar & CEO. Attendance at the orientation session is mandatory for a candidate to be eligible to stand for election to Council. All nominees are required to attend and complete both days of orientation. - The orientation sessions were delivered in a virtual online format as two half day sessions. The agenda for the latest education sessions for Council nominees can be viewed here. - Candidates for election must also sign an agreement to finalize their candidacy wherein they acknowledge that they understand the role, mandate, and objects of the CMRITO as set out in legislation and agree to be bound by the Council Code of Conduct.	

		b. Statutory Committee candidates have:	The College fulfills this requirement:	Yes
		i. Met pre-defined competency and suitability criteria; and	- The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> The competencies and suitability criteria to serve on CMRITO Statutory Committees can be found at this link. 1.1.b.i. Statutory Committee candidates have met pre-defined competency / suitability criteria Yes, the registrants appointed to statutory and non-statutory Committees have met predefined competency and suitability criteria. - Each year, all CMRITO registrants are sent an email invitation to apply to be appointed to CMRITO committees which outlines the required competencies, suitability criteria and expectations. A list of all the statutory committees and a description of the mandate and areas of responsibility of each committee is provided for information. A copy of the email can be viewed at this link. - The “Committees” page on the CMRITO website provides information about each Committee, including its mandate and current membership. Section 30 of CMRITO By-law No. 60 sets out the composition of each statutory committee, and section 35.1 sets out the eligibility criteria for appointment. Each statutory committee also has a Terms of Reference Policy, which is available on the CMRITO website. A summary of the CMRITO committee descriptions can be viewed at this link. - The CMRITO’s Nominating Committee reviews all applications to serve on a statutory committee to determine if applicants meet the required competencies and suitability criteria. The Nominating Committee makes recommendations for committee composition based on competency requirements to Council prior to the appointments to statutory committees at the June meeting of Council each year.	
		Benchmarked Evidence		
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		ii. attended an orientation	The College fulfills this requirement:	Yes

		training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	• Duration of each Statutory Committee orientation training. All appointees to both the statutory and non-statutory committees attend an orientation training course specific to the mandate of the Committee to which they have been appointed to understand expectations related to their role and responsibilities on that Committee. The duration of that training is customized to the needs of each committee. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). All orientation training sessions were delivered as virtual online sessions. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. In addition to the general orientation to the CMRITO and the legislation, the appointees to each of the statutory committees also complete annual training. This has included an orientation to the legislation, applicable regulations, and policies for each committee as well as additional related training in topics more specifically pertinent to the mandate of each committee. See narrative below for more details. 1.1.b. ii. Statutory Committee candidates have attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. Yes, all appointees to the Statutory and non-statutory committees attend an orientation training course specific to the mandate of the Committee to which they have been appointed to understand expectations related to their role and responsibilities on that Committee. • Once registrants are appointed to one of the statutory or non-statutory committees, they are provided with training and orientation that is tailored to meet the specific role of each committee. The orientation and training sessions were delivered as virtual online sessions including presentations with opportunities to address any questions. • The topics covered in the general orientation for all Council and Committee members include the following topics: • CMRITO’s legal and governance framework • Roles and responsibilities • Public Interest • Competencies and expectations • Code of conduct • Conflict of interest • Confidentiality • In addition to the general orientation to the CMRITO and the legislation, the appointees to each of the statutory committees also complete annual training. This has included an orientation to the legislation, applicable regulations, and policies for each committee as well as additional related training in topics more specifically pertinent to the mandate of each committee. For example, the Registration Committee receives training on the Ontario Human Rights
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		Code every two to three years. • More specific training related to committee processes is provided to new appointees to prepare them for their roles and responsibilities and expectations. This training is typically between ½ day to full day in length and the format of the presentation is tailored to meet the needs of the new committee member. This one-on-one training is completed by the CMRITO staff responsible for supporting the committee and provides the new committee member with an opportunity to ask questions and clarify any information regarding their roles and responsibilities. The CMRITO also provides mentorship for new appointees by pairing them with more experienced members appointed to the committee, who assist with their orientation to the committee specific processes and tools. - o The QA Orientation for new Committee members is delivered by a PowerPoint presentation with time for questions. Current Committee members also attend for a refresher and to share their knowledge with the new Committee members. The orientation presentation can be found here. - o The Registration Committee orientation includes offline viewing of a PowerPoint presentation prepared by CMRITO’s Legal Counsel. The presentation can be viewed at this link. This is followed by a scheduled orientation with staff to review the tools and processes used by the Registration Committee. New Committee members are also linked to an existing Committee member with expertise on the Committee, to mentor and serve as a resource. - o Members of the Inquiries, Complaints and Reports (ICR) Committees are provided with orientation and training specific to the work of the panel the Chair of ICRC has appointed them to (i.e., the investigation of complaints, the consideration of reports, and/or making inquiries into a member’s fitness to practise). This includes synchronous and asynchronous training provided by CMRITO staff. While a fulsome orientation and training session is provided each year, on-going training is provided as new topics arise. Additionally, information materials are provided for consideration at each meeting, including publications, case summaries, and regulatory updates from law firms who practice in this area. - o Members of the Discipline Committee and the Fitness to Practise Committee are also provided with orientation and training. This orientation and training is not provided by CMRITO staff, but rather by independent legal counsel and the Health Professions Regulators of Ontario (HPRO). • The CMRITO engages relevant subject matter experts to complete additional training for committees such as the specific training provided by independent legal counsel to members appointed to the Discipline and Fitness to Practise Committee, accountants for training in understanding financial statements for Council and the Finance and Audit Committee, and training in human rights and fair registration practices. • In addition to this, the CMRITO supports Council and committee members to attend education sessions and conferences offered by organizations such as Canadian National Association of Regulators (CNAR), Health Professions Regulators of Ontario (HPRO)and the Council on Licensure Enforcement and Regulation (CLEAR). Council policy 4.15 – Approved conferences and educational sessions for the purposes of remuneration provides that the Executive Committee pre-approves conferences or educational sessions for attendance by Professional Councillors and non-Council committee members.
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
<i>Additional comments for clarification (optional):</i>		

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			- Duration of orientation training. One two-to-three-hour session - Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). Realtime interactive online workshop format with opportunities to provide verbal feedback throughout the workshop with informal assessments for understanding - Please insert a link and indicate the page number if training topics are public OR list orientation training topics. CMRITO New Council Member Orientation.pdf	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			<i>Additional comments for clarification (optional):</i> 1.1.c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities. Yes, all public appointments to Council are provided with an orientation training course about the mandate of the College and the expectations regarding their role and responsibilities. - The CMRITO provides all publicly appointed Councillors with the same orientation training courses that are offered to professional members who serve on Council or committees. As public appointments can occur at any time throughout the year, the training is typically offered as an interactive, one-on-one training session with the Registrar & CEO and CMRITO’s Legal Counsel. These sessions are conducted virtually. - The content of the training is focused on promoting understanding of the College’s mandate and expectations as they relate to the appointee’s role and responsibilities. Included in the training are the following topics: - CMRITO’s legal and governance framework - Roles and responsibilities - Public Interest - Competencies and expectations - Code of conduct - Conflict of interest - Confidentiality	

			Once a publicly appointed Councillor has been appointed to one or more of the committees, they are also provided with specific training related to committee processes to prepare them for their roles, responsibilities, and expectations as it relates to the work of each committee. This training is typically between ½ day to full day in length and the format of the presentation is tailored to meet the needs of the new public member. This one-on-one training is completed by the CMRITO staff responsible for supporting the committee, providing new public members with an opportunity to ask questions and clarify any questions about their roles and responsibilities. Public members are also included in additional training provided to committees by relevant subject matter experts as outlined above.
		Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
		Required Evidence	College Response
		a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: Met in 2023, continues to meet in 2024
			- Please provide the year when Framework was developed OR last updated. The framework for Council to assess its effectiveness was approved in December 2021 as part of the governance review and strategic planning activities completed by Council. The Council materials where the framework was approved can be accessed at the link below. - Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. December-9-2021-Council-Agenda.pdf on pages 144-160 The information can be found in item 6.a.2. CMRITO proposed 2022 – 2024 Strategic Plan and governance tools on pages 144-160. - Evaluation and assessment results are discussed at public Council meeting: Yes <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> The evaluation results are included in the agenda material and discussed at each Council meeting. The latest meeting where the results were presented and discussed can be accessed at the link below. December 6, 2024 Council Agenda on pages 145-145.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			<i>Additional comments for clarification (optional)</i> 1.2.a. Council has developed and implemented a framework to regularly evaluate the effectiveness of Council meetings and Council Yes, the CMRITO Council has developed and implemented a framework to regularly evaluate the effectiveness of Council meetings and Council. As part of a governance review project that was undertaken in 2021, Council reviewed and refined the existing governance tools Council approved updates to policies, by-

		laws and tools at their December 2021 meeting and approved a refined framework that includes a code of conduct, conflict of interest policies, guidelines on making decisions in the public interest, and a framework for meeting evaluations. Council approved a refreshed tool for assessment that is completed by all members of Council at the end of each meeting. Council in 2024 developed and approved a new Strategic Plan for 2025-2027. The questions included in the evaluation and assessment tool assess both the effectiveness of Council meetings and the effectiveness of Council as a whole. The evaluation focuses on assessing three components: • Whether Council has received the information that is needed for decision making, including whether the information was received in advance of the meeting in a timely manner, whether the information and reports are clear and include the necessary information to make informed decisions and whether adequate opportunity was provided to discuss the issues under consideration and to ask questions. • Whether Council meetings are effective. The evaluation includes whether the issues being considered by Council are appropriate and relevant to the mandate and goals of the CMRITO and whether the goal of including the item on the agenda has been identified, specifically whether the topic has been included for information, discussion, or decision. Other indicators in this section are whether meeting time has been used effectively, whether discussions were kept on topic, whether the level of discussion was appropriate and refrained from delving into administrative or management details and whether Council members remained focused on the discussion and avoided distractions. • Whether Council members are fulfilling their duty of care and diligence and instilling a positive culture and values. Council members assess whether all the Council members are prepared for the meeting and discussions, whether they participated responsibly exercising their judgement and made decisions with a public interest focus, and in accordance with their fiduciary duties, whether the discussions took place in a positive climate of trust and candor and whether Council members have lived the values of integrity, trustworthiness, transparency, respect, and professionalism in their interactions. • Council members are also provided with an opportunity to make open-ended suggestions, request more information, and provide any key takeaways or learnings from the meeting. The results of this survey are reviewed by the Chair and the Registrar and help inform changes and/or improvements in governance processes and overall planning for Council meetings, training and education. As part of Council’s strategic planning activities in 2024, the CMRITO’s values were updated to include: • Integrity • Inclusion, Diversity, Equity and Accessibility • Trustworthiness • Transparency • Professionalism • Respect Because CMRITO’s values shape the organizational culture and are demonstrated in Council’s decision-making and actions, these values are captured in the CMRITO’s Strategic Plan for 2025-2027.
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		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes - If yes, how often do they occur? As directed by Council - Please indicate the year of last third-party evaluation. In 2024, the CMRITO completed strategic planning activities	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) 1.2.b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years. The CMRITO Council invited a third-party expert to complete a review of its governance framework and tools in 2021. Through several virtual sessions with the Council and senior staff, the consultant reviewed and suggested improvements to the framework and governance tools. These were approved by the Council at their meeting in December 2021. In addition, as part of its ongoing continuous improvement activities, Council actively monitors and evaluates CMRITO performance and effectiveness, using as benchmarks other reports that have been made publicly available. In addition to these activities CMRITO has undergone continuous assessments of its processes as part of various Ministry initiatives and government agencies such as the Office of the Fairness Commissioner. Below are some of the assessment initiatives that have been completed. The governance framework was reviewed and updated in 2021. This framework has been established with the assistance of governance experts who assisted the CMRITO in setting up a robust policy framework and governance tools for the Council. Council policies and other organizational policies are reviewed every three years as part of the ongoing continuous improvement activities that the Council undertakes to evaluate the effectiveness of the organization. As demonstrated above, the CMRITO is an organization that is committed to excellence and engages in ongoing continuous assessment of the effectiveness of Council and all program areas of the organization. In 2024, Council engaged in strategic planning for 2025-2027 and engaged with system partners who provided feedback for Council.	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			- Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. The link to the Council materials from the December 2024 Council meeting where the outcome of evaluations can be seen, can be accessed here. December 6, 2024 Council Agenda on pages 145-145. - Please insert a link to Council meeting materials and indicate the page number where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. See narrative below.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			<i>Additional comments for clarification (optional):</i> 1.2.c. The ongoing training provided to Council and Committee members has been informed by the needs identified by Council and Committee members. Council members have an opportunity to identify learning needs after each Council meeting as part of the post-Council meeting evaluations. Yes, the ongoing training provided to Council and Committee members has been informed by the needs identified by Council and Committee members. Education has been identified as a key strategic measure by the College Council. Newly appointed Council and Committee members receive orientation and training to their respective Council and Committee’s legislative mandate. - The CMRITO has two educational platforms for Council and Committee members. A “Council and Committee Resource” Application (or “app”) available to all Council and Committee members on their CMRITO iPads for access to information and educational training resources. This app provides access to curated information, resources, and tools for Council and Committee members to develop their knowledge and maintain a strategic, public interest focus in their decision making. This includes education and training sessions (such as presentations and videos), policies, forms, and information from stakeholder groups and other agencies. - As a learning organization, Council holds four mandatory educational sessions annually, focused on information sharing and education. - Council has determined that ongoing education and orientation is essential to ensuring Council’s capacity to govern in a manner that reflects regulatory excellence. Part of the evaluation that each Council member completes at the end of each meeting includes an opportunity for Council members to identify any specific educational needs they may have. Based on this feedback, education and orientation sessions are developed and presented to Council. An example of this type of training is the education that is provided on an annual basis by an independent accountant on how to read and understand audited financial statements. - In 2024, Council education sessions were offered virtually using Microsoft teams relating to the CMRITO risk policy and program, legislative changes in Ontario, registration legislation changes for the CMRITO, governance considerations for regulators, information on diversity, inclusion, equity, accessibility,	

			and reading financial audited statements. Tools to support Council in participating in online meetings to fulfill their obligations and the mandate of the College, have been developed and can be viewed at this link. • In addition to the education and training offered during Council meetings, CMRITO supports both professional and public members in attending education sessions on governance and other regulatory training that are offered by organizations such as HPRO, CNAR, ORAC and CLEAR. Council policy 4.15 – Approved conferences and educational sessions for the purposes of remuneration provides that the Executive Committee pre-approves conferences or educational sessions for attendance available to Professional Councillors and non-Council committee members. • The Quality Assurance Committee received presentations on risk and right touch regulation. It also attended a separate session on regulatory processes for non-compliance with the Quality Assurance Program which provided an opportunity for committee members to reflect on decision pathways, risk-based decision making and procedural fairness. • The agenda for all ICR Committee meetings contains an information section, wherein developments in professional regulation are reviewed and discussed. These include recent studies, case law, and legislative updates. • In 2024, the Discipline Committee attended the Discipline Orientation Workshops held by HPRO. This includes the basic, advanced, and reasons writing sessions. The basis program provides a comprehensive orientation to the discipline process, including relevant administrative law principles, the roles of hearing participants, responsibilities and panel members, and related procedures. The advanced session builds on the basic session and focuses on allowing members to develop their skills to deal with challenging situations. The reasons writing workshop enhances attendees’ ability to write reasons for regulatory decisions, including identifying issues, providing explanations, and developing persuasive deliberation styles.						
		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. See narrative below. </td></tr><tr><td><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td><td>Choose an item.</td></tr></table>	The College fulfills this requirement:	Yes	• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. See narrative below.		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
The College fulfills this requirement:	Yes								
• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. See narrative below.									
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.								

		Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	<i>Additional comments for clarification (optional):</i> 1.2.c. iii. Ongoing training provided to Council and Committee members has been informed by evolving public expectations including risk management and Diversity, Equity, and Inclusion. In 2021, Council identified the values and principles around equity, diversity, and inclusion (EDI) as integral to the College’s work. As part of Council’s strategic planning activities in 2024, the CMRITO’s values were updated to include inclusion, diversity, equity and accessibility as one of the values. In addition, Council also set direction for CMRITO to “ensure Inclusion, Diversity, Equity and Accessibility (IDEA) in our culture”. The CMRITO is a member of the Health Profession Regulators of Ontario (HPRO), and the Registrar is a member of the Board of Directors. HPRO’s Board has committed one of its three strategic priority areas to EDI. All 26 Colleges within the RHPA are members of HPRO and have agreed to this priority. The work helps the College carry out its EDI and anti-racism self-assessment across all aspects of the College’s work and functions. It also helps the College with its continual EDI and anti-racism integration and improvements. The College will continue to collaborate with its HPRO partners in adding to its HPRO’s EDI tools and initiatives to provide ongoing education, information, and training. In 2024 the Council received training during their education meetings for: • Orientation and review on how to read audited financial statements – provided by an independent consultant • Strategic Planning – provided by an independent consultant • IDEA presentations on “Diversity- Isn’t that us” and celebrating Canadian Indigenous Art, • Bylaw and Policy review by Legal Counsel • Challenges to self-regulation in Modern Times: A Refresher, Legal Counsel • CAMRTs presentation on the MRT landscape, CAMRT representative • Update from Dr. Irwin Glasberg about the work of the OFC • Refresher for Council on Conflict of Interest and Code of Conduct policies, external Legal Counsel The CMRITO has a robust risk management framework that is monitored by the Executive Committee and is a mechanism for the College to monitor internal and external risks that may impact the ability of Council to fulfill its mandate. Council Policy 2.14 – Risk Management sets out Council’s risk management expectations. Consideration of risk is an integral part of all College decision-making and management processes including the development of strategic and annual operational plans. The Risk Management Framework is the governance tool that Council uses to manage risk and consider evolving public expectations. The Executive Committee monitors the risk register, and a briefing note is prepared for Council respecting any risks where a significant change in the risk level or risk mitigation strategies have been identified. The Risk Management Framework has four key elements: 1. Foundational element: The CMRITO Council Policy 2.14 –Risk Management which identifies Council’s commitment and expectations and sets out the roles and responsibilities of the Council, the Executive Committee and Management relating to risk management.
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DOMAIN 1: GOVERNANCE	STANDARD 2	Measure:		
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
		Required Evidence	College Response	
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	Yes
			Yes, the CMRITO has a Code of Conduct and Conflict of Interest policy.	
			“Council Policy 2.12, Code of Conduct for Councillors and Non-Council Committee Members” forms part of every Council agenda package posted and is reviewed by Council at each meeting. Appended to Policy 2.12 is an “Acknowledgment and Agreement” that all Councillors and Non-Council Committee members are required to sign, acknowledging that they have read the Code of Conduct and agree to comply with it. Councillors and Non-Council Committee members review Policy 2.12 and sign the agreement as part of their orientation training and education.	
“Council Policy 2.13, Conflict of Interest for Councillors and Non-Council Committee Members”, together with the conflict of interest provisions set out in CMRITO By-law No. 60 , defines the circumstances in which a conflict of interest may exist or appear to exist, and sets out the responsibilities of Councillors and Non-Council Committee Members with respect to such conflicts. The conflict-of-interest provisions of By-law No. 60, which is publicly available on the CMRITO website at the link above, can be found in subsection 11.				
• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Council Policy 2.12, Code of Conduct for Councillors and Non-Council Committee Members and Council Policy 2.13, Conflict of Interest for Councillors and Non-Council Committee Members were implemented in 2014, were amended March 31, 2022 and were last reviewed in September 2023.				
• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. In March 2022, following the 2021 governance review, Council approved interim amendments to Policy 2.12 . These included defining a process to manage violations of the Code of Conduct and updates regarding personal conduct and duties of Councillors.				
These policies are also reviewed by Council every three years, in accordance with the policy review schedule set by Council. Interim amendments (such as those described above from March 2022) do not impact on this regular review schedule.				
Policies 2.12 and 2.13 were last reviewed (or evaluated) in September 2023. As part of its regularly scheduled review, Council considered whether these policies continued to reflect current legislation, practices, public expectations, issues, and emerging initiatives. Council also reviewed these policies with an Inclusion, Diversity, Equity & Accessibility (IDEA) lens, in accordance with the 2023 Operational Plan.				
No amendments (or changes) were made to either Policy 2.12 or Policy 2.13 during Council’s last review. The next regularly scheduled review of Policies 2.12 and 2.13 will occur in September 2026.				
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.		

			<i>Additional comments for clarification (optional)</i> 2.1.a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is reviewed at least every three years to ensure it reflects current legislation, practices,public expectations, issues, and emerging initiatives (e.g.Diversity, Equity andInclusion); Yes, the CMRITO has a Code of Conduct and Conflict of Interest policy. “Council Policy 2.12, Code of Conduct for Councillors and Non-Council Committee Members” forms part of every Council agenda package posted and is reviewed by Council at each meeting. Appended to Policy 2.12 is an “Acknowledgment and Agreement” that all Councillors and Non-Council Committee members are required to sign, acknowledging that they have read the Code of Conduct and agree to comply with it. Councillors and Non-Council Committee members review Policy 2.12 and sign the agreement as part of their orientation training and education. “Council Policy 2.13, Conflict of Interest for Councillors and Non-Council Committee Members”, together with the conflict of interest provisions set out in CMRITO By-law No. 60, defines the circumstances in which a conflict of interest may exist or appear to exist, and sets out the responsibilities of Councillors and Non-Council Committee Members with respect to such conflicts. The conflict-of-interest provisions of By-law No. 60, which is publicly available on the CMRITO website at the link above, can be found in subsection 11. On the cover page of all CMRITO Council and Committee meeting agendas, there is a note that asks Councillors and Non-Council Committee members to contact the Chair of the meeting, or a designated staff person if, in their review of the materials, they become aware that they have a conflict of interest with any item on the agenda or if they are concerned that they may have a conflict of interest with any item on the agenda. Declarations of conflicts of interest are a standing item on all Council and Committee agendas, and all Councillors and Non-Council Committee members are provided with a fulsome orientation to actual and perceived conflicts of interest and the procedure for dealing with such conflicts (which is set out in Policy 2.13 and By-law No. 60).						
		ii. accessible to the public.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2023, continues to meet in 2024</td></tr><tr><td colspan="2"> Please insert a link to the Council Code of Conduct and ‘Conflict of Interest’ Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. As directed by Council, Policy 12.2 and 12.3 are publicly available in the “Policies” section of the CMRITO website, here. </td></tr><tr><td><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td><td>Choose an item.</td></tr></table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	Please insert a link to the Council Code of Conduct and ‘Conflict of Interest’ Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. As directed by Council, Policy 12.2 and 12.3 are publicly available in the “Policies” section of the CMRITO website, here.		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
The College fulfills this requirement:	Met in 2023, continues to meet in 2024								
Please insert a link to the Council Code of Conduct and ‘Conflict of Interest’ Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. As directed by Council, Policy 12.2 and 12.3 are publicly available in the “Policies” section of the CMRITO website, here.									
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.								

			<i>Additional comments for clarification (optional)</i> 2.1.a.ii. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public Yes, the CMRITO Code of Conduct and Conflict of Interest policies are available to the public. As part of a governance review project that was undertaken in 2021, Council reviewed both the Code of Conduct and Conflict of Interest policies. Changes to Council Policy 2.12, Code of Conduct for Councillors and Non-Council Committee Members were approved by Council at the meeting of Council in March 2022. Policy 2.12 is reviewed by Council, every three years unless interim amendments are required. Appended to Policy 2.12 is an “Acknowledgment and Agreement” that all Councillors and Non-Council Committee members are required to sign, acknowledging that they have read the Code of Conduct and agree to comply with it. Councillors and Non-Council Committee members review Policy 2.12 and sign the agreement as part of their orientation training and education. Council Policy 2.12 forms part of every Council agenda package posted on the website. Council reviews Policy 2.12 at each meeting. CMRITO has developed a designated section of the CMRITO website for Council policies to improve accessibility and transparency which can be viewed at this link. Council Policy 2.13, Conflict of Interest for Councillors and Non-Council Committee Members was also reviewed by Council in 2021 as part of Council’s governance review process. Policy 2.13 is reviewed by Council every three years unless interim amendments are required. The purpose of Policy 2.13, together with the conflict of interest provisions set out in CMRITO By-law No. 60, is to define circumstances in which a conflict of interest may exist or appear to exist, and set out the responsibilities of Councillors and Committee Members with respect to such conflicts. By-law No. 60, which also speaks to conflict of interest, is available on the CMRITO website, here. The conflict of interest provisions of By-law No. 60 can be found in subsection 11. On the cover page of all CMRITO Council and Committee meeting agendas, there is a note that asks Councillors and Non-Council Committee members to contact the Chair of the meeting, or a designated staff person, if in their review of the materials, they become aware that they have a conflict of interest with any item on the agenda or if they are concerned that they may have a conflict of interest with any item on the agenda. Declarations of conflicts of interest are a standing item on all Council and Committee agendas, and all Councillors and Non-Council Committee members are provided with a fulsome orientation to actual and perceived conflicts of interest and the procedure for dealing with such conflicts (which is set out in Policy 2.13 and By-law No. 60).
			<table><tr><td>b. The College enforces a minimum</td><td>The College fulfills this requirement:</td><td>Met in 2023, continues to meet in 2024</td></tr></table>
b. The College enforces a minimum	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	

		time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. The provisions in By-law No. 60 that related to cooling off periods were updated on March 31, 2022, in response to recommendations made during the 2021 governance review. These provisions were further amended on December 8, 2023 (changing the term “member” to “registrant” where applicable). • Please provide the length of the cooling off period. The cooling-off period provided for in By-law No. 60 is twelve (12) months. • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; With respect to the cooling off periods provided for in By-law No. 60: • for Councillors, see subsection 28.5.1.9 (pgs. 21 to 22) • for the Academic Councillor, see subsection 29.2.1.7 (pgs. 28 to 29) • for Non-Council Committee Members, see subsection 35.1.1.7 (pg. 34) – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR The by-law amendments regarding cooling off periods were discussed and approved by Council on March 31, 2022. The Agenda and Council Highlights from this meeting are available online, here. The minutes for the meeting of Council on March 31, 2022 where the by-law amendments were approved can be found here (see pg. 85). Further amendments were discussed and approved by Council on December 8, 2023. The Agenda and Council highlights from this meeting are available online, here. The minutes for the meeting of Council on December 8, 2023 where the by-law amendments were approved can be found here – Where not publicly available, please briefly describe the cooling off policy. Not applicable.
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			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i> 2.1.b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). CMRITO has clear eligibility criteria for registrants to serve on Council or Committees. These criteria are set out in by-law and policy. <u>By-law No. 60</u> clearly sets out the eligibility criteria for registrants to be: a) elected to Council, b) appointed to Council (in the case of the Academic Councillor), or c) appointed to a committee of the College. A registrant is not eligible for election of appointment if they are currently, or in the previous 12 months, have been: • an officer, director or a person employed by a professional association representing the profession or any of the specialties (or both), • an executive officer of a bargaining unit of a union representing registrants, or • an executive officer of an association of managers of registrants. These same criteria are also referenced on the “Election Process” webpage , available under the “Council and Committees” tab. Additionally, the information and forms circulated to registrants for election to Council and appointment to committees also includes this information and requires that registrants declare that they meet the eligibility criteria outlined above. CMRITO By-law No. 60 also provides that a Councillor may not be the Registrar & CEO (see subsection 12.6 on pg. 11).	
		c. The College has a conflict-of-	The College fulfills this requirement:	No

		interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. The completed questionnaires are included as an appendix to each Council meeting package; ii. Questionnaires include definitions of conflict of interest; iii. Questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. At the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u>	- Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. Council Policy 2.13, Conflict of Interest for Councillors and Non-Council Committee Members was implemented in 2014, was last reviewed and approved at the September 2020 meeting of Council and can be found in the publicly available agenda material. It does not incorporate the use of a questionnaire. - Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No - Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. CMRITO has several processes and practices to ensure Council and Committee members understand the importance of declaring any real or perceived conflict of interest. On the cover page of all CMRITO Council and Committee meeting agendas, there is a note that directs Councillors and Non-Council Committee Members to contact the relevant Chair or a designated staff person if, in their review of the materials, they become aware that they have a conflict of interest with any item on the agenda or if they are concerned that they may have a conflict of interest with any item on the agenda. Declarations of conflict of interest are a standing item on all Council and Committee agendas	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No
			<i>Additional comments for clarification (optional)</i> 2.1.c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. The CMRITO does not have a conflict-of-interest questionnaire that all Council members must complete annually but has several processes and practices to ensure Council and Committee members understand the importance of declaring any real or perceived conflict of interest to ensure that all decisions related to Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest. On the cover page of all CMRITO Council and Committee meeting agendas, there is a note that directs Councillors and Non-Council Committee Members to contact the relevant Chair or a designated staff person if, in their review of the materials, they become aware that they have a conflict of interest with any item on the agenda or if they are concerned that they may have a conflict of interest with any item on the agenda. Declarations of conflict of interest are a standing item on all Council and Committee agendas, and all Councillors and Non-Council Committee Members are provided with a fulsome orientation to actual and perceived conflicts of interest and the procedure for dealing with such conflicts (which is set out in Policy 2.13 and By-law No. 60). All CMRITO Councillors and Non-Council Committee Members are encouraged to discuss potential actual or perceived conflicts of interest at the earliest possible opportunity.	

			As outlined in our response to 2.1a above, CMRITO has also developed policies to support the requirement for declarations of conflict of interest. Council Policy 2.13, Conflict of Interest for Councillors and Non-Council Committee members was approved by Council in 2014, was last reviewed by Council in September 2020 as part of Council’s standardized policy review process and was reviewed again in 2021 as part of the third-party governance review. The purpose of Policy 2.13, together with the conflict-of-interest provisions set out in CMRITO By-law No. 60, is to define circumstances in which a conflict of interest may exist or appear to exist, and set out the responsibilities of Councillors and Non-Council Committee members with respect to such conflicts. By-law No. 60, also speaks to conflict of interest, and is available on the CMRITO website, here. The conflict-of-interest provisions of By-law No. 60 can be found in subsection 11.
		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement: Met in 2023, continues to meet in 2024
			- Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. Each item Council is considering in the agenda has a briefing note that identifies: - The purpose of the item - The relevance of the item including how the item relates to the mandate or values, strategic goals, operations, and governance - Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. - Examples of meeting materials provided to Council to enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions included: September 20,2024 Council agenda – Fee related briefing note – see page 116 October 9, 2024 Special meeting of Council to discuss consultation on proposed changes to By-law No 60 regarding annual registration fee December 6, 2024 Council agenda – Fee related briefing note see page 103
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (if needed) 2.1.d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions The meeting materials for Council include the public protection mandate of the College, and all the governance and policy obligations that the Council always act and make decisions in the public interest. In 2021 Council directed that briefing notes include a mechanism to explicitly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions. The briefing notes for Council include the purpose the item is included in the agenda and the relevance of the item, including how the item relates to the CMRITO’s mandate or values, one or more of the strategic goals, operations, and governance.

			In addition, there are several policies and governance tools that support Board Directors in ensuring the public interest is the primary focus of their decision making. For example: • Policy 2.11 Roles and Responsibilities of the Council is included in each Council agenda package and the review of this policy is a standing item on the agenda at the start of each meeting. Policy 2.11 clearly sets out the Council’s responsibility to act in the public interest and describes how this is accomplished. The duty and objects of a college as set out in RHPA are also attached to Policy 2.11. In this way, Council sets the public interest focus at the outset of each meeting. Policy 2.11 Roles and Responsibilities of the Council can be viewed here. Council has a governance tool (which was reviewed and updated during the governance review in 2021) that is available at meetings which sets out considerations for evaluating if a decision is in the public interest. CMRITO added this governance tool to the information that is available on the website in 2021. This governance tool can be viewed here.						
		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations. <u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> • Please provide the year that the formal approach was last reviewed. The risk management framework was approved by Council in September 2016 and was last reviewed in March 2024. Council Policy 0.1 – Policy Register and Review Policy also establishes a standardized policy review process for the review of Council policies. Policies are reviewed on a schedule that ranges from annually to at least every three years unless interim amendments are required. The risk management framework sets dashboard data to identify potential risks. The dashboard includes key performance indicators for the organization and is presented to Council at every meeting where they have the opportunity to ask questions and have discussions about the data. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. See narrative below </td></tr><tr><td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</td><td>Choose an item.</td></tr></table>	The College fulfills this requirement:	Yes	• Please provide the year that the formal approach was last reviewed. The risk management framework was approved by Council in September 2016 and was last reviewed in March 2024. Council Policy 0.1 – Policy Register and Review Policy also establishes a standardized policy review process for the review of Council policies. Policies are reviewed on a schedule that ranges from annually to at least every three years unless interim amendments are required. The risk management framework sets dashboard data to identify potential risks. The dashboard includes key performance indicators for the organization and is presented to Council at every meeting where they have the opportunity to ask questions and have discussions about the data. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. See narrative below		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
The College fulfills this requirement:	Yes								
• Please provide the year that the formal approach was last reviewed. The risk management framework was approved by Council in September 2016 and was last reviewed in March 2024. Council Policy 0.1 – Policy Register and Review Policy also establishes a standardized policy review process for the review of Council policies. Policies are reviewed on a schedule that ranges from annually to at least every three years unless interim amendments are required. The risk management framework sets dashboard data to identify potential risks. The dashboard includes key performance indicators for the organization and is presented to Council at every meeting where they have the opportunity to ask questions and have discussions about the data. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. See narrative below									
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.								

		of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	<i>Additional comments for clarification (if needed)</i> 2.1.e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations. In 2024, the internal and external risks identified by the College were reviewed by the Executive Committee. By policy, the Executive Committee is responsible for oversight of risk management. Executive reports to Council any significant change in the risk level or risk mitigation strategies. Council receives information and a verbal report at each meeting from the Registrar & CEO respecting progress against the operational plan and any risks identified by the Executive Committee. The latest risk register and report from Executive is included in the Council meeting materials available on the College website at this link. To provide Council with the relevant information to assess the College’s progress, in 2024, the agenda for each meeting of Council included a standing agenda item under Operations, Reports and Plans that provides Council with: • the current Strategic Plan • the operational plan for the current year • the quarterly Strategic, Regulatory & Operational report and Dashboard. The Risk Management Framework has four key elements: 1. Foundational element: The CMRITO Council Policy 2.14 – Risk Management which identifies Council’s commitment and expectations, and sets out the roles and responsibilities of the Council, the Executive Committee and Management relating to risk management. 2. Organizational management element: Identifies the risk management context, systems, procedures and processes that are included in the Risk Register which is included in the Council agenda and can be viewed at this link: - o identifies adverse events or circumstances relevant to CMRITO objectives - o assesses the likelihood and magnitude of the impact of any adverse events - o identifies mitigation strategies. 3. Culture and capacity element: Sets out approaches that enable CMRITO to develop and embed a risk management culture in the organization through defining the values, beliefs, knowledge, attitudes and understanding about risk, and tasking staff with the role of being the ‘eyes and ears’ of Council in identifying, assessing and responding to risks. 4. Governance Oversight: Defines the Risk Register as the reporting mechanism to provide a snapshot of significant risks and the related risk management responses, to promote risk management accountability and to assist Council to discharge its oversight responsibility.
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DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:		
		3.1 Council decisions are transparent.		
		Required Evidence	College Response	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
			- Please insert a link to the webpage where Council minutes are posted. Each Council meeting agenda package includes the draft Council minutes for the previous meeting. Agenda materials can be found at this link. - Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. The Registrar & CEO provides a verbal update on the status of the implementation of Council decisions. A quarterly Strategic, Regulatory & Operational report, which includes tracking on the status of Council’s strategic goals is also part of each Council agenda.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Choose an item.	
Additional comments for clarification (optional) 3.1.a. Council minutes (once approved) are clearly posted on the College’s website. and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined. CMRITO posts the draft Council meeting minutes on the CMRITO website as part of the following Council meeting agenda package. The agenda packages are posted at least one week prior to a Council meeting. CMRITO provides status updates on the implementation of Council decisions in the following manner: - Council highlights are posted to the website with each agenda after the meeting and note the decisions made by Council. Council highlights can be found here. - Minutes from each meeting include action items where Council has given direction to staff to support decisions that were reached. - Council approves an annual operational plan which identifies the activities that are planned to achieve the goals of the Strategic Plan. The operational plan is updated and included in the Council agenda package as a visual reference on progress that has been made in achieving the initiatives approved by Council. - A Strategic, Regulatory & Operational report is updated and presented to Council quarterly to track progress against the goals that have been set out in the Strategic Plan.				
		b. The following information about	The College fulfills this requirement:	Yes

		Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). - the meeting date; - the rationale for the meeting; - a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and - if decisions will be ratified by Council.	Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. The Executive Committee meets regularly in between meetings of Council. In accordance with Council policy, the main purpose of the Executive Committee is to provide leadership to Council and facilitate the effective functioning of Council by providing input to background materials and making policy recommendations. The Executive Committee also functions as the Patient Relations Committee, Staff Relations Committee, and Privacy Committee. The Executive Committee provides advice to the President on the development of Council agendas, as required. In addition, Council has delegated the oversight of risk identification and risk management to the Executive Committee. All matters discussed at Executive Committee meetings are brought forward for discussion and decision to Council. Section 12(1) of the Health Professions Procedural Code states: “Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee’s opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or bylaw.” The CMRITO Executive Committee has limited the use of these powers to time sensitive issues, such as the appointment of new public members to the statutory committees in between meetings of Council so that the Committees can continue to discharge their legislative obligations. Reports from the Executive Committee on discussions and decisions when the Executive Committee discusses matters or materials that will be brought forward to Council are included as part of the agenda and materials for meetings of Council. In accordance with “Council Policy 2.1, Terms of Reference for the Executive Committee” the Executive Committee is required to report its actions to Council on a timely basis. The role of the Executive Committee and the Terms of Reference of the Executive Committee were reviewed by Council as part of the 2021 governance review conducted by a third-party expert. It was determined to maintain the role of the Executive Committee as set out in the terms of reference to comply with the RHPA and that no amendments were required. The terms of reference for the Executive Committee can be viewed at the link above.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

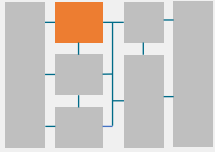
		<i>Additional comments for clarification (optional)</i> 3.1.b. Information about Executive Committee meetings is clearly posted on the College’s website Reports from the Executive Committee to Council are included as part of the agenda and materials for meetings of Council, and the CMRITO meeting calendar is also available as part of the Council agenda package. The calendar sets out the meeting schedule for Council and committees, including the Executive Committee. The Executive Committee meets approximately 4 times per year, with each meeting of the Executive Committee occurring approximately one month before each regularly scheduled Council meeting. This meeting schedule facilitates the Executive Committee providing leadership to Council and facilitating the effective functioning of Council in accordance with Council Policy 2.1. In support of Council, the Executive Committee facilitates the effective functioning of Council by providing input to background materials and making policy recommendations. As noted above, while the Executive Committee has the authority to act as Council in between meetings of Council, this is only done if necessary and any decision made by the Executive Committee would later be reported to Council at their next meeting and would be made public in accordance with the CMRITO’s legislative obligations and commitment to transparency. In accordance with the Code and Council Policy 2.1, the Executive Committee is required to report its actions to Council on a timely basis. Any decisions made by Executive are made in accordance with policies approved by Council, and those decisions are reported to Council by Executive at the next regularly scheduled meeting of Council.	
		Measure: 3.2 Information provided by the College is accessible and timely.	
		Required Evidence	College Response
		a. With respect to Council meetings:	The College fulfills this requirement: Yes Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Past Council meeting materials can be accessed at this link. Council meeting materials are available on the website from March 31, 2022 to the present at the above link. Archived Council meeting materials are available from January 2013 to December 2021 at this link.
		ii. Council meeting materials remain accessible on the College's website for a	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.

		minimum of 3 years, or a process for requesting materials is clearly outlined.	Additional comments for clarification (optional)	
		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			Please insert a link to the College’s Notice of Discipline Hearings. If there are any scheduled Discipline Hearings, they are posted under “Discipline Hearings” on the “Discipline Hearings & Findings” section of the CMRITO website, here. These posts include a link to the allegations posted on the registrant’s public register profile.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		Yes, Notice of Discipline Hearings and relevant materials are posted at least one month in advance. Notice of Discipline Hearings are posted on the website once the registrant has been served with the Notice of Hearing. Further updates are made once the registrant has been served with the Notice of Scheduling.		
		If there are any scheduled Discipline Hearings, they are posted to the webpage linked above. This includes the registrant’s name, the allegations, as well as the date, time, and location of the hearing (be it in-person or virtual). It is also noted that Discipline Hearings are open to the public.		
		A notation regarding the referral, along with a link to a copy of the specified allegations, are also posted to the registrant’s public register profile in accordance with the Health Professions Procedural Code.		
Measure:				
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.				
		Required Evidence	College Response	
		a. The DEI plan is reflected in the	The College fulfills this requirement:	Yes

		Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	• Please insert a link to the College’s DEI plan. In 2024, the CMRITO Council completed its strategic planning activities for the organization’s 2025-2027 Strategic Plan. As part of this plan, equity, diversity, and inclusion (EDI) is included as part of the CMRITO’s values, as well as one of three strategic goals. With respect to this goal, Council will “ensure inclusion, diversity, equity and accessibility (IDEA) in our culture.” • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. EDI was discussed as part of strategic planning at the Council meeting in September 2024. A link to the agenda where EDI was discussed can be found here. The minutes from this meeting were approved at the meeting of Council in December 2024 which can be found here. EDI initiatives that were undertaken in 2024 included education for Council members and CMRITO staff.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional)</i> 3.3.a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff). CMRITO has continued with our journey to build our understanding of IDEA to reflect evolving public expectations with respect to diversity, equity, and inclusion. Council members are engaged in training and education opportunities. There have been some learning events and resources provided to decision makers and the topic of IDEA is a frequent learning topic at Council education sessions. On January 1, 2024, CMRITO Council included a land acknowledgement that is used for all Council and Committee meetings. CMRITO Staff have created an internal team that identifies and leads learning activities to increase understanding and promote conversations about inclusion, diversity, equity, and access (IDEA). The CMRITO IDEA team has continued hosting education sessions for staff in 2024 and have developed an internal webpage with links to the CCDI resources that are available through our partnership. In 2024, the CMRITO has provided learning activities and resources to committee and Council members about the following topics related to IDEA: • IDEA presentation on Diversity – Isn’t that us? • Celebrating Canadian Indigenous Art In 2024, the CMRITO has provided learning activities and resources to staff, about the following topics related to IDEA		

			• Evolution of DEI language • Neurodiversity • April is Diversity Month, Let’s celebrate diversity and equality • National speech language hearing month • World refugee Day • Celebrating Canadian Indigenous Art • Encounter World Religions • Unconscious Bias The IDEA team also established the monthly calendar of learning events for 2024.								
		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	<table><tr><td>The College fulfills this requirement:</td><td>Partially</td></tr><tr><td colspan="2"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. Council and staff continue to build IDEA capacity through education and training to inform the planned review of programs and policies through an IDEA lens. While CMRITO has not yet conducted specific Equity Impact Assessments, the CMRITO always considers the principles of the Ontario Human Rights Code as part of the development of all policies, programs, and processes to ensure compliance. </td></tr><tr><td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</td><td>Yes</td></tr><tr><td colspan="2"> <i>Additional comments for clarification (optional)</i> 3.3.b The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. While CMRITO has not conducted specific Equity Impact Assessments, the CMRITO considers the principles of the Ontario Human Rights Code as part of the development of all policies, programs, and processes to ensure compliance. . The following are initiatives that are in place or underway. • Bridging programs are offered through the Michener Institute for Education at UHN for radiography and diagnostic medical sonography. One of the private career colleges that offer diagnostic medical sonography programs is also investigating the possibility of providing a bridging program. • The amendments to the new Registration Regulation, which came into force on July 1, 2024 increases flexibility for the Registration Committee. </td></tr></table>	The College fulfills this requirement:	Partially	• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. Council and staff continue to build IDEA capacity through education and training to inform the planned review of programs and policies through an IDEA lens. While CMRITO has not yet conducted specific Equity Impact Assessments, the CMRITO always considers the principles of the Ontario Human Rights Code as part of the development of all policies, programs, and processes to ensure compliance.		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes	<i>Additional comments for clarification (optional)</i> 3.3.b The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. While CMRITO has not conducted specific Equity Impact Assessments, the CMRITO considers the principles of the Ontario Human Rights Code as part of the development of all policies, programs, and processes to ensure compliance. . The following are initiatives that are in place or underway. • Bridging programs are offered through the Michener Institute for Education at UHN for radiography and diagnostic medical sonography. One of the private career colleges that offer diagnostic medical sonography programs is also investigating the possibility of providing a bridging program. • The amendments to the new Registration Regulation, which came into force on July 1, 2024 increases flexibility for the Registration Committee.	
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			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. Council and staff continue to build IDEA capacity through education and training to inform the planned review of programs and policies through an IDEA lens. While CMRITO has not yet conducted specific Equity Impact Assessments, the CMRITO always considers the principles of the Ontario Human Rights Code as part of the development of all policies, programs, and processes to ensure compliance.								
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes							
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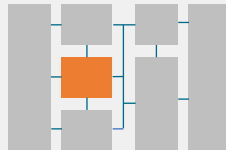
		• Potential bias in assessments is mitigated through a team-based approach to assessments with multiple perspectives providing inter rater reliability and ensuring consistent, unbiased decisions. • Eligible professional development activities in the quality assurance program include IDEA related activities. The QA program is based on the principles of adult education and learning activities are identified by registrants, which could include professional development and other learning activities related to IDEA. • The CMRITO has developed a Code of Ethics which is intended to help medical radiation and imaging technologists choose the right, fair, good, and just action. Each medical radiation and imaging technologist is personally responsible for behaving according to these ethical principles. Ethical issues are an essential component of providing service. The Code is used in conjunction with the CMRITO's Standards of Practice. Together, these documents provide a model for professional performance that ensures safe, effective, and ethical outcomes for patients. • In March 2024 CMRITO launched a new learning module in the Jurisprudence Course. The CMRITO Jurisprudence Course provides applicants and registrants with the necessary background and understanding of the laws, regulations, and Standards of Practice required to practice as a medical radiation and imaging technologist. • The new Module 8: Patient-Centred Care addresses an important topic and sets expectations for practice, explains how the CMRITO Standards of Practice relate to patient- and family-centred care, outlines how the CMRITO Code of Ethics relates to the Ontario Human Rights Code, Truth and Reconciliation Commission of Canada's Calls to Action, and the Accessibility for Ontarians with Disabilities Act, and describes best practices for communicating with patients using inclusive, affirming, positive language. • The CMRITO Code of Ethics requires that all registrants act in the best interests of their patients by: • respecting the dignity, privacy, and autonomy of their patients • maintaining clear and appropriate professional boundaries in the member-patient relationship • treating all patients equitably, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability, or type of illness • providing individualized, comprehensive, and safe treatment during examinations or therapy sessions, taking into account the patient's particular physical and emotional needs, values and cultural background • IDEA training for Council and committee members is incorporated into the education plan for the organization.
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		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: Resources	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes - Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. December 2024 Council meeting in items 8 & 11 (Pages 53-62 and 80-85) - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. See narrative below
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional) 4.1. a. The College's strategic plan has been costed and resources have been allocated accordingly. Yes, the College has an annual operational plan developed each year from the strategic plan that has been costed and resources have been allocated to achieve the plan. The approved CMRITO Strategic Plan 2025-2027 is available on the CMRITO website and can be accessed at this link. The annual budgeting process for the CMRITO includes: Choose an item. - The development of an operational plan to identify activities that will be undertaken to achieve the strategic and enabling goals, as set out in the approved Strategic Plan. A budget to support the work in the operational plan, including costing out the work and identifying the necessary resources, is developed. - The draft operational plan and the proposed budget to support the operational plan is reviewed by the Finance and Audit Committee. The role of the Finance and Audit Committee of the College is to assist the Council in meeting its financial responsibilities. The Committee provides guidance to the Council on financial matters as required. The roles and responsibilities of the Finance and Audit Committee can be found here. - Several policies have been approved by Council to define the roles and responsibilities of the Finance and Audit Committee. Policy 4.2 Financial Plan, Annual Budget and Quarterly Financial Reporting sets out the required content of the College's Financial Plan, its Annual Budget, and quarterly financial

			reports. This Policy also sets out the process for review by the Finance and Audit Committee and the subsequent review and approval by Council. Policy 4.2 Financial Plan, Annual Budget and Quarterly Financial Reporting can be viewed here. • One of the responsibilities of the Finance and Audit Committee is to consider and make recommendations to Council on resource planning including the development of a three-year financial plan and an annual budget. • The recommendations from the Finance and Audit Committee regarding the annual budget and the 3-year Financial Plan are considered by Council at their meeting in December of each year. The link to the 2024 December Council meeting material where the recommendations for the 2024 Budget and 2024 – 2026 Financial Plan from the Finance and Audit Committee were provided to Council for their consideration, can be seen here. • The Council Highlights from the December 2024 meeting where the 2024 budget was approved to support the work set out in the 2024 Operational plan, as approved by Council, can be viewed here.								
		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. The Council meeting were the financial reserves Policy 4.12 Reserves Policy was discussed and approved can be viewed here. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. Policy 4.12, Reserves Policy was last updated March 2024, and will next be reviewed in March 2027, as part of the standardized three-year review schedule. • Has the financial reserve policy been validated by a financial auditor? Yes </td></tr><tr><td colspan="2"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td></tr><tr><td colspan="2"><i>Additional comments for clarification (if needed)</i></td></tr></table>	The College fulfills this requirement:	Yes	• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. The Council meeting were the financial reserves Policy 4.12 Reserves Policy was discussed and approved can be viewed here. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. Policy 4.12, Reserves Policy was last updated March 2024, and will next be reviewed in March 2027, as part of the standardized three-year review schedule. • Has the financial reserve policy been validated by a financial auditor? Yes		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		<i>Additional comments for clarification (if needed)</i>	
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Yes, the College has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain to meet its legislative requirements in case there are unexpected expenses. The policy also sets out the criteria for using the reserves and responsibility for the Finance and Audit Committee to determine if the CMRITO possesses the level of reserve set out in its “financial reserve policy”. The CMRITO Council established a Finance and Audit Committee to assist the Council in meeting its financial responsibilities. The Finance and Audit Committee provides guidance to the Council on financial matters as required. One of the responsibilities of the Finance and Audit Committee is to consider and make recommendations to the Council on major policies governing financial, budgetary and investment matters including the appropriate level of unrestricted net											

			assets balance to be maintained at year end. Several policies have been approved by Council to define the roles and responsibilities of the Finance and Audit Committee. Policy 4.12 Reserves Policy sets out the processes and guidelines relating to establishing and using a reserve fund to fund the future financial needs of the College, both planned and unplanned. The Finance and Audit Committee provides oversight of the methodology used in establishing and maintaining the reserves in accordance with the guidelines, processes and criteria set out in this Policy. At the beginning of each fiscal year the Finance and Audit Committee recommends to the Council the amount of the reserves that can be used to fund the needs of the College within the guidelines. The guidelines include the criteria for using the reserves, which includes funding of unforeseen expenditures arising from the operations of the College and the funding of special projects approved by Council from time to time. The terms of reference for the Finance and Audit Committee can be viewed here.						
		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). Benchmarked Evidence	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. December 2024 Council meeting in items 6,7 & 8 (Pages 53-85) Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. </td></tr><tr><td colspan="2"> If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. 4.1.c.i. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and in the future. CMRITO Council is mindful that it is accountable for the success and sustainability of the organization it governs. For this reason, in CMRITO’s 2025 – 2027 Strategic Plan, Council set one of three goals as: “Delivering effective regulatory practices” Council has identified that it will accomplish this goal by ensuring that the organization has the capacity to continue to build on its strengths. CMRITO’s staffing complement is assessed every year (or as required on an interim basis) based on work volumes, which are tracked in the quarterly “Strategic, Regulatory & Operational Report.” Any adjustments to the staffing complement are identified by the Registrar & CEO and approved by Council as part of the annual budgeting approval process. For example, on December 6, 2024 Council considered several items related to the success and sustainability of the organization it governs, including the staffing </td></tr></table>	The College fulfills this requirement:	Yes	Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. December 2024 Council meeting in items 6,7 & 8 (Pages 53-85) Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.		If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. 4.1.c.i. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and in the future. CMRITO Council is mindful that it is accountable for the success and sustainability of the organization it governs. For this reason, in CMRITO’s 2025 – 2027 Strategic Plan, Council set one of three goals as: “Delivering effective regulatory practices” Council has identified that it will accomplish this goal by ensuring that the organization has the capacity to continue to build on its strengths. CMRITO’s staffing complement is assessed every year (or as required on an interim basis) based on work volumes, which are tracked in the quarterly “Strategic, Regulatory & Operational Report.” Any adjustments to the staffing complement are identified by the Registrar & CEO and approved by Council as part of the annual budgeting approval process. For example, on December 6, 2024 Council considered several items related to the success and sustainability of the organization it governs, including the staffing	
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If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. 4.1.c.i. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and in the future. CMRITO Council is mindful that it is accountable for the success and sustainability of the organization it governs. For this reason, in CMRITO’s 2025 – 2027 Strategic Plan, Council set one of three goals as: “Delivering effective regulatory practices” Council has identified that it will accomplish this goal by ensuring that the organization has the capacity to continue to build on its strengths. CMRITO’s staffing complement is assessed every year (or as required on an interim basis) based on work volumes, which are tracked in the quarterly “Strategic, Regulatory & Operational Report.” Any adjustments to the staffing complement are identified by the Registrar & CEO and approved by Council as part of the annual budgeting approval process. For example, on December 6, 2024 Council considered several items related to the success and sustainability of the organization it governs, including the staffing									

			complement and staff remuneration. Specifically: • staff salary ranges, and • the 2025 budget. • Council also regularly reviews and updates written operational policies to ensure the organization has the staffing complement it needs to be successful now and in future. All Council policies are reviewed regularly, as per the review schedule set by Council. While most operational Human Resources policies are in the Registrar & CEO’s purview, Council also has certain Administration and Human Resources policies in its purview that are relevant to this issue. For example, on September 20, 2024 Council reviewed the following policies: • Policy 1.4, Policy and Program regarding workplace harassment • Policy 1.5, Policy and Program regarding violence in the workplace These operational policies are integral to ensuring that CMRITO has an organizational culture that attracts and retains key talent.	
		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement: Yes • Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. 4.1.c. ii. Council regularly reviews and updates the College’s data and technology plan to adapt its use of technology to improve College processes to meet its mandate. The CMRITO has a well-developed data and technology plan with an integrated College register that supports the key program areas of registration, professional conduct, and quality assurance. The system includes both a data management component for registrant and applicant processes and a component for document management. CMRITO transitioned to an electronic, cloud-based solution to support all program areas several years ago. The CMRITO Council has invested considerable resources to ensure that the CMRITO platform is up to date, secure and provides the necessary technology to support online applications, the public register of members, registrant management processes and program specific functions. The College maintains a comprehensive information security program that integrates policies for information security with procedures to maintain the integrity and availability of records and information and information processing facilities. This program also includes information technology specific procedures to support the policy requirements and an online operational manual that establishes standards and guidelines for college staff related to operationalizing some of the policy requirements. In addition to these policies and programs CMRITO has integrated industry best practices for the security of the IT systems used by the College. These systems are monitored for intrusion and CMRITO follows best practice for system access and has implemented several controls including appropriate authentication for access. CMRITO staff are required to complete cyber security awareness training and third-party IT support provides the necessary technical assistance to ensure that changes in technology and security of CMRITO systems are monitored and maintained by system experts who also complete quarterly and annual security audits.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.	
			Additional comments for clarification (optional)	

DOMAIN 3: System Partner		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. -	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. - CMRITO actively collaborates with the other health regulatory colleges in Ontario through the Health Profession Regulators of Ontario (HPRO - https://www.regulatedhealthprofessions.on.ca/), holding a leadership role within this important group. Several members of the CMRITO leadership team continued to be active within HPRO throughout 2024: - The College’s Legal Counsel chaired HPRO’s Discipline Orientation Committee for much of 2024. - The College’s Communications Director sits on the HPRO Communications Committee, which is responsible for promoting awareness of Ontario’s health regulators and the importance of self-regulation to the public.	

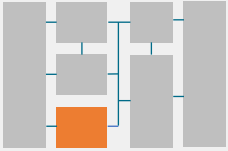
-	• The Deputy Registrar & Registration Director is part of the Deputy Registrar Network at HPRO. • Other College Directors and Managers participate in several HPRO groups including those focusing on registration, the Investigations & Hearings Network Group, the Quality Assurance Working Group, the HPRO Practice Advisors Network, and groups serving corporate services operations. These groups collaborate to develop common principles, guidelines, and tools to support all regulatory Colleges in their efforts to meet their mandates and advance the regulation of health professionals in the public interest. • CMRITO's active involvement in HPRO and participation on HPRO committees ensures that our policies, practices, and principles are aligned with other regulators and reflect the predominant values and current practices of the health care system in Ontario. • CMRITO also collaborates with, and provides leadership to, the Alliance of Medical Radiation and Imaging Technologists Regulators of Canada (AMRITRC - http://www.amritrc.ca/). This group of regulators from across Canada is responsible for ensuring safe, quality, professional, and competent diagnostic imaging and radiation therapy services. AMRITRC regulators define practice, competence, conduct, ethical and professional standards, endorse professional development, and encourage and promote excellence in patient care. The College works with other members of the Alliance to facilitate the automatic recognition of MRITs between provinces and provides support and counsel to newly regulated jurisdictions to ensure consistency in the approach and execution of medical radiation and imaging technologist regulation across the country. The ongoing collaboration with this group strengthens the execution of each regulator's oversight mandate in their respective jurisdictions and aligns national policy development and practice expectations. • CMRITO continued to engage with the Ministry of Health's Integrated Community Health Services Centre program (ICHSC) regarding issues that arise from ICHSC inspections. CMRITO has collaborated with these groups on several issues over 2024, including mandatory reporting requirements. CMRITO has shared information with the ICHSC, as allowed by S.36, to support the administration of the ICHSC Act, and the ICHSC has reciprocated by sharing information with CMRITO as it relates to the conduct of registrants for the same purpose. CMRITO's continued relationship with this group has resulted in improved communications with system partners regarding common expectations in workplace settings. • Throughout 2024, CMRITO worked with the Ministry of Health on several initiatives, including the introduction of a new Registration Regulation (O. Reg. 31/24). The College actively collaborated with the Ministry to implement this new regulation. The new regulation makes most of the registration requirements exemptible, except for the requirement for completion of the approved examinations. The new regulation therefore increases the flexibility for the Registration Committee in evaluating applications for registration for medical radiation and imaging technologists. • CMRITO continues to work with the national certification examination providers like the Canadian Association of Medical Radiation Technologists (CAMRT - https://www.camrt.ca/) and Sonography Canada (https://sonographycanada.ca/), as well as educational institutions, to ensure that new graduates meet the requirements to successfully complete their programs and have access to certification examinations. The Canadian Association of Medical Radiation Technologists (CAMRT) (https://www.camrt.ca/) sets and administers the national certification examination for medical radiation technologists in the specialties of radiography, nuclear medicine, radiation therapy and magnetic resonance, and Sonography Canada (https://sonographycanada.ca/) sets and administers the national certification examination for diagnostic medical sonographers. The College has approved these examinations for registration with CMRITO. Agreements are in place with both organizations for access to the national certification examinations. The College has met with both providers to ensure access to certification examinations for graduates of approved educational programs and has provided support and guidance to the organizations. Using remote proctoring, both organizations have improved access to the certification examinations. These important collaborations have ensured that there is a continuous supply of new graduates entering the workforce to address the current human resource shortages in the health care system.
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-	• CMRITO continues to collaborate and support Accreditation Canada (https://accreditation.ca/) for the accreditation of medical radiation and imaging technology educational programs through the EQual Canada Program. Accreditation of the educational programs is an important part of the College meeting its public protection mandate as it is the mechanism the College relies on to approve the educational programs for entry to practice in the profession. The accreditation of educational programs is an important quality process that supports health education programs in preparing graduates to deliver safe and effective care at entry to practice. • In 2024, the CMRITO Registrar & CEO served on the Program Council, the Deputy Registrar served on the Technical Standards Committee, and registrants of the CMRITO have been appointed as members of accreditation teams conducting surveys. CMRITO's Deputy Registrar works with Accreditation Canada to appoint CMRITO these representatives for surveys. CMRITO has collaborated with Accreditation Canada and the approved educational programs to explore opportunities for delivering expedited programs and developing new programs to address human resource shortages. For example, CMRITO participated in the planning process for the development of a corporate training program in MRI at Mohawk College, which was accredited in 2023, and worked with the Michener Institute for Education at UHN to evaluate the feasibility of offering a first discipline program for MRI and an expedited MRI program. CMRITO worked with Michener on their entry to practice MRI 1st discipline program (https://michener.ca/program/magnetic-resonance-imaging-1st-discipline/) which will be launched in September 2025. The College is participating in ongoing collaborations with Mohawk College on a variety of new programs through their Centre for Integrated and Advanced Medical Imaging. The Mohawk College Centre for Professional Advancement is also working to design and deliver an MRI assistant program. • The Deputy Registrar & Registration Director sits on the Michener Institute of Education at UHN Program Advisory Council to align oversight of the practice of the profession. As part of this work, CMRITO has been involved in discussions about health workforce planning, program capacity, employer needs, and practice changes in 2024. Having a voice on these councils at academic institutions allows CMRITO to actively participate in shaping practice expectations, ensure that programs are meeting accreditation standards, and confirm that students are being prepared for current practices in the field. Through this involvement, CMRITO can support health workforce planning and program capacity, and, through interaction with employers and industry vendors on these councils, is able to remain abreast of employment, industry and environmental changes that may impact the practice of medical radiation and imaging technologists. These relationships with system partners support and strengthen the alignment of practice expectations and quality improvement across all parts of the health system. The Deputy Registrar & Registration Director is a regular guest speaker at the annual Michener Marker Ceremony (where students are presented with their first set of radiological markers). • CMRITO continued to see an increase in the number of private career colleges offering new programs in the specialty of diagnostic medical sonography in 2024. The CMRITO has been collaborating with both Accreditation Canada and various ministry groups including the Ministry of Colleges and Universities, Private Career Branch regarding the accreditation of these programs. CMRITO also collaborated with the Ministry of Colleges and Universities to provide comments on their proposed policy in 2024. • The Diagnostic Imaging Advisory Committee at Ontario Health identified the need for a Health Human Resources Subcommittee to make recommendations to address staffing shortages in Medical Imaging. Ontario Health engaged with CMRITO to develop Common Core standards for Vascular Ultrasound in Ontario. The Quality Assurance & Professional Practice Director worked on this project. Work continues in 2025 to develop a plan for disseminating this information. • CMRITO remains an active member of Ontario Regulators for Access Consortium (ORAC). The Deputy Registrar & Registration Director and Registration Managers attend ORAC meetings. The Consortium exists to engage profession-based regulators/organizations in the development and implementation of proactive/collaborative approaches that facilitate the integration of qualified professionals, both internationally and domestically educated, into self-regulated professions in Ontario while recognizing individual legislative mandates. CMRITO's collaboration with this group provides the College with opportunities to support and strengthen the alignment of processes and quality improvement initiatives across regulated professions.
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	• CMRITO works with the Alliance of Medical Radiation and Imaging Technologists Regulators of Canada (AMRITRC https://www.amritrc.ca/) on several working groups including the Advanced Practice Committee (developing draft guidelines) and the Credentialling Workgroup (developing assessor guidelines). • The CAMRT in 2024 was able to secure federal grant funding to develop a bridging program. CMRITO is supporting the CAMRT Bridging Program Grant Advisory Group to develop guidelines to support a National Experiential based Bridging Program. The Committee has developed assessor guidelines for credential evaluations, defined online course topics, and developed mentor and observership guidelines. • CMRITO continued its partnership with the Canadian Centre for Diversity and Inclusion (CCDI https://ccdi.ca/) in 2024 to ensure that “CMRITO is an effective and collaborative regulator committed to transparency, equity, diversity and inclusion,” as outlined in our 2022-2024 Strategic Plan. Through this partnership, CMRITO is taking steps to ensure our existing programs and practices support equity, diversity, and inclusion by providing CMRITO Council, committee members, and staff with access to the extensive resources and expertise of CCDI. As is evident from the examples provided above, CMRITO actively engages in with other health regulatory Colleges and other health system partners to align oversight of the practice of the profession and support execution of its mandate.
	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. Yes, the CMRITO maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations. The College regularly interacts with a range of system partners to monitor, influence, and respond to changes in the system, including identifying changing public expectations. Maintaining cooperative and collaborative relationships to ensure responsiveness to changing public expectations is one of the ways Council proactively regulates in the public interest.

	• Collaborative relationships the College leverages on an ongoing basis to ensure it is responding to changing public expectations include: • HPRO: for participation in the public communication website and outreach group, coordination and leading the discipline orientation workshops, collaboration in the consent and capacity working group, and the EDI Network working groups. • ORAC: for information sharing and to support and strengthen the alignment of processes, and quality improvement initiatives. • Educational programs: to provide regular presentations to students in approved educational programs on the standards of practice, the role of the College and public protection, and communicating with patients. The relationships that are fostered with educational programs supports and strengthens the alignment of practice expectations and promotes quality improvement across all parts of the health system. • MOH: in 2024, CMRITO worked with the Ministry to release an updated Registration Regulation that aligns CMRITO registration processes with evolving best practices and expectations in the registration of health care professionals in a health human resources shortage. • Office of the Fairness Commissioner (OFC): through ongoing monitoring and engagement in initiatives undertaken by the OFC, the CMRITO ensures that College registration practices continue to be aligned with evolving regulatory practices. • AMRITRC: Through ongoing national collaboration on regulatory matters, the CMRITO can align College practices and processes to respond to changes at a national level and to ensure there are no barriers to labour mobility. • National Network. Through ongoing support and participation at the national network for medical radiation and imaging technology organizations, which includes the members of the AMRITRC and other national and provincial associations (Canadian Association of Medical Radiation Technologists (CAMRT), Ontario Association of Medical Radiation Sciences (OAMRS) and Sonography Canada), the CMRITO maintains cooperative and collaborative relationships to identify changes in practice environments and patient care initiatives to appropriately respond to changing public expectations. • In 2024, the College continued to focus on responding to changing public expectations through the regulation of MRITs. CMRITO’s Professional Conduct Team responds to complaints from patients regarding their experience of having diagnostic and therapeutic examinations and procedures performed by our registrants. The team continued to deliver enhanced interactions with complainants and registrants throughout 2024. Members of the public who contact CMRITO about the care they received from a medical radiation and imaging technologist speak directly with a dedicated member of the Complaints Intake Team who specializes in these matters. To make the complaints process clearer for both complainants and registrants, CMRITO developed and launched two new publications in 2024: What you must know about ... Professional Conduct processes, and CMRITO’s Complaints Process Frequently Asked Questions. These publications address the questions our Professional Conduct Team receive from registrants and the public/complainants and help outline the complaints process to make this process smoother and more understandable for all parties involved. • The College developed and released the following educational supports last year: • <i>What you must know about ... Professional Conduct processes</i> (publication) • <i>CMRITO’s Complaints Process Frequently Asked Questions</i> (publication) • CMRITO Standards of Practice Standard 5: Relationships with Patients (video)
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-	• CMRITO Standards of Practice Standard 7: Records and Reporting (video) • QA ePortfolio User Instructions (video) • These topics were identified as areas of high importance to ensure that registrants understand and are aware of CMRITO processes, their accountabilities as MRITs, and how to practice safely, effectively, and ethically. Similarly, resources for complainants/members of the public were designed to help vulnerable patients and their families navigate and understand unfamiliar processes like the complaints process at CMRITO. • As a founding partner of the Citizen Advisory Group (https://citizenadvisorygroup.org/), which serves to elevate the patient voice and perspective in health care regulation in Ontario, CMRITO continues to work with this group to leverage insight and understanding about changing societal expectations. The group is composed of patients and caregivers who provide essential feedback on topics such as professional rules, standards of practice, policies, strategic priorities, and communications directed at the public. Their voices help to shape health regulators’ work in protecting the public interest. The College reviews the research and reviews conducted by the Citizens Advisory Group on a regular basis and incorporates this learning into improving its patient communications, including updates to the CMRITO website. • In 2024, CMRITO continued its involvement in several outreach initiatives to obtain feedback on changing public expectations that affect the practice of MRITs, and to ensure that our standards of practice and practice guidelines are current with prevailing professional trends to ensure the safe practice of the profession. To that end, CMRITO attended national and local conferences, where senior members of the CMRITO team delivered presentations and hosted conference booths to facilitate conversations and dialogue with CMRITO registrants, managers, employers, and other attendees. CMRITO staff regularly provide presentations, videos, and other educational supports to maintain visibility, solicit feedback, and enhance relationships with key system partners. • CMRITO has participated in ongoing information exchange with system partners such as the Integrated Community Health Services Centres (ICHSCs – formerly the Independent Health Facilities) inspections branch of the Ministry of Health. The ICHSC inspections branch has shared information with the CMRITO regarding concerns about CMRITO registrants identified during inspections and has shared notices from the CMRITO with the licensees of the facilities to align oversight of the practice of the profession. • CMRITO has continued efforts to provide the public and registrants with the flexibility to communicate with the College through whichever means and modes of communication that they prefer. As communicating with the regulator can be intimidating and/or stressful for registrants and the public alike, being flexible in how we facilitate these necessary discussions and exchanges ensures that registrants, patients, and their families are as comfortable as possible, leading to more open and productive conversations. Throughout 2024, CMRITO actively maintained productive and effective relationships with system partners and collaborators to support information gathering to be able to identify, and swiftly and proactively, respond to changing public expectations and emerging issues.
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		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: Information Management	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: Yes
			Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. See narrative below.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			<i>Additional comments for clarification (optional)</i> 7.a.i. CMRITO uses policies and processes to govern the disclosure of and requests for information. The CMRITO follows the disclosure provisions set out in section 36 of the <i>Regulated Health Professions Act, 1991</i> (RHPA) regarding the disclosure of personal information or other confidential information to other organizations or agencies. The CMRITO is not subject to the federal Personal Information Protection and Electronic Documents Act or the provincial Personal Health Information Protection Act. The College has voluntarily adopted a Privacy Code to provide a voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College’s activities while still enabling the College to meet its statutory mandate under the legislation. The privacy code is set out in “ Policy 10.4, Privacy Code ” which is publicly available on the CMRITO website. Section 36 of the <i>Regulated Health Professions Act, 1991</i> : The College discloses personal information only as permitted by section 36 of the RHPA or as required by law. For example, the College is required under the Code to maintain a register containing information about its registrants. In accordance with section 36(1) the CMRITO may disclose confidential information in certain limited circumstances at the discretion of the Registrar. CMRITO has developed processes for the Registrar to review all requests for disclosure under the relevant sections of the RHPA. For example: under subsection 36(1)(c), relevant regulatory information about a registrant may be shared with other MRIT regulators in Canada; under subsection 36(1)(d), relevant regulatory information about a registrant may be shared with the Ministry of Health’s Independent Health Facilities Program for the administration of the Integrated Community Health Services Centres Act (ICHSCA); and under subsection 36(1)(e), relevant regulatory information about a registrant may be shared with police officers to aid a law enforcement investigation. Under subsection 36(1)(g) the Registrar may disclose the fact of a complaint if the Registrar is of the opinion that it is in the public interest to disclose. While fulfilling its mandate, the College may collect, use and disclose personal information regarding applicants for membership, registrants, persons holding themselves out as registrants, patients, persons who may have received services from a person holding themselves out as a registrant and persons employed, retained, elected or appointed for the purpose of the administration and enforcement of the legislation. The College’s collection, use and disclosure of personal information while carrying out its regulatory activities is done for the purpose of regulating the profession in the public interest.

The Code requires the College to post certain information regarding registrants on the College’s website and to provide access to designated information to a person who requests it.

Registration: The CMRITO Registration Committee has developed Policy 10.5 that sets out the requirements under the legislation for the Registrar to provide an applicant, at their request, a copy of each document that the College has that is relevant to their application for registration. The policy can be viewed at this [link](#). This policy duplicates the requirements for the disclosure of an applicant file in the Code.

The six MRT/MRIT regulatory authorities that form part of the Alliance of Medical Radiation and Imaging Technologists Regulators of Canada (AMRITRC) have agreed to use a standard certificate where a certificate of registration in the home jurisdiction is equivalent to the certificate of registration being applied for in the receiving jurisdiction. The purpose of the [Certificate from the Out-of-Province MRT/MRIT Regulatory Authority](#) is to support each jurisdiction’s obligations under Chapter Seven of the Canadian Free Trade Agreement (CFTA) to attest to an individual being qualified to practice the profession of medical radiation technology or medical radiation and imaging technology. The Certificate is completed by the home jurisdiction as confirmation of a registrant’s “certification in good standing” for individuals who hold present registration in a regulated jurisdiction.

[The Privacy Code](#): as noted above, CMRITO has voluntarily adopted a Privacy Code to provide a voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College’s activities while still enabling the College to meet its statutory mandate under the legislation. Privacy Code “Principle 8: Openness” provides that the College’s privacy and information management policies and procedures are available to the public and its registrants are available on the College’s website and by request. Inquiries may be directed to the Registrar & CEO. Privacy Code “Principle 9: Individual Access” provides that, where the College holds a record of personal information about an individual, upon written request, the College shall allow access to the record to that individual, unless providing access could reasonably be expected to interfere with the administration or enforcement of the legislation or it is impracticable or impossible for the College to retrieve the record.

In accordance with the Privacy Code, while the College’s response to a request for disclosure will typically be provided at no cost or minimal cost to the individual, depending on the nature of the request and the amount of information involved, the College reserves the right to impose a cost recovery fee. In these circumstances, the College will inform the individual of the approximate cost to provide the response and proceed upon payment by the individual of the cost. The College will make reasonable efforts to respond to the request within 30 days and to assist the individual in understanding the information. Individuals are required to send their written requests for access, with contact information and sufficient information about themselves to identify them, to the Registrar & CEO. If the College refuses to provide access to a record of personal information it holds, then the College will provide reasons for denying access. The individual may then choose to file a complaint with the Registrar.

		ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
			Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. See narrative below.	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		Benchmarked Evidence	7.1.a.ii & iii. The College uses cybersecurity measures to protect against unauthorized disclosure of information; and uses policies, practices, and processes to address accidental or unauthorized disclosure of information. The CMRITO has integrated industry best practices for the security of the IT systems used by the College. These systems are monitored for intrusion and CMRITO follows best practice for system access and has implemented several controls including appropriate authentication for access. CMRITO staff are required to complete cyber security awareness training and assessment (provided by Canadian Internet Registration Authority -CIRA) and third-party IT supports provide the necessary technical assistance to ensure that changes in technology and security of CMRITO systems are monitored and maintained by system experts. The CMRITO Risk Register and risk management program includes an identified risk regarding the security and integrity of CMRITO information technology systems. The control procedures and monitoring activities undertaken by the College to manage and mitigate this risk include: - Maintaining robust computer systems, firewalls, and update path - Cloud based storage with backup in multiple locations - Maintaining cyber insurance - Implementing four factor authentication for users - Providing staff with cyber security awareness training to help detect and report cyber threats - Having a privacy breach plan in place - Implementing cyber security management detection and response which audits infrastructure enumerations, privileged access and activities, insider threats and ransomware/malware - Maintaining a managed detection and response (MDR) platform with a team of human threat hunters The CMRITO Council has set in place a Privacy Code that is outlined in Policy 10.4, Privacy Code. The policy can be viewed at this link. Schedule 2 of the Policy defines the process to followed for an accidental or unauthorized disclosure of information. The process includes: - Containment of the breach - Evaluation of the risks associated with the breach - Notification of relevant parties - Reporting on the management of the incident - Prevention and education	

		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).			
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response		
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. <i>Benchmarked Evidence</i>	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2023, continues to meet in 2024</td></tr><tr><td colspan="2"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). The CMRITO Standards of Practice and Code of Ethics were revised in 2023 following amendments to By-law No. 60 that reflect regulatory best practices. 8.1. a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. Yes, the CMRITO regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. The CMRITO’s Standards of Practice, which are approved by Council, apply equally to all five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance, and diagnostic medical sonography. When the College commenced regulating magnetic resonance as a fourth specialty in 2004 and diagnostic medical sonography as a fifth specialty in 2020, the Standards of Practice were updated to include these specialties. The Standards of Practice were also reviewed and revised when the scope of practice statement and the controlled acts authorized to the profession were amended in 2018. Medical radiation and imaging technologists practice in complex, highly regulated practice environments such as hospitals and Integrated Community Health Services Centres (ICHSCs), which are subject to their own legislative requirements. As such, the CMRITO Standards of Practice are intended to be generic, acknowledging that the method for implementing a certain task may be determined by facility and/or departmental policies and procedures. In this way, the CMRITO Standards of Practice remain current despite changes in practice environments. The CMRITO has developed a series of publications called “What you must know about ...”. These publications/guidelines, which are available on the CMRITO website, explain the legal requirements regarding the practice of medical radiation and imaging technology in plain language, and provide detailed practice guidelines to assist registrants in providing safe, effective and ethical care to their patients. WYMKAs are updated as required, and new WYMKAs are developed as needed to ensure they remain current and relevant to the practice of the profession, regulatory advances, and with the emergence of new best practices. The need for new WYMKA documents is identified by the College’s various program areas (such as Professional Conduct and Quality Assurance) through data </td></tr></table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
The College fulfills this requirement:	Met in 2023, continues to meet in 2024				
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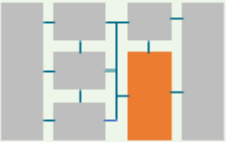
		monitoring and trend identification, as well as CMRITO’s Practice Advisors who monitor practice questions to identify emerging issues. In 2024, CMRITO’s line of “<i>What you must know about ...</i>” practice guidelines were augmented by the addition of a new release: • <i>What you must know about ... Professional Conduct processes</i> A companion piece for a different audience, patients and their families, was developed and released at the same time. This publication, <i>CMRITO’s Complaints Process Frequently Asked Questions</i>, uses the FAQ format to walk patients and their families through the process of submitting a complaint against an MRIT. This publication provides complainants with an overview of the CMRITO complaints process and lets them know what they can expect in terms of the steps and stages involved in this process, and sets expectations for the timelines the complaints process requires. In addition to these publications, CMRITO produced three videos in 2024: • CMRITO Standards of Practice Standard 5: Relationships with Patients • CMRITO Standards of Practice Standard 7: Records and Reporting • QA ePortfolio User Instructions The two videos about the Standards of Practice were developed to help registrants better understand the Standards of Practice and their responsibilities/accountabilities as MRITs.
		<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <i>Benchmarked Evidence</i>	The College fulfills this requirement:	Yes
			Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. https://www.cmrito.org/programs/consultations/ See narrative below.	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> 8.1.b. Provide information on how the College considers evidence and data, risk, current practice environment, alignment with other regulatory colleges, public expectations and stakeholder views and feedback when it develops or amends policies, standards, and practice guidelines: When changes or revisions to substantive standards, by-laws, or practice guidelines are required, the College engages in research to ensure that the latest evidence, data, and pertinent changes in the current practice environment are considered. In addition to considering the above variables, the College also engages its system partners using a variety of engagement strategies to ensure their perspectives and insights are captured. The College has developed a dedicated consultation page on our website to facilitate gathering input and feedback from registrants, other regulatory colleges, professional associations, and the public. CMRITO uses a variety of tools as appropriate to engage with system partners. When CMRITO engaged with stakeholders regarding the Standards of Practice, the College circulated a survey to all medical radiation technologists, diagnostic medical sonographers, other health professionals, and members of the public to get feedback regarding the revisions that were proposed to the Standards of Practice to identify any significant changes in practice. This type of consultation provides Council with information regarding changes in the practice environment, and an opportunity for other health regulatory Colleges to provide input to ensure alignment with other Colleges’ practice matters. It also provided a mechanism to include other system partner views and feedback. In 2024, the CMRITO introduced the changes from the amendments to By-law No. 60. Those amendments related to governance modernization to revise terminology to better reflect CMRITO’s role as a regulator, to facilitate the registration of the emergency class registrants, and a housekeeping matter to clarify that the term of office for CMRITO officers commences at the first regular meeting after the election each year. The proposed amendments were vetted through the consultation process in 2023 and then implemented this year. In the 2022-2024 Strategic Plan, Council considered changing societal expectations and identified two strategic goals for CMRITO to review our existing programs and practices to ensure that they support equity, diversity, and inclusion, and develop educational strategies to support registrant compliance with the standards and guidelines.	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
			- Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. As mentioned above, in its 2022-2024 Strategic Plan, CMRITO Council identified a strategic goal focused on reviewing our existing programs and practices to ensure that they support equity, diversity, and inclusion (EDI). The work to support this goal was completed in 2024 and will be an evergreen activity continuing in future years as program areas and practices grow and develop. The comprehensive review, update, and augmenting of the College’s guidelines (a series of publications called “<i>What you must know about ...</i>”) is ongoing. - Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. The CMRITO Standards of Practice, Code of Ethics, and Communication Guidelines all reflect the principles of EDI. These documents provide a framework for medical radiation and imaging technologists to provide safe, effective, and ethical medical radiation and imaging technology services. MRITs are required to perform their duties responsibly and in a manner that reflects the profession’s commitment to respecting the personal dignity of every individual who finds themselves in the care of MRITs. All gendered language has been removed from these pieces, and all content incorporates the CMRITO Strategic Plan 2022-2024 EDI vision ("CMRITO is an effective and collaborative regulator committed to transparency, equity, diversity and inclusion") and values (CMRITO's values shape the organizational culture and are demonstrated by our decision-making and actions: Equity, Diversity, and Inclusion") outlined in the CMRITO Strategic Plan 2022-2024. In 2024 the CMRITO expanded its legislation learning package (which forms part of the CMRITO Jurisprudence Course), to add a module on patient-centered and inclusive care. The new module in the jurisprudence course with human rights focus was created to provide registrants and applicants with the necessary background and understanding of the complex laws, ethics, regulations, and Standards of Practice that each registrant must meet. The new Module 8: Patient-Centered Care sets expectations for practice, explains how the CMRITO Standards of Practice relate to patient- and family-centered care, outlines how the CMRITO Code of Ethics relates to the Ontario Human Rights Code, Truth, and Reconciliation Commission of Canada’s Calls to Action, and the Accessibility for <i>Ontarians with Disabilities Act</i>, and describes best practices for communicating with patients using inclusive, affirming, positive language.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			<i>Additional comments for clarification (optional)</i> 8.1.c. The College's policies, guidelines, standards, and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College. The Standards of Practice have been developed by CMRITO to describe the expectations for professional practice of members of the College. With respect to the principles of EDI, we would like to draw your attention to the following Standards of Practice: <i>Practice Standard 5: Relationships with patients</i> provides that registrants must have patient care as their main concern. The indicators under this practice standard provide that registrants must treat all patients with dignity and respect and in accordance with the Code of Ethics of the College. Registrants must	

		also make modifications to procedures based on each patient’s physical, medical and/or emotional status and needs. • <i>Practice Standard 6: Professional Relationships</i> provides that professional relationships in health care settings are based on mutual trust and respect, and result in improved patient care. The indicators under this practice standard provide that registrants must use a wide range of communication and interpersonal skills to effectively establish and maintain professional relationships and demonstrate an understanding of and respect for the roles, knowledge, expertise, and unique contribution by other members of the health care team for the provision of quality care. • <i>Practice Standard 8: Continuing competence</i> provides that registrants must maintain competence in their current area of practice and continually improve their competence to respond to changes in practice environments, advances in technology, and the changing health care environment. This includes responding to societal changes respecting diversity, equity, and inclusion in the provision of health care services to patients. To support this learning the legislation learning package, which forms part of the CMRITO Jurisprudence Course, has been updated to add a module about human rights legislation with a focus on patient-centered and inclusive care. The Code of Ethics is a set of principles that delineates responsible conduct and the ethical and moral behaviour of registrants of the College. It has as its foremost goal the welfare and protection of patients and the public. The Code of Ethics is intended to help registrants choose the right, fair, good, and just action. Each registrant is personally responsible for behaving according to the ethical principles set down in the Code. With respect to the principles of DEI, we would like to draw your attention to the following ethical principle: • <i>Ethical principle 2: Responsibility to patients</i> provides that registrants must act in the best interests of their patients by treating all patients equitably, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or type of illness; by providing individualized, comprehensive and safe treatment during examinations or therapy sessions, taking into account the patient’s particular physical and emotional needs, values, and cultural background; and by respecting the dignity, privacy and autonomy of their patients. The CMRITO’s Communication Guidelines, which form part of the publication <i>What you must know about ... communicating with patients</i>, were designed to assist MRITs in applying the CMRITO Standards of Practice and Code of Ethics and to provide additional guidance regarding communicating with patients and their families. Following the guidelines will help MRITs achieve safe, effective, and ethical outcomes for patients when they communicate with patients and their families and when they perform diagnostic and therapeutic procedures. Registrants are focused on providing patient- and family-centered care in their health service delivery that is focused on the needs and wishes of patients and their families by listening to and honoring patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care: • Registrants communicate and share complete and unbiased information with patients and families in ways that are affirming and useful and patients and their families are encouraged and supported in participating in care and decision-making at the level they choose. • Registrants do not focus solely on the task of performing the procedure or treatment but also place the individual patient at the centre of the process by caring for their emotional needs as well as providing physical care.
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		- Registrants encourage patients and their families to collaborate and participate in the diagnostic or therapeutic procedure, as appropriate, to help them retain autonomy and control. - Registrants consider factors that are barriers to effective communication in their practice including negative stereotyping of patients and a lack of understanding of their unique needs or situation, or the nature of any disability or making assumptions about or judging people, their family, or their abilities. With respect to the principles of EDI, registrants are required to follow these guidelines: - ask your patient how they wish to be addressed - clarify the role of any family member or accompanying person present - be aware of your own body language, tone of voice, and non-verbal behaviour to ensure effective communication - reserve judgement, and never make assumptions - support your patient's autonomy by respecting his or her decision to change his or her mind, pause or terminate the procedure at any time
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DOMAIN 6: Suitability to Practice				
		Measure: 9.1 Applicants meet all College requirements before they are able to practice.		
STANDARD 9		Required Evidence	College Response	
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. See narrative below. - Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). See narrative below.	

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i> 9.1.a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of registrants, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) Yes, processes and checks are in place to ensure that only those applicants who meet the registration requirements receive a certificate of registration. Applicants must successfully complete a medical radiation and imaging technology program in the specialty which meets one of the following criteria: • offered at a Canadian institution that was approved by Council or a body or bodies approved by Council for that purpose at the time the applicant successfully completed the program • offered outside Canada and considered by the Registration Committee to be substantially similar, but not equivalent, to an approved Canadian program. Acceptable proof of program completion includes a copy of an original degree, diploma, or certificate (if available), and a copy of transcript of marks, or direct confirmation from the program director in the College’s acceptable format. Since 2019, the College has expanded the use of credential evaluation reports that applicants had already completed through credentialing agencies such as WES, ICAS or the Medical Council of Canada for the authentication and validation of documents from programs where applicants have completed their education. Prior to 2020, all international applicants were required to submit original or notarized copies of their documents for validation and authentication. Any documents which are not in English or French must be accompanied by an official translation into English. The translation must be an official translation, and a notarized copy of the original document was required to be attached. Since 2020, CMRITO has amended the practice of obtaining hard copies of original or notarized documents from applicants. As the secure document management website can accept files in a variety of formats, applicants were requested to scan the original documents or those that were notarized and upload them. Applicants are also able to take images of their original documents and upload them to the secure site. Registration staff then validate the documents. Should any concerns be identified with documents, the applicants are requested to provide credential evaluation reports in addition to providing the scanned documents or images of the originals. Where applicants have not already completed credential evaluation reports, they are still provided with options such as providing notarized copies of their documents or meeting with CMRITO staff virtually to view the original documents. The College accepts several alternatives where the original or official documents are not available, including providing personal declarations, sworn statements and references from former colleagues or supervisors. In addition to this, during the application process applicants must sign several declarations and authorize the CMRITO to contact any authority, institution, association, body, or person in any jurisdiction to verify the statements in their application and the related documents.	

Council has identified Health Standards Organization’s (HSO’s) EQual Program through Accreditation Canada as the approved body to accredit educational programs. Graduates of accredited programs in Ontario are eligible for registration once they demonstrate that they have successfully completed one of the approved programs and one of the approved competency-based certification examinations. Through the accreditation process the CMRITO ensures that students from the approved programs have received the necessary education and training to provide safe and ethical services to patients in Ontario.

Applicants must also successfully complete either the examination set by the Canadian Association of Medical Radiation Technologists (CAMRT) for the specialties of radiography, nuclear medicine, magnetic resonance or radiation therapy, or the examinations set by the Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (OTIMROPMQ) for the specialties of radiography, nuclear medicine, radiation therapy or diagnostic medical sonography; or the examination(s) set by Sonography Canada for the specialty of diagnostic medical sonography. These are the examinations approved by the CMRITO Council. These competency-based examinations ensure candidates have acquired the necessary competencies as defined in the national competency profiles to provide safe care for patients. The national competency profiles are developed by the certification bodies and reflect the required competencies for practice in Canada. The competency profiles are reviewed and approved by the CMRITO Council and are the basis of the accreditation process and the national certification examinations.

The Registration Regulation requires that all applicants complete a course in jurisprudence prior to registration to understand the complex laws, regulations, and standards of practice that each registrant must meet to practice safely in Ontario.

The CMRITO website has a series of pages that are set up to provide applicants with information on the registration requirements and the documentation that is required for applicants to demonstrate that they meet the requirements for registration.

For international applicants, the College has developed a career map that provides step-by-step instructions on the application process, the evaluation process, the registration requirements, and sets out what documentation is required to support an application for registration. The Career Map for Internationally Educated Medical Radiation Technologists can be [found here](#).

The CMRITO has developed an application guide for each category of applicants applying for a certificate of registration, which includes information about the registration requirements and the information or documentation that applicants must provide to demonstrate they meet the requirements:

- [graduates of approved Ontario educational programs in medical radiation and imaging technology](#)
- [graduates of accredited educational programs in medical radiation and imaging technology in one of the other provinces in Canada and who have not become registered in a jurisdiction or applicants who have been engaged in the practice of the profession in an unregulated jurisdiction \(non-labour mobility\)](#)
- [applicants who are currently registered in another regulated jurisdiction in Canada \(labour mobility\)](#)
- [applicants who have completed a program in medical radiation and imaging technology outside of Canada.](#)

As the application process is an online process, applicants are required to upload copies of their documents to a secure document management system. The CMRITO registration staff review all documentation that has been provided by applicants for completeness and authenticity. These staff members are provided with orientation and training in processing applications and reviewing the documentation that is provided. The College has developed specific

		standardized business processes for reviewing different types of applications. When an application is received, the registration team follows the relevant process to ensure that the documentation provided is validated and demonstrates that the registration requirements have been met. The members of the Registration Committee have also received training from WES in the past on how to detect fraudulent documents, and any documents that raise concerns will be sent to a credentialling agency such as WES or ICAS for validation of the program and confirmation of the graduation of the applicant from that program. In addition to the above, there are several other operational processes that are used to ensure that the documentation provided by applicants meets the registration requirements. CMRITO obtains confirmation directly from Program Directors for Ontario graduates of approved programs who apply for a certificate of registration. The Program Director confirms that a student has successfully completed their program in medical radiation and imaging technology and attests that their validation is evidence of each applicant’s successful completion of one of the approved programs in medical radiation and imaging technology. Where an applicant has provided information relating to their recent practice, if there are any concerns, the CMRITO will contact the supervisor who has completed the certificate of competence to validate the information that has been provided. As described above all applicants for registration with the CMRITO are required to complete one of the approved examinations in the specialty for which they are applying. The CMRITO has an agreement with the certification examination providers and the results from each examination sitting are sent directly to the CMRITO. In this way the College can validate the examination results that are provided by the applicant to support their application for registration. Medical radiation and imaging technologists who are currently registered by a regulatory authority in a province other than Ontario and to whom Canadian labour mobility provisions may be applicable do not need to provide proof of program completion or proof of passing the approved examinations. They are, however, required to provide a certificate from the out-of-province regulatory authority of every jurisdiction where they currently hold an out-of-province certificate of registration. This certificate must establish, to the satisfaction of the CMRITO, that they are in good standing in that jurisdiction. The CMRITO is a member of the Alliance of Medical Radiation and Imaging Technologists of Canada (AMRITRC). The AMRITRC is a group of provincial regulators, who collaborate regarding the regulation of medical radiation and imaging technologist to enhance safe, competent, and ethical care for Canadians. The six MRIT regulatory authorities in the AMRITRC have agreed to use a standard out of province certificate for MRITs who hold a current registration in another regulated jurisdiction. The certificate includes information on: • Name of worker • Registration status • Type of certificate of registration including the specialty(ies) in which they are registered • Any protected title the worker is entitled to use • Any terms, conditions or limitations on the certificate of registration • Good character information such as • current referrals to the Discipline Process/Committee • past findings of professional misconduct • any other information relating to the worker’s competency, conduct or character
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		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			- Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. See narrative below - Please provide the date when the criteria to assess registration requirements was last reviewed and updated. In 2023 as part of the review of the Registration Regulation for: - the implementation of an emergency class of registration - the updated registration regulation to make all registration requirements exemptible except for completion of the national certification examinations	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			<i>Additional comments for clarification (optional)</i> 9.1.b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices. Yes, the College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices. The review of registration criteria is an ongoing process. As part of the annual reporting to the Office of the Fairness Commissioner of Ontario (OFC) the entire registration process is reviewed annually to evaluate if the registration processes and practices are fair, impartial, transparent, and objective. A link to the last review completed for the OFC can be found here. The College has completed several directed evaluations of specific registration criteria in the past including: - An independent analysis of the necessity and relevance of the requirements for practical training and/or work experience, including any practicum, mentorship, internship, or residency requirements. - A comprehensive research project to determine the required cut scores on several language fluency tests to determine the occupational communicative competencies required for safe practice in medical radiation and imaging technology and to determine the minimum required scores for applicants on selected language fluency tests. The project resulted in additional language fluency tests being approved for use by applicants and through active collaboration with other regulators of medical radiation and imaging technologists in Canada and the national association for medical radiation technologists (CAMRT), standardization was achieved across Canada on the tests and scores that are approved for assessment of language fluency. - Participating in a project with the national association of medical radiation technologists (CAMRT) and other regulators of medical radiation technologists to standardize the process for evaluation of the competence of applicants who apply for registration in jurisdictions across Canada.	

	• An internal review of the assessment process for evaluating the education and training completed by applicants to streamline and update the assessment of programs to ensure substantial similarity to an approved educational program in Ontario. The Registration Committee considered the principles of right touch regulation in its review and is updating its PLAR assessment tools to ensure it continues to recognize both formal and experiential learning completed by applicants. The CMRITO is a member of the Alliance of Medical Radiation and Imaging Technologists of Canada (AMRITRC). The AMRITRC is a group of provincial regulators, who collaborate regarding the regulation of medical radiation and imaging technologist to enhance safe, competent, and ethical care for Canadians. In 2022 the AMRITRC held an Internationally Educated Medical Radiation Technologist (IEMRT) symposium to discuss and consider: • Concerns with assessment in the 21st century • Perspectives, challenges, and possibilities for IEMRTs • Current state of support and resources • Innovations and possible solutions to improving access for IEMRTs In 2024 work continued expanding the learnings from the symposium. The working group that was created in 2023 to review and align the national guidelines for the assessment of IEMRTs continued in 2024. Based on this work the Canadian Association of Medical Radiation Technologists (CAMRT) was successful in securing federal research funding to develop a bridging program for internationally educated medical radiation technologists (IEMRTs). A working group has been created to provide support for this important initiative. The CMRITO is supporting both the AMRITRC and the college in this initiative and is sitting on the Project Advisory Council. The six MRIT regulatory authorities in the AMRITRC have aligned registration processes to reflect best practices across Canada, to facilitate the free movement of medical radiation and imaging technologists under the labor mobility provisions of the Canadian Free Trade Agreement (CFTA). This group continually collaborates to ensure that criteria and processes that are used for registration reflect best practices. The CMRITO, as part of our ongoing continuous quality improvement activities, monitors changes in practices and processes within the larger regulatory industry. The CMRITO supports College staff and Council and committee members to attend conferences and seminars, related to the regulation of health professionals, to keep abreast of changes. to network and to collaborate to identify best practices. The College maintains membership in several organizations to garner knowledge about changes in best registration practices, including: • Ontario Regulators for Access to Care (ORAC) registration working group • Council on Licensure, Enforcement and Regulation (CLEAR) • The Canadian Network of Agencies of Regulation (CNAR) • Health Professions Regulators of Ontario (HPRO) On January 1, 2020, the Medical Radiation and Imaging Technology Act, 2017 (the MRITA) came into force. The MRITA changed the name of the CMRTO to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) and changed the name of the profession to the profession of medical radiation and imaging technology. In preparation for this change, the CMRITO Council conducted an extensive review of the existing registration regulation with respect to best practices in regulation and circulated proposed changes to the regulation to registrants and stakeholders for comment. Following a review of the comments, the Council in 2020 approved the new Registration Regulation to be made under the MRITA.
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			On July 1, 2024, the CMRITO Registration Regulation O.Reg 31/24 came into force. The new Registration Regulation streamlines the regulation so that it reflects the consistency of the registration requirements for all five specialties that are regulated by the CMRITO – radiography, radiation therapy, nuclear medicine, magnetic resonance, and diagnostic medical sonography. The registration regulation expands the information applicants and registrants must provide regarding their past and present conduct, consistent with amendments made to the Health Professions Procedural Code. The new registration regulation also makes all registration requirements exemptible except for the requirement that an applicant successfully complete the examinations approved by Council. This change will provide the Registration Committee with additional flexibility when assessing how applicants can meet the registration requirements and be approved for registration.
		Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	
		c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement: Yes
			- Please briefly describe the currency and competency requirements registrants are required to meet. It is a condition of a specialty certificate of registration that, within every five-year period after issuance of the certificate, a registrant must engage in competent practice as a medical radiation and imaging technologist in at least one of the specialties in which they hold a certificate of registration. The CMRITO monitors that registrants meet the currency and other competency requirements annually, through self-declaration at the time of the annual renewal of their registration. Registrants who have resigned from the CMRITO who wish to reinstate their certificate of registration must meet the registration requirements. - If a former registrant is reinstating after resignation within five years of their last date of competent practise, or the former registrant was suspended for failure to pay fees, they are required to complete a Certificate Respecting Clinical Practice for each specialty in which they wish to reinstate and must have their a direct clinical supervisor sign the Validation of Clinical Supervisor section of the Certificate Respecting Clinical Practice to confirm that they have competently performed the listed procedures within the last five years. A direct clinical supervisor must be someone who has supervised their practice daily – including medical radiation and imaging technologists practising in the same specialty, patient care managers, radiologists, cardiologists, or radiation oncologists. - If it has been over five years since the former registrant last practised as a medical radiation and imaging technologist in any jurisdiction, they are required to complete a retraining program as determined by the Registration Committee before they are eligible for reinstatement. - Please briefly describe how the College identified currency and competency requirements. The practice of medical radiation and imaging technology is the use of ionizing radiation, electromagnetism, soundwaves, and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures. Registrants are authorized to perform the following authorized acts while engaging in the practice of medical radiation and imaging technology, subject to the terms, conditions and limitations imposed on their certificate of registration:

1. Administering substances by injection or inhalation.
2. Tracheal suctioning of a tracheostomy.
3. Administering contrast media, or putting an instrument, hand, or finger,
 - Beyond the opening of the urethra,
 - Beyond the labia majora,
 - Beyond the anal verge, or
 - Into an artificial opening of the body.
4. Performing a procedure on tissue below the dermis.
5. Applying a prescribed form of energy.

The Standards of Practice describe the expectations for competent and professional practice of members of the College.

Approved educational programs in medical radiation and imaging technology include a substantial component of the program allocated to clinical training. MRTs and DMSSs, like other professionals, need not only acquire a base of scientific knowledge but must also be able to judge when that knowledge is applicable to a particular practical situation or problem and must have the skill to apply the knowledge in the solution of the problem. Through this clinical training, graduates of the approved programs acquire the necessary competencies to perform a variety of procedures or treatments related to the specialty, and practise safely and in accordance with the Standards of Practice of the CMRITO. Registrants who are graduates of approved programs have demonstrated the entry to practice competencies as defined in the competency profiles of the profession.

The Registration Committee, when reviewing applications for registration from internationally educated applicants considers the following factors to determine whether an applicant has provided satisfactory evidence of meeting the currency and competence to practice requirements:

- Whether the list of procedures that an applicant has performed is similar to those performed by medical radiation and imaging technologists in the same specialty in Ontario;
- whether an applicant's direct clinical supervisor has confirmed that they have performed and is competent to perform the procedures listed;
- whether an applicant has performed the procedures listed within five years immediately prior to the date of their application for registration with the College; and
- whether an applicant has demonstrated a knowledge of the laws governing the practise of MRITs in Ontario.

Registrants of the CMRITO continue to develop their competence through work experience in medical radiation and imaging technology and at the annual renewal of registration each year, registrants are required to attest to their competence to practice and confirm their participation in the College's Quality Assurance Program.

	- Please provide the date when currency and competency requirements were last reviewed and updated. In 2023 as part of the review of the Registration Regulation for the implementation of an emergency class of registration and as part of the consultation for the approval of the new registration regulation, which was effective July 1, 2024, the new registration regulation makes all registration requirements exemptible except for the requirement that an applicant successfully complete the examinations approved by Council - Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. The CMRITO monitors that registrants meet currency and other competency requirements annually through self-declaration at the time of the annual renewal of their registration, with individual follow up as necessary. Please see the narrative below for more information.
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
	Additional comments for clarification (optional) 9.2.a. A risk-based approach is used to ensure that currency and other competency requirements are monitored and regularly validated. Yes, the CMRITO uses a risk-based approach to ensure that registrants continuously demonstrate that they are competent to practise safely and ethically. Under the <i>Regulated Health Professions Act, 1991</i>, all CMRITO registrants are required to renew their registration each year to be legally authorized to practise the profession of medical radiation and imaging technology in Ontario. It is a condition on every registrant’s certificate of registration that they must only practice in the areas in which they are educated and experienced. CMRITO registrants are authorized to practise in more than one specialty provided they have the knowledge, skills, and judgement to practice competently and safely and in accordance with the Standards of Practice of the CMRITO. It is a condition of a specialty certificate of registration that, within every five-year period after issuance of the certificate, a registrant must engage in competent practice as a medical radiation and imaging technologist in at least one of the specialties in which they hold a certificate of registration. There are several additional conditions of registration that a registrant attests to at the time of annual renewal of their certificate of registration. Registrants must: - provide the College with details of any of the following that relates to them: - A finding of guilt for any offence, including any criminal offence and any offence related to the regulation of the practice of the profession. Offences relate to findings of guilt made by a court that are typically punishable by a fine or jail term. - A finding of professional misconduct, incompetency, or incapacity, in relation to any profession, either in Ontario or in another jurisdiction. - If they are the subject of an investigation or a proceeding involving an allegation of professional misconduct, incompetency or incapacity, in relation to any profession, either in Ontario or in another jurisdiction. Registrants also make several declarations at renewal to confirm compliance with ongoing requirements including: - Confirming participation in the College's Quality Assurance Program including an attestation that they understand the requirements of the Quality

		- Assurance Program and are complying with the requirements of the program - Agreeing to comply with all requirements under the legislation and the Standards of Practice - Agreeing to only use the appropriate protected titles in their practice - Confirming they understand that they must maintain professional liability insurance or protection against professional liability in accordance with the requirements set out in the by-laws of the College if they are engaging in the practice of medical radiation and imaging technology. - Agreeing to pay the annual renewal fees and update personal information as required by the bylaws - Acknowledging their understanding that information that is designated as public information in the bylaws will be posted on the public register of members - Acknowledging that the CMRITO uses personal information provided by a member for regulatory purposes and as described in the Privacy Code. The CMRITO renewal process for registrants is completed online through the CMRITO portal. The renewal process was updated and streamlined in 2022 to improve registrants’ understanding and promote compliance with the requirements for updating their information. The questions related to the declarations that registrants are required to make are monitored for unexpected responses. An unexpected response to any of the declarations raises a flag in the system and an email is sent to registration staff to review the renewal for that registrant. Processes are in place to flag the registrant’s file for follow-up by the professional conduct or quality assurance teams, depending on the flag that has been triggered in the system. Staff then contact the registrants directly for further information related to the response and appropriate action as required through other College processes. For example, if a registrant identifies that they have been found guilty of an offence, the professional conduct team will be notified and will contact the registrant to obtain further information.
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² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

		Measure: 9.3 Registration practices are transparent, objective, impartial, and fair.	
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: - Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. OFC Fair Registration Practices report - 2023 OFC risk rating for the CMRITO – February 20, 2024 - Where an action plan was issued, is it: No Action Plan Issued	Met in 2023, continues to meet in 2024
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (if needed) 9.3.a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC). The CMRITO had no recommendations or actions for improvement from its most recent Audit by the Office of the Fairness Commissioner (OFC). The CMRITO last filed a Fair Registration Practices Report with the Office of the Fairness Commissioner (OFC) on July 15, 2024, regarding registration practices for 2023 On February 20, 2024, the OFC assigned CMRITO a low-risk rating under their Risk-Informed Compliance Framework (RICF). This rating reflects CMRITO’s full compliance with the OFC’s objectives and recommendations and a low-risk rating for future fairness risks. The letter from the OFC can be viewed at this link. OFC Risk Rating for the College of Medical Radiation and Imaging Technologists of Ontario All these reports and filings can be viewed at this link.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
		Required Evidence	College Response	
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or	The College fulfills this requirement:	Yes
			Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided Does the College always provide this level of support: Yes If not, please provide a brief explanation: The support for new and existing registrants to continue to develop their knowledge of the Standards of Practice continued in 2024, as part of the internal organizational goal of supporting members in meeting their accountabilities as self-regulated health professionals.	

		guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	In 2022 and 2023 the QA Committee engaged the support of an external consultant to review and revise the QA Program. The QA Committee determined that the QA program relaunch would: • Continue to meet the College’s commitment to protecting the public by ensuring that members maintain safe and competent practice • Be reflective of the scope and nature of the practice of the profession. The work completed for the relaunch of the QA ePortfolio also aligned with the CMRITO Strategic Plan 2022-2024 which included the goal of “Refining our Quality Assurance Program as necessary to best support medical radiation and imaging technologists in providing safe and effective patient care”. Through the project to refine the QA Program, the QA Committee also ensured the review and revisions to the QA Program aligned with the principles of right touch regulation and the College’s QA framework. The approved revisions included enhancements to the self-assessment component of the QA ePortfolio, which require registrants to review and complete a self-assessment against two standards, selected annually by the QA Committee. The QA ePortfolio and self-assessment was further enhanced to add links to resources related to the standards, allowing registrants to enhance their knowledge and understanding of the Standards of Practice. The enhancements to the QA ePortfolio launched in 2024. In 2024, the QA Committee determined that registrants would be required to complete a targeted self-assessment against Standard of Practice 5, Relationships with Patients, and Standard of Practice 7, Records and Reporting. To support registrants in achieving this goal, CMRITO produced three videos that were targeted at supporting registrants in meeting their obligations: • CMRITO Standards of Practice Standard 5: Relationships with Patients • CMRITO Standards of Practice Standard 7: Records and Reporting • QA ePortfolio User Instructions The two videos about the Standards of Practice were developed to help registrants better understand the Standards of Practice and their responsibilities/accountabilities as MRITs.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional)</i> 10.1.a. Provide an example of how the College has assisted registrants in the uptake of a new or amended standard: The resources that are always available to assist registrants in applying the standards of practice or practice guidelines to their practice include: • Practice advisory service: The CMRITO provides one on one consultation services for registrants who have questions or require assistance with practice related matters. Registrants are able to call and connect with a practice advisor, send an email to the dedicated practiceadvice@cmrito.org mailbox or use the contact us feature on the website to submit questions and requests for advice around the legislated requirements and standards of practice for MRITs.		

- **Website and Social Media:** The CMRITO website also has a dedicated page for [professional practice](#) that includes links to important practice documents and other resources. To alert registrants to changes on the website and to advise them about important information, CMRITO has made extensive use of social media platforms including Facebook, LinkedIn, and Twitter.
- **Newsletter:** The CMRITO has a digital newsletter, “Insights” that is produced at least three times per year to update registrants about the activities of the College, provide important updates on changes and provide other pertinent information. A new feature in the newsletter “That’s a good question!” addresses specific topics that have been identified as themes that require further clarification for registrants. Copies of Insights can be found [here](#).
- **What you must know about ... (WYMKA):** The CMRITO guideline publications ‘*What you must know about ...*’, or ‘WYMKA’ explain the legal requirements regarding the practice of medical radiation and imaging technology in plain language. These publications also provide detailed practice guidelines to assist registrants in providing excellent care to their patients, such as those found in ‘*What you must know about ... communicating with patients*’. The CMRITO has developed a series of WYMKAs for a number of topics which can be found [here](#).
- **Webinars:** The CMRITO recognizes that everyone learns in different ways and that having resources in media, other than written documents is important to address these different learning needs. To that end, the CMRITO has developed several webinars and videos to provide registrants with an alternative method of support and to promote understanding of requirements and guidelines. The CMRITO website has a page where this material is available to registrants which can be accessed [here](#). The most recent webinars were recorded to provide guidance for registrants to perform one of the authorized acts and how the Standards of Practice applies to them.
- **Annual Quality Assurance Program:** Each year, every registrant is required to complete a self-assessment based on the CMRITO’s standards of practice, including the Practice Standards and the Indicators related to each Practice Standard. Using an online self-assessment tool within their QA ePortfolio, registrants are required to assess their individual practice against a minimum of two of the eight Practice Standards and the Indicators related to that Practice Standard. A registrant may identify opportunities to enhance their knowledge of a particular Practice Standard and Indicators through this annual self- assessment and reflection process.
- **Jurisprudence Course:** All applicants, and registrants who are re-registering, are required to complete an online jurisprudence course and quiz that is available on the CMRITO website [here](#). Registrants have access to the jurisprudence course and quiz through their online QA ePortfolio. The course consists of nine learning modules and completion of the course can be used by registrants to meet part of their continuing education requirements. The jurisprudence course provides an overview of relevant regulations and laws.
- **In person workshops and townhalls:** The CMRITO has always valued face to face interactions with registrants to update them on important changes. The Registrar & CEO has conducted several in-person, province wide workshops and presentations for registrants over the past 10 years. These presentations have provided a vehicle to interact with registrants and provide a forum for addressing questions about important upcoming changes. The regulation of diagnostic medical sonographers and the changes to the scope of practice statement and controlled acts would be examples of the focus of some of the presentations. In 2020, the Deputy Registrar & Registration Director conducted a workshop in Toronto before the pandemic began. These workshops have been migrated to a webinar format to be delivered in an online format. The first of the series, developed around the Practice Standard – Relationships with patients, was well received by registrants with a record number of attendees. Work continued in 2024 to develop the webinars for the rest of this series of

		presentations focused on the Standards of Practice. • Conference Booth: CMRITO staff attend conferences related to the profession and set up a booth that is staffed by the professional staff. The booth provides a mechanism to interact with registrants attending the conference to address questions and provide registrant support. Attendance at the conference also enables professional staff to remain current regarding practice and industry changes.
Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation³.		
	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:
		Met in 2023, continues to meet in 2024 • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. Information on the QA Program and the assessment methods can be found on the website at this link The resources available to registrants can be viewed on the website at this link Quality Assurance Program Quality Assurance Individual Practice Assessment Framework and Guidelines The CMRITO randomly selects a percentage of registrants in each of the five specialties to undergo a QA assessment each year. These assessments have historically included an assessment of the registrant's QA ePortfolio, or a Peer and Practice Assessment using a Multi-Source Feedback (MSF) System that includes a self, peer and coworker, and patient assessment that is based on the College's Standards of Practice. The College also has a process for having a registrant undergo an Individual Practice assessment if there is a need for a further assessment of a registrant's practice. The MSF assessments were suspended in 2020, because of the pandemic, to follow infection control recommendations. The CMRITO Strategic Plan 2022-2024 includes the following goal: Refining our Quality Assurance Program as necessary to best support medical radiation and imaging technologists in providing safe and effective patient care. To support this goal the QA Committee proposed a review of the MSF assessment process. The project was approved by the Council as part of the 2022 Operational Plan and a budget was assigned to the project. The QA Committee managed the project. Based on the findings of the MSF assessment review, the QA Committee recommended that the MSF tool be discontinued and the QA ePortfolio be enhanced to include a risk-based approach to the assessment which promotes a better understanding of the standards of practice amongst registrants and supports their provision of safe and effective patient care. This is aligned with the expectations set out in the Ministry of Health's College Performance Measurement Framework (CPMF), as well as the CMRITO's strategic plan. Council approved the discontinuation of the MSF assessment program and the implementation of the enhancements to the QA ePortfolio. The enhancements to the QA ePortfolio were launched January 1, 2024. Council approves the percentage of registrants that are randomly selected for an assessment each year, based on the recommendations of the QA Committee, which may include a targeted assessment or prioritization of areas of focus. The Council has approved approximately 20% of the registrants to undergo a QA assessment for the past few years, which effectively means that each registrant is required to undergo a random assessment at least once every five years.

			Registrants are also required to complete declarations regarding their participation in the QA Program each year at the time of their annual renewal of registration. Where registrants have attested that they have not complied with the requirements of the QA Program, further follow-up and assessment is triggered through this process. - Is the process taken above for identifying priority areas codified in a policy: Yes The requirements for the QA Program are set out in the Quality Assurance Regulation (Ontario Regulation 375/12) made under the <i>Medical Radiation and Imaging Technology Act, 2017</i>. In accordance with the requirements of the QA Regulation, the Council has approved the following policies respecting the selection of members for participation in the QA Program annually. Policy 7.1 Quality Assurance Portfolio Percentage of Members (reviewed 2024) Policy 7.3 Random selection without replacement (reviewed 2024) Policy 7.4 Continuing education and professional development activities (reviewed 2024) Policy 9.2 Registrants who resign or reinstate during a QA assessment cycle (amended 2024)
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.

			10.2. The College has processes and policies in place to effectively administer the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation Yes, the College has processes and policies in place to administer the assessment components of the QA Program in a manner that is aligned with right touch regulation. The Quality Assurance Committee (QAC) has adopted the principles of right touch regulation in the administration of the QA Program for the CMRITO. The QAC has completed training on right touch regulation. A link to the presentation can be found here. Principles of right touch regulation are revisited annually through orientation, attended by all committee members, and education training sessions. In 2024 the QAC participated in an education training session with CMRITO’s legal counsel on risk, right touch, and the road ahead. The right touch methodology that the QAC employs when evaluating QA assessments completed by registrants, includes a thorough assessment of any identified issue before solutions are developed. The QAC is committed to being agile in proposing solutions, after considering the level of risk to the public and ensuring the response is proportional to the issue. 10.2. a. The College has processes and policies in place outlining how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; A right touch regulatory approach is used in multiple levels of the program administration and forms the basis of the principles the QAC uses to complete assessments of the QA activities undertaken by registrants. The QA Program has been developed to include escalating levels of assessment to provide targeted and agile options to the QAC as they fulfill their responsibility to administer the program. All registrants of CMRITO are required to complete a QA ePortfolio each year that includes completing a self-assessment based on the standards of practice of the College and a QA profile to describe the registrant’s practice as well as maintaining a record of the continuing education and professional development activities they have completed in that year. The record of the activities includes a reflection component where registrants must identify how the activity contributed to their learning and how that learning improved the quality of their practice.
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			A percentage of registrants are randomly selected each year, or are individually selected by the QAC, to have their QA records (QA ePortfolio) assessed. QA assessors appointed by the QAC review the QA ePortfolios to ensure they comply with the requirements of the program and identify any areas of concern. Any areas of concern identified through the assessment of the QA ePortfolios are brought to the QAC for evaluation and determination of next steps. The escalation processes that the QAC could employ are documented in flowcharts that ensure the QAC employs a structured, consistent, proportionate approach to reaching decisions and supports accountability for their decisions. Where the QAC identifies concerns with a registrant’s practice a further Individual Practice Assessment (IPA) by means of an assessor can be implemented. The IPA is a diagnostic tool that is implemented when the screening tools identify areas where further assessment is required in relation to a registrant’s practice. The QAC may also require a registrant to complete a SCERP to support understanding and compliance with the QA Program and address deficiencies. Policies • Policy 9.4 - Quality Assurance (QA) Portfolio Assessment (amended June 2024) • Policy 9.5 - Quality Assurance (QA) Portfolio Assessments – Fail to submit • Policy 9.6 - Quality Assurance (QA) Portfolio Assessment – Fail to meet criteria In addition to these policies the QA Committee has developed the following processes to support the above policies.
			Processes • Flowchart and Guidelines: QAP – Registrants who resign or reinstate during a QA assessment cycle • Flowchart and Guidelines: QAP – member failed to submit • Flowchart and Guidelines: QAP – member failed to meet criteria • Flowchart and Guidelines: QAP –require member to complete a SCERP

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:		Yes								
			- Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s) OR please briefly describe right touch approach and evidence used. Right Touch Regulation 2019 – Presentation to the Quality Assurance Committee Principles of ‘right touch’ regulation are found throughout the QA Program in that only when registrants are not compliant with the QA program, or demonstrate concerns in areas that may be considered high risk to the public, are further actions taken by the QA Committee which may include one or more of the following: - an Individual Practice Assessment can be ordered, - the registrant could be required to complete a SCERP which may include attendance at a mentored education session, or - the registrant could be referred to the ICR committee if there is concern of incapacity or incompetence. - Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2022 and 2023 <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <table><tr><td>– Public</td><td>Yes</td></tr><tr><td>– Employers</td><td>Yes</td></tr><tr><td>– Registrants</td><td>Yes</td></tr><tr><td>– other stakeholders</td><td>Yes</td></tr></table> The right touch approach was implemented in 2015. As part of their ongoing continuous quality improvement activities, the QA Committee regularly evaluates their policies and procedures to determine whether they are appropriate, require revisions, or if new direction or changes are required. CQI changes to the policies and guidelines are made based on new evidence and data, changes in the practice environment and for alignment with best practices regarding the right touch approach. In 2022 and 2023 the QAC engaged the support of an external consultant to assist with the review of the MSF assessment program and alignment with the entire QA Program, which also included a review of the CMRITO’s implementation of the principles of right touch regulation. The CMRITO Strategic Plan 2022-2024 includes the following goal: Refining our Quality Assurance Program as necessary to best support medical radiation and imaging technologists in providing safe and effective patient care. Throughout the project to refine the QA Program, the QA Committee ensured the review and revisions to the QA Program aligned with the principles of right touch regulation and the College’s framework.		– Public	Yes	– Employers	Yes	– Registrants	Yes	– other stakeholders	Yes	
			– Public	Yes									
– Employers	Yes												
– Registrants	Yes												
– other stakeholders	Yes												
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.											

		<i>Additional comments for clarification (optional)</i> 10.2. ii. The College has processes and policies in place outlining details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities). The College’s process to determine which registrants will undergo an assessment activity begins with a random selection of registrants for assessment of their participation in the program each year. A percentage of registrants are selected randomly each year to undergo an assessment of their QA ePortfolios. An example of where the QAC has exercised the principles of right touch regulation in assisting registrants to comply with the requirements of the program is requiring registrants, who have been identified through the screening assessment process, to complete an educational video with a coaching/mentoring component. The purpose of this is to support registrants to understand their obligations and accountabilities as self-regulated professionals in Ontario and the implications of failing to meet those obligations, rather than directly referring the registrant to the ICRC. The resulting compliance of these registrants with the QA Program requirements is evidence of the success of this approach. The policies outlining details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity are listed below and can be viewed by clicking on the links: Policies Policy 9.6 - Quality Assurance (QA) Portfolio Assessment – Fail to meet criteria In addition to this policy the QA Committee has developed the following processes to support the above policies. Processes • Flowchart and Guidelines: QAP –require member to complete a SCERP • Flowchart and Guidelines: QAP – member failed to meet criteria	
	iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr></table> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. See the narrative below for more detail. The policies listed below outline the criteria that are considered to inform remediation activities: • Policy 9.4 - Quality Assurance (QA) Portfolio Assessment (amended June 2024) • Policy 9.5 - Quality Assurance (QA) Portfolio Assessments – Fail to submit • Policy 9.6 - Quality Assurance (QA) Portfolio Assessment – Fail to meet criteria 10.2. a. iii The College has processes and policies in place outlining the criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:
The College fulfills this requirement:	Yes		

	Criteria have been developed that inform which remediation activities may be required based on the outcomes of a QA assessment. The CMRITO has not developed a specific policy outlining the types of remediation activities as these activities vary and are dependent on the type of QA assessment that has been completed and the circumstances of each situation. The policies listed below identify where in the process of administering each of the different QA assessment methods, remediation activities are considered and would take place. The QAC has developed flowcharts which set out the pathways to identify the required remediation activities where registrants don't meet the criteria for compliance with the program requirements through the assessment they have completed, or where they have not complied with the requirements of the program. These flow charts support the QAC policies, which are based on the requirements in the QA regulation. An example of a process that identifies registrants who may not meet the criteria for compliance with the QA Program is one that touches each registrant each year at the time of their annual renewal of registration. Each registrant is required to complete declarations each year as part of their annual renewal. This component of the QA Program requires registrants to confirm their understanding of their obligations with respect to participation in the QA Program and their compliance with the requirements. Where registrants indicate that they are not in compliance with the requirements of the QA Program, follow-up by assessors, appointed by the QAC is initiated. Depending on the specific circumstances of the registrant, they may be referred to the QAC committee for evaluation, and to determine whether remediation activities are appropriate in the circumstances. Examples of the criteria that will inform remediation activities for an individual practice assessment are listed in the IPA Handbook, which can be viewed here. A copy of the handbook is provided to any registrants who are required to undergo an IPA to ensure transparency on the process for registrants. Where the QAC has determined that a screening assessment, such as the QA ePortfolio, has identified concerns about a registrant’s practice, the QAC determines if they have sufficient information to determine an Outcome Action Plan (OAP) or whether further information is needed. Additional information is gained through completing an IPA. If the concerns about the registrant’s practice are confirmed, the level of risk is then determined using a risk assessment framework. The level of risk assigned to the concern determines the most appropriate OAP. The policies outlining the criteria that will inform the remediation activities a registrant must undergo, based on each type of QA assessment, are listed below, and can be viewed by clicking on the links: Policies • Policy 9.5 - Quality Assurance (QA) Portfolio Assessments – Fail to submit • Policy 9.6 - Quality Assurance (QA) Portfolio Assessment – Fail to meet criteria In addition to the above policies the QA Committee has developed the following processes to support the above policies. Processes • Flowchart and Guidelines: QAP – member failed to submit • Flowchart and Guidelines: QAP – member failed to meet criteria • Flowchart and Guidelines: QAP –require member to complete a SCERP • QA IPA Framework and Guidelines
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			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.		
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
			- Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. - Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. See narrative below	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
Additional comments for clarification (if needed)				
10.3.a The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising. Yes, the College tracks the results of remediation activities a registrant has undertaken as part of the QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising. The College has developed an application for managing the QA Program in the College register database. The application has been customized by the QA staff and enables tracking of registrants engaged in the various processes of the QA Program, including tracking the progress of remediation activities a registrant is directed to undertake. Registrants are directed to complete remediation activities by the QAC as identified through one of the QA assessment methods. One of the remediation activities a registrant could be directed to undertake includes an Individual Practice Assessment (IPA). The QAC have identified several assessment methods that the QAC can use to complete an IPA. Further information on this can be found at this link. Through this process the QAC will identify an outcome action plan (OAP), if appropriate, and direct a registrant to complete the plan. The QAP could include such remedial activities as completing a specific continuing education remedial plan (SCERP), imposing terms, conditions, and limitations on a registrant’s certificate of registration, or appointing a mentor to support the registrants in improving the identified area of concern in their practice. Examples of remediation activities where the results of an assessment are tracked to determine if a registrant who was directed to undertake a remediation activity subsequently demonstrates the required knowledge, skill and judgement while practicing include: Where a registrant is directed by the QAC to complete a SCERP. An example of such a SCERP is the jurisprudence course. The College has developed				

			a jurisprudence course that is available to registrants in their online QA ePortfolio. The jurisprudence course includes nine learning modules which are designed as an overview of relevant regulations and laws. On completion of the course, a registrant must answer all the questions correctly to successfully complete the assessment quiz. The registrant must repeat the quiz until they achieve the required 100%. In this way, the registrant must have sufficient knowledge of the content to be able to complete the course. If a registrant is directed to complete this course, the result is tracked and will be provided to the QAC as part of their ongoing assessment of compliance with the requirements of the remediation. • Where a registrant is directed by the QAC to complete a SCERP. An example of such a SCERP involves completion of an educational video with a coaching/mentoring component to support registrant understanding of their obligations and accountabilities as self-regulated professionals in Ontario as it relates to QA Program. Registrants complete a questionnaire to verify understanding, which is reviewed by approved assessors and the QA Committee. Registrants may also be required to submit their QA ePortfolio the following year to assess the effectiveness of the remediation. • When a mentor is appointed by the QAC to meet with a registrant. Mentors have been appointed from time to time by the QAC when a registrant has submitted a QA ePortfolio that does not comply with the requirements of the program. The mentor meets with the registrant to provide direction, support, and assistance to the registrant in understanding their accountability as a self-regulated professional to comply with the QA Program requirements. Once the registrant has made submissions to the QAC, the QA ePortfolio is reassessed to determine if the registrant is now in compliance and has therefore demonstrated the required knowledge, skill, and judgement.
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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement: Yes - Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Information regarding the College’s complaints process is available under the “Public” tab, here. This includes frequently asked questions (FAQs) for members of the public, here. - Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. See narrative below.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional) 11.1.a.i The different stages of the complaints process and all relevant supports available to complainants are supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up The different stages of the complaints process are clearly communicated and set out on the CMRITO’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage. The same information is communicated directly to individuals who inquire about the CMRITO’s complaints process, and those individuals who choose to proceed in filing a complaint. Process information is provided in the manner requested by members of the public (verbally over the phone, in writing via email, or in writing via hard copy letter) by dedicated intake staff who can answer any questions. CMRITO has processes, procedures, and an electronic checklist to ensure that all relevant information is received during intake and at each stage of the complaints process. Designated intake staff trained in empathetic intake ensure relevant information is obtained from the complainant in a respectful, empathetic, and trauma informed manner. The information that is initially required on intake is limited and clearly articulated on the website. This is because complainants to the CMRITO often do not have the name of the registrant they are complaining about. The complainant will have the date, time, and location of their procedure or examination, and using this information, CMRITO staff work with the management of the facility to identify the registrant. Once the registrant is identified, CMRITO staff send the complaint to the registrant requesting their response in accordance with the processes set out in the RHPA. The CMRITO process also includes sharing the	

		registrant's response with the complainant with a request for their comments. This step has been included for many years on the recommendation of the Health Professions Appeal & Review Board (HPARB). From that point forward the investigation is directed by the ICRC in accordance with the RHPA. The CMRITO has developed a Professional Conduct (PC) application in the College Register database. This application has been customized to meet the needs of the PC team for information gathering and case management. At each stage of the process relevant information is recorded and progress on the management of the case is tracked. If a complainant alleges that they have been sexually abused by a registrant, PC staff refer the complainant to the College's Legal Counsel (for the period between January 1, 2024 and November 30, 2024) or the College's external legal counsel (from December 1, 2024 onward) for information on funding for therapy and counselling. The College's Legal Counsel, in turn, supports CMRITO's Patient Relations Committee. 11.1.a.ii The different stages of the complaints process and all relevant supports available to complainants are clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy). Yes, the different stages of the complaints process are clearly communicated and set out on the CMRITO's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage. Information on the College's complaints process is available on our website under the "Public" tab, here. As outlined above, this includes an FAQ document for members of the public. Additional information is also available under the "Programs" tab, here. The same information is communicated directly to individuals who inquire about the CMRITO's complaints process, and those individuals who choose to proceed in filing a complaint. Process information is provided in the manner requested by members of the public (verbally over the phone, in writing via email, or in writing via hard copy letter). Professional conduct staff are always available to respond to any questions regarding the complaints process.
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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:		Yes
			Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. 11.a. iii. The different stages of the complaints process and all relevant supports available to complainants are evaluated by the College to ensure the information provided to complainants is clear and useful. The CMRITO continually reviews and evaluates the information support available to complainants at each stage of the complaint process with a view to ensuring clarity and usefulness. Correspondence, email communication, and information items provided are reviewed and revised regularly based on feedback and questions received from those who access the process. An example of this is the implementation of the FAQs document for members of the public, which was launched in December 2024.		
		Benchmarked Evidence	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.		
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).		
			100%		
			11.1.b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary. CMRITO responds to 100% of inquiries from the public within 5 business days, with follow-up timelines as necessary. The CMRITO’s standard response time for inquiries is 2 business days. This includes inquiries made via telephone, email, letter, and social media. Therefore, a member of the public would never have to wait 5 business days before hearing from a member of the Professional Conduct Team (CMRITO Intake staff or Committee Support staff). The same customer service standard is true even if CMRITO does not have the jurisdiction to investigate the concern. The CMRITO often receives inquiries that are under the jurisdiction of the College of Physicians and Surgeons of Ontario (CPSO), the Ministry of Health’s Integrated Community Health Services Centres Program, and/or the Patient Ombudsman. In addition to confirming that CMRITO does not have jurisdiction to investigate the concern, CMRITO staff provide members of the public with meaningful referrals within the same standard response window of 2 business days.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

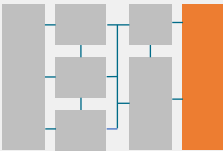
		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			- Please list supports available for the public during the complaints process. CMRITO provides one-on-one support for complainants. The following supports are available: - All inquiries from the public are responded to within 2 business days. - CMRITO staff provides meaningful referrals to members of the public who contact us with concerns outside our jurisdiction (i.e., the Patient Ombudsman, the Ministry of Health’s Integrated Community Health Services Centres (ICHSC) Program (formerly the Independent Health Facilities Program), and/or other health regulatory Colleges). - Status updates are provided upon request (in addition to the statutory notice letters required by legislation). - CMRITO staff assist with drafting a statement of complaint, if required. - CMRITO staff correspond in a complainant’s preferred format (email, regular mail, fax, and/or reading aloud over the phone). - CMRITO staff contact members of the public outside regular business hours, as requested. - CMRITO ensures that an Intake staff person is available to answer phone calls and emails during regular business hours, thereby communicating with the public in the way that best suits them. - CMRITO uses translation services, as requested. In addition, information regarding CMRITO’s complaints process, including possible outcomes, is available on the CMRITO website. - Please briefly describe at what points during the complaints process that complainants are made aware of supports available. See narrative below.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			<i>Additional comments for clarification (optional)</i> 11.1.c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent Complainants are made aware of the support available (and listed in the response above) at the earliest opportunity and on an on-going basis, as the need arises. Professional conduct staff are trained to use empathetic, inclusive, and trauma informed language when communicating with members of the public so that complainants feel safe and supported in accessing the CMRITO’s complaints process. Professional conduct staff communicate with complainants in a variety of ways (by phone, by email, or by regular mail, as the case may be) to ensure that all questions are answered, and all concerns are addressed in an effective, timely manner.	

			Even when a complaint is received that is outside the CMRITO’s jurisdiction, complainants are always treated with dignity and respect and are provided with the information they need to: • understand why CMRITO does not have jurisdiction to address their concern and • what organization (if any) does. Meaningful referrals are frequently made to other health regulators, the ICHSC Program, the Patient Ombudsman, Patient Relations Departments (or their equivalent) at hospitals, and public health agencies. In this context, CMRITO considers a “meaningful” referral to include the name of the organization, the organization’s contact information, and the reason for the referral (i.e., an explanation of that organization’s jurisdiction and/or mandate, and how it differs from CMRITO’s).	
		Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. This information is included on the CMRITO website, here. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. See narrative below.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.		
		Additional comments for clarification (optional) 11.2.a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case including how complainants can contact the College for information. The CMRITO ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process. In accordance with subsection 28 of the Health Professions Procedural Code (the Code), Schedule 2 to the Regulated Health Professions Act, 1991, the		

			CMRITO provides statutory notices at certain points during the complaints process. If a complaint is not disposed of within 150 days, both the complainant and the registrant receive a notice letter advising them of the expected date of disposition. Another notice is sent to both the complainant and the registrant (and the Health Professions Appeal and Review Board (HPARB)) if a complaint is not disposed of within 210 days. This notice letter includes an expected date of disposition, along with a reason for the delay. This letter also advises complainants that any concern regarding the delay can be directed to HPARB. In addition to these statutory notices, the CMRITO provides status updates on request. Status updates are provided in the form requested by the party (i.e., verbally by phone or in writing via email and/or hard copy letter). The CMRITO also provides support for any complainant who participates in a hearing as a witness. This includes travel and accommodation expense support as well as support from prosecution counsel in understanding and navigating the hearing process.
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.	
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Met in 2023, continues to meet in 2024 - Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. The following documentation sets out the framework for assessing risk and acting on complaints, including prioritization: - CMRITO Risk Assessment Framework - Interim Order Assessment - ICRC Triage Form This same risk assessment framework is also reflected in the practice guideline What you must know about ... Professional Conduct processes (beginning on page 4). - Please provide the year when it was implemented OR evaluated/updated (if applicable). These guidance documents were implemented in 2014 and are reviewed by staff and panels of the ICRC on a regular basis to ensure that they remain current and effective.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		Choose an item.	

			Additional comments for clarification (optional) 12.1.a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports. Yes, the CMRITO has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints including the prioritization of investigations, complaints, and reports. The CMRITO has developed a framework for assessing risk and acting on complaints which includes prioritizing high-risk matters. This framework includes a risk-based decision-making tool used by the Inquiries, Complaints & Reports Committee as well as a risk-based interim order assessment process. The framework can be viewed here. The framework assesses the level of risk of harm on a scale from no risk to high risk with definitions for each level of risk and appropriate outcomes for each level. The assessment framework also allows the ICRC to assess the aggravating and mitigating factors in each case and determine whether those factors impact the risk rating. The outcomes range from no action for no risk complaints, to referrals to Disciple for complaints that have been assessed by the Inquiries, Complaints & Reports Committee to present a high risk of harm to patients. As outlined above, this same risk assessment framework is also reflected in the practice guideline What you must know about ... Professional Conduct processes (beginning on page 4). This is a new professional conduct publication that was launched in December 2024.	
DOMAIN 6: SUITABILITY TO	STANDARD 13	Measure:		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			Please insert a link to the policy and indicate page number OR please briefly describe the policy. Disclosure of information related to registrants is shared in accordance with section 36 of the <i>Regulated Health Professions Act, 1991</i> (RHPA). Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). See narrative below.	
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.		

			<i>Additional comments for clarification (if needed)</i> 13.1.a. The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners. As noted above, CMRITO shares concerns regarding registrants with other regulators and external system partners where appropriate and always in accordance with Section 36 of the RHPA. It is the Registrar that determines when information will be shared and pursuant to which discretionary exemption under section 36 of the RHPA. Relevant examples over the past year include: • Sharing information regarding registrants with other provincial regulators of the profession including otherwise confidential information about complaints received and compliance with the quality assurance program. As noted in other components of this submission, CMRITO is a member of the Alliance of Medical Radiation and Imaging Technologists of Canada (AMRITRC). The AMRITRC is a group of provincial regulators, who collaborate regarding the regulation of medical radiation and imaging technologists to enhance safe, competent, and ethical care for Canadians. The six MRIT regulatory authorities in the AMRITRC have agreed to use a standard out of province certificate for MRITs who hold a current registration in another regulated jurisdiction. The certificate includes information on: • any terms, conditions, or limitations on the certificate of registration • good character requirements, including: • current referrals to the Discipline Process/Committee; • past findings of professional misconduct; • and any other information relating to the MRIT’s competency, conduct or character that would be pertinent to the registration of an MRIT in another jurisdiction. • Sharing information regarding registrants with police officers to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result in accordance with subsection 36(1)(e) of the RHPA. • Sharing information with the Ministry of Health’s Integrated Community Health Services Centres (ICHSC) Program (formerly the Independent Health Facilities Program) and X-ray Inspection Services in accordance with subsection 36(1)(d), as is required for the administration of the relevant Acts.
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DOMAIN 7 – Measurement, Reporting & Improvement				
		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.		
DOMAIN 7: MEASUREMENT,		Required Evidence	College Response	
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	
			Met in 2023, continues to meet in 2024	
			Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. Council Agenda December 6, 2024 – Section 11 pages 131-144	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
			Choose an item.	
			<i>Additional comments for clarification (if needed)</i> 14.1.a. Outline the College’s KPI’s, including a clear rationale for why each is important. The CMRITO Council has used a quarterly Strategic, Regulatory and Operational report to provide Council with information to monitor and review KPIs. The College Council developed several KPI’s that Council has determined are important indicators to track to monitor and review the College’s performance. The indicators in the CMRITO Strategic, Regulatory and Operational report were last reviewed as part of the governance review project in 2024. The KPIs developed by Council and used to monitor certain regulatory, strategic, and organizational measures and include the following: - Progress against strategic goals as determined by Council in the Strategic Plan - Progress against strategic objectives as determined by Council in the Strategic Plan - Reporting on progress relative to the strategic goals and objectives - Compliance with mandated College obligations such as annual reporting - Confirmation that regulatory processes are meeting statutory requirements - Compliance with established governance policies	

			- Financial performance of the organization - Compliance with financial deductions and remittances - Effectiveness of Council and statutory committees - Key statistical data related to communications - Statistical data for the key mandated functional program areas of registration, quality assurance, and professional conduct The quarterly Strategic, Regulatory and Operational Report is included in the agenda for each Council meeting and is reviewed and discussed at the meeting. Staff highlights areas of change and provides the rationale for any responsive or corrective measures taken and responds to questions from the Councillors. The CMRITO Strategic, Regulatory and Operational Q3 2024 Report can be found in the agenda materials at this link. In addition to the CMRITO Strategic, Regulatory and Operational Report that includes all the indicators approved by Council, a Dashboard is also posted on the College website to provide a visual of key indicators respecting registration, quality assurance, professional conduct, and communications from the scorecard. The dashboards from 2015 to 2024 can be viewed at this link. The year end dashboards are also published in the College's annual reports. In 2024, the CMRITO Council undertook strategic planning for 2025-2027. KPIs for tracking and reporting are included in the quarterly Strategic, Regulatory and Operational Reports provided to Council.
		b. The College regularly reports to Council on its performance and risk review against:	The College fulfills this requirement: Met in 2023, continues to meet in 2024
		i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan);	Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. Council Agenda December 6, 2024 – Section 11 pages 131-144
		ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
		iii. its risk management approach.	Additional comments for clarification (if needed) 14.1.b. The College regularly reports to Council on its performance and risk review against the stated strategic objectives, regulatory outcomes and risk management approach. Yes, Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes. Council monitors performance and progress against the strategic objectives that are defined in the Strategic Plan at each meeting and assesses whether the College is achieving the anticipated regulatory outcomes. Council also approves the College's Risk Management Framework and the Executive Committee, by policy, is responsible for oversight of risk management. Executive reports to Council any significant change in the risk level or risk mitigation strategies taken. Council receives information and a verbal report at each meeting from the Registrar & CEO respecting progress against the operational plan and any identified risks.

		To provide Council with the relevant information to assess the College’s progress, the agenda for each meeting of Council includes a standing agenda item under Reporting that provides Council with: • the current Strategic Plan, • the operational plan for the current year • the CMRITO quarterly Strategic, Regulatory and Operational report and Dashboard for the last quarter which includes: - o Progress against strategic goals as determined by Council in the Strategic Plan - o Progress against strategic objectives as determined by Council in the Strategic Plan The Risk Management Framework approved by Council has four key elements: • Foundational element: The CMRITO Council Policy 2.14 – Risk Management which identifies Council’s commitment and expectations, and sets out the roles and responsibilities of the Council, the Executive Committee and Management relating to risk management • Organizational management element: Identifies the risk management context, systems, procedures and processes that are included in the Risk Register and can be viewed at this link - o identifies adverse events or circumstances relevant to CMRITO objectives - o assesses the likelihood and magnitude of the impact of any adverse events - o identifies mitigation strategies • Culture and capacity element: Sets out approaches that enable CMRITO to develop and embed a risk management culture in the organization through defining the values, beliefs, knowledge, attitudes and understanding about risk, and tasking staff with the role of being the ‘eyes and ears’ of Council in identifying, assessing and responding to risks. • Governance Oversight: Defines the Risk Register as the reporting mechanism to provide a snapshot of significant risks and the related risk management responses, to promote risk management accountability and to assist Council to discharge its oversight responsibility.	
		Measure:	
		14.2 Council directs action in response to College performance on its KPIs and risk reviews.	
		The College fulfills this requirement: • Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. Link to Council meeting materials: https://www.cmrito.org/about/council-committees/our-council/December 6, 2024 – Council Agenda Section 11.c., pages 131-144	Yes

		a. Council uses performance and risk review findings to identify where improvement activities are needed.	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
		<i>Benchmarked Evidence</i>	14.2 Council directs action in response to College performance on its KPIs and risk reviews. The College Council monitors the College performance, the practice environment of registrants, and results of the risk review findings to identify required changes to processes and activities that are planned, or to identify new initiatives that should be undertaken to protect the public interest and fulfil the mandate of the College. A recent example of where Council has identified a risk as part of its review was during strategic planning process for the Strategic plan 2021-2024. Council identified the recent changes in societal expectations around diversity, equity and inclusion and considered the risk and impact on the practice environment of registrants. Council identified required changes to processes and activities to mitigate this risk and not only determined to update the vision for the organization to “CMRITO is an effective and collaborative regulator committed to transparency, equity, diversity and inclusion”, but also added equity, diversity, and inclusion to CMRITO’s values. These values shape our organizational culture and drive our decision-making and actions. Finally, Council also set a strategic objective for the CMRITO to review our existing programs and practices to ensure they support equity, diversity, and inclusion. During strategic planning, the CMRITO Council used performance and risk review findings to identify opportunities to apply evolving regulatory practices to enhance public protection by refining our Quality Assurance Program to best support medical radiation and imaging technologists in providing safe and effective patient care. Several QA Program enhancements were launched in 2024, including the introduction of a section that requires registrants to reflect on their access to supports and resources that could help mitigate risks to their practice, and the use of Professional Practice and Conduct data to rank and prioritize the Standards of Practice that are made mandatory for review by registrants each year. Diversity, equity, and inclusion continues to be a focus for Council, who have included this initiative once again in the College’s new strategic plan for 2025-2027. Council also recognized a need to increase organizational capacity to anticipate and respond to increased volumes in the registration and professional conduct program areas. Council accordingly increased resources and infrastructure in these program areas to increase organizational capacity to respond to future challenges. Another example where Council has identified an opportunity was to support registrant compliance with standards and guidelines by developing targeted communications campaigns in conjunction with risk. In 2024, the College released a brand new publication, What you must know about ... Professional Conduct processes, to help registrants better understand their accountabilities as registrants of the College, and the various professional conduct processes that the College employs. In addition to this publication, CMRITO produced three videos designed to help registrants better understand their responsibilities and reduce risk: • Standards of Practice Standard 5: Relationships with Patients • Standards of Practice 7: Records and Reporting • QA ePortfolio User Instructions Each of these videos provides registrants with examples of what to do, and what not to do, to fulfil their responsibilities as self-regulated medical radiation and imaging technologists. The QA ePortfolio User Instructions video, for example, outlines the process for registrants to complete their QA ePortfolio, and is

			designed to emphasize the simplicity of fulfilling this requirement thereby avoiding the professional misconduct processes that registrants, who do not complete their QA ePortfolio within the required timelines, are referred.
		Measure: 14.3 The College regularly reports publicly on its performance.	
		a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 Please insert a link to the College’s dashboard or relevant section of the College’s website. https://www.cmrito.org/about/council-committees/our-council/dashboard/ The quarterly Strategic, Regulatory and Operational Report, which includes the performance results related to the CMRITO’s strategic objectives and regulatory outcomes is included in the agenda for each Council meeting – see the December 6, 2024 Council Agenda in Section 11.c., pages 131-144
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.
			14.3.a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website. The CMRITO publishes performance results related to the College’s strategic objectives on the CMRITO website at www.cmrito.org. There are several communication tools that are used to make performance results public. These include: The Strategic, Regulatory and Operational report which is included in each Council agenda. The most recent scorecard can be viewed in the March 2024 Council agenda which can be viewed here. - The CMRITO Dashboard, copies of which are available on the website from 2015 -2023, are published in the annual report, and can be accessed at this link. - The CMRITO publishes a newsletter “Insights” for registrants that includes information on strategic objectives and regulatory activities. Copies of the newsletter can be accessed here. - CMRITO also maintains Facebook (https://www.facebook.com/CMRITO/), Twitter (https://twitter.com/TheCMRITO), and LinkedIn (https://www.linkedin.com/company/college-of-medical-radiation-and-imaging-technologists-of-ontario) accounts where information on regulatory activities and strategic initiatives is made available, including ‘live’ coverage of Council meetings.

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

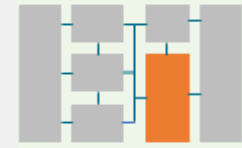
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

-

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i>	
Type of QA/QI activity or assessment:	#		
1. QA Annual Declaration of Compliance with the QA Program which includes: - QA Profile - QA Self-Assessment against the Standards of Practice of the Profession - Documentation of 25 hours of continuing education and professional development activities	12,117		
2. QA ePortfolio assessment	2,214		
3. Independent Practice Assessment	0		
<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i>			
NR			

Additional comments for clarification (if needed)

The CMRITO Strategic Plan 2022-2024 includes the following goal: Refining our Quality Assurance Program as necessary to best support medical radiation and imaging technologists in providing safe and effective patient care. To support this goal the QA Committee proposed a review of the MSF assessment. As a result of this review which was completed in 2023, Council approved the discontinuation of the MSF assessment program and directed that the QA ePortfolio be enhanced to include a risk-based approach to the assessment, which promotes a better understanding of the standards of practice amongst registrants and supports the provision of safe and effective patient care.

Table 2 – Context Measures 2 and 3

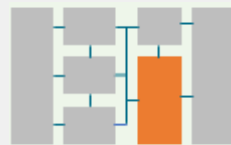
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2024	12,117	100%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	22	0.18%	
NR			
Additional comments for clarification (if needed)			

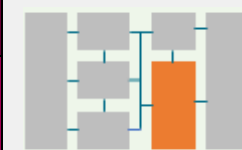
Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	12	55%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	10	45%	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12



Statistical data is collected in accordance with the recommended method or the College’s own method: College Method

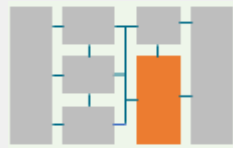
If a College method is used, please specify the rationale for its use:

The CMRITO ICR Committee directs the investigation of complaints, not College staff. As such, staff do not assign either formal complaints or Registrar's Investigations with a theme when the file is opened. Instead, "themes" (or practice standards) are assigned by panels of the ICR Committee as part of the investigation process and are specifically referenced in the panel's decision and reasons. The following data reflects those "themes" assigned to formal complaints and Registrar's Investigations disposed of by panels of the ICR Committee in 2024 (as opposed to those received in 2024). Attached is a [mapping tool](#) that maps the CMRITO Standards of Practice to the CPMF Themes outlined in the CPMF Technical Specifications Document. Please see Context Measure 10 for further information regarding the distribution of formal complaints and Registrar's Investigations by theme (i.e., decisions issued by panels of the ICR Committee by theme) in 2024 and the space below for additional comment's regarding the triaging of matters by College staff.

Context Measure (CM)						
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024		Formal Complaints received		Registrar Investigations initiated		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>
Themes:		#	%	#	%	
I.	Advertising	0	0%	0	0%	
II.	Billing and Fees	0	0%	0	0%	
III.	Communication	28	26%	(NR)	(NR)	
IV.	Competence / Patient Care	40	38%	3	23%	
V.	Intent to Mislead including Fraud	0	0 %	(NR)	(NR)	
VI.	Professional Conduct & Behaviour	24	23%	(NR)	(NR)	
VII.	Record keeping	(NR)	(NR)	0	0%	
VIII.	Sexual Abuse	0	0	(NR)	(NR)	
IX.	Harassment / Boundary Violations	7	7%	0	0%	
X.	Unauthorized Practice	0	0	0	0%	
XI.	Other <please specify>	6	6%	(NR)	(NR)	
Total number of formal complaints and Registrar’s Investigations**		106	100%	13	100%	

Formal Complaints NR Registrar’s Investigation	
<i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar’s Investigations.</i>	
<i>Additional comments for clarification (if needed)</i> While the ICR Committee directs the investigation of complaints, College staff do engage in an initial triaging/preliminary risk assessment process. Where a complaint or Registrar's Investigation raises allegations which fall within a class of cases that typically attract interim orders (i.e., sexual abuse, physical or emotional abuse, incompetence, unsafe application of ionizing radiation, or exceeding scope of practice), CMRITO staff complete a specific "Triage Form" and "Risk Assessment Form" for the ICR Committee's review and consideration as part of their investigation, to assist the panel in assessing whether an interim order is necessary. Both forms make clear that no information on them is meant to state or anticipate actions of the ICR Committee. For information on what themes constitute “Other”, please see the mapping tool .	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2024		62	What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024		13	
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024		13	
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	N/A	N/A	
II.	Formal complaints that were resolved through ADR	N/A	N/A	
III.	Formal complaints that were disposed of by ICRC	31	50%	
IV.	Formal complaints that proceeded to ICRC and are still pending	31	50%	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	0	0%	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	(NR)	(NR)	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	(NR)	(NR)	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
<i>Additional comments for clarification (if needed)</i> The CMRITO does not have an ADR process. All formal complaints received by CMRITO are considered by a panel of the ICRC.			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
The CMRITO ICR Committee directs the investigation of complaints, not College staff. "Themes" (or practice standards) are assigned by panels of the ICR Committee as part of the investigation process and are specifically referenced in the panel's decision and reasons. The following data reflects those "themes" assigned to decisions of panels of the ICR Committee issued in 2024. Attached is a mapping tool that maps the CMRITO Standards of Practice to the CPMF Themes outlined in the CPMF Technical Specifications Document.							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024	78						
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++						
Nature of Decision	Take no action	Provides advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	11	18	0	0	0	0	0
IV. Competence / Patient Care	15	20	(NR)	(NR)	0	(NR)	(NR)
V. Intent to Mislead Including Fraud	0	0	0	0	0	(NR)	0
VI. Professional Conduct & Behaviour	7	12	(NR)	(NR)	0	(NR)	(NR)
VII. Record Keeping	(NR)	0	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	(NR)	0
IX. Harassment / Boundary Violations	0	(NR)	0	0	0	(NR)	(NR)

Table 7 – Context Measure 11

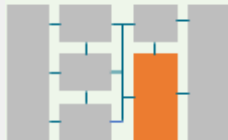
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2024	200	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2024	526		
Disposal			
Additional comments for clarification (if needed)			

Table 8 – Context Measure 12

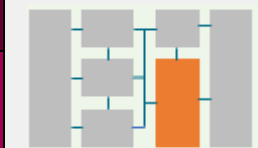
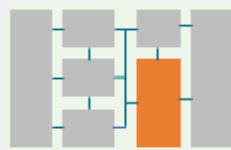
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i>	
I. An uncontested discipline hearing in working days in CY 2024	N/A		
II. A contested discipline hearing in working days in CY 2024	223		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
<i>Additional comments for clarification (if needed)</i>			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12



Statistical data collected in accordance with the recommended method or the College’s own method: Recommended

If College method is used, please specify the rationale for its use:

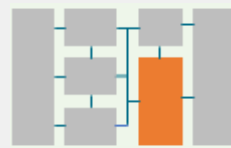
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	(NR)	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	(NR)	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	(NR)	

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>	
Type	#		
I. Revocation	0		
II. Suspension	(NR)		
III. Terms, Conditions and Limitations on a Certificate of Registration	(NR)		
IV. Reprimand	(NR)		
V. Undertaking	0		
<i>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</i> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR			
<i>Additional comments for clarification (if needed)</i>			

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)