



COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health 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 which is to act in the public interest?". This information will:

1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and
2. help Colleges improve their performance.

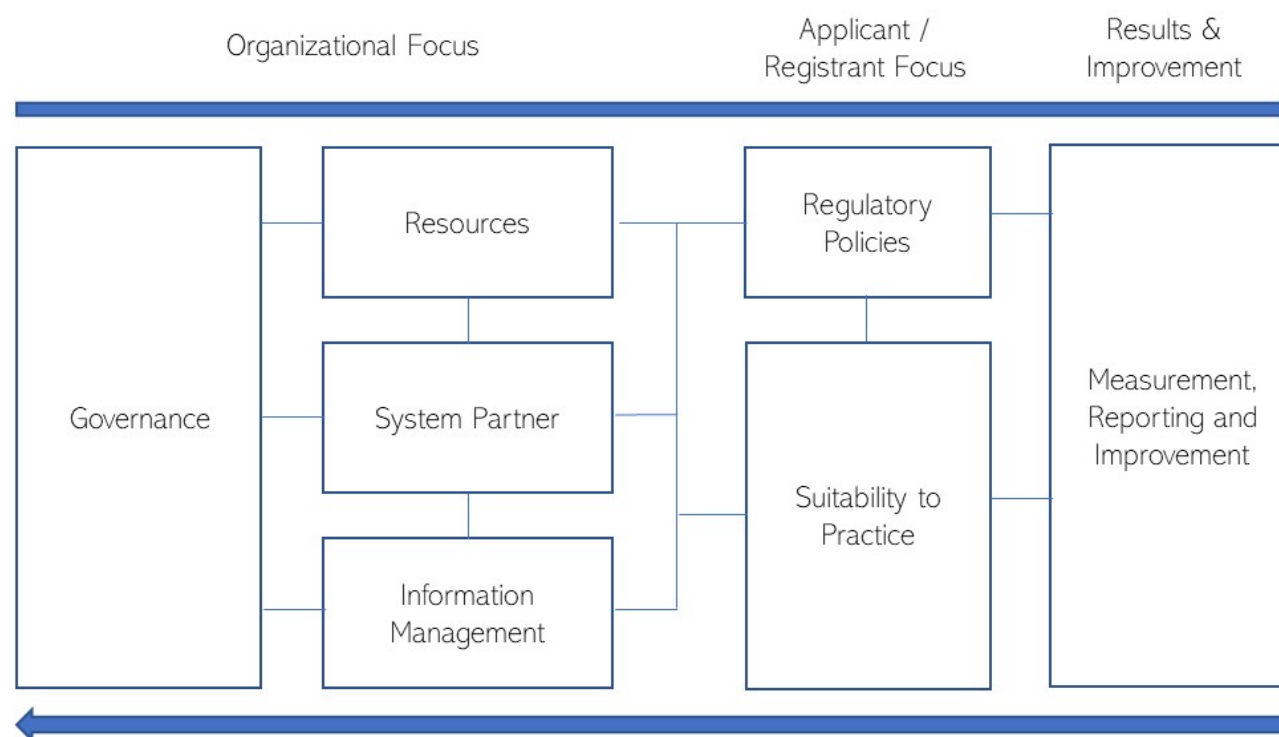
a) Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the 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.

Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario's health regulatory Colleges' key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Domain		Areas of focus
1	Governance	- The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. - Integrity in Council decision making. - The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	Resources	The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	System Partner	The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	Information Management	The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	Regulatory Policies	The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	Suitability to Practice	The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	Measurement, Reporting and Improvement	- The College continuously assesses risks, and measures, evaluates, and improves its performance. - The College is transparent about its performance and improvement activities.

Table 1: Overview of what the Framework is measuring

b) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
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.	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.	a. Professional members are eligible to stand for election to Council only after: - Meeting pre-defined competency / suitability criteria, and - attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to

			run for a Council position.
		b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

The CPMF Reporting Tool

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.¹

¹ Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

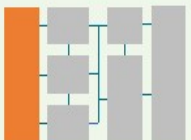
Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed 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.

The areas outlined in red in the example below are what Colleges will be asked to complete.

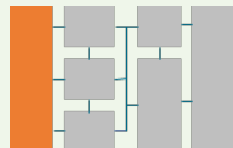
Example:

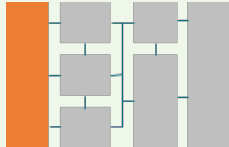
DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and 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 ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ If yes, please insert link to where they can be found, if not please list criteria: • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website 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> Yes ☐ No ☐ <i>Additional comments for clarification (optional):</i>

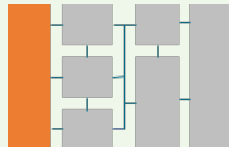
Part 1: Measurement Domains

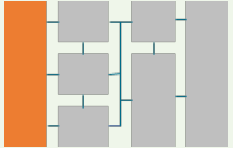
The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

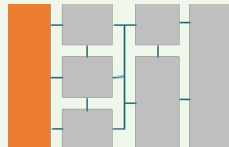
DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and 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 ☐ Partially ☒ No ☐ • The competency/suitability criteria are public: Yes ☒ No ☐ <i>If yes, please insert link to where they can be found, if not please list criteria:</i> i. Pre-defined competency / suitability criteria for the professional members to become eligible for election to Council are posted on the CMLTO website. The CMLTO Election Bylaw 19 sets out the criteria for a professional member’s eligibility to run for a Council position as a component of the Council election process. CMLTO Website / Election Bylaw 19 CMLTO Website / Council Members skills and knowledge

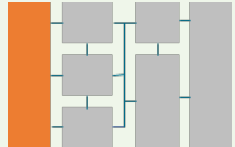
DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
		CMLTO Website / Become involved in Council ii. Professional members are provided with information via the CMLTO website re the CMLTO's mandate and expectations pertaining to the member's role and responsibilities. CMLTO website / About CMLTO • CMLTO Policy Governance Framework • CMLTO mission and vision • CMLTO Strategic Framework • CMLTO Regulations and Consolidated Bylaws • Duration of orientation training: N/A (Council members attend various orientation/training sessions <u>after</u> being elected to Council.) • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): N/A • Insert a link to website if training topics are public OR list orientation training topics: N/A <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☒ No ☐

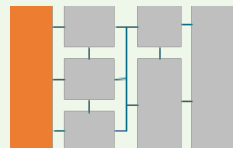
DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
		<i>Additional comments for clarification (optional):</i> Information on the website re the CMLTO's mandate and expectations pertaining to the member's role and responsibilities on Council is intended to ensure that professional members possess the relevant competencies and skills needed to fulfil their role and responsibilities as a Council member if elected. Hence, candidates for election to Council (or those volunteering to serve as a Non-Council Committee member on a Statutory Committee) have access to these online resources. Professional members also declare in writing on their Nomination Form for Election to the CMLTO Council that: • they have read and are in compliance with Section 19 of the CMLTO Consolidated Bylaws regarding the Election of Council Members • they are aware of their professional obligations to serve the public interest, avoid any conflict of interest and maintain confidentiality as defined by Section 36 of the Regulation Health Professions Code. CMLTO Website / Call for Nominations
	b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • The competency / suitability criteria are public: • Yes X No ☐ <i>If yes, please insert link to where they can be found, if not please list criteria:</i> <u>The competency / suitability criteria for the Statutory Committee candidates:</u>

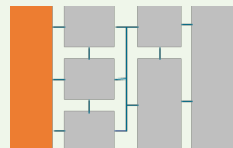
DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
	expectations pertaining to a member’s role and responsibilities.	“A member is eligible for appointment if, on the day of the appointment, the member meets the eligibility requirements for election to the Council.” CMLTO Website / CMLTO Consolidated Bylaws Section 19: Election of Council Members Section 29: Appointment of Non-Council Members to Committees of the College • Duration of each Statutory Committee orientation training: Half-day • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): CMLTO Statutory Committee members receive committee-specific orientation and training at the first meeting of the committee in the new year. The format of each orientation training varies depending on the needs/preferences of each Committee, i.e. presentation by subject matter experts (e.g. legal, OFC, etc.), presentations by senior staff, attendance at courses (e.g. HPRO Discipline Committee Orientation). • Insert link to website if training topics are <i>OR</i> list orientation training topics for Statutory Committee: Training topics for Statutory Committees: • CMLTO’s Legislative Mandate, Strategic Framework and Future Focus • CMLTO’s Governance Framework (Policy Governance™) • CMLTO Organizational Structure and Operational Programs	

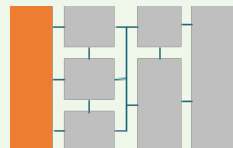
DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
		• CMLTO Council Committee Members' Roles and Responsibilities • Statutory Committee Processes - o Committee Terms of Reference and Mandate - o Committee Work Plans for the current year - o Committee Reports to Registrar and CEO, and Council - o Code of Conduct, Confidentiality and Conflict of Interest
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional):</i>
		The College fulfills this requirement: Yes ☒ Partially ☐ No ☐

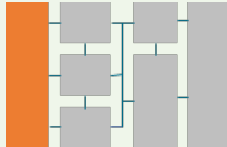
DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
	c. Prior to attending 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.	• Duration of orientation training: New Public Appointees and Professional Members on Council are engaged in the CMLTO New Council Member Orientation and Training Program, which has several components: • CMLTO Mentor Program (Duration: from announcement of the mentorship to the new Council Member’s third Council meeting) • Annual Council Orientation Session (Duration: 1 day) • Orientation Session at the first Council Meeting of the year (Duration: 1 day) • Ongoing Council Orientation Sessions (Duration: throughout the year) • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • <u>In-person</u> (CMLTO Mentor Program) • <u>With Facilitator</u> (Annual Council Orientation Session, Orientation Session at the first Council meeting of the year, ongoing Council Orientation throughout the year) • <u>Resources:</u> - o Council Orientation Manual - o Council Online Resources i.e. HPRO (formerly Federation of Health Regulatory Colleges of Ontario) videos - Education for Health Professional Regulators of Ontario)	

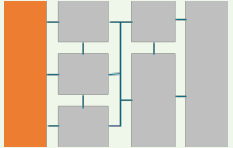
DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
		• Insert link to website if training topics are public <i>OR</i> list orientation training topics: Orientation / training material are posted on the Council Portal that only Council members have access to. <u>Annual Council Orientation Session - Topics:</u> • Roles, Responsibilities and Conduct of CMLTO Council Members - o Legislation: Acts, Regulations, Bylaws, Policies & Guidelines - o Confidentiality, Conflict of Interest, Code of Conduct - o Council & Statutory Committees: their roles and relationship, etc. • CMLTO Structure & Programs, Strategic Direction & Key Priorities • CMLTO Governance Approach & Policy Governance Framework / System Fundamentals • Government Landscape and Priorities	

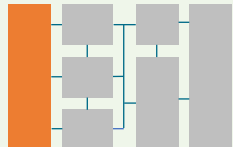
DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ Additional comments for clarification (optional):
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	The College fulfills this requirement: Yes X Partially ☐ No ☐ • Year when Framework was developed OR last updated: The Council assesses its effectiveness as per CMLTO Council Effectiveness Self Evaluation Policy (GP IV-70). The Policy was first approved in 2007, is reviewed every 3 years, and was last reviewed and updated in 2019. • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link> September 17, 2019 Council Meeting Material / Agenda Item 11.1: Updated CMLTO Council Effectiveness Self Evaluation Policy (GP IV-70) Corresponding meeting minutes • Evaluation and assessment results are discussed at public Council meeting: • Yes ☒ No ☐ • If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:

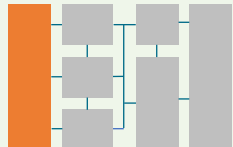
DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
		CMLTO Website / Meeting Documents November 2020 Council meeting material / Agenda Item 8.2 Review 2020 Council Effectiveness Self-assessment and Individual Council Member Self-assessment results September 17, 2020 Council Meeting Material / Agenda Item 8.1 - Council Monitoring of Council Compliance GP IV-70 Council Effectiveness Self-evaluation Policy Monitoring Report <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (optional):</i> The CMLTO Council is accountable for its own effectiveness in fulfilling its role including: • Its role description • Council's level of engagement, participation, and attendance • Council's policy portfolio and direction • Council's self evaluation • Council's orientation and continued learning <u>GP IV-70 CMLTO Council Effectiveness Self Evaluation Policy:</u> CMLTO Council assesses its effectiveness using six (6) primary strategies: 1. Monitoring Compliance/Achievement of Council Policies 2. Council Effectiveness Self-Assessment 3. Council Meeting Assessment 4. Integrated Council Strategic Agenda/Work Plan Tracking

DOMAIN 1: GOVERNANCE		
Standard 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.		
Measure	Required evidence	College response
		5. Council Governance Scorecard 6. Annual Council Member Profile of Governance and Professional Experience
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☒
		- A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ No ☒ <i>If yes, how often over the last five years? <insert number></i> - Year of last third-party evaluation: <insert year>
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☒ No ☐
		The CMLTO Council has not engaged a third party to review or evaluate its effectiveness, but will consider doing so in the future.
	c. Ongoing training provided to Council has been informed by:	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
	i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; December 1, 2020 Council Meeting Material / Agenda Item 8.3: Council Part I Planning – Preparation for Developing the Council's 2021 Key Priorities, Goals, and Related 2021 Integrated Council Strategic Agenda/Work Plan

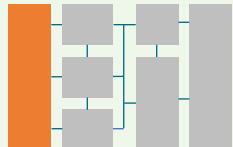
DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
		• Insert a link to Council meeting materials where this information is found <i>OR</i> • Describe briefly how this has been done for the training provided <u>over the last year</u>. Council uses the information and learning gained from all of the evaluations to: 1. Compare to earlier evaluation results to measure progress and improvement, and 2. Develop action plans to enhance the Council’s governance effectiveness including plans for Council learning and development for the next year. Resulting action plans are incorporated into the Council’s Annual Integrated Council Strategic Agenda/Work Plan (ICSA). Process in 2020: Council reviewed the results of the 2019 Council Effectiveness Evaluations at its meeting in December 2019. The report summarized the: • Areas of Council performance that ranked very high, • Areas of Council performance that showed significant improvement over the prior year, and • Areas of Council performance that showed significant decrease and/or needing improvement over prior year. After analyzing the 2019 Council Effectiveness Evaluations results, Council identified the key Council agenda topics for inclusion in the draft 2020 Integrated Council Strategic Agenda/Work Plan,	

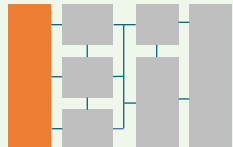
DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
		including the top strategic and critical priorities for 2020. The draft 2020 ICOSA was thoroughly discussed at the first Council meeting of 2020 and any amendments that were required were made at that time. Council then approved the 2020 Annual ICOSA by motion.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐
		<i>Additional comments for clarification (optional):</i>

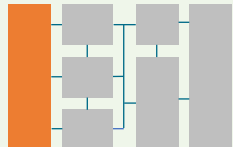
DOMAIN 1: GOVERNANCE		
Standard 2 Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented OR last evaluated/updated: Council Code of Conduct, Confidentiality and Conflict of Interest Policy (GP IV-80) was first approved in 1996, is reviewed every 3 years, and was last updated in 2019. Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved: September 17, 2019 Council Meeting Material / Agenda Item 11.2 - Regular Policy Review of Council Code of Conduct, Confidentiality and Conflict of Interest Policy (GP IV-80) Corresponding meeting minutes Additionally, Council monitors its own compliance with its Governance Process Policies. The Council Code of Conduct, Confidentiality and Conflict of Interest Policy is monitored annually at the last Council meeting of the year. November 30, 2020 Council Meeting Material / Agenda Item 12.3 - Council Code of Conduct, Confidentiality & Conflict of Interest Policy (GP IV-80) <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐

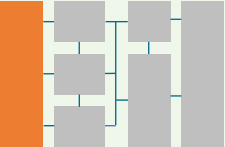
DOMAIN 1: GOVERNANCE		
Standard 2 Council decisions are made in the public interest.		
Measure	Required evidence	College response
		<i>Additional comments for clarification (optional)</i>
	b. The College enforces cooling off periods ² .	The College fulfills this requirement: Yes ☒ No ☐ Cooling off period is enforced through: Conflict of interest policy ☒ By-law ☒ Competency/Suitability criteria ☐ Other <please specify> - The Council Code of Conduct, Confidentiality and Conflict of Interest Policy sets out cooling off provisions for Council members who may wish to seek employment with the College. (Appendix 1 - Council Code of Conduct, Confidentiality and Conflict of Interest Policy) - CMLTO Consolidated Bylaws / Section: 19.6 Eligibility for Election The year that the cooling off period policy was developed OR last evaluated/updated: CMLTO Consolidated Bylaws – Effective Date: 1994 How does the college define the cooling off period?

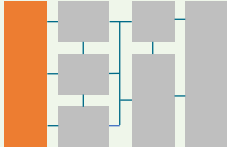
² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

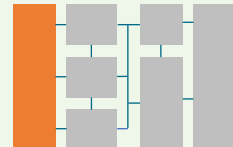
DOMAIN 1: GOVERNANCE		
Standard 2 Council decisions are made in the public interest.		
Measure	Required evidence	College response
		– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; CMLTO Consolidated Bylaws (PDF) CMLTO Consolidated Bylaws / Section: 19.6 Eligibility for Election – insert a link to Council meeting where cooling of period has been discussed and decided upon; OR where not publicly available, please describe briefly cooling off policy: CMLTO Consolidated Bylaws are publicly available. <u>CMLTO Consolidated Bylaws cooling off provisions:</u> 19.6.1 the member has not been an officer, director or employee of one of the following in the previous twelve (12) months: professional association of medical laboratory technologists, a union representing medical laboratory technologists, or an association that represents employers of medical laboratory technologists, other than an officer or director of a local chapter or unit of the association or union. 19.6.3 the member has not been an employee, consultant or supplier of the College in the previous twelve (12) months. <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐

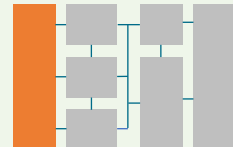
DOMAIN 1: GOVERNANCE		
Standard 2 Council decisions are made in the public interest.		
Measure	Required evidence	College response
		<i>Additional comments for clarification (optional)</i>
	c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</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>.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • The year when conflict of interest the questionnaire was implemented OR last evaluated/updated GP IV-80 Council Code of Conduct, Confidentiality and Conflict of Interest Policy includes the CMLTO Council Code of Conduct, Confidentiality and Conflict of Interest Declaration Form. The policy was first approved in 1996, is reviewed on a 3 year cycle, and was last updated in 2019. • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always ☒ Often ☐ Sometimes ☐ Never ☐ Council members are asked to declare any conflicts of interest at the beginning of the Council meeting (See Council Meeting Agenda Item: Declaration of Conflict of Interest) Council members are also reminded that they can declare a conflict at any time during a meeting if they believe they may be in conflict with the item being discussed on the agenda. • Insert a link to most recent Council meeting materials that includes the questionnaire:

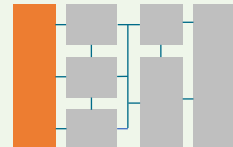
DOMAIN 1: GOVERNANCE		
Standard 2 Council decisions are made in the public interest.		
Measure	Required evidence	College response
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ Additional comments for clarification (optional)
	c. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) 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: Yes ☐ Partially ☒ No ☐ Describe how the College makes public interest rationale for Council decisions accessible for the public: The Council’s Annual Integrated Strategic Agenda (ICSA) is structured to reflect the 4 categories of Council policies: Ends Policies (critical outcomes), Executive Limitations Policies (R/CEO boundaries of risk), Governance Process Policies (Council governance processes), and Council Staff Relationship Policies (Council-R/CEO relationship). Council meeting agendas are organized based on the topics and issues identified by Council to be addressed per the annual ICSA, and sections of the agenda clearly reflect which category of policy the issue pertains to from a public interest perspective. Insert a link to meeting materials that include an example of how the College references a public interest rationale: <u>CMLTO Critical Outcomes/Ends Policy Direction</u> The CMLTO serves the public interest through achievement of the CMLTO Critical Outcomes/Ends Policy Direction established by the CMLTO Council. These Critical Outcomes/Ends Policy

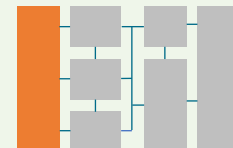
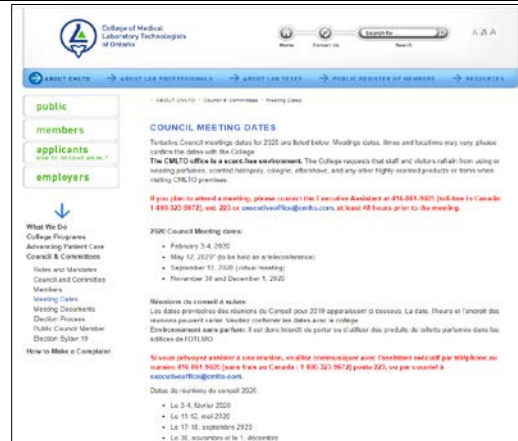
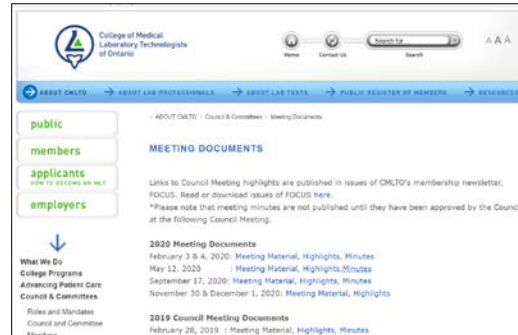
Domain 1: Governance		
Standard 2 Council decisions are made in the public interest.		
Measure	Required evidence	College response
		directions are developed by CMLTO Council in the public interest for safe medical laboratory technology practice and high quality healthcare. (2020 to 2022/2023 Critical Outcomes/Ends Policy Direction) November 30 & December 1, 2020 Council Meeting Material Agenda Item 8.1 – High Level Ends Policy 1 – Public Trust in Health Professions Regulation Agenda Item 8.2 – High Level Ends Policy 2 – Accountable Professionals Agenda Item 8.3 – High Level Ends Policy 3 – Effective Regulation with Health System CMLTO Governance Effectiveness Scorecard Framework (2020) The Public Interest Indicator of the CMLTO Governance Effectiveness Scorecard Framework lists the key topics covered by Council with direct impact on Public Interest. November 30 & December 1, 2020 Council Meeting Material / Agenda Item 4.3.1 CMLTO Governance Effectiveness Scorecard Framework Council meeting minutes CMLTO website / Meeting Documents
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐

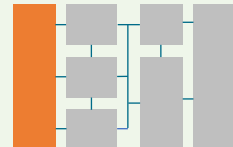
Domain 1: Governance			
Standard 2 Council decisions are made in the public interest.			
Measure	Required evidence	College response	
		The Council plans to ensure that before calling the vote on a motion the Council President & Chair clearly asks whether Council has considered all aspects of the public interest. <i>Additional comments for clarification (if needed)</i>	

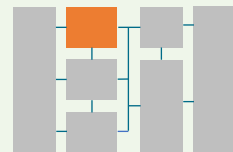
DOMAIN 1: GOVERNANCE		
Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert link to webpage where Council minutes are posted: CMLTO Council meeting minutes are posted at: CMLTO website / Meeting Documents Status of Action Items is included in every meeting material as a separate agenda item. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (optional)</i>
	b. The following information about 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 College fulfills this requirement: Yes ☐ Partially ☐ No ☒ Insert a link to webpage where Executive Committee minutes / meeting information are posted: Currently, Executive Committee (EC) meeting dates, agendas and minutes are not posted on the website. A quarterly Executive Committee Monitoring Report to Council is included in the Council meeting material, which is publicly available on the website. September 17, 2020 Council Meeting Material / Agenda Item 4.1.1: Executive Committee Briefing Report Generally, the CMLTO Executive Committee meets infrequently during the year. In 2020, the EC met with the auditor in the first

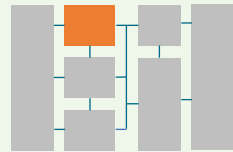
DOMAIN 1: GOVERNANCE		
Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
	iv. if decisions will be ratified by Council.	quarter to review and approve the previous year's audited financial statements so that they could be included in the preparation of the 2019 Annual Report for Council's approval at the May 2020 Council Meeting. The EC provided input to the Registrar & CEO's proposed 2021 Budget in August 2020. This is an informal meeting at the R/CEO's request. The EC met in December 2020 to propose the composition for 2021 Statutory Committees for Council's approval at the first Council meeting in 2021. A sub-committee of the EC met in December to consolidate and finalize Council's input to the 2020 R/CEO performance appraisal process. This information is confidential as it pertains to College personnel. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (optional)</i>
	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • Insert a link to the College's latest strategic plan and/or strategic objectives:

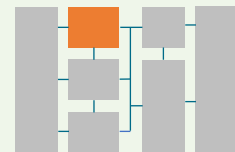
DOMAIN 1: GOVERNANCE		
Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
	have a strategic plan, the activities or programs it plans to undertake).	The CMLTO Strategic Framework includes the key components of CMLTO's strategic direction. CMLTO Strategic Framework 2020 to 2022/2023 Additionally, the Registrar & CEO presented her 2020 Ends Interpretation (annual strategic plan) to Council at the first Council meeting in 2020. The Council acknowledged the reasonableness of the plan. (Appendix 2 – CMLTO Registrar & CEO 2020 Ends Interpretation) <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (optional)</i>
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ The College publishes the meeting dates for the year in January on a dedicated page on the website. 2020 below: Council meeting dates are noted below:

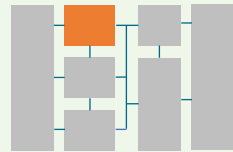
DOMAIN 1: GOVERNANCE		
Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
		 The College publishes the meeting materials for each meeting a week in advance on a dedicated page on the website. 2020 page below: 

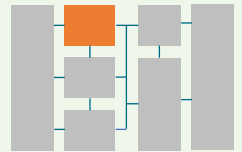
DOMAIN 1: GOVERNANCE		
Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ Once the date for a discipline hearing is set, a notice is posted to the CMLTO website with a link to the full notice of hearing, including the allegations. The following link on the website is for the notice of hearing for the only discipline hearing held in 2020: Notice of Hearing The full notice of hearing, including the allegations, is also included as a link on the member's profile on the Public Register, along with the notice of their referral to Discipline even before a hearing date is set. <i>Additional comments for clarification (optional)</i>

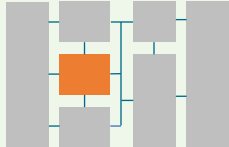
DOMAIN 2: RESOURCES			
Standard 4			
The College is a responsible steward of its (financial and human) resources.			
Measure	Required evidence	College response	
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. <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 ☒ Partially ☐ No ☐ • Insert a link to Council meeting materials that include approved budget <i>OR</i> link to most recent approved budget: The CMLTO 2020 Budget can be found at (<i>Appendix 3 – CMLTO 2020 Budget</i>) Council Executive Limitations Policy EI II-10 Financial Planning & Budget Cycle articulates the criteria for the annual budget development in relation to the achievement of the Council’s Ends Policies and strategic plan. For example, one of the annual budget assumptions is that the Council’s Ends Policies will drive the budget for the coming year. The 2020 Operating, Capital and Strategic Budget was approved by Council at the September 2019 Council Meeting per the policy criteria. The Operating budget is based on: • The implementation of CMLTO’s regulatory mandate (i.e. registration, quality assurance, professional conduct, patient relations) • The development and implementation of strategic and operational initiatives that support achievement of the Ends policies • Providing efficient and effective support services (staff, consulting, IT, legal, etc.) for regulatory functions • Managing any surplus and assessing the reserves for the College’s long term sustainability	

DOMAIN 2: RESOURCES		
Standard 4 The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
		The Capital Budget is based on: • The replacement of assets where the useful life is exhausted. • The purchase of new assets required to function efficiently and effectively. E.g. computer hardware/software, servers, phones, etc. • Capital expenditures required to maintain CMLTO facilities, for example. The Strategic Budget is a budget category in the Financial Planning and Budgeting Policy; however, these expenditures are generally incorporated into the budget for each program area. <i>(Appendix 4 – September 17, 2019 Council Meeting Material / Agenda Item 8.1 - Proposed 2020 Budget (Executive Limitations Policy - ELII-10 Financial Planning/Budgeting/Budget Cycle)</i> <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (optional)</i>
	b. The College:	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐

DOMAIN 2: RESOURCES			
Standard 4			
The College is a responsible steward of its (financial and human) resources.			
Measure	Required evidence	College response	
	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 furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its “financial reserve policy”.	Council’s Executive Limitations Policy on Financial Condition (EL II-11) sets out the policy criteria for maintaining CMLTO Reserve Funds. The Summary of Financial Numerical Limitations Policy (EL II-17) sets out the level of reserves. <u>If applicable:</u> Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: The regular review (every 2 years) of the Financial Condition Policy (EL II-11) was last discussed and approved at the Council meeting held on February 28, 2019. February 28, 2019 Council Meeting Material / Agenda Item 5.1 Regular Policy Review – Financial Condition Policy (EL II-11) Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: EL II-11 Financial Condition Policy was developed in 1996, is reviewed every 2 years, and was last reviewed/updated on February 28, 2019. Has the financial reserve policy been validated by a financial auditor? Yes ☒ No ☐ The CMLTO’s auditor reviews the Reserve Funds with the Executive Committee annually when reviewing the audited financial	

DOMAIN 2: RESOURCES		
Standard 4 The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
		statements. Any proposed changes to the Reserve Funds are then considered and approved by Council. Based on advice from the College's auditor in April 2019, Council approved an increase to 2 Reserve Funds in 2020: Contingency Fund and Fee Stabilization Fund. (Appendix 8 – Financial Planning & Budget Cycle Policy (EL II-10) Monitoring Report re Proposed Increase to CMLTO Reserve Funds (Contingency and Fee Stabilization)) <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (if needed)</i>
	c. 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 (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. The Council approved the annual 2020 budget, which includes the compensation (salaries and benefits) for staff. CMLTO currently has 9 full-time employees. The R/CEO is responsible for recruiting, hiring and terminating employees. Generally, the College assesses its operational requirements on an annual basis to determine if any adjustment to its human resource complement is needed. There were no new staff hired in 2020.

DOMAIN 2: RESOURCES		
Standard 4 The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
		The R/CEO reports annually to Council on the Council's Executive Limitations Policy on Human Resources Parameters Policy (EL II-25). May 12, 2020 Council Meeting Material / Agenda Item 12.1 Regular Policy Review Human Resources Parameters Policy (EL II-25) (Appendix 9: Human Resources Parameters Policy (EL II-25) Monitoring Report) The CMLTO Human Resources Policy Manual also sets out the expectations of employees of the College as well as what they can expect from the College re performance management, professional development, opportunities for advancement, compensation and benefits, resolution process for addressing conflicts, etc. (Appendix 10: CMLTO Human Resources Policy Manual, March 2019 – Table of Contents) <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (optional)</i>

DOMAIN 3: SYSTEM PARTNER	
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.	
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.	
Standard 7 The College responds in a timely and effective manner to changing public expectations.	
Measure / Required evidence: N/A	College response
The three 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 three standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	Colleges are asked to submit the following information in preparation for their meeting with the Ministry of Health: Colleges should consider the questions below and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates of these initiatives. 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. - How has the College engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate? Please provide details of initiatives undertaken, and how engagement has shaped the outcome of the policy/program (e.g., joint standards of practice, common expectations in workplace settings, etc.). <u>Ontario Ministry of Health (MOH)</u> The CMLTO has met on a regular basis with representatives from the MOH during the COVID-19 (COVID) pandemic to discuss the College's registration process and policies to support the health human resource needs of the province in relation to medical laboratory testing capacity for COVID. The Registrar & CEO participated as a member of the CPMF in the development of the CPMF accountability tool, which was finalized in 2020. The Director, Registration & Professional Practice also participated on the CPMF Sub-Committee. Our input contributed to the development of the tool from the governance, technical/measurement and practical perspectives. <u>Health Profession Regulators of Ontario (HPRO)</u> Board of Directors

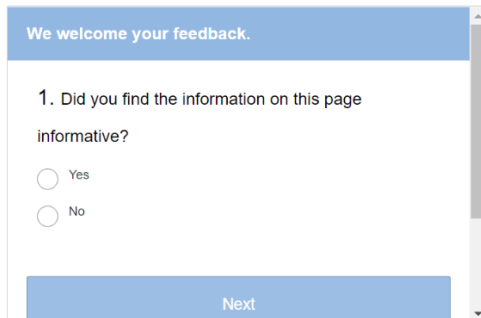
	The Registrar & CEO participates in regular (approximately quarterly) meetings of the HPRO Board and other regularly scheduled informal meetings where Ontario regulators work collaboratively to address regulatory, College governance and other matters of mutual interest. (E.g., governance modernization, CPMF, Anti-racism/Anti-oppression, etc.). The Registrar & CEO is also a member of the HPRO Nominating Committee which meets annually (or as required) to make recommendations to the Board for approval regarding the appointment of members to the Board of Directors and Management Committee. Communications Committee CMLTO's Specialist, Corporate Communications has been an active member of the HPRO Communications Committee for 3.5 years. The Communications Committee collaborates to develop and deliver marketing and communications efforts on behalf of all 26 health regulatory Colleges. Each year, the Communications Committee executes communications tactics that promote the role of Colleges, how to find regulated health professionals, and how to submit a concern or complaint. These tactics (sponsored articles, videos, Google Ads and social media posts) drive users to the www.ontariohealthregulators.ca (OHR) website. The website serves as a gateway to all the regulated health professions and from the site, users can access each College's website, their public register, and find information on the complaints process. The OHR website also has a page that lists all active public consultations at the Colleges. From there, the public can provide input into consultation processes. Through this collaboration and resulting campaigns, the College has seen increases in traffic to its website from members of the public. The Committee also provides consultation and guidance to the HPRO Management Committee on various communications issues. The Committee holds an annual professional development conference for all of the Colleges' communications managers to educate and inform them. It also furthers networking and collaboration amongst the Colleges. Discipline Orientation Program The Director, Professional Conduct is the Chair of HPRO's Discipline Orientation Committee, which plans and presents the Basic & Advanced Discipline Orientation Programs. The programs are aimed at providing training to Discipline committee members from all RHPA colleges and at times from other regulators in the province and across Canada. Due to the pandemic, these programs needed to be adapted to a virtual format and required updating to address virtual hearings, which have become necessary at all regulatory colleges. This collaborative initiative provides all Colleges with immediate access to hearing related best practices through expert faculty. During this period, the spring Basic session was held on June 12, 2020, an additional fall Basic session was held on September 21, 2020 and the fall Basic & Advanced sessions are scheduled for November 12 & 13, 2020. 3. <u>Other Health Regulatory Colleges in Ontario</u> CMLTO actively monitors and participates in ongoing dialogue with other health regulatory Colleges in Ontario on registration related matters through a listserv managed by the Ontario Regulators for Access Consortium
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	(ORAC), as well as a listserv that is specific to quality assurance programs. This ensures that the CMLTO's registration and quality assurance programs are congruent with best practices. CMLTO also responds to other Colleges' requests for consultation on regulation, bylaw and policy changes that are being proposed by these Colleges. The CMLTO tracks these submissions, including the impact of the College's feedback, if any, and reports annually to the Council. 4. <u>Office of the Ontario Fairness Commissioner (OFC)</u> The CMLTO submits an annual Fair Registration Practices Report to the OFC, and has participated in follow up meetings to discuss registration policies, practices and processes. On September 23, 2020 the Registrar & CEO and Director, Registration & Professional Practice met with the Fairness Commissioner and several OFC staff. The Fairness Commissioner recognized the CMLTO for its excellent work and commendable registration practices, including measures that were taken to ensure timely processing of registration applications during the COVID pandemic. 5. <u>Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR)</u> The Registrar & CEO holds the position of CAMLPR President. As such, CMLTO participates in, and takes an active leadership role with CAMLPR. This includes organizing and facilitating 3 meetings during the year, and coordinating national responses to issues affecting the practise of the profession, in line with the mandate of the College, such as certification examinations and prior learning assessment (PLA) processes. Over the last year and a half, CAMLPR has worked collaboratively with the Canadian Society for Medical Laboratory Science (CSMLS) to establish a new governance forum to discuss the above noted matters. Terms of Reference for the CAMLPR CSMLS Forum were approved in October 2020. 6. <u>Canadian Society for Medical Laboratory Sciences (CSMLS)</u> The CSMLS is the national professional association for MLTs and medical laboratory assistants and technicians. CSMLS is the third-party provider of certification examinations and prior learning assessment processes to the CMLTO, and the other medical laboratory technologist regulators in Canada. CMLTO meets regularly with the CSMLS, and in conjunction with CAMLPR, on topics that affect registration practices, such as the move to remote proctoring of certification examinations in 2020. 7. <u>EQual Canada (Health Standards Organization/Accreditation Canada)</u> EQual Canada is the accrediting body for the educational programs of 13 allied health professions in Canada. CMLTO is an EQual Canada Program Client. CMLTO staff participate on the EQual Program Council, which provides direction to the accreditation of Medical Laboratory Science (MLS) educational programs in Ontario, and across Canada. The Program Council meets several times throughout the year. In 2020, the Program Council revised the Program Handbook, which outlines the policies for educational program accreditation.
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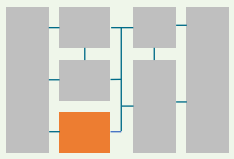
	8. <u>Ontario Medical Laboratory Science (MLS) Educational Institutions</u> CMLTO maintains active contact with the five accredited MLS programs in Ontario to ensure that, as a key stakeholder, the program and their students are aware of any changes to registration practices. For example, CMLTO worked with the MLS programs in 2020 to ensure that students could submit guarantor signed supporting documentation for registration through electronic means, throughout the COVID-19 pandemic. CMLTO staff provide presentations to MLS students on the College's mandate, professional obligations of Practising members, etc. These presentations have been delivered virtually during the pandemic. 9. <u>Institute for Quality Management in Healthcare (IQMH)</u> IQMH assesses the ability of a facility to perform medical testing or the collection of specimens with formal recognition of competence. CMLTO monitors IQMH initiatives and meets as required. 10. <u>Ontario MLT Employers</u> Direct contact with employers is maintained through responses to professional practice inquiries, publication of an employer e-newsletter, and the provision of employer-specific webinars throughout the year. In 2020, the College delivered 2 employer webinars, virtually, due to COVID restrictions. These webinars ensure that employers are kept up to date on any initiatives that impact their roles and responsibilities (i.e. mandatory reporting), while also ensuring that CMLTO is aware of emerging or evolving employer specific issues as they relate to the MLT professional practice. 11. <u>Investigation & Hearings Listserv</u> Both the Director, Professional Conduct and the Associate, Professional Conduct are part of the Investigations & Hearings LISTSERV. This email group was initially established under FHRCO and continues under HPRO. This service allows professional conduct staff from all RHPA colleges to share information and best practices and to seek advice and guidance on conduct related matters. This is both a valuable learning tool and a great resource. The Director, Professional Conduct who has been with the CMLTO for 19 years also fills the same role at CMRITO and is a valuable shared resource between the 2 Colleges. Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations. Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public expectations. 1. <u>HPRO</u> The HPRO Communications Committee had a booth at the Toronto Zoomer Show in 2018 and 2019 (the 2020 show has been moved to Spring 2021) and staff members from many of the Colleges, including several CMLTO staff, attended in shifts over the two-day show to meet with the public, answer questions about regulatory processes,
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	and demonstrate the Ontariohealthregulators.ca website and how to access individual College sites from it. Over the course of the 2 years, more than 2000 members of the public spoke to College staff members. As a result, HPRO responded to requests for its marketing materials to be sent to various community groups after the shows. Some Colleges made in-person presentations to other community groups as a result of the relationships established at the Zoomer Shows in 2018 and 2019. In November 2020, the HPRO Communications Committee launched an article regarding all Colleges' consultation processes and methods for the public to provide feedback to them. CMLTO's Specialist, Corporate Communication was the author of the article. This Zoomer Media article has an audience of ~85,000 Ontarians. https://www.everythingzoomer.com/featured/sponsored-content/2020/10/27/have-your-say-in-health-profession-regulation/ 2. <u>CMLTO surveys (complaints/mandatory report processes, etc.)</u> The CMLTO collects and analyzes data regarding complaints it receives that are outside of its jurisdiction (i.e. Non-MLT related). A report summarizing this data is sent to the MOH Laboratories & Genetics Branch, annually. The information is published in the CMLTO Annual Report yearly. Every year CMLTO receives complaints from members of the public about facilities or specimen collection centres, and non-regulated laboratory staff. In 2020, the CMLTO received 25 non-MLT related complaints: - 11 Medical laboratory assistants and technicians - 10 lab/specimen collection centre facilities - 4 other health professionals The CMLTO advises these complainants that their complaints are not within the College's jurisdiction. If the complaint is about a licensed laboratory or specimen collection centre or about a technician or assistant working within a licensed facility, the complainant is given the contact information for Laboratories and Diagnostic Services of the Laboratories and Genetics Branch of the Ministry of Health. If the complaint is about another regulated health professional, the complainant is given the contact information for the appropriate regulatory body. The CMLTO has been recording and reporting these complaints for many years to track instances of lapses in public protection. 3. <u>Conduct Referrals</u> Every year the CMLTO receives complaints regarding unregulated laboratory staff, laboratory processes and other health professional that are not within its jurisdiction. The CMLTO ensures that complainants understand the jurisdiction the College and refers them to the appropriate authority with jurisdiction to handle their complaint.
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	The CMLTO tracks and reports on the number and type of these complaints received each year, and uses the information to inform its discussions with the Laboratory & Genetics branch of the Ministry of Health and other stakeholders. 4. <u>Medical Laboratory Professionals Association of Ontario (MLPAO)</u> MLPAO is the provincial professional association for MLTS and medical laboratory assistants and technicians. In October 2020, when CMLTO became aware that MLPAO disseminated inaccurate information regarding the regulation of MLTs and their scope of practice in their fall MLPAO e-Update, the College took immediate steps to address the matter by corresponding with and meeting with MLPAO's Executive Director to ensure the misinformation was corrected and sent to their membership. Standard 7: The College responds in a timely and effective manner to changing public expectations. • How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? • How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g., Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.) 1. <u>CMLTO Council</u> The CMLTO Council reviews and refreshes its Ends Policies (Critical Outcomes) every 3-4 years. Throughout 2019 the College undertook various environmental scanning initiatives to better understand the needs of the public who use medical laboratory services, and to inform the Council as it worked to refresh its Ends Policies for 2020-2023. These initiatives included: website questions and polls, FOCUS (e-newsletter) questions and polls, presentations at Council meetings from subject matter experts (legal, government relations, governance, boundaries), presentations by MOH CPMF Project Lead and CNO staff, sponsoring a Citizen Advisory Group focus group session re the regulation of medical laboratory assistants and technicians (Nov 2019), analyzing CMLTO registration, QA and professional conduct data and emerging/key themes, etc. Further details are outlined below. The refreshed 2020-2023 Ends Policies were approved by Council at the November 2019 Council meeting, and became effective January 1, 2020. The Registrar & CEO interprets the Council Ends Policies to develop the annual strategic operating plan. Given the nature of the practice of the profession, the "the public" is interpreted to be "the users and potential users of medical laboratory professionals' services; i.e., the general public, employers and CMLTO applicants for registration."
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	 2. <u>CMLTO consultation session with CAG re Medical Laboratory Assistants & Technicians (MLAT) regulation</u> The CMLTO sponsored a discussion topic at the Citizen Advisory Group (CAG) meeting held on November 2, 2019, concerning the regulation of MLATs. The CAG helps bring the patient voice and perspective to healthcare regulation in Ontario. The group was formed in 2015 as a patient feedback tool for the College of Physiotherapists of Ontario. Since then, it has grown into a partnership of 18 health regulatory Colleges, including the CMLTO, who are eager to engage patients in their work. CAG members are 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 support health regulators' work in protecting the public interest. The following results of the CAG members' discussion are important to note: - Almost all attendees were surprised to learn that medical laboratory technicians and assistants were not regulated. It was noted that as patients are in a vulnerable position, the medical laboratory assistants and technicians should be regulated. - By the end of the session, all attendees agreed enthusiastically that medical laboratory technicians and assistants should be regulated. - All participants believe that the public should be more aware that unregulated medical laboratory staff procure and test samples. - All participants believe that the public would support the regulation of medical laboratory technicians and assistants when they become aware of the issue. 3. <u>CMLTO website – survey/polling questions</u> The CMLTO has identified 21 'landing pages' on its website which feature a web poll to determine visitor satisfaction. Adjustments to some of the pages have been made from suggestions/comments from visitor responses. The CMLTO has been collecting this data since 2017. The CMLTO developed two infographics illustrating how it manages formal consultations and how it handles feedback from the public. These two infographics are reused regularly in CMLTO communications to inform its audiences of these processes.
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	The CMLTO formal consultation process The CMLTO Council occasionally holds formal consultations to gather comments and feedback from members, stakeholders, and employers. 1 The CMLTO Council directs the College to open a consultation period for a set time. 2 The CMLTO posts all information and documents related to the consultation on its web page and may solicit responses from members and stakeholders. 3 The CMLTO monitors consultation feedback and may post or disseminate further information as required. 4 The CMLTO analyzes all responses at the end of the consultation period and develops a consultation report for Council. 5 Council considers the consultation report and makes decisions or recommendations. 6 The CMLTO publishes the Council's decision in newsletters and on its web page. College of Medical Laboratory Technologists of Ontario Information subject to change at any time. Contact communications@cmlto.com. © 2018, The College of Medical Laboratory Technologists of Ontario. How the CMLTO handles feedback The CMLTO receives communication from members and the public via: - email - web polls - online forms - phone calls - online surveys - formal consultations 1 All queries and comments are assessed and forwarded to appropriate program staff. Responses will be sent using the same channel of communication, if possible (i.e., emails will be responded to via email). 2 Communications received via online forms, surveys, or web polls will be forwarded to appropriate program staff, or to the CMLTO Council for consideration. Note: The CMLTO can only respond to questions made via these channels if visitors include their contact information. 3 Improvements to programs, services, or processes may be made based on feedback and suggestions after consideration by CMLTO Council and staff. College of Medical Laboratory Technologists of Ontario Information subject to change at any time. Contact communications@cmlto.com. © 2018, The College of Medical Laboratory Technologists of Ontario. 4. Emergency Registration Policy As COVID-19 test volumes increased in March and April of 2020, the CMLTO Registration Committee approved an updated Emergency Registration Policy to provide guidance to the Registrar & CEO regarding requests to approve an individual for a Practising certificate of registration under specific circumstances - in this case, to address lab HR capacity related to COVID-19 testing. The revised policy was shared with representatives from the Ontario Ministry of Health.
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DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8 Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert a link to policies and processes OR provide brief description of the respective policies and processes. Council's Governance Process Policy "Disclosure of Information Policy (GP IV- 135)" sets the criteria for the collection, use, disclosure, protection of information that is of a personal or sensitive nature that the College holds. The policy was developed in 1996, is reviewed every 3 years, and was last updated in December 2018. The CMLTO Council believes in accountability and transparency and as such the Council supports disclosure to the public of all information that does not need to be kept confidential. In addition, the CMLTO has the duty to preserve the value of public scrutiny and accountability for the actions of the College. However, the <i>RHPA</i> also provides that certain information, must not be disclosed. Such information may only be disclosed when specific exemptions listed in s. 36 of the <i>RHPA</i> apply. Consistent with the <i>RHPA</i> and the Code, information is generally unavailable to the public unless a specific exemption permits it to be disclosed. At CMLTO, the Registrar & CEO determines if an exemption applies. The Disclosure of Information Policy lists these specific exemptions. The Policy also outlines Council Members' duty regarding confidential information. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (optional)</i>

DOMAIN 5: REGULATORY POLICIES		
Standard 9		
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.		
Measure	Required evidence	College response
9.1 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).	a. The College has processes in place for evaluating 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 College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • 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 OR describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). CMLTO follows a structured and intentional approach for the development, review, and implementation of professional practice resources. The process for identifying priority areas is codified by internal Professional Practice policies including: 1. PP #01 – Professional Practice Resource Policy 2. PP #02 – Professional Practice Resource Review Process 3. Professional Practice Resources Development/Review checklist 4. Annual internal risk assessment process These policies support a three-phase approach which includes regular review intervals and a process which: a. Validating the need: reflects on the resource's relevancy within the current MLT practice environment, determines the uniqueness of the resources, and assesses any risks with maintaining or removing the resource. b. Development/Review of the resource: describes the resources review process (i.e., stakeholder engagement, literature research) including the proposed rationale for its development, modification, or retirement. c. Implementation: determines the appropriate communications and/or dissemination plan for the practice advice resources including gathering the required approvals, description of the relevant stakeholders and proposed methods of engaging these individuals/groups.

		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional)</i>
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: 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.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		• For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. In August 2020, the CMLTO's Guidelines for Medical Laboratory Technologists Practising in Transfusion Science were rescinded through a motion that was passed by the CMLTO Quality Assurance Committee (QAC). The review process included a member survey, engagement with subject matter experts, deliberation at the QAC meeting and communication of the outcome to the public, members and stakeholders. http://www.cmlto.com/index.php?option=com_content&view=article&id=1233&Itemid=783
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional)</i>

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	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 members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ - Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: - Insert a link OR provide 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.): CMLTO's registration requirements are provided to the public and to applicants (both Canadian and Internationally Educated) via our website: http://www.cmlto.com/index.php?option=com_content&view=article&id=1311&Itemid=751 Further, once an individual begins the online application process, these requirements, along with specifics related to supporting documentation, are presented to applicants. Finally, all documentation must be accompanied by a Guarantor Verification Form (see link below), or are directly sent from the referring institution to the CMLTO (e.g. Prior Learning Assessment Technical Reports from the Canadian Society of Medical Laboratory Sciences) http://www.cmlto.com/images/stories/Applicants/guarantor_verification_form_dec_2020.pdf <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (optional)</i>

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
	information from supervisors, etc.) ³ .	
	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).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • 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.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. • Provide the date when the criteria to assess registration requirements was last reviewed and updated. CMLTO is a member of Ontario Regulators for Access Consortium (ORAC) through which registration best practices are shared. CMLTO also receives advice from regulatory legal counsel on contemporary trends in registration processes. This information informs Registration Committee and internal policies and processes. Further, Registration Committee policies are reviewed on a regular basis to remain relevant and to mirror best practices. In 2020, the Registration Committee updated its Emergency Registration policy to address issues related to the COVID-19 pandemic. The Registration Committee also approved the requirement for all applicants to submit a Criminal Records and Judicial Matters Check as part of the application process, effective January 1, 2021. http://www.cmlto.com/images/stories/MeetingHighlights/2020_cmlto_cncl_mtng_mtrl_sept_17_2020_public_final.pdf

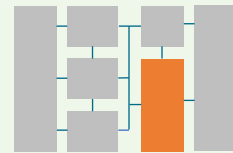
³ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

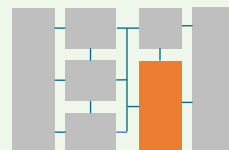
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10 The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ Additional comments for clarification (optional)
10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency ⁴ and other ongoing requirements are continually met (e.g., good character, etc.).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: During annual registration renewal, members' currency requirements are assessed by the requirement for all members to respond to a series of professional conduct statements and complete a self-assessment of their compliance with their quality assurance obligations, and professional liability insurance requirements. http://www.cmlto.com/index.php?option=com_content&view=article&id=1277:professional-liability-insurance&catid=120:member-category&Itemid=666 List the experts / stakeholders who were consulted on currency: Internal legal counsel / Director, Professional Conduct reviews the professional conduct statements and annual self-declarations on an annual basis as part of the process of reviewing the annual registration renewal processes. Identify the date when currency requirements were last reviewed and updated:

⁴ 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).

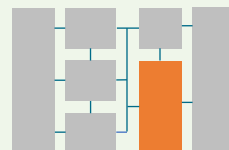
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
		The currency requirements are reviewed annually and updated as required. The quality assurance obligations statements were updated in October 2020 in preparation for the annual registration renewal process. No updates were required to the professional conduct statements of professional liability insurance requirements self-declaration in 2020. Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. During annual registration renewal, members are required to respond to a series of professional conduct statements and complete a self-assessment of their compliance with their quality assurance obligations, and professional liability insurance requirements. Exception lists for all three components are provided to relevant CMLTO staff for individual follow up, as required. Statutory processes are employed pending the outcome of contact with members who either responded to the professional conduct statements in an unexpected manner, or who self-declare non-compliance with their quality assurance and professional liability insurance obligations, as required. Further, all Practising members are subject to the annual quality assurance audit processes, and an annual professional liability insurance audit. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (optional)</i>
10.3Registration 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 College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: CMLTO submits the OFC Fair Registration Practices Report annually, and a copy of the report is posted to the CMLTO website. http://www.cmlto.com/index.php?option=com_content&view=article&id=1401:applicant-resources&catid=145:resources&Itemid=771

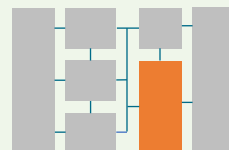
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
	the Fairness Commissioner (OFC).	Where an action plan was issued, is it: Completed ☐ In Progress ☐ Not Started ☐ No Action Plan Issued ☒
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐
		<i>Additional comments for clarification (if needed)</i>

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
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.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	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).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Provide a brief description of 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 In 2020, the CMLTO's Quality Assurance Program was in the midst of it's most comprehensive revision since the inception of the College. To support members in understanding their updated quality assurance obligations, which took effect January 1, 2021, a series of activities were undertaken including two direct mailings (100% of Practising members), three e-blasts (100% of Practising members) and two webinars that were provided live and also recorded and subsequently accessed by members (37.3% of Practising members). Post-webinar (live or recorded) surveys indicated that 96.2% of members understood their updated quality assurance obligations. Does the College always provide this level of support: Yes ☒ No ☐ <i>If not, please provide a brief explanation:</i> <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes ☒ Partially ☐ No ☐

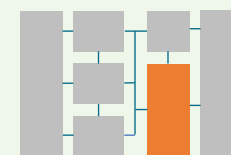
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Measure	Required evidence	College response	
11.2The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁵ .	b. 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; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an	• List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <i>OR</i> link to website where this information can be found: 1. The College’s priority areas for QA assessments are the Professional Portfolio, Practice Review, and Competence Evaluation. The QA assessments are defined in the <i>Medical Laboratory Technology Act, 1991</i>. http://cmlto.com/index.php?option=com_content&view=article&id=19&Itemid=682 2. Additional QA activities including the Professional Practice resources are informed by evidence gathered through member surveys, practice inquiries, changes in Legislation/Regulations, and other relevant practice requirements. CMLTO Committees maintain and approve Professional Practice resources. Professional Practice resources are reviewed on a 3-year cycle or developed based on evidence gathered through the methods mentioned above. http://cmlto.com/index.php?option=com_content&view=article&id=1233&Itemid=689 3. In 2020, the CMLTO focussed its efforts on evaluating and developing an updated Quality Assurance Program. The review process and updated requirements were informed by a full member survey, audit data and audit feedback survey results over the last 10 years, and industry standards for assessments. http://cmlto.com/index.php?option=com_content&view=article&id=1967:quality-assurance-review&catid=131:quality-assurance 4. The Practice Improvement Self-assessment Module (PRISM) was developed as a jurisprudence activity focussed on communicating changes to members as part of their annual Self-assessment.	

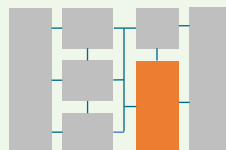
⁵ "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

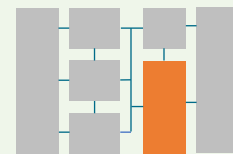
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
	assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	Every Practising CMLTO member is required to watch a short video and answer a series of multiple choice questions. The topic is informed through an internal risk assessment based on top priorities from all departments including Professional Conduct, Professional Practice, Registration, and Communications. http://cmlto.com/index.php?option=com_content&view=article&id=1970:practice-improvement-self-assessment-module-prism&catid=131:quality-assurance - Is the process taken above for identifying priority areas codified in a policy: Yes ☒ No ☐ <i>If yes, please insert link to policy</i> <i>The process for identifying priority areas is codified by internal Professional Practice policies including:</i> - PP #01 – Professional Practice Resource Policy - PP #02 – Professional Practice Resource Review Process - Professional Practice Resources Development/Review checklist - Annual internal risk assessment process These policies support a structured approach for the development, review, and implementation of professional practice resources. This three-phase approach includes: [Excerpt from policy – PP#02 – Professional Practice Resources Review Process] Validating the need: reflects on the resource’s relevancy within the current MLT practice environment, determines the uniqueness of the resources, and assesses any risks with maintaining or removing the resource. Development/Review of the resource: describes the resources review process (i.e., stakeholder engagement, literature research) including the proposed rationale for its development, modification, or retirement.

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
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.			
Measure	Required evidence	College response	
		c. Implementation: determines the appropriate communications and/or dissemination plan for the practice advice resources including gathering the required approvals, description of the relevant stakeholders and proposed methods of engaging these individuals/groups. 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 OR describe right touch approach and evidence used: During the QAP review and development processes, concepts related to right touch regulation were included throughout the various activities and ultimately the implemented recommendations. As a first step, the CMLTO Council developed a series of guiding principles to support the QAP evaluation that incorporated many concepts related to right touch including that the quality assurance program should be fair (proportionate), proactive and adaptable, easily understood (transparent). The Council guiding principles are: Enabling professional practice 1. CMLTO collaborates with members to seek input to the Quality Assurance Program and is responsive to members’ feedback. 2. CMLTO encourages members to include quality assurance thinking throughout their professional practice and careers. 3. CMLTO supports and uses proactive approaches with members in pursuit of enhanced professional practice and continuing competence. Effectiveness 4. Focussed on direct, demonstrated, and measureable continuous improvement of the competence and quality of members’ professional practice. 5. Evidence-based, transparent, fair and objective. 6. Easily understood and will set appropriate expectations of members. 7. Continually evaluated for reliability and validity of program design and implementation.	

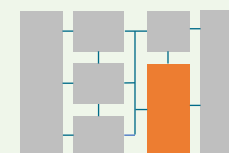
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
		http://cmlto.com/index.php?option=com_content&view=article&id=1967:quality-assurance-review&catid=131:quality-assurance The program recommendations were informed by evidence from literature and environmental scans, a working session with public and professional stakeholders, and full membership survey that gathered insights into the current program's effectiveness. The update program sought a balance between a trust versus proof model to support our members' continued competence while ensuring consistent and meaningful engagement. The updated program requirements which include concepts related to right touch regulation are: Professional Portfolio - Every Practising member must submit the following Professional Portfolio sections by March 31st for review by Quality Assurance Program staff. Self-Assessment - Completed self-evaluation of MLT tasks and responsibilities - Completed CMLTO Standards of Practice self-assessment - Completed Practice Improvement Self-assessment Module (PRISM) Learning goals - Two learning goals with at least one based on an area of improvement identified by the self-assessment. Only the Goal and Goal Description sections must be submitted by March 31st. - Practising members are randomly selected once every five (5) years to submit their comprehensive Professional Portfolio for review by the Quality Assurance Program staff. Randomly selected members are required to submit the following by December 31st. - Confirmed Professional Profile information - Completed self-assessment (<i>completed by March 31st</i>)

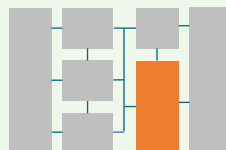


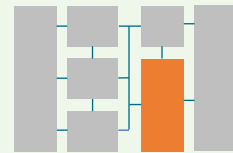
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Measure	Required evidence	College response
		• Learning goals with the following sections completed: • Goal (<i>completed by March 31st</i>) • Goal Description (<i>completed by March 31st</i>) • Impact on Practice • Goal completed • If Goal completed is No or Ongoing, the Next steps are recorded. • Completed Professional Development requirements and hours • A minimum of three different activity types • A minimum of three activities are linked to a learning goal and includes a description of how the activity supported their continued competence. • A minimum of thirty (30) professional development hours with key learnings that clearly describe how it advanced the member’s professional knowledge, skill, and/or judgment. • Practising members who register with the College in the current portfolio year will not be selected to submit their Professional Portfolio. The first calendar year of CMLTO registration does not contribute to the five (5) year cycle but they are still required to maintain an up-to-date professional portfolio. • A Practising member may be required to submit their Professional Portfolio within thirty (30) days upon request by the Quality Assurance Committee. Practice Review assessment • Practising members registered with the CMLTO for more than two (2) years will be randomly selected once every ten (10) years to complete the Practice Review assessment. • A Practising member will be required to complete the Practice Review assessment based on the following Quality Assurance Committee criteria: • All Practising members will complete the Practice Review within their first two (2) years of CMLTO registration.

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
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.			
Measure	Required evidence	College response	
		• A member who changes their class of registration from Non-Practising to Practising will complete the Practice Review within two (2) years of the change. • A member suspended for non-payment of fees and who reinstates as Practising will complete the Practice Review within two (2) years of reinstatement. • A member who Resigns or is revoked and reapplies to the CMLTO as Practising will complete the Practice Review within two (2) years of re-registering. • A member who changes their class of registration (i.e., Resigned, Non-Practising, suspended, or revoked) after being randomly selected for the Professional Portfolio or Practice Review audit will complete the Practice Review assessment within 60 days of returning to Practising status. • A Practising member may be directed to complete the Practice Review assessment within a specified timeframe if the Committee upon review of a member’s case determines that a Practice Review assessment will support the member’s continued competence. Competence Evaluation • The CMLTO QAC may require a member to participate in a Competence Evaluation assessment if the Committee is of the opinion, based on a review of the member’s Professional Portfolio, the results of a practice review or any other relevant written information, that the member’s knowledge, skill, and judgment are unsatisfactory. http://cmlto.com/index.php?option=com_content&view=article&id=1974:qap-update-audit-criteria&catid=153:cmlto-news&Itemid=637 • Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): Concepts related to right touch regulation were implemented as part of our 2021 QA program.	

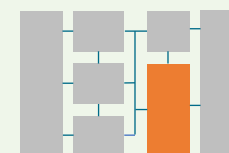
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Measure	Required evidence	College response
		<i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> - Public Yes ☒ No ☐ - Employers Yes ☒ No ☐ - Registrants Yes ☒ No ☐ - other stakeholders Yes ☒ No ☐ • Insert link to document that outlines criteria to inform remediation activities OR list criteria: The Quality Assurance Committee policy QAC 45 – Case Referral to the QAC, outlines the various situations in which a member may be referred to the QAC for review and decision. The potential Committee responses and decisions are detailed in the policy as well. [Excerpt from policy QAC 45 – Case Referral to the QAC] <u>Case Referral to the Quality Assurance Committee (QAC)</u> Quality Assurance Program (QAP) requirements are defined by Ontario Regulation 207/94 under the <i>Medical Laboratory Technology Act, 1991</i> (MLT Act). The QAP is comprised of three components: Professional Portfolio, Practice Review, and Competence Evaluation. The audit criteria for the Professional Portfolio and Practice Review are described in QAC 42 – Quality Assurance Program Audit Criteria. In addition to the components found in the MLT Act, the QAP contains a series of declarations all Practising members must self-report compliance to during the annual registration renewal process. QAP staff administer the QAP components, including the application of administrative exclusion and/or extension criteria policy, in response to Practising member requests. QAP staff communicate the outcome(s) to the member. • QAP staff refer Professional Portfolio or Practice Review cases to the QAC if:

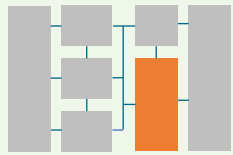


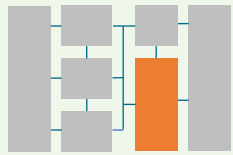
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Measure	Required evidence	College response	
		- o An audit exclusion or extension request falls outside of the QAP administrative decision-making policy; - o A member fails to meet a requirement of the QAP: ▪ Does not submit a complete Professional Portfolio, even after coaching and/or intervention by QAP staff, as appropriate; or ▪ Does not meet the minimum Practice Review assessment criteria as defined in QAC 103 – Practice Review Assessment Criteria. - o A Practising member fails to respond or communicate with the CMLTO in a complete or timely manner after being selected for an audit. - o A member’s QA declaration non-compliance is not described in policy QAC 40 – MLTs Not Compliant with QA Declarations at Annual Renewal. The powers of the QAC are defined in Section 80.2 of the Health Professions Procedural Code, being Schedule 2 of the <i>Regulated Health Professions Act, 1991</i>: 1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs. 2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member, i. whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.	

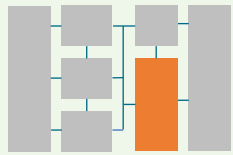
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
		3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory. 4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated. 2007, c. 10, Sched. M, s. 58. Through the process of deliberating on a specific case, the QAC may take the following actions prior to exercising their powers as described above: - o Direct QAP staff to pursue further communication with the member in an attempt to resolve the situation; or - o Request legal consultation related to other options available to the QAC. • QAP staff will document and follow up on all actions directed by the QAC and will report back to the QAC with the status of each case at subsequent QAC meetings. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐</i> <i>In 2021, as per the CMLTO Consolidated Operational Performance Plan, a risk based framework will be developed for the QAC. This framework will assist the QAC in their decision-making process.</i>
		The College fulfills this requirement: Yes ☒ Partially ☐ No ☐

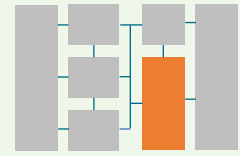
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	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.	Insert a link to the College's process for monitoring whether registrant's complete remediation activities OR describe the process: Quality Assurance Committee (QAC) cases are entered and tracked through an Excel Spreadsheet, as well as an alert system in SharePoint and CMLTO Online Services (CMLTO's registration database). QAC decisions are sent to members by mail and email. Any applicable deadlines are included in the notice. Notices and communications to/from the member are documented and stored in the member's QA file on SharePoint. Member submissions are reviewed and tracked by Quality Assurance Program staff. The date a submission is made, when it is reviewed and its outcome are noted on the tracking excel Spreadsheet. If a member is successful in meeting their requirements, a confirmation letter and email is sent. The alerts are then concluded in SharePoint and CMLTO Online Services. If a member is unsuccessful in meeting the requirements of the QAC's decision, QAP staff will coach the member as required. If the deadline passes and the member is still unable to meet the QAC's decision requirements, their file is referred back to the QAC. Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process: Depending on the QAC's decision and its requirements, a registrant may demonstrate the knowledge, skill, and judgement if they: 1. Submit an acceptable Professional Portfolio 2. Passes a Practice Review by meeting the pass criteria (A score of 60% or more in three of the five assessment areas; and an overall score of 60% or more on the entire assessment) 3. QAC deems a member's Competence Evaluation Report and score as adequate. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>



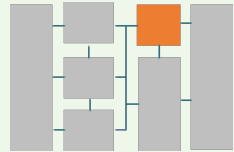
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 12 The complaints process is accessible and supportive.		
		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are 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).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		- Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: CMLTO - How to make a complaint (Appendix 5: CMLTO Complaints Process Support Documents) - Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: ☒ Yes ☐ No - Does the College evaluate whether the information provided is clear and useful: ☒ Yes ☐ No
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	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: ☒ Yes Partially ☐ No ☐
		- Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures) 95%
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

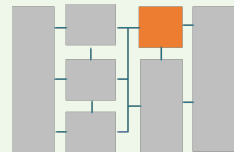
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 12 The complaints process is accessible and supportive.		
		
Measure	Required evidence	College response
		<i>Additional comments for clarification (optional)</i> All complaints received from every platform, e.g. phone, email or letter are entered into the Professional Conduct database. These include complaints not within CMLTO jurisdiction. In 2020, the database recorded 25 complaints not within CMLTO's jurisdiction for which an individual response was provided to the sender within 3-5 business days. Three complaints resulting in an investigation were recorded in 2020. The complainants received responses within 3-5 business days after their initial contact with the CMLTO.
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	List all the support available for public during complaints process: On-line complaint form Public's ability to communicate with the College via email, phone call, letter mail anytime during the complaints process Most frequently provided supports in CY 2020: Response to inquires sent via email <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (optional)</i>
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description:

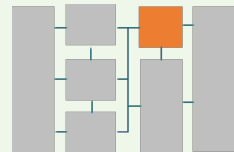
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
participate effectively in the process.	are supported to participate in the process.	Appendix 5 – CMLTO Complaints Process Support Documents In addition to the notices required under the RHPA, staff provides members and complainants with updates on the status of their case on request. Most request for status updates are received and responded to by email message. The vast majority of the conduct cases at CMLTO originate as mandatory reports from employers and not complaints. In fact, the CMLTO has never had a Discipline hearing as a result of a complaint.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐
		<i>Additional comments for clarification (optional)</i>

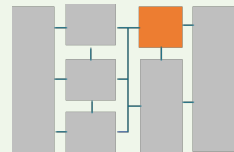
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	College response
13.1 The College addresses complaints in a right 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: Yes ☒ Partially ☐ No ☐ - Insert a link to guidance document OR describe briefly the framework and how it is being applied: Appendix 7: ICRC Risk Assessment Tool - Provide the year when it was implemented OR evaluated/updated (if applicable): Implemented in August 2016 <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (optional)</i>

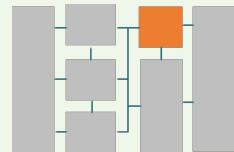
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 14 The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, 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: Yes ☒ Partially ☐ No ☐ Insert a link to policy OR describe briefly the policy: CMLTO provides information pertaining to members' and former members' current and historical registration status, quality assurance program compliance and selected professional conduct issues (as applicable) to other provincial regulators of medical laboratory technologists by way of a "Letter of Standing", congruent with Canadian labour mobility laws. Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home'). Twelve (12) Letters of Standing were provided to other provincial regulators of medical laboratory technologists in 2020. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐ <i>Additional comments for clarification (if needed)</i>

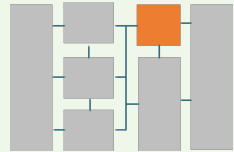
DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15 The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • Insert a link to 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), link to Council meeting materials where this information is included OR list KPIs and rationale for selection: Appendix 2 – CMLTO Registrar & CEO 2020 Ends Interpretation The 2020 Registrar & CEO Ends Interpretation sets out the strategic outcomes/goals, targets and measures to be achieved during the year. Appendix 6 – 2020 Registrar & CEO – Ends Monitoring Reports The Registrar & CEO reports to Council on the achievement of the strategic plan (Ends Policies HLP 1, HLP 2, and HLP 3) in September and December. The Council regularly reviews its Risk Register. December 1, 2020 Council Meeting Material / Agenda Item 8.1: Validation of 2020-2021 Council Risk Register The CMLTO Governance Effectiveness Scorecard Framework: CMLTO Council has been measuring key governance and outcome indicators by the CMLTO Governance Effectiveness Scorecard Framework since 2012. The Framework is a carefully selected set of measures derived from criteria set out in Council's governance policies. November 30 & December 1, 2020: Meeting Material / Agenda Item 4.3.1 CMLTO Governance Effectiveness Scorecard Framework (2020)

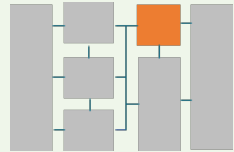
DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT			
Standard 15			
The College monitors, reports on, and improves its performance.			
Measure	Required evidence	College response	
		<u>CMLTO Governance Effectiveness Scorecard Framework – key performance indicators:</u> <u>Indicator 1 - Public Interest:</u> Description: Key topics covered by Council with direct impact on Public Interest Rationale: Public interest is Council’s foremost concern (shows focus of Council) <u>Indicator 2 - Member Impact</u> Description: Key topics discussed by Council with direct impact on enhancing member competence, ethical behaviours, and professionalism Rationale: Stimulating member professionalism (shows Council’s work on developing competent professional MLTs) <u>Indicator 3 - Policy Making</u> Description: % of policies reviewed and refreshed: - o Ends (strategic outcomes) - o Executive Limitations - o Council/Staff Relationship - o Governance Process Rationale: Council is committed to relevant, wise, effective policy direction and refreshing 100% of policies every three to four years (=66 policies) <u>Indicator 4 - Linkage with the Ownership (Members)</u> Description: Description of Council linkages with the Ownership completed in period Rationale: Council is committed to informing its decisions by understanding member ideas and values	

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT			
Standard 15			
The College monitors, reports on, and improves its performance.			
Measure	Required evidence	College response	
		<u>Indicator 5 - Council Orientation</u> Description 1 : # [and ratio] of new Council Members who complete the full New Council Member Mentor Program Rationale 1: Full orientation critical to new Council Members’ capacity and success Description 2 : # and % of Council Members completing the full Annual Council orientation - o New Council Member - o Continuing Council Rationale 2: Full orientation critical to new Council Members’ capacity and Success / Experienced members are further developed Description 3 : %Council Members who completed Annual Orientation who can answer key \ governance and organization questions - o New Council Member - o Continuing Council Member Rationale 3: Council is committed to annual re-orientation and development of Council Members Description 4 : % Council Members who ranked Annual Orientation as useful - o New Council Member - o Continuing Council Member Rationale 4: Council is committed to annual re-orientation and development of Council Members	

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT			
Standard 15			
The College monitors, reports on, and improves its performance.			
Measure	Required evidence	College response	
		<u>Indicator 6 - Council Continuing Education and Development</u> Description: # of Council Member hours dedicated to Council continuous education / Council / development sessions Rationale: Development of Council members <u>Indicator 7 - Effectiveness of Council’s Monitoring Process</u> Description: % Monitoring Reports [Ends and High Impact EL Policies] where Council provided feedback (beyond approval) to R/CEO Rationale: Council is committed to review Monitoring Reports to ensure R/CEO and operational organization accountability <u>Indicator 8 - Committee and Council Participation</u> Description: # Council/Committee meeting days attended divided by # Council/Committee meeting days in period and % Rationale: Council/Committee Member involvement critical to context and continuity of the Council and committee work <u>Indicator 9 - Governance Process and Council Code of Conduct</u> Description 1: # and nature of issues identified to President and/or Registrar related to Council Code of Conduct, Confidentiality & Conflict of Interest Rationale 1: Council holds a very high standard of conduct for themselves Description 2 : Annual Council Code of Conduct Index (conflict declared) Rationale 2: Ethical Council behaviours are demonstrated <u>Indicator 10 - Council / Registrar Relationship</u> Description 1: Registrar & CEO Performance Appraisal completed on time	

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
		Description 1: # and % Council Members who contributed to Registrar & CEO performance appraisal survey Rationale 1 & 2 : Council committed to constructive feedback to Registrar & CEO Description 3: # matters between Council and Staff that required attention of the President and/or Rationale 3: R/CEO Monitoring compliance with policy areas on roles and potential areas of risk <u>Indicator 11 - Council / Registrar Relationship</u> Description 1 : # and % of Council Members completing Council Effectiveness Self Evaluation Description 2 : Average overall score on Annual Council Effectiveness Self Evaluation Rationale 1 & 2: Council is committed to self evaluation in order to direct its improvement Description 3 : # and % of Committee Members completing Committee Member/Committee Effectiveness Survey Description 4 : # and ratio of Committee Members reporting Committee achieved its work plan Rationale 3 & 4: Committee feedback is essential for improvement Description 5 : # and ratio of Committee Members ranked Committee effective in working within their mandate Rationale 5: Committees are expected to achieve their goals Description 6: # and ratio of Committee Members ranking Committee Chairs effective in supporting the work of the committee

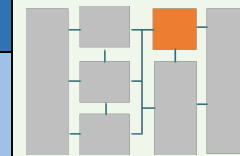
DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15 The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
		Rationale 6: Effective Chairs are in place to lead committees
		Description 7: # and % of Committee Members ranking Committee has having a successful and effective team dynamic
		Description 8: # and % of Committee Members ranking Committee has having a successful and effective team dynamic
		Rational 7 & 8: Committee Chairs have an obligation to provide feedback
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐
		<i>Additional comments for clarification (if needed)</i>
	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		• Insert a link to last year's Council meetings materials where Council discussed the College's 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: Appendix 2 – CMLTO Registrar & CEO 2020 Ends Interpretation The 2020 Registrar & CEO Ends Interpretation sets out the strategic outcomes/goals, targets and measures to be achieved during the year. Appendix 6 – 2020 Registrar & CEO – Ends Monitoring Reports The Registrar & CEO reports to Council on the achievement of the strategic plan (Ends Policies HLP 1, HLP 2, and HLP 3) in September and December.

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15 The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ Additional comments for clarification (if needed)
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert a link to Council meeting materials where relevant changes were discussed and decided upon: Council has the opportunity to discuss the R/CEO’s Ends Interpretation at the beginning of the year. Council’s input may result in a revision to a proposed target or contribute to staff’s thinking regarding the strategy to achieve one of the strategic goals. E.g. regulation of medical laboratory assistants and technicians, the QA Program refresh If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ Additional comments for clarification (if needed)
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert a link to College’s dashboard or relevant section of the College’s website: If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT

Standard 15

The College monitors, reports on, and improves its performance.



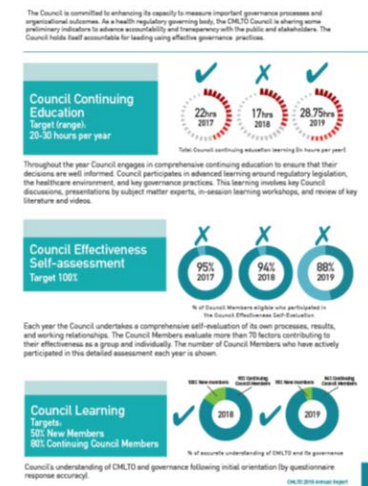
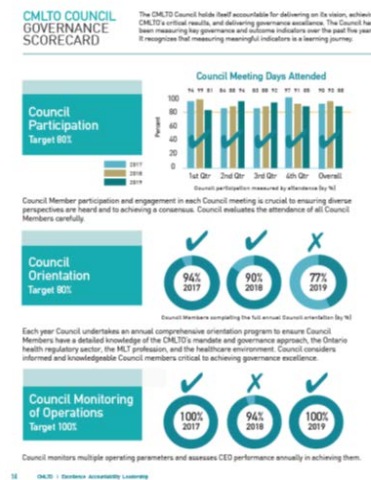
Measure

Required evidence

College response

Additional comments for clarification (if needed)

The College publishes its performance results regarding its strategic objectives and regulatory activities yearly in its Annual Report, which is posted on its website. Notifications and links to the Annual Report are published in its newsletter and sent by eblast to stakeholders. Note that Annual Reports are released in July reporting on the previous calendar year. The [CMLTO 2019 Annual Report](#) was published in July 2020. The Annual Reports include Council Governance Scorecards, see example below.



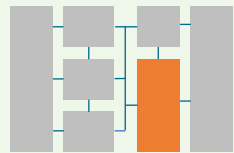
PART 2: CONTEXT MEASURES

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 methodology 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 methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11 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.		
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		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). 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 2020. 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 13(a) of Standard 11.
Type of QA/QI activity or assessment	#	
i. Professional Portfolio audit	101	
ii. Practice Review audit	201	
iii. Competence Evaluation	NR	
iv. Quality Assurance Program pilot study – Professional Portfolio	64	
v. Quality Assurance Program pilot study – Practice Review	68	
vi. Quality Assurance Webinar: Current to Updated (June 23, 2020)	1773 (399 live attendees and 1374 recording)	
vii. Quality Assurance Webinar: Updated tools and resources (October 23, 2020)	587 (133 live attendees and 454 recording)	
viii. Competence Evaluation Assessor Annual Training	7	
ix. Employer webinar: Oversight of Medical Laboratory Assistants & Technicians: An Update for Employers	12 organizations	
x. Professional Portfolio coaching sessions (audited members)	7	

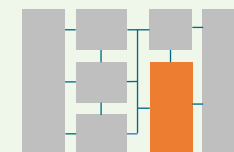
xi.	Skill mix survey	426	
xii.	MLT Learning Plans	6	
<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, 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 = Non-reportable: results are not shown due to < 5 cases			

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 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			
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology			
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
Context Measure (CM)			
	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	290		<i>What does this information tell us?</i> 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 him or her to the College's QA Committee. The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 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.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	NR	NR	
<i>Additional comments for clarification (optional)</i>			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	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 judgment following remediation**	NR	NR	
II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	

Additional comments for clarification (if needed)

There was only 1 case referred to the QA Committee from the 2020 Quality Assurance Program.

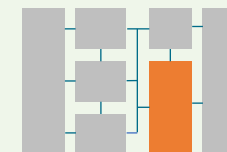
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



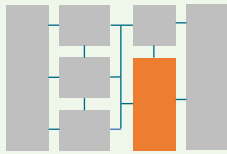
Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☒ College methodology

If College methodology, please specify rationale for reporting according to College methodology: CMLTO's database developed to collect data according to the standards of practice

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020		Formal Complaints received†		Registrar Investigations initiated†		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.
Themes:		#	%	#	%	
I. Advertising		0	0	0	0	
II. Billing and Fees		0	0	0	0	
III. Communication		0	0	0	0	
IV. Competence / Patient Care		0	0	NR/<5	NR/<5	
V. Fraud		0	0	0	0	
VI. Professional Conduct & Behaviour		NR/<5	NR/<5	0	0	
VII. Record keeping		NR/<5	NR/<5	0	0	
VIII. Sexual Abuse / Harassment / Boundary Violations		0	0	0	0	
IX. Unauthorized Practice		0	0	0	0	
X. Other <please specify>		0	0	0	0	
Total number of formal complaints and Registrar's Investigations**		NR/<5	100%	NR/<5	100%	

* 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. Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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. ‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** 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>Additional comments for clarification (if needed)</i>	

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☒ College methodology If College methodology, please specify rationale for reporting according to College methodology: CMLTO's database developed to collect data according to the standards of practice			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	NR/<5		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	NR/<5		
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 2020	NR/<5		
CM 9. Of the formal complaints* received in CY 2020**:	#	%	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 committee that investigates concerns about its registrants.
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed** of by ICRC	NR/<5	NR/<5	
IV. Formal complaints that proceeded to ICRC and are still pending	0	0	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR/<5	NR/<5	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	

** Disposals: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Formal Complaints: 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 inquires and other interactions with the College that do not result in a formally submitted complaint. ‡ ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute. Δ The Registrar may withdraw a formal complaint 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. # May relate to Registrars Investigations that were brought to ICRC in the previous year. ** 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 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 ICRC. φ Registrar's Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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. NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)	
<i>Additional comments for clarification (if needed)</i>	

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.							
Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☒ College methodology If College methodology, please specify rationale for reporting according to College methodology: CMLTO's database developed to collect data according to the standards of practice							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020		6					
Distribution of ICRC decisions by theme in 2020*		# of ICRC Decisionst					
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	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	NR/<5	0	0	0	0	0	0
IV. Competence / Patient	0	0	0	0	0	0	0
V. Fraud	0	0	0	NR/<5	0	0	0
VI. Professional Conduct &	NR/<5	0	0	0	0	0	NR/<5
VII. Record keeping	NR/<5	0	0	0	0	0	0
VIII. Sexual Abuse / Harassment /	0	0	0	0	0	0	0
IX. Unauthorized Practice	0	0	0	0	0	0	0
X. Other <please specify>*	0	0	0	0	0	0	0

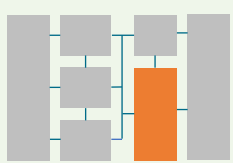
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.

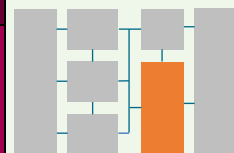
‡ **NR** = Non-reportable: results are not shown due to < 5 cases.

++ 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, or findings.

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

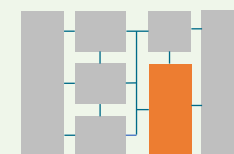
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		☒ Recommended ☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
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 2020	250*	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 2020	90	
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Disposal Registrar's Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		
Additional comments for clarification (if needed)		
* Several external factors contributed to the number of days required to dispose of complaints. The ICRC had to await requested documents from the facility where the member previously worked. The facility in question consulted their Privacy Officer who then consulted with CMLTO's Director, Professional Conduct prior to releasing the requested documents. This delay added weeks to the ICRC's review and disposal of the complaint.		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		☒ Recommended ☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	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. * The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested^ discipline hearing in working days in CY 2020	154	
II. A contested# discipline hearing in working days in CY 2020	0	
* Disposal: Day where all relevant decisions were provided to the registrant and complainant 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). ^ 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. # Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:

☒ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type	#
I. Sexual abuse	0
II. Incompetence	0
III. Fail to maintain Standard	NR/<5
IV. Improper use of a controlled act	0
V. Conduct unbecoming	0
VI. Dishonourable, disgraceful, unprofessional	0
VII. Offence conviction	0
VIII. Contravene certificate restrictions	0
IX. Findings in another jurisdiction	0
X. Breach of orders and/or undertaking	0
XI. Falsifying records	0
XII. False or misleading document	NR/<5
XIII. Contravene relevant Acts	0

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.

* 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.

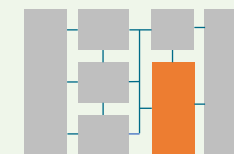
NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology *If College methodology, please specify rationale for reporting according to College methodology:*

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation ⁺	0
II. Suspension [§]	0
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	NR/<5
IV. Reprimand [^] and an Undertaking [#]	0
V. Reprimand [^]	NR/<5

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.

* 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 be equal and may not equal the total number of discipline cases.

+ Revocation of a 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 his/her ability to practice the profession.

§ 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 himself/herself 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.

** 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.

^ 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 his or her practice

An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

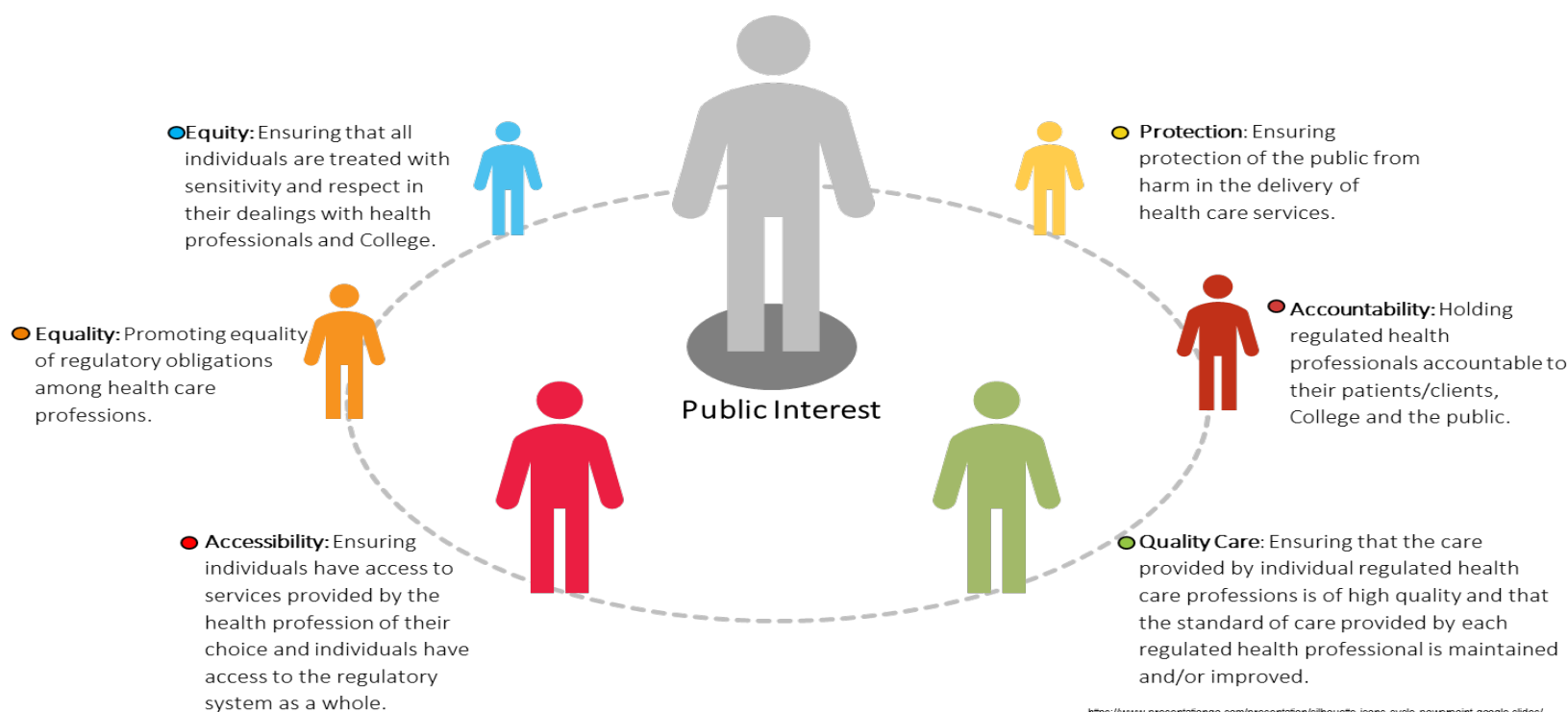
E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



APPENDICES:

Appendix 1 – The Council Code of Conduct, Confidentiality and Conflict of Interest Policy (GP IV-80)

Appendix 2 – CMLTO Registrar & CEO 2020 Ends Interpretation

Appendix 3 – CMLTO 2020 Budget

Appendix 4 – September 17, 2019 Council Meeting Material / Agenda Item 8.1 - Proposed 2020 Budget (Executive Limitations Policy - ELII-10 Financial Planning/Budgeting/Budget Cycle)

Appendix 5 – CMLTO Complaints Process Support Documents

Appendix 6 – 2020 Registrar & CEO – Ends Monitoring Reports

Appendix 7 – ICRC Risk Assessment Tool

Appendix 8 – Financial Planning & Budget Cycle Policy (EL II-10) Monitoring Report re Proposed Increase to CMLTO Reserve Funds (Contingency and Fee Stabilization)

Appendix 9 – Human Resources Parameters Policy (EL II-25) Monitoring Report

Appendix 10 – CMLTO Human Resources Policy Manual, March 2019 – Table of Contents



Policy Title: COUNCIL CODE OF CONDUCT, CONFIDENTIALITY AND CONFLICT OF INTEREST POLICY		Policy Section: IV Governance Process	Policy Number: IV-80
Approved By: Council	Date Approved: Jan. 23, 1996 May 3, 2013	Date Reviewed/ Revised: Sept. 13, 2007 Sept. 16, 2010 May 2, 2013 Sept. 17, 2013 Sept. 22, 2016 Sept. 17, 2019	President's Signature: 

The Council protects the public interest with regard to medical laboratory professional practice by holding itself accountable to the citizens of Ontario and ensuring that all actions the Council takes are consistent with the relevant laws, regulations and Council policies.

Council Members acknowledge and accept the scope and extent of their duties. In fulfilling these responsibilities, the Council is committed to rigorous, continual improvement of its capacity to govern effectively through policy by defining its beliefs/concerns in terms of Executive Limitations values and its vision in terms of Ends expectations/outcomes.

The Council commits itself to and expects honest, ethical, transparent, business-like and lawful conduct of Council Members. Council Members will conduct themselves in a professional, courteous, and respectful manner. This commitment includes proper use of authority and appropriate group and individual behaviour and decorum, while serving as Council Members. Council Members are expected to treat one another and staff with respect, co-operation and a willingness to deal openly on all matters. Council Members will refrain from engaging in any behavior that a reasonable person could view as discriminatory or harassing in nature. This applies to their dealings with other Council Members as well as staff of CMLTO.

The Council has a responsibility to carry out its duties within the scope of its authority and in full compliance with applicable laws and regulations. The Council is entrusted with the responsibility for the oversight of the strategic future, the assets and governance affairs of the CMLTO and as such is expected to conduct its business in a fair, objective, ethical, and transparent manner. Further, in conducting its business, integrity must underlie all relationships, including those with other Council Members, the Registrar & CEO, staff, members and affiliates, and the public. Council Members

will not engage in conduct or activities that may raise questions as to the Council's or individual Council Member's honesty, impartiality, fairness, reputation or otherwise cause embarrassment to the CMLTO. The Council must act within the bounds of the authority conferred upon it and with the duty to make and enact informed decisions and policies in the best interest of the public.

As such, the Council has adopted the following Code of Conduct for the Council:

1. Unconflicted Loyalty

Council Members will represent the interests of the public. This accountability to the public supersedes any conflicting loyalty to other advocacy or interest groups, membership on other Boards, CMLTO staff or the personal interest of any Council Member.

2. Council Wholeness

Council Members will not attempt to exercise individual authority over CMLTO except as explicitly set forth in Council policies.

- a) Council Members' interaction with the Registrar & CEO or with staff must recognize the lack of authority vested in individual Council Members except when explicitly authorized by Council policy.
- b) Council Members' interaction with the public, press, or other entities must recognize the same limitation and the inability of any Council Member to speak for the Council except to repeat explicitly stated Council decisions/policies.
- c) Council Members will not publicly express individual negative judgments about the Registrar & CEO or staff performance. Any such judgments of Registrar & CEO's performance will be made only by the full Council, meeting in-camera as appropriate.
- d) Council Members will refer to the Registrar & CEO or to their designated representative any complaints or concerns about operational issues.

Conflict of Interest

Council service represents a trust created by the confidence of the membership (who elected) or the government (who appointed) Council Members. It is the expectation of the Council that all Council Members operate under the highest ethical standards. A conflict of interest arises when a Council Member is, or could be perceived to be, unable to devote complete loyalty and singleness of purpose to the public interest.

Given this, Council Members will:

- a) Avoid conflict of interest with respect to their financial responsibility.



- b) Not conduct any private business or personal services between themselves and the CMLTO except as procedurally controlled to assure openness, competitive opportunity, and equal access to "inside" information.
 - i. Not have any pecuniary interest, directly or indirectly, in any contract, purchase of material or activity paid from CMLTO funds.
- c) Declare a conflict or potential conflict when the Council is to decide upon an issue about which the Council Member has a conflict of interest. This may occur at any point during the process. Such Council Members will physically remove themselves not only from the vote, but also from the Council's deliberation regarding the matter and will not attempt to influence the outcome of the vote.
- d) Not use their position to obtain employment in the organization for themselves, immediate family members or close associates. Should a Council Member desire employment with CMLTO, he or she must have first resigned from his or her Council position. There must also have been a 'cooling off' period of a minimum of one year (12 months). In addition:
 - i. The Council will not employ the spouse, partner or any immediate relative of the Registrar & CEO or a Council Member.
 - ii. No relative of a Council Member will be shown preference for employment in any position.
- e) Disclose their involvement with other organizations, with vendors, or any other associations which may represent a conflict or the appearance of a conflict of interest related to CMLTO.

Council Member is in a conflict of interest if he or she:

- a) Is beneficially interested, directly or indirectly, in any contract which may be made by, through, under the supervision, or for the benefit of the CMLTO.
- b) Votes in the authorization, approval, or ratification of a contract in which he or she is beneficially interested.
- c) Accepts, directly or indirectly, any compensation, gratuity, or reward from any other person that is or becomes beneficially interested in a contract with the CMLTO.
- d) Discloses confidential information gained through the Council Member's position except in compliance with a lawfully issued subpoena or court order, or uses such information for his or her personal gain or benefit.
- e) Uses his or her Council position to secure special privileges or exemptions for himself, herself, or others.
- f) Gives or receives, or agrees to receive, directly or indirectly, any compensation, gifts, reward or gratuity from a source except CMLTO, for a matter connected with or related to the Council Member's services as a Council Member.

- g) Accepts employment or engages in business or professional activity the Council Member should reasonably expect would require or induce him or her by reason of his or her Council position to disclose confidential information acquired by reason of their Council position.

3. Council Conduct

Council Members will:

- a) Act in good faith, responsibly, with due care and without allowing their independent judgement to be subordinated.
- b) Exercise the degree of care, diligence, competence, and skill that a reasonably prudent person would exercise in comparable governance circumstances.
- c) Act in a manner to enhance and maintain the reputation and image of CMLTO, including but not limited to, refraining from engaging in any behavior that could reasonably be interpreted as discriminatory or harassing.
- d) Be familiar with the legislation, regulations, bylaws and Council policies of CMLTO as well as the rules of procedure and proper conduct of a meeting, so that any decision of the Council may be made in an efficient, knowledgeable, and expeditious fashion.
- e) Make available to and share with fellow Council Members information that may be appropriate to ensure proper conduct and sound Council decisions.
 - i. Not intentionally conceal material information necessary for the proper discharge of the duties of other Council Members or the Registrar & CEO.
- f) Not attempt to use their Council position to improperly influence the discharge of official duties of staff or commit an act of discrimination in violation of law or CMLTO policy.
- g) Not knowingly make false statements about the CMLTO, its employees, or other Council Members.
- h) Not discuss individual judgements regarding individual employee performance directly with an employee, except for participation in Council deliberation about whether the Registrar & CEO has established a reasonable interpretation and achievement of Council policy.
- i) Not condone unethical activities not covered or specifically prohibited by the foregoing policy criteria or any other legislation.

In order to build and maintain productive and effective relationships, Council Members will use a system of communication that builds mutual respect and trust.



Accordingly, Council Members will:

- a) Exercise honesty in all communication.
- b) Demonstrate respect for each other.
- c) Focus on issues, not personalities.
- d) Assume and practice trust.
- e) Maintain focus on shared goals.
- f) Communicate in a timely manner to avoid surprises.
- g) Support majority decisions of the Council.
- h) Withhold judgment on issues until fully informed.
- i) Seek first to understand rather than to be understood.
- j) Maintain confidentiality.
- k) Openly share concerns, issues, and interests.
- l) Assume a non-defensive posture, taking the initiative to communicate and ask questions for clarification.
- m) Share information and knowledge.
- n) Give direction as the whole, not as individuals.
- o) Protect and promote the integrity and reputation of CMLTO.
- p) Support the Registrar & CEO/staff in their roles.

4. Council Confidentiality

Council Members will keep confidential all information that comes to their knowledge in the course of their duties (see section 36 of the *Regulated Health Professions Act* (the “RHPA”)).

In general, all Council business is confidential until it becomes an item of public record. Normally, as required and appropriate, the Council President (or delegate) serves as spokesperson for the Council with individuals, stakeholders, and the media.

Council Members will maintain the confidentiality appropriate to issues of a sensitive nature, especially those discussed in-camera. All matters that are the subject of any closed portion of any meeting are confidential until appropriately disclosed in an open public meeting of the Council.

- a) All matters that are before a Council Committee are confidential unless they have been determined not to be confidential by the Chair of the relevant Committee following consultation with the Council President/Chair and the Registrar & CEO.
- b) The information, materials and knowledge covered by this confidentiality policy, in addition to information subject to section 36 of the RHPA, include but are not limited to:



- i. Information regarding appointment, employment relationships, and evaluation of the Registrar & CEO and staff.
 - Performance of management and related records including evaluations, compensation, contracts, employment conditions, and management succession plans.
 - ii. Information regarding organizational results and performance related to outcomes, quality, and risk management.
 - iii. Information regarding strategic and long range plans and programs which are not yet finalized and hence not ready for public discussion.
 - iv. Financial information including annual budgets, revenues, expenses, long term capital expenditures, equipment purchases, and information relating to financial condition, such as debt, revenue, and losses. This does not include financial information publicly available in the Annual Report.
 - v. Information regarding adverse incident reports, threatened and pending litigation, legal advice, litigation strategies, and defenses, and settlement plans.
- c) No audio or visual record or electronic transmittal by any person of a closed portion of any meeting is permitted without prior approval by the Council President/Chair.

Application of this Policy

Procedure for Maintaining Confidential Minutes of In-Camera Council Meetings

- a) Minutes of in-camera sessions of the Council shall be recorded by one of the Vice Presidents or by a Council Member designated by the President of the Council in the absence of both Vice Presidents.
- b) All minutes of in-camera sessions of the Council shall be marked confidential and shall be handled in a secure manner by the Council President. They will be stored in the locked confidential files of Council at the CMLTO office.
- c) All minutes of meetings of Committees and Task Forces of the Council shall be marked confidential and shall be handled in a secure manner.

Addressing Breaches of this Policy

Any person may file a complaint against a Council Member under this policy and such complaints shall be heard and evaluated in-camera unless the Council Member requests a public meeting on the complaint.

A Council Member who has concerns regarding compliance with this Code of Conduct should raise those concerns with the Council President/Chair, who will determine what action will be taken to deal with the concern.

A Council Member who is alleged to have breached the Code of Conduct, will be informed in writing and will be allowed to present his or her views regarding the alleged breach at the next Council meeting in-camera. The complaining party must be identified. The Council may receive evidence, hear arguments, and take other action regarding the complaint as it sees fit. If the complaining party is a Council Member, he or she and the respondent Council Member shall absent themselves from the evaluation of the complaint.

Following evaluation of the complaint, the Council shall take final action in open session, finding the complaint to be sustained, sustained in part, or not sustained. Council Members who are found to have breached the Code of Conduct may be subject to censure or disqualification. Such action may take the form of a motion reflected in the minutes. If a complaint is sustained in whole or in part, the Council may by majority vote to censure the subject Council Member. The decision of the Council shall be final and not subject to appeal except as otherwise provided by law. Nothing herein shall prevent the Council, any member thereof, or any other person from referring the matter complained of to any outside authority at any stage of the process.

Annual Council Member Declarations

Council Members will annually sign a Code of Conduct, Confidentiality and Conflict of Interest Declaration Form indicating that they have read and will comply with this policy.

Council Components Under This Policy

This policy applies to Council Members, Statutory Committee Members, and Council Task Force Members.

Policy Definitions

“Contract” means any contract, sale, lease, or purchase.

“Pecuniary Interest” means a financial, monetary, or economic interest.

“Immediate Family” is defined as including spouse, life partner, child, parent/in-law, live-in grandparent or sibling.



“Improperly Influences” means to induce statements, conduct or action that is in violation of law, regulation, or Council policies.

Appendix 1 – CMLTO Council Code of Conduct, Confidentiality and Conflict of Interest Declaration Form

APPENDIX 1

CMLTO Council Code of Conduct, Confidentiality and Conflict of Interest Declaration Form

PART A: CONFIDENTIALITY

I, _____, understand that I am bound by section 36 of the *Regulated Health Professions Act* (RHPA) which sets out as follows;

“36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- c) to a body that governs a profession inside or outside Ontario;
- d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Ontario Drug Benefit Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada);
- e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- f) to the counsel of the person who is required to keep the information confidential under this section;
- g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;



- h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons; or
- j) with the written consent of the person to whom the information relates.”

I also understand the penalties for contravening section 36(1) in sections 40 (2) and (3) of the RHPA which set out as follows;

“40(2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence

(3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.”

PART B: CMLTO COUNCIL CODE OF CONDUCT, CONFIDENTIALITY AND CONFLICT OF INTEREST

Note: I am a Council and/or Statutory Committee or Task Force Member.

- ☐ I have read and understand my obligations and responsibilities under the Governance Policy (GP IV-80) Council Code of Conduct, Confidentiality and Conflict of Interest Policy.
- ☐ Further, I agree to comply with these policies.
- ☐ I have no conflicts of interest to disclose at this time.
or
- ☐ I wish to disclose the following potential or real conflicts of interest.
- ☐ I understand that I have an ongoing obligation to declare any potential or real conflict of interest should one arise in the future.

☐

I understand and acknowledge that my failure to comply with these policies will be considered a breach of my obligations to CMLTO and may result in disqualification from Council or Council Committees.

PART C: DECLARATION

Name of Declarant (please print)

Declarant's Signature

Declarant's Positions

Date

CMLTO REGISTRAR & CEO 2020 ENDS INTERPRETATION

V1: Dec 17, 2019

V2: Dec 30, 2019 V3: Jan 15, 2020

V4: Jan. 28, 2020

HIGH LEVEL ENDS POLICY

The public is confident that CMLTO members provide safe, high quality medical laboratory professional practice.

Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

ENDS POLICY 1 – Public Trust in Health Professions Regulation

The public of Ontario can rely on fair, transparent, timely, objective and effective regulatory processes related to medical laboratory technology professionals.

REGISTRAR & CEO INTERPRETATION:

I interpret Public Confidence to reflect the trustworthiness of CMLTO's processes to effectively regulate medical laboratory professionals.

I interpret the public to be users and potential users of medical laboratory professionals' services; i.e. the general public, employers and CMLTO applicants.

People contacting CMLTO are able to find and access high quality (transparent, objective, impartial, and fair) regulatory programs and services, and they are provided in a customer-friendly, responsive manner.

I interpret this policy will have been achieved in 2020 when:

HIGH LEVEL ENDS POLICY 1 – PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION

HIGH LEVEL ENDS POLICY 1 – PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	TARGET
1.1 Effective CMLTO regulatory processes exist (accessible, transparent, objective, understandable, and appropriate outcomes).	1.1.1	The public has access (i.e. can easily find the information and understand it) to the decision-making criteria for all regulatory processes: · Registration · Quality Assurance · Professional Conduct · Patient Relations	100% of regulatory process decision-making criteria reviewed by members of the public that are confirmed to be understandable and transparent. · Registration · Quality Assurance · Professional Conduct · Patient Relations
	1.1.2	Public inquiries about regulatory processes are responded to in a timely, understandable and useful manner	90% of responses from users of professional conduct processes demonstrate that the response was timely, understandable and useful.
			90% of responses from employers accessing the professional practice consultation process demonstrate that the response was timely, understandable and useful.
			90% of responses from applicants who contacted the College with an inquiry demonstrate that the response was timely, understandable and useful.
			90% of responses from the public who contacted the College with an inquiry demonstrate that the response was timely, understandable and useful.
			90% of responses from MLTs who contacted the College with an inquiry demonstrate that the response was timely, understandable and useful.
	1.1.3	Regulatory processes are assessed to be transparent, objective, impartial, and fair in accordance with legislation.	
	1.1.3 a	The Ontario Office of the Fairness Commissioner (OFC) confirms CMLTO has fair registration practices in place.	100% of OFC fair registration practices criteria met.
	1.1.3 b	Successful legal actions against CMLTO related to regulation processes/ outcomes.	0 successful legal actions against CMLTO related to regulatory process.
	1.1.3 c	ICRC and Registration case decision appeals upheld by HPARB.	100 % of appeals to HPARB upheld

HIGH LEVEL ENDS POLICY 1 – PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	TARGET
	1.1.3 d	Discipline and FTP decision appeals upheld by Divisional Court	100 % of appeals to Divisional Court upheld
	1.1.3 e	QA Professional Portfolio Audit process is reliable by internal audit.	100% of QA professional portfolio audits are reliable on internal audit
	1.1.3 f	Registration processes are accurate by internal audit.	100% of new registration applications are processed accurately. Where < 100%, list types of inaccuracies found in audit.
	1.1.3 g	Registration renewals confirmed by internal audit to be accurate.	100% of registration renewals are processed accurately. Where < 100%, list types of inaccuracies found in audit.
	1.1.4	Required regulatory process changes are implemented to be compliant with updated legislation/regulation.	100% of required regulatory process changes implemented.
	1.1.5	The Public (and Members) have access to French language services when requested.	80% of required documents (as per the French Language Policy and Implementation Plan) are available in French by year end.
			100% of Adhoc Requests for French Language Services were responded to.
	1.1.6	The Public interest is reflected in CMLTO's overall approach, including its regulatory processes.	Conflict of interest was assessed in 100% of statutory cases processed.
			# of statutory case decisions where conflict of interest was declared.
			100% of statutory case decisions reflect the assessment of conflict of interest and its outcomes.
			100% of governance decisions record the public interest rationale.
	1.1.7	MLT Education Programs meet CMLTO requirements for MLT registration.	# of programs reviewed in year by HSO / Equal Program.
			# of programs receiving full or partial accreditation.
	1.1.8	CMLTO individuals (Council, Committees, and relevant staff) involved in supporting regulatory processes are trained and	100% of relevant staff trained annually according to the CMLTO Corporate staff training on regulatory matters

HIGH LEVEL ENDS POLICY 1 – PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		TARGET
		oriented to their roles and responsibilities		100% of Committee members trained annually. 100 % of Council members trained annually. 25-35 hours of Council training provided per year.
1.2 The public has access to information about CMLTO's purpose, initiatives, positions, and outcomes (as per regulations, bylaw, and communication plan).	1.2.1	1.2.1 a	The Public Register is current and accurate.	100% of member records audited are accurately recorded on the Public Register.
	1.2.2	1.2.2	All publicly available statutory case decisions are made public and the others are reported in aggregate.	100% of publicly available statutory case decisions are made public, by internal audit. 100% of statutory case decisions, not available publicly, are available and reported in aggregate, by internal audit
	1.2.3	The public has access to website information regarding: - Registrants - CMLTO purpose - CMLTO strategic priorities - CMLTO regulatory process - CMLTO decision-making processes - CMLTO outcomes		Majority of website users find the information useful. How did you locate and connect with CMLTO? Target under development. Majority of website users found the information they were looking for.
	1.2.4	Public indicates that the information provided has added to their confidence in regulation of medical laboratory professionals		75% of employer newsletter users indicate CMLTO information in newsletter has contributed to their confidence in the regulation of medical laboratory professionals.

CMLTO REGISTRAR & CEO 2020 ENDS INTERPRETATION

CONSOLIDATED OPERATIONAL PERFORMANCE PLAN

V1: Dec 17, 2019

V2: Dec 30, 2019 V3: Jan 15, 2020

V4: Jan. 28, 2020

HIGH LEVEL ENDS POLICY

The public is confident that CMLTO members provide safe, high quality medical laboratory professional practice.

Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

ENDS POLICY 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Technologists practise safely, effectively and collaboratively consistent with current and evolving practice standards and professional obligations.

REGISTRAR & CEO INTERPRETATION:

I interpret 'accountable' to mean that MLTs are responsible and answerable to their actions.

I interpret 'competent' to mean:

- a) Essential Competence – Applicants have met the requirements of the CMLTO Registration Regulation (O. Regulation 207/94, Part I), and
- b) Continuing Competence – MLTs continuously adhere to the requirements of the CMLTO Quality Assurance Program and Standards of Practice (O. Regulation 207/94, Part IV).

I interpret 'ethical' to mean that MLTs comply with the principles of the current CMLTO Code of Ethics.

I interpret 'evolving practice standards' as the influence of current MLT practice in the practice environment on advancing current CMLTO Standards of Practice.

I interpret 'professional obligations' as all of the requirements set out in legislation, bylaws, standards of practice, and policies.

I interpret this policy will have been achieved in 2020 when:

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS			
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	TARGET
Qualified applicants meet essential competencies and MLTs demonstrate continuing competence and professional obligations.	2.1	<u>Registration</u>	
		All qualified applicants and members are registered or renewed in accordance with CMLTO registration regulation and bylaws.	
		2.1.1 a	New MLT applicants are registered in accordance with registration regulations (O. Reg.207/94). 100% of new MLT applicants registered in accordance with registration regulations (O. Reg.207/94).
		2.1.1. b	New MLT applicants who do not meet registration requirements are referred to the Registration Committee. 100% of new MLT applicants who did not meet registration requirements and were referred to the Registration Committee.
		2.1.1 c	Relevant MLT applicants are registered with terms, conditions and limitations, as required. 100% of relevant MLT applicants are registered with terms, conditions and limitations, as required.
		2.1.1.d	MLT applicants are denied registration, as required. 100% of relevant MLT applicants are denied registration, as required.
		2.1.1.e	MLT applicants who decided not to pursue registration. # of MLT applicants who decided not to pursue registration.
		2.1.1 f	Practising MLTs, who are audited, who comply with Professional Liability Insurance bylaw requirements. 100% of Practising MLTs, who are audited, comply with Professional Liability Insurance bylaw requirements.

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	TARGET
		<u>Quality Assurance</u>	
		Practising MLTs comply with their quality assurance requirements and demonstrate continuing competence	
		2.1.2 a	MLTs understand the philosophy, rationale, and changes to the Quality Assurance Program (QAP)
			Online Services (OLS) Professional Portfolio development and pilot complete.
			Jurisprudence module (PRISM) development and pilot complete.
			Practice Review question validation and pilot complete.
			75% of pilot MLTs understand new Quality Assurance requirements based on information provided to them.
		2.1.2 b	Professional Portfolio Practising MLTs, who are audited, that successfully complete the Professional Portfolio.
			• 100% of Practising MLTs successfully complete annual development plan component of their Professional Portfolio • # of audited Practising members receiving follow-up coaching • Summary of issues requiring coaching or further action
			• 100% of MLTs successfully document learning goals.

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		TARGET
				• Results posted publicly on web and in Annual Report. (yes/no)
				# and % of practising MLTs who are audited, who demonstrated they have achieved their annual learning goals/plans increasing over time (i.e. 2020 increase over 2019)
				# and % of MLTs audited, who believe their self-directed learning plan assisted them in enhancing the quality of their practiceincreasing over time (i.e. 2020 increase over 2019)
		<u>Practice Review</u>		
		2.1.2 c	Practising MLTs, who are audited, that successfully complete the Practice Review Assessment Survey.	100% of audited Practising MLTs successfully meet the Practice Review Audit criteria.
				100% of audited Practising MLTs, who fail their Practice Review Assessment are referred to QAC.
				Outcome of QAC reviews by category.
			<u>Competence Evaluation (CE)</u>	
	2.1.2 d		Competency Evaluation processes demonstrate competence and non-competence	100% of members who underwent a Competency Evaluation, as required.
				CE Assessor Training sessions completed
CE documentation is available on the CMLTO website				

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		TARGET
				100% of members who underwent a Competency Evaluation, as required, demonstrated competency or were required to undergo remediation, or have alternate regulatory mechanisms applied.
				100% of members who underwent a Competency Evaluation, as required, who do not demonstrate competency, who achieved competence through remediation, or have alternate regulatory mechanisms applied.
		<u>Practice Risk Factors</u>		
	2.1.3	Themes related to areas of risk in MLT practice are identified and members & key stakeholders are informed.	Report of themes of risk in MLT practice completed and findings shared with: · R/CEO · Annual Report · Council · Members · Government, as appropriate	
		<u>Professional Obligations</u>		
	2.1.4	MLTs understand their professional obligations.	 <	

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		TARGET
				100% of Practising members declaring non-compliance are coached to achieve compliance or referred to QAC. Outcomes of QAC review by category.
				100% of MLTs answered Professional Conduct questions accurately during annual Registration renewal.
		2.1.5	MLTs who renewed their registration	# and % of MLTs who renewed their registration.
		2.1.6	MLTs maintain up to date information with the CMLTO as defined by the Health Professions Procedural Code (Schedule 2 of the <i>Regulated Health Professions Act, 1991</i>) and the CMLTO Consolidated Bylaws.	% increase in accurate demographic information as a result of a CMLTO intervention.
		2.1.7	MLTs are knowledgeable about the MLT scope of practice, demonstrate they are practising to their competency level, and demonstrate they have the decision-making capacity to undertake advanced practice responsibilities.	Next survey to be launched in 2022.
		2.1.8	MLTs report that they share their professional knowledge with other MLTs, health practitioners, and the public.	Next survey to be launched in 2022.
		2.1.9	The influence of current MLT practice, in the practice environment on advancing current CMLTO Standards of Practice is understood.	Report of Skill Mix survey delivered by October 2020.
		<u>Professional Conduct</u>		
		2.1.10	Professional Conduct inquiries, complaints, and reports regarding MLT practice are disposed of in	# of cases

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		TARGET
			Reports regarding MLT practice are disposed of in an objective, effective, and timely manner.	· Complaints
				· Third Party Reports
				· Investigations
				· Inquires
				· Discipline
				· Fitness to Practice
				<u>Outcome of cases</u>
				· Registrar's review
				· ICRC – complaints and investigations
				· Discipline
				· Fitness to Practise
				100% compliance with statutory notification requirements for cases.
				· Complaints – notice to member within 14 days
				· Investigations – notice to member within 14 days
	· Inquiries – notice to member of referral to Inquiry panel			
	<u>CMLTO Practice Guidelines</u>			
	2.1.11	CMLTO's menu of professional practice resources address contemporary professional practice	Report produced identifying options for the development of two (2) new professional practice resources.	

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	TARGET
		issues, congruent with the CMLTO's mandate	
		CMLTO Practice Guidelines are current, relevant, and evidence-based.	100% of practice guidelines for review that are updated / refreshed / rescinded.

CMLTO REGISTRAR & CEO 2020 ENDS INTERPRETATION

CONSOLIDATED OPERATIONAL PERFORMANCE PLAN

V1: Dec 17, 2019

V2: Dec 30, 2019

V3: Jan 15, 2020

V4: Jan. 28, 2020

V5: Jan. 29, 2020

HIGH LEVEL ENDS POLICY

The public is confident that CMLTO members provide safe, high-quality medical laboratory professional practice.

Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

ENDS POLICY 3 – Effective Regulation with the Health System

3.1 Collaborative working relationships and partnerships advance effective regulation and influence healthcare policy decisions.

REGISTRAR & CEO INTERPRETATION:

I interpret this End as CMLTO's positive influence on health profession regulation and policy decisions. This involves building, maintaining and facilitating relationships between:

- CMLTO and the public, government, employers, and professional organizations.
- CMLTO and its members.
- CMLTO and other health regulatory Colleges.
- Medical laboratory professionals and other health professionals.

Further, based on its corporate knowledge, information, expertise and values, CMLTO has the capacity to influence and shape the healthcare delivery system in the interest of public wellbeing.

I interpret this policy will have been achieved in 2020 when:

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM						
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE		TARGET
The health regulatory sector is enhanced through collaboration and partnership with stakeholders.	3.1.1	Overall				
		3.1.1 a	Requests for consultations on key regulatory topics are met.	3.1.1 a	Relevant requests are responded to within consultation timelines	100% of relevant requests are responded to within consultation timelines.
	3.1.2	MOH				
		3.1.2 a	CMLTO contributes to the development of the Ministry's College Performance Measurement	3.1.2 a	Registrar & CEO participation in and contribution to working group meetings.	Registrar & CEO participation in and contribution to working group meetings.

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM						
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE		TARGET
		3.1.2 b	MOH initiatives / directives are responded to in a timely manner.	3.1.2 b	# and type of Ministry initiatives/directives responded to on time.	MOH initiatives / directives are addressed within required timelines.
		3.1.2 c	MLT Health Care Human Resources planning and policy development are influenced.	3.1.2. c	CMLTO HHR Report exists by Apr 30, 2020, then shared publicly.	CMLTO HHR Report approved by April 30, 2020 by R/CEO, then shared publicly.
	3.1.3	CAMLPR				
		3.1.3 a	Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR) governance and administration are advanced.	3.1.3 a	Quarterly Incidental Reports by Registrar & CEO.	Quarterly Incidental Reports by Registrar & CEO.
		3.1.3 b	CMLTO contributes to national regulatory policies and practices	3.1.3 b	CMLTO provides leadership to PLA Guidebook refresh TBD as project plan is developed by CSMLS	Qualitative report on CMLTO contributions to national regulatory policies and practices.
	3.1.4	Employers				
			Employers receive information on regulatory practices, the MLT/MLAT practice environment, and CMLTO initiatives.	3.1.4 a	Employers attending CMLTO webinar(s) rank them as useful & informative	85% of employers attending CMLTO webinar(s) rank them as useful & informative.
				3.1.4 b	# of employers attending CMLTO webinar on the topic of medical laboratory assistant and technician	# of employers attending CMLTO webinar on the topic of medical laboratory assistants and technicians.
				3.1.4 c	# of employers on CMLTO newsletter distribution list remains stable or increases over 2019.	# of employers on CMLTO newsletter distribution list remains stable or increases year over year: 2020 target is 200.
	3.1.5	Professional Associations				
		3.1.5	CMLTO has monitored and addressed Professional Association programs and activities related to certification programs, registries, etc.	3.1.5 a	Professional Association programs and/or initiatives that intersect or potentially impact CMLTO's regulatory mandate are addressed. • MLPAO Report "MLT Human Resources Crisis" • CSMLS June CBT Examination	100% of Professional Association programs and/or initiatives that intersect or potentially impact CMLTO's regulatory mandate are addressed.

3.2 Comprehensive oversight for medical laboratory assistants and technicians exists for the protection and safety of the public.

REGISTRAR & CEO INTERPRETATION:

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	MEASURE	TARGET
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I interpret 'comprehensive oversight' to mean the regulatory mechanism(s) that can assure the public that:

- only qualified medical laboratory assistants and technicians are authorized to practice;
- medical laboratory assistants and technicians are required to maintain their competence; and
- medical laboratory assistants and technicians are accountable for their conduct.

I interpret 'medical laboratory assistants and technicians' to mean individuals working in licensed laboratories as 'technicians' in Ontario, as defined by Ontario Regulation 682 under the *Laboratory and Specimen Collection Centre Licensing Act, 1991*, and/or those included as Affiliates on the CMLTO Voluntary Roster.

I interpret this policy will have been achieved in 2020 when:

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE		TARGET
Information about Affiliates on the Voluntary Roster is accurate.	3.2.1	3.2.1 a	All qualified applicants are rostered in accordance with CMLTO Voluntary Roster criteria.	3.2.1 a	# and % new medical laboratory assistants and technicians applicants rostered in accordance with CMLTO Voluntary Roster criteria [MLAT Rostering]	100% of qualified applicants are rostered in accordance with CMLTO Voluntary Roster criteria.
		3.2.1 b	Affiliates recorded on the Voluntary Roster are accurate (by internal audit).	3.2.1 b	# and % of Affiliate records on the Voluntary Roster that are accurate (by internal audit)	100% of Affiliates recorded on the Voluntary Roster are accurate, by internal audit.
Voluntary Roster processes are transparent and accessible.	3.2.2	3.2.2	Voluntary Roster criteria mirror that of MLT registration requirements.	3.2.2	Voluntary Roster criteria are updated to address internationally educated medical laboratory assistants and technicians. (Y/N)	Voluntary Roster criteria are updated to address internationally educated medical laboratory assistants and technicians.
Stakeholders understand the importance of the need to have comprehensive oversight of medical laboratory assistants and technicians.	3.2.3	3.2.3	Employers received focused information which emphasizes the connection between medical laboratory assistants and technicians being on CMLTO Voluntary Roster and public safety.	3.2.3 a	# employers who receive communication regarding value in hiring medical laboratory assistants and technicians on the Voluntary Roster	Strategy to communicate the value in hiring medical laboratory assistants and technicians on the Voluntary Roster exists and is deployed.
				3.2.3 b	# & % of employers who find the information useful	100% of employers find the information useful.
	3.2.4	3.2.4	Employers include medical laboratory assistants and technicians on the Voluntary Roster as a preferred qualification of employment.	3.2.4 a	# of employers who state they include medical laboratory assistants and technicians being on the CMLTO roster as a preferred qualification of employment	# of employers who state they include medical laboratory assistants and technicians being on the CMLTO roster as a preferred qualification of employment increasing year over year (2020 over 2019)
	3.2.5	3.2.5 a	The options for regulation / oversight for medical laboratory technicians and assistants in a changing regulatory environment are understood and pursued by CMLTO.	3.2.5 a-i	Current strategy exists for pursuit of regulation / oversight options for medical laboratory technicians and assistants (yes/no).	Current strategy exists for pursuit of regulation / oversight options for medical laboratory technicians and assistants by Apr 30, 2020.

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE		TARGET
				3.2.5 a-ii	Ministry is informed regarding innovative approaches to health profession oversight and supports regulation/oversight of medical laboratory technicians and assistants.	Ministry is informed regarding innovative approaches to health profession oversight and supports regulation/oversight of medical laboratory technicians and assistants.
		3.2.5 b	Evidence exists to support the case for MLA/T regulation.	3.2.5 b-1	# and % of non-MLT reports and complaints submitted to CMLTO	# and % of non-MLT reports and complaints submitted to CMLTO are summarized.
				3.2.5 b-2	The themes from non-MLT expressed concerns are analyzed	The themes from non-MLT expressed concerns are analyzed.
				3.2.5 b-3	Ministry's Laboratory & Genetics Branch is aware of the Non-MLT Laboratory concerns received by CMLTO.	Report of the Non-MLT Laboratory concerns received by CMLTO submitted to MOH Laboratory and Genetics Branch x2 per year (March & Oct)
MLA/T professional obligations are understood by stakeholders.	3.2.6	3.2.6	The Standards of Practice and Code of Ethics for Voluntary Roster Affiliates reflect current expectations.	3.2.6 a	Updated Standards of Practice and Code of Ethics for Voluntary Roster Affiliates exist (Y/N)	Updated Standards of Practice and Code of Ethics for Voluntary Roster Affiliates exist by August 31, 2020.
	3.2.7	3.2.7	Quality Assurance and Professional Conduct process for the CMLTO Voluntary Roster mirror those of MLTs.	3.2.7 a	Professional Portfolio is made available to all Voluntary Roster Affiliates in Q1.	Professional Portfolio is made available to all Voluntary Roster Affiliates by February 29, 2020.

CMLTO CONSOLIDATED BUDGET

	2019 Projected	Minimum	2020 Budget	Maximum	2021 Expected	2022 Expected
INCOME						
Fee Increase						
MLT Member Fees	2,365,000		2,370,000		2,370,000	2,370,000
MLAT Rostering Fees	6,000		6,000		6,000	6,000
Investment Income	60,000		55,000		55,000	57,000
Other income	23,000		21,000		21,000	21,000
Material Sales						
Job Postings						
TOTAL INCOME	2,454,000	2,442,000	2,452,000	2,481,000	2,452,000	2,454,000

EXPENSES

Council & Committees

Council	71,000		71,000		72,000	72,000
Committees	26,000		26,000		26,000	27,000
Voluntary Roster Committees			-		-	
Governance/Other consultants	30,000		40,000		45,000	45,000
Council Linkage w/ Public			-		-	
Professional Services	27,000		28,000		28,000	30,000
	154,000	160,000	165,000	185,000	171,000	174,000

Strategic Leadership Office

Strategy - Planning, Development, Implementation	-		-			
Ends/Enabling Goals Projects	50,000		50,000		50,000	50,000
MLAT Regulation						
Quality Approach/Refresh						
Governance Modernization/Development						
Balanced Scorecard/Management Monitoring System	-					
Organizational Development	-					
CAMLPR						
Senior Leadership Linkage	50,000		50,000		50,000	50,000
Government Relations Consulting	1,000				-	
Senior Leadership Professional Development	7,500		7,500		7,500	7,500
Professional Services	2,500		2,500		2,500	2,500
	111,000	100,000	110,000	125,000	110,000	110,000

Registration & Professional Practice

Registration						
Professional Services	15,000		10,000		10,000	10,000
Registration expenses (IT, mailings)	9,000		10,000		10,000	10,000
Voluntary Roster Implementation	-		-		-	
HSO Accreditation Survey						
Balanced Scorecard						
Quality Assurance Program						
QA program consulting	20,000		5,000		5,000	5,000
Professional services			5,000		5,000	5,000
Balanced Scorecard						
Member Relations						
Program development & implementation						
Inter-professional Collaboration						
Scope of Practice						
Member linkage	5,000		5,000		5,000	5,000
	49,000	30,000	35,000	40,000	35,000	35,000

Professional Conduct

Professional Services	135,000	135,000	160,000	165,000	160,000	160,000
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Corporate Communications

Communications (members, public, stakeholders)	16,000		15,000		15,000	15,000
FOCUS, e-News, annual report, website						
Website redevelopment			25,000			
Communication Professional Services			2,000		2,500	3,000
Consulting (FOCUS redesign, annual report)	-					
Promotional Materials	1,000		2,000		2,000	2,000

	2019 Projected	Minimum	2020 Budget	Maximum	2021 Expected	2022 Expected
	17,000	40,000	44,000	54,000	19,500	20,000

Corporate Services

Salaries & Benefits	1,110,000		1,175,000		1,235,000	1,295,000
Staff Placement						
Office Operations	125,000		145,000		160,000	160,000
Office						
Insurance						
Photocopy						
Publications						
Telephone						
Audit						
Bank charges						
Consulting						
Membership Fees (to other organizations)	31,000		32,000		33,000	33,000
HSO FHRCO ICE CLEAR IPGA/GFI CSAE CNAR CAG						
Rent	330,000		335,000		351,000	355,000
Repairs & Maintenance	10,000		2,000		2,000	2,000
Computer System	78,000		79,000		80,000	80,000
Internet	11,000		12,000		12,000	12,000
Virtual server upgrade			10,000			
IT Refresh - <i>assume cap. lease w/asset & obligation on balance sheet</i>						
Interest on capital lease (+ depreciation below)			6,000		6,000	6,000
Sharepoint Development						
Specific Projects						
- Records Management, Balanced Scorecard						
Professional Services	35,000		37,000		37,000	37,000
	1,730,000	1,780,000	1,833,000	1,850,000	1,916,000	1,980,000

Total Expenses

	2,196,000	2,245,000	2,347,000	2,419,000	2,411,500	2,479,000
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Net Operating Profit (Loss)

	258,000	197,000	105,000	62,000	40,500	(25,000)
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Strategic Budget (Contingency)

		0	0	10,000	0	0
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Net Profit (Loss) Before Depreciation and Capital Expenditures

	258,000	197,000	105,000	52,000	40,500	-25,000
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Depreciation	50,000		100,000		100,000	100,000
Capital Budget						
Equipment	-					-
	50,000	100,000	100,000	100,000	100,000	100,000

Net Operating/Strategic/Capital/ Gain/Loss

	208,000	97,000	5,000	(48,000)	(59,500)	(125,000)
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Proposed Reserves

Professional Conduct Fund	250,000
Contingency Reserve Fund	1,200,000
Fee Stabilization Fund	240,000
Strategic Challenge Fund	100,000
Abuse Therapy Fund	60,000
	1,850,000

CONFIDENTIAL
Monitoring Report to Council

Date : August 29, 2019

From : Kathy Wilkie, Registrar & CEO

Subject : Proposed 2020 Budget (Executive Limitations Policy - ELII-10 Financial Planning/Budgeting/Budget Cycle)

Report Purpose:

- | | |
|---|--|
| ☐ Council Policy Development/Enhancement/ Implementation | ☒ Monitoring Report |
| ☐ Regular Policy Review | ☐ Ends |
| ☐ Policy Approval | ☒ Executive Limitations |
| ☐ Ends Policy | ☐ Council Committee |
| ☐ Executive Limitations Policy | ☐ Ownership Linkage Report |
| ☐ Council-Staff Relationship Policy | ☐ Incidental Report |
| ☐ Governance Process | ☐ Registrar & CEO |
| ☐ Council Implementation of Policy | ☐ Council President |
| ☐ Council-Staff Relationship Policy | ☐ Other: |

Recommended Motion:

That the 2020 Budget be approved as presented.

Background:

The Executive Limitations Financial Planning/Budgeting/Budget Cycle Policy, EL #II-10 requires that the Registrar & CEO render a first draft of the operating Budget for the next fiscal year no later than September. The following monitoring report sets out the proposed 2020 Budget for Council's review and approval at the September Council meeting.

2020 Key Budget Assumptions

The 2020 Operational Budget has been developed based on the following Key Assumptions:

1. The Council's 2020-2023 Ends Policy will drive decisions regarding priorities. The Registrar & CEO will use reasonable interpretation of the Ends Policies to set priorities, strategic goals and objectives, measures and outcomes/targets/deliverables.

2. Adjustment for inflation is based on the Consumer Price Index (CPI).
3. The CMLTO membership remains relatively stable based on 2018 annual report data. In 2018 there were 6816 members, which was a slight decrease from 2017 (6902), of just over 1%.
4. There is no increase to member fees planned in 2019.
5. There are no changes to the current CMLTO staffing complement anticipated for 2020.

16 out of 17 Council members responded to the request for feedback and all were in support of the 2020 budget assumptions as presented.

The Zero Based Budget:

The 2020 draft Budget was prepared using the following methods:

1. All budget items were 'zero based'. (i.e., budget line items have been built up from a base of zero in each budget category).
2. Comparison to adjusted 2019 year-end projections.
3. Efficiencies applied wherever possible.

In preparing a budget for a regulatory organization, it is important to recognize there are some areas of expenditures that are driven by volume of activity (e.g. number of complaints / cases, etc.) and/or by government/external legislative changes. These are two budget drivers for which CMLTO does not have direct control.

This means that the budget is a best estimate of these activities based on current state of knowledge and past / current volumes. As noted above, to address this budgeting challenge, the draft budget has been prepared with a range of minimum and maximum investments.

The proposed budget shows a projection for the best case scenario, where the volume of complaints and/or regulatory changes have little cost impact (i.e. the minimum investment) and for the more challenging scenario, where the volume of complaints and/or regulatory changes are more costly than the best estimate projection (i.e. maximum investment).

The proposed 2020 Budget, outlined in Appendix 1, represents a budget with an anticipated surplus at year-end (\$5,000) and provides best case (minimum) and worse case (maximum) scenarios.

Financial Issues/Considerations regarding the Proposed 2020 Budget:

1. Revenue (Income)

- **MLT Fees**

There is no MLT membership fee increase planned in 2020. The Equity Analysis (Appendix 2) shows that CMLTO is in a healthy financial position and Council does not need to consider a membership fee increase for at least the next three years.

The annual membership fees are:

- MLT Practising member \$340 (+HST)
- MLT Non-Practising member \$170 (HST).

There are other administrative fees that will be reviewed at the time of the next proposed fee bylaw amendment, including the registration application fee and other administrative fees (e.g. reprinting a certificate, letters of standing, etc.)

- **Medical Laboratory Assistants & Technician Voluntary Roster Fees**

The annual voluntary roster affiliate fee is \$50 (+ HST). The application fee remains at \$100 (+HST). Currently there are 88 affiliates on the Voluntary Roster.

There has not been a significant increase in the number of Voluntary Roster Affiliates in 2019. The College will continue to implement its strategy to increase the number of Voluntary Roster Affiliates in 2020. However, per Council direction, College staff will also focus efforts on building awareness of the Voluntary Roster program and the benefits of hiring affiliates who have met the roster criteria. It's important to keep in mind that while medical laboratory assistants and technicians see the value in the Voluntary Roster, the biggest challenge continues to be that it is a voluntary process, not mandatory. Until such time as the Ministry establishes mechanisms to make inclusion on the voluntary roster mandatory, we expect uptake to continue to be very modest. Therefore, revenue from the Voluntary Roster has been maintained at the 2019 projected figure.

- **Investment Income**

CMLTO's financial assets are invested conservatively in interest-bearing instruments with secured capital, consistent with Council's EL Investment Policy. As such, ongoing annual income from renewed investments is highly dependent on the prevailing interest rate environment at the time of maturity. Comparing current rates with the rates on instruments renewing in the next 12-18 months, staff recommends that CMLTO slightly reduce its projected income stream for the next few years.

2. Expenses

CMLTO is in a very healthy financial position at present (and into the foreseeable future) with adequate financial resources for the achievement of Council's Ends Policies and program area statutory and operational responsibilities in 2020.

The Expense Categories (below) reflect the key responsibilities in the operations and program area portfolios.

Table 1
CMLTO Expense Categories / Operations Program Area Portfolios

Portfolio	Portfolio Description
Council and Statutory Committees	• Provide regulatory governance roles through regular Council and Statutory Committee meetings and processes, which are supported by ongoing orientation, education, training and development, governance coaching.
Strategic Leadership (R/CEO)	• Provides strategic leadership for all regulatory, operations and governance of the CMLTO, including strategic input and support to Council, Committees/Working Groups, government and external stakeholder relations, etc. • Provides leadership and support for overall Human Resources strategy and administration, including staff performance and development, compensation and benefits.
Registration and Professional Practice & Policy (includes the Registration Program, Quality Assurance Program and Policy Development)	Professional Practice & Policy • Provides support for the development of CMLTO key policy positions and supporting rationale based on Council policy direction. • Conducts research and analysis with internal and external data and information to increase the understanding of the profession in terms of public access, scope of practice, and health human resources planning, etc. • Develops and shares knowledge about regulatory, policy and specific CMLTO initiatives through communication with members, employers, and the public. • Manages professional practice operations, including practice advisory program Quality Assurance • Conducts member Professional Portfolio & Practice Review audits • Provides support to the Quality Assurance Committee in administering the Quality

Portfolio	Portfolio Description
	Assurance Program (continuously enhances/develops the program) • Contributes to the development of quality practice policy in support of the organization's goals.
	Registration • Manages the online application and annual renewal processes for MLT registration, changing class of registration and other registration related administrative tasks. • Manages the application and renewal processes for the Voluntary Roster of Registered Medical Laboratory Technicians. • Supports the Registration Committee and implements Registration Panel decisions.
Professional Conduct Services	• Manages professional conduct processes, including oversight of external Investigation of complaints, preparation of reports to ICRC. • Supports the ICRC and implements Committee decisions. • Supports the Discipline and Fitness to Practice Committees and implements Hearing Panel decisions. • Monitors compliance with Panel orders. • Supports the Patient Relations Committee program and processes.
Corporate Communications	• Develops the corporate communication plan, strategies and messaging (internal & external). • Disseminates corporate communication to and seeks feedback from members, employers, and the public through publications, website and staff linkage. • Provides Webmaster services.

Portfolio	Portfolio Description
Corporate Services	- Provides internal customer service to ensure all business systems are working efficiently and effectively. - Provides internal project management support. - Supports internal College operations through the development of policies and procedures, implementation and monitoring for business processes such as the records management system, information technology/systems, payment processing, office services and physical facilities.

Program expenses for **Registration and Professional Practice** will decrease in 2020, as the review and upgrade of the Quality Assurance program will be substantially complete in 2019.

Corporate Communications, however, will be undertaking a website redevelopment budgeted at \$25,000 to enhance CMLTO's communications goals. This redevelopment and other computer system improvements will be facilitated by an upgrade to the virtual server at a one-time cost of approximately \$10,000.

Also budgeted for 2020 is an RFP process for a new capital lease, consistent with CMLTO's ongoing program of IT maintenance and hardware improvements. (Note: A lease contract over 3-4 years is an effective tool for managing ongoing cash flow, vs. the substantial cash outlay for a one-time capital purchase.

In accounting for the lease, the total value of the lease obligation/contract appears on the balance sheet as a liability at the same time as the assets acquired are added to CMLTO's fixed assets. Each monthly payment includes both a capital repayment component and an interest component; the ongoing stream of lease payments reduces the outstanding lease obligation on the balance sheet while the financing charge component (interest) appears as an operating expense (budgeted at \$6,000 annually). Depreciation is experienced on the assets as they are used over the term of the lease; this has been budgeted at \$50,000 - \$60,000 annually subject to the total value of the leased assets and the start date for the lease term.)

Overall reductions to the **Corporate Services** budget in 2019 and 2020 reflect the restructuring of staff in the past 18 months, including reduction in total headcount as well as the provision of accounting and financial management services by an in-house employee rather than a contracted consultant.

3. Strategic Budget

The resource requirements for most strategic Ends Policy and Enabling Goals projects are allocated within the various program budget categories. It is projected that the unallocated funds available at the end of 2019 will be sufficient for any 2020 projects to be undertaken.

4. Reserve Funds

Reserve funds in 2020 will be maintained at Council's designated level.

CMLTO's unallocated funds (currently \$819K) will be used to offset any structural deficit in 2021 and 2022. The Fee Stabilization fund would be used to offset a structural deficit **after 2021**. This would allow the Council and the organization time to take a carefully analyzed and measured approach in implementing a membership fee increase, thereby avoiding any sudden or undue hardship for members and any public relations challenge for CMLTO. Once used, the Fee Stabilization fund would be replenished as soon as possible to mitigate future unanticipated or sudden loss of revenue and maintain organizational viability. Council may wish to consider increasing this reserve.

In consultation with the auditor following the 2018 financial audit, no adjustments to the Reserve funds are being proposed at the current time.

5. Capital Budget

There are no significant capital expenditures planned in 2020.

6. Equity Analysis (Appendix 2)

The Equity Analysis shows that the College will have significant unallocated operating funds (approximately \$1M) at the end of the year through to the end of 2021.

Looking Forward

In 2020 staff will be working hard to accomplish the Council's refreshed 2020-2022/23 Ends Policies. At the time of preparing the proposed 2020 Budget, the refreshed Ends Policies have not been finalized or approved by Council. It is expected there will be other new projects identified once the Registrar & CEO's 2020 Ends Interpretation is completed and the plan acknowledged as reasonable by Council in February 2020.

Several multi-year projects will continue to move forward into 2020, including Medical laboratory assistant and technician voluntary rostering growth and program development, implementing any new government direction and legislative changes that may arise, implementing recommendations for changes to CMLTO's Quality Assurance Program, health system collaboration, etc.).

Also, Enabling Goals related to records management, program scorecards and evaluation of CMLTO's performance management system will continue.

If Council members have any questions prior to the meeting, please contact me at

kwilkie@cmlto.com or tel. 416-861-9650 ext. 222.

APPENDICES:

Appendix 1 – CMLTO Proposed 2020 Operating Budget

Appendix 2 – CMLTO Equity Analysis

PRIVATE & CONFIDENTIAL

Date

Complainant name & address

Dear (insert complainant's name);

We are in receipt of your letter/e-mail message dated (insert date) wherein you outline your complaint regarding (summarize complaint).

Please be advised that the College of Medical Laboratory Technologists of Ontario (CMLTO) is responsible for investigating all complaints received regarding the conduct of our members. The CMLTO investigates complaints in accordance with the procedures set out in the enclosed flowchart and provisions of the *Regulated Health Professions Act*. In accordance with our process, a copy of your complaint will be sent to the member(s) identified as being involved in your laboratory test. Upon receipt of each member's response, a copy will be sent to you for your review and further comment, if any. The Inquiries, Complaints and Reports Committee (ICRC) will then review the material received and direct any further investigation. Once their investigation is complete, the ICRC will issue a written decision & reasons which will be sent to you and the member.

In order to assist in investigating your complaint, I have enclosed a consent form which authorizes the release of your personal health information to the CMLTO for this purpose. Please sign and date the form where indicated and return it to my attention using the enclosed postage paid envelope.



Thank you for taking the time to address your concerns to us. If you have any questions or concerns or require any additional information, please do not hesitate to contact me directly at extension 224.

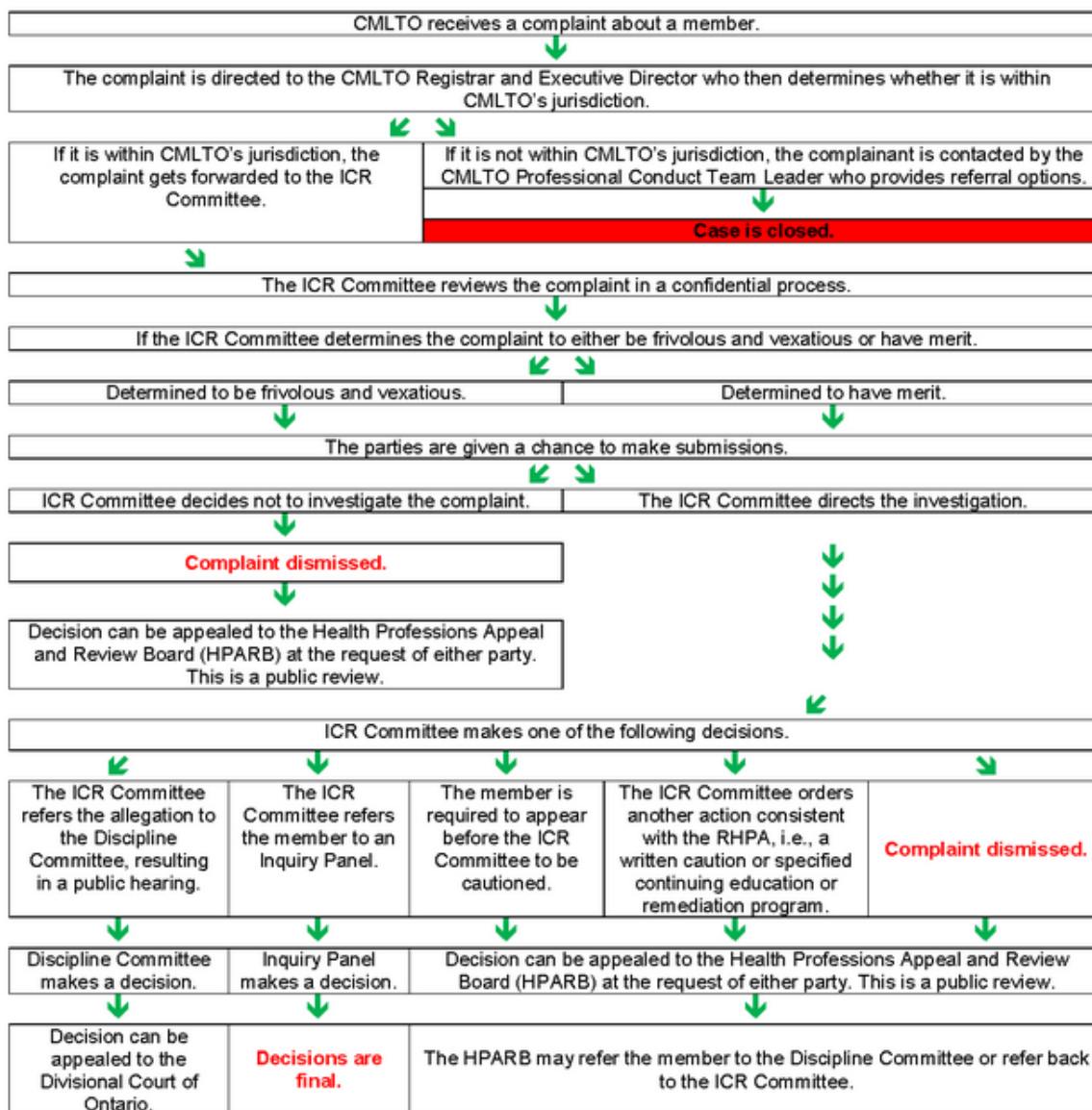
Yours sincerely,

Director, Professional Conduct

Encl: Complaint process flowchart
Sections 25-35 of the RHPA Procedural Code
Consent form
Postage paid envelope



The ICR Committee complaints process



**Section 25 – 35 of the
Health Professions Procedural Code,
being Schedule 2 to the *Regulated Health Professions Act, 1991***

Panel for investigation or consideration

25. (1) A panel shall be selected by the chair of the Inquiries, Complaints and Reports Committee from among the members of the Committee to investigate a complaint filed with the Registrar regarding the conduct or actions of a member or to consider a report that is made by the Registrar under clause 79 (a).

Composition

(2) A panel shall be composed of at least three persons, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council.

Quorum

(3) Three members of a panel constitute a quorum.

Complaint must be recorded

(4) A panel shall not be selected to investigate a complaint unless the complaint is in writing or is recorded on a tape, film, disk or other medium.

Complainant to be informed

(5) The Registrar shall give a complainant notice of receipt of his or her complaint and a general explanation of the processes of the College, including the jurisdiction and role of the Inquiries, Complaints and Reports Committee, together with a copy of the provisions of sections 28 to 29.

Notice to member

(6) The Registrar shall give the member, within 14 days of receipt of the complaint or the report,



- (a) notice of the complaint, together with a copy of the provisions of sections 28 to 29, or notice of the receipt of the report;
- (b) a copy of the provisions of section 25.2; and
- (c) a copy of all available prior decisions involving the member unless the decision was to take no further action under subsection 26 (5).

Alternative dispute resolution with respect to a complaint

25.1 (1) The Registrar may, with the consent of both the complainant and the member, refer the complainant and the member to an alternative dispute resolution process,

- (a) if the matter has not yet been referred to the Discipline Committee under section 26; and
- (b) if the matter does not involve an allegation of sexual abuse.

Confidentiality

(2) Despite this or any other Act, all communications at an alternative dispute resolution process and the facilitator's notes and records shall remain confidential and be deemed to have been made without prejudice to the parties in any proceeding.

Facilitator not to participate

(3) The person who acts as the alternative dispute resolution facilitator shall not participate in any proceeding concerning the same matter.

Ratification of resolution

(4) If the complainant and the member reach a resolution of the complaint through alternative dispute resolution, they shall advise the panel of the resolution, and the panel may,

- (a) cease its investigation of the complaint and adopt the proposed resolution; or
- (b) continue with its investigation of the complaint.

Submissions by member

25.2 (1) A member who is the subject of a complaint or a report may make written submissions to the Inquiries, Complaints and Reports Committee within 30 days of receiving notice under subsection 25 (6).

Exception

(2) The Inquiries, Complaints and Reports Committee may specify a period of time of less than 30 days in which the member may make written submissions, and inform the member to that effect, if the Committee is of the opinion, on reasonable and probable grounds, that the conduct of the member exposes or is likely to expose his or her patients to harm or injury.

What a panel may do

26. (1) A panel, after investigating a complaint or considering a report, considering the submissions of the member and making reasonable efforts to consider all records and documents it considers relevant to the complaint or the report, may do any one or more of the following:

1. Refer a specified allegation of the member's professional misconduct or incompetence to the Discipline Committee if the allegation is related to the complaint or the report.
2. Refer the member to a panel of the Inquiries, Complaints and Reports Committee under section 58 for incapacity proceedings.
3. Require the member to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.
4. Take action it considers appropriate that is not inconsistent with the health profession Act, this Code, the regulations or by-laws.

Prior decisions

(2) A panel of the Inquiries, Complaints and Reports Committee shall, when investigating a complaint or considering a report currently before it, consider all of its available prior decisions involving the member, including decisions made when



that committee was known as the Complaints Committee, and all available prior decisions involving the member of the Discipline Committee, the Fitness to Practise Committee and the Executive Committee, unless the decision was to take no further action under subsection (5).

Quality assurance

(3) In exercising its powers under paragraph 4 of subsection (1), the panel may not refer the matter to the Quality Assurance Committee, but may require a member to complete a specified continuing education or remediation program.

Complaint in bad faith, etc.

(4) If the panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, it shall give the complainant and the member notice that it intends to take no action with respect to the complaint and that the complainant and the member have a right to make written submissions within 30 days after receiving the notice.

Same

(5) If the panel is satisfied, after considering the written submissions of the complainant and the member, that a complaint was frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, the panel shall not take action with respect to the complaint.

Notice of decision

27. (1) A panel shall give the complainant and the member who is the subject of the complaint,

- (a) a copy of its decision;
- (b) a copy of its reasons, if the panel acted under paragraph 3 or 4 of subsection 26 (1); and
- (c) a notice advising the member and the complainant of any right to request a review they may have under subsection 29 (2).

Same, report

- (2) A panel shall give the member, in the case of a report,
- (a) a copy of its decision; and
 - (b) a copy of its reasons, if the panel acted under paragraph 3 or 4 of subsection 26 (1).

Timely disposal

28. (1) A panel shall dispose of a complaint within 150 days after the filing of the complaint.

Not affected by ADR

- (2) A referral to an alternative dispute resolution process under section 25.1 does not affect the time requirements under this section.

If complaint not disposed of

- (3) If a panel has not disposed of a complaint within 150 days after the complaint was filed, the Registrar shall provide the complainant with written notice of that fact and an expected date of disposition which shall be no more than 60 days from the date of the written notice.

If further delay

- (4) If a panel has not disposed of the complaint by the expected date of disposition described in subsection (3), the Registrar shall,
- (a) provide the member and complainant with written notice and reasons for the delay and the new expected date of disposition which shall be no more than 30 days from the date of the revised notice or from the expected date of disposition described in subsection (3), whichever is sooner; and
 - (b) provide the Board with written notice of and reasons for the delay as were provided to the member and complainant.

Powers of the Board

(5) The Board, on application of the member or the complainant, shall consider the written reasons for the delay and shall do any one of the following:

1. Direct the Inquiries, Complaints and Reports Committee to continue the investigation.
2. Make recommendations the Board considers appropriate to the Inquiries, Complaints and Reports Committee.
3. Investigate the complaint and make an order under subsection (9) within 120 days of the decision to investigate the complaint.

Board's investigatory powers

(6) In investigating a complaint under paragraph 3 of subsection (5), the Board has all the powers of a panel of the Inquiries, Complaints and Reports Committee and of the Registrar with respect to the investigation of the matter and may appoint an investigator under clause 75 (1) (c).

Continuing power of Inquiries, Complaints and Reports Committee

(7) The Inquiries, Complaints and Reports Committee may take action under section 26 at any time before the Board completes its investigation.

Same

(8) For greater certainty, if the Inquiries, Complaints and Reports Committee takes action as provided for in subsection (7), the Board no longer has jurisdiction to take action under section 26.

Powers of Board re an investigation

(9) After an investigation, the Board may do any one or more of the following:

1. Refer the matter to the Inquiries, Complaints and Reports Committee.
2. Make recommendations the Board considers appropriate to the Inquiries, Complaints and Reports Committee.



3. Require the Inquiries, Complaints and Reports Committee or a panel to do anything the Committee or a panel may do under the health profession Act and this Code except to request the Registrar to conduct an investigation.

Powers of Board re time limits

28.1 If the Board is satisfied that no person will be unduly prejudiced, it may, on reasonable grounds, extend any time limit with respect to,

(a) a requirement, under subsection 21 (1), for a review or hearing by the Board;

(b) a request, under subsection 29 (2), for a review by the Board; or

(c) the Registrar's obligation to give to the Board, under subsection 32 (1), a record of an investigation of a complaint against a member and all relevant documents and things.

Review by Board

29. (1) Subject to section 30, the Board shall review a decision of a panel of the Inquiries, Complaints and Reports Committee if the Board receives a request under subsection (2).

Request for review

(2) The complainant or the member who is the subject of the complaint may request the Board to review a decision of a panel of the Inquiries, Complaints and Reports Committee unless the decision was,

(a) to refer an allegation of professional misconduct or incompetence to the Discipline Committee; or

(b) to refer the member to a panel of the Inquiries, Complaints and Reports Committee under section 58 for incapacity proceedings.

Time limit

(3) A request for a review may be made only within 30 days after the receipt of the notice of the right to request a review given under clause 27 (1) (c).

Limitation

(4) The Board shall not, under section 28.1, extend the time limit set out in subsection (3) for more than 60 days.

Parties

(5) The complainant and the member who is the subject of the complaint are parties to a review.

When no review

30. (1) The Board shall not review a decision if the party who requested the review withdraws the request and the other party consents.

Request in bad faith, etc.

(2) If the Board considers a request to review a decision to have been frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, it shall give the parties notice that it intends not to proceed with the review and that the parties have a right to make written submissions within thirty days after receiving the notice.

Idem

(3) If the Board is satisfied, after considering the written submissions of the parties, that a request was frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, the Board shall not review the decision.

Personal representative as complainant

31. A complainant's personal representative may act as the complainant for the purposes of a review of the decision by the Board if the complainant dies or becomes incapacitated.



Record of decision to be reviewed

32. (1) If the Board is requested to review a decision, the Registrar shall give the Board, within fifteen days after the Board's request, a record of the investigation and the documents and things upon which the decision was based.

Disclosure

(2) Before reviewing a decision, the Board shall disclose to the parties everything given to it by the Registrar under subsection (1).

Exceptions

(3) The Board may refuse to disclose anything that may, in its opinion,

(a) disclose matters involving public security;

(b) undermine the integrity of the complaint investigation and review process;

(c) disclose financial or personal or other matters of such a nature that the desirability of avoiding their disclosure in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that disclosure be made;

(d) prejudice a person involved in a criminal proceeding or in a civil suit or proceeding;
or

(e) jeopardize the safety of any person.

Conduct of review

33. (1) In a review, the Board shall consider either or both of,

(a) the adequacy of the investigation conducted; or

(b) the reasonableness of the decision.

Procedure

(2) In conducting a review, the Board,

(a) shall give the party requesting the review an opportunity to comment on the matters set out in clauses (1)(a) and (b) and the other party an opportunity to respond to those comments;

(b) may require the College to send a representative;

(c) may question the parties and the representative of the College;

(d) may permit the parties to make representations with respect to issues raised by any questions asked under clause (c); and

(e) shall not allow the parties or the representative of the College to question each other.

Procedural provisions

34. (1) The following provisions apply with necessary modifications to a review by the Board:

1. Section 43 (no communication by panel members).
2. Section 45 (hearings open).
3. Section 47 (sexual misconduct witnesses).
4. Section 50 (members of panel who participate).
5. Section 55 (release of evidence).

Same

(2) The following provisions of the *Statutory Powers Procedure Act* also apply with necessary modifications to a review by the Board:

1. Section 4 (waiver of procedural requirement).



2. Section 4.1 (disposition of proceeding without hearing).
3. Section 5.1 (written hearings).
4. Section 5.2 (electronic hearings).
5. Section 5.3 (pre-hearing conferences).
6. Section 21 (adjournments).
7. Section 21.1 (correction of errors).
8. Section 25.1 (rules).

Powers of Board

35. (1) After conducting a review of a decision, the Board may do any one or more of the following:

1. Confirm all or part of the decision.
2. Make recommendations the Board considers appropriate to the Inquiries, Complaints and Reports Committee.
3. Require the Inquiries, Complaints and Reports Committee to do anything the Committee or a panel may do under the health profession Act and this Code except to request the Registrar to conduct an investigation.

Decision in writing

(2) The Board shall give its decision and reasons in writing to the parties and the Inquiries, Complaints and Reports Committee.

PRIVATE & CONFIDENTIAL

Enter date

Enter complainant's name & address

Enter salutation,

Re: Complaint against (*enter member's name*)

As you know, the Inquiries, Complaints and Reports (ICR) Committee of the College of Medical Laboratory Technologists of Ontario is currently investigating the complaints you have filed against (*member name*). The ICR Committee process requires that members and complainants be kept advised of the progress of the investigation of a complaint and be provided with notice if the complaint has not been disposed of within a set time limit.

We therefore wish to advise you that the complaints you filed against (*member name*) have not yet been disposed of by the ICR Committee. We expect the ICR Committee to deal with these matters by (*date*).

Yours sincerely,

Director, Professional Conduct



PRIVATE AND CONFIDENTIAL
By First Class Mail

Enter date

Enter Complainant's name and address

Enter salutation:

Re: Complaint against (*enter Member's name*)

Further to my letter dated (*enter date*), I am writing to advise you that the complaint filed by you against (*enter Member's name*) has not yet been disposed of by the Inquiries, Complaints and Reports (ICR) Committee.

This delay is due to the following reason(s):

➤ (*insert reason*).

We expect the ICR Committee to deal with this matter by (*enter date*).

Please do not hesitate to contact me directly with any questions or concerns.

Sincerely,

Director, Professional Conduct

CMLTO REGISTRAR & CEO 2020 ENDS INTERPRETATION

V1: Dec 17, 2019 V2: Dec 30, 2019 V3: Jan 15, 2020 V4: Jan. 28, 2020 V5: Jan. 29, 2020

HIGH LEVEL ENDS POLICY

The public is confident that CMLTO members provide safe, high quality medical laboratory professional practice.

Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

ENDS POLICY 1 – Public Trust in Health Professions Regulation

The public of Ontario can rely on fair, transparent, timely, objective and effective regulatory processes related to medical laboratory technology professionals.

REGISTRAR & CEO INTERPRETATION:

I interpret Public Confidence to reflect the trustworthiness of CMLTO's processes to effectively regulate medical laboratory professionals.

I interpret the public to be users and potential users of medical laboratory professionals' services; i.e. the general public, employers and CMLTO applicants.

People contacting CMLTO are able to find and access high quality (transparent, objective, impartial, and fair) regulatory programs and services, and they are provided in a customer-friendly, responsive manner.

I interpret this policy will have been achieved in 2020 when:

HIGH LEVEL ENDS POLICY 1 – PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION															
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	MEASURE	TARGET	ACTUAL RESULTS				RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED				
1.1 Effective CMLTO regulatory processes exist (accessible, transparent, objective, understandable, and appropriate outcomes).	1.1.1	The public has access (i.e. can easily find the information and understand it) to the decision-making criteria for all regulatory processes: · Registration · Quality Assurance · Professional Conduct · Patient Relations	1.1.1 a # and % of regulatory process decision-making criteria reviewed by members of the public that are confirmed to be understandable and transparent. · Registration · Quality Assurance · Professional Conduct · Patient Relations (list existing decision-making criteria, or decision-making criteria to be created)	100% of regulatory process decision-making criteria reviewed by members of the public that are confirmed to be understandable and transparent. · Registration · Quality Assurance · Professional Conduct · Patient Relations	Registration · N/A – no initiatives undertaken Quality Assurance · N/A – no initiatives undertaken Professional Conduct · N/A – no initiatives undertaken Patient Relations · PRC conducted research regarding the eligibility requirements for the fund for therapy and counselling and will bring recommendations forward to Council in 2021					JT and TL did not identify any decision-making criteria for review in Registration, QA, of Professional Conduct. Patient Relations is the only area to review in 2020, YTD.					
	1.1.2	Public inquiries about regulatory processes are responded to in a timely, understandable and useful manner	1.1.2 a	Professional Conduct Process Utilized # and % of responses ranked · timely response · process understandable · useful response	90% of responses from users of professional conduct processes demonstrate that the response was timely, understandable and useful.	Process Understandable % of respondents felt that the registration requirements were clear and easy to understand	2018	2019	2020						
						# Surveyed/# Responded	3/4	5/5	2 surveyed, 1 responded						
						% Timely Process	90%	90%	100%						
						% Process Understandable	90%	90%	100%						
						% Useful Response	100%	100%	100%						
			1.1.2 b	Professional Practice Consultation Process (for Employers) # and % of responses ranked · timely response · process understandable · useful response	90% of responses from employers accessing the professional practice consultation process demonstrate that the response was timely, understandable and useful.	# professional practice consultations received from employers		2019	2020						
						% of employers reported the information provided was timely, understandable and useful.		100%	100%						
			1.1.2 c	Applicants Queries # and % of responses ranked · timely response · process understandable · useful response	90% of responses from applicants who contacted the College with an inquiry demonstrate that the response was timely, understandable and useful.	2019 - One hundred (100) applicants responded to a survey of 256 applicants		2019	2020	This information is provided for context. The number of applicants who responded to the survey is the denominator for all metrics reported for this strategic objective.					
						2020 - Eighty-eight (88) applicants responded to a survey of 261 applicants		38%	34%						
						Timely Response % stated that Registration staff follow-up on their inquiry on the same day of their request		2019	2020						
								85%	96%						
						Courteous Response % stated that Registration staff addressed their questions courteously and efficiently		2019	2020						
								95%	96%						

HIGH LEVEL ENDS POLICY 1 – PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION										
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	MEASURE	TARGET	ACTUAL RESULTS			RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED
					Useful Response % stated that Registration staff provided a useful response 84%	2019	2020			
					Process Understandable % of respondents felt that the registration requirements were clear and easy to understand 72%	2019	2020		Year to year numbers are similar. Registration staff does take feedback and tries to improve processes. However, it is likely that 30% of applicants will find that the registration requirements were not clear / easy to understand.	✓
			1.1.2 d	Public Inquiries # and % of responses ranked · timely response · process understandable · useful response	90% of responses from the public who contacted the College with an inquiry demonstrate that the response was timely, understandable and useful.	# public inquiries received	2019	2020	All three public members were international applicants and were referred to Registration.	✓
					# and % reported a timely response	4/4	3 YTD			
					# and % reported that the process was understandable	100%	3/3 YTD			
					# and % reported a useful response	—	N/A			
			1.1.2 e	MLT Queries (While MLTs are not defined as public, their feedback on regulatory processes to be tracked here) # and % of responses ranked · timely response · process understandable · useful response	90% of responses from MLTs who contacted the College with an inquiry demonstrate that the response was timely, understandable and useful.	# Professional practice queries received from MLTs.	2019	2020	10 of 26 MLTs surveyed responded.	✓
					# and % MLTs reported the information provided was timely, understandable, useful	15	26			
						15 /15	10/10			
						100%	100%			
1.1.3		Regulatory processes are assessed to be transparent, objective, impartial, and fair in accordance with legislation.								
1.1.3 a		The Ontario Office of the Fairness Commissioner (OFC) confirms CMLTO has fair registration practices in place.	1.1.3 a	External Audit	100% of OFC fair registration practices criteria met.		2019	2020		✓
						R/CEO approved OFC Fair Registration Practice Report was submitted by March 31, 2019. Follow up meetings with the OFC in July indicated that all OFC criteria had been met.	R/CEO approved OFC Fair Registration Practice Report was submitted on February 25, 2020. The report was added to the CMLTO website on February 26, 2020.			
1.1.3 b		Successful legal actions against CMLTO related to regulation processes/ outcomes.	1.1.3 b	# successful legal actions against CMLTO related to regulation processes/ outcomes.	0 successful legal actions against CMLTO related to regulatory process.	Successful legal actions against CMLTO related to regulatory process.	2019	2020	There have been no legal actions.	✓
							0	0		
1.1.3 c		ICRC and Registration case decision appeals upheld by HPARB.	1.1.3 c	# and % ICRC and Registration case decision appeals upheld by HPARB.	100 % of appeals to HPARB upheld	ICRC and Registration case decision appeals upheld by HPARB	Prior to 2019	2019	2020	1 matter was returned to correct procedural issue.
							3/3	0	0%	✓
							100%			
1.1.3 d		Discipline and FTP decision appeals upheld by Divisional Court	1.1.3 d	# and % Discipline and FTP decision appeals upheld by Divisional Court	100 % of appeals to Divisional Court upheld	Discipline and FTP decisions appealed to the Divisional Court	Prior to 2019	2019	2020	There have been no appeals
							0	0	0%	✓
1.1.3 e		QA Professional Portfolio Audit process is reliable by internal audit.	1.1.3 e.i	# and % of QA professional portfolio audits demonstrating that process is reliable on internal audit	100% of QA professional portfolio audits are reliable on internal audit	QA professional portfolio audits were reliable on internal audit.	2019	2020	2020 - One (1) typo was corrected prior to approval.	✓
			1.1.3 e.ii	Note: Where < 100%, list types of inaccuracies found in audit [Professional Portfolio]			181/181	28/29 *	Note: * the 2020 audit cycle is not complete yet.	
							100%	96.6%		
1.1.3 f		Registration processes are accurate by internal audit.	1.1.3 f.i	# and % of new applications for registration confirmed by internal audit to be accurate (i.e. reliable)	100% of new registration applications are processed accurately.	New registration applications were processed accurately.	2019	2020	2019 - Three (3) inaccuracies related to specialties requested by the applicant were corrected prior to approval.	✓
			1.1.3 f.ii	Note: Where < 100%, list types of inaccuracies found in audit	Where < 100%, list types of inaccuracies found in audit.	2019 - 3 inaccuracies related to specialties requested by the applicant were corrected prior to approval.	266/269	260/261	2020 - One (1) typo was corrected prior to approval.	
							98.9%	99.6%		
1.1.3 g		Registration renewals confirmed by internal audit to be accurate.	1.1.3 g	# and % of registration renewals confirmed by internal audit to be accurate (i.e. reliable)	100% of registration renewals are processed accurately.	# and % of registration renewals processed accurately on internal audit	2019	2020		✓
				Note: Where < 100%, list types of inaccuracies found in audit	Where < 100%, list types of inaccuracies found in audit.		7150/7150	7094/7094		
							100%	100%		
1.1.4		Required regulatory process changes are implemented to be compliant with updated legislation/regulation.	1.1.4 a	Inventory of changes made (e.g. bylaws, regulatory processes, accreditation, Voluntary Roster criteria, governance modernization, etc.)	100% of required regulatory process changes implemented.	# and % of required regulatory process changes implemented.	See HLP3 monitoring report appendix from November 2019			✓
							Emergency Registration Policy updated (April 2020); Voluntary Roster criteria updated (Nov 2020)			
1.1.5		The Public (and Members) have access to French language services when requested.	1.1.5 a	# and % of required documents (as per the French Language Policy and Implementation Plan) which are available in French by year end	80% of required documents (as per the French Language Policy and Implementation Plan) are available in French by year end.	# and % required documents (as per the French Language Policy and Implementation Plan) which are available in French by year end	2019	2020	A decision was made to not translate the new QAP program materials and resources before the 2021 launch. This resulted in fewer documents being	✓

HIGH LEVEL ENDS POLICY 1 – PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION									
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	MEASURE	TARGET	ACTUAL RESULTS		RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED
						#6, 100%	#3, 50% YTD	translated in 2020, YTD. Three more documents will be sent for translation from the reorganized priority list.	
			1.1.5 b	# and % of Adhoc Requests for French Language Services that were responded to	100% of Adhoc Requests for French Language Services were responded to.	# and % Adhoc Requests for French Language Services that were responded to	2019 2020		
						0%	0 YTD		
	1.1.6	The Public interest is reflected in CMLTO's overall approach, including its regulatory processes.	1.1.6 a	# and % of statutory case decisions which reflect the assessment of conflict of interest and its outcomes - Registration - Quality Assurance - Inquiries, Complaints & Reports - Discipline - Fitness to Practice	Conflict of interest was assessed in 100% of statutory cases processed.	# and % of statutory cases processed where conflict of interest was assessed - Registration - Quality Assurance - Inquiries, Complaints & Reports - Discipline - Fitness to Practice	2019 2020		
				# of statutory case decisions where conflict of interest was declared.	# of statutory case decisions where conflict of interest was declared.	- Registration - Quality Assurance - Inquiries, Complaints & Reports - Discipline - Fitness to Practice	2019 2020		
				100% of statutory case decisions reflect the assessment of conflict of interest and its outcomes.	# and % of statutory case decisions which reflect the assessment of conflict of interest and its outcomes - Registration - Quality Assurance - Inquiries, Complaints & Reports - Discipline - Fitness to Practice	— (new practice for 2020)	2019 2020		
			1.1.6 b	# and % of governance decisions that record the public interest rationale	100% of governance decisions record the public interest rationale.	# and % of governance decisions that record the public interest rationale	2019 2020	One (1) Registration Committee case has been completed to date. The decisions and reasons clearly described the public interest rationale.	
	1.1.7	MLT Education Programs meet CMLTO requirements for MLT registration.	1.1.7 a.i	# of programs reviewed in year by HSO / EQual Program	# of programs reviewed in year by HSO / EQual Program.	# of programs reviewed in year	2019 2020	The Ontario Tech University's MLS Program was the only program scheduled for accreditation in 2020, and the program received full accreditation.	
			1.1.7 a.ii	# of programs receiving full or partial accreditation	# of programs receiving full or partial accreditation.	# of programs receiving full or partial accreditation	2019 2020		
	1.1.8	CMLTO individuals (Council, Committees, and relevant staff) involved in supporting regulatory processes are trained and oriented to their roles and responsibilities	1.1.8 a	# and % of relevant staff trained annually according to the CMLTO Corporate staff training on regulatory matters	100% of relevant staff trained annually according to the CMLTO Corporate staff training on regulatory matters	# and % of relevant staff trained annually according to the CMLTO Corporate staff training on regulatory matters	2019 2020		
			1.1.8 b	# and % Committee Members trained annually (i.e. ICRC, Discipline, Fitness to	100% of Committee members trained annually.	# and % Committee Members trained annually (i.e. ICRC, Discipline, Fitness to Practice.	2019 2020		

HIGH LEVEL ENDS POLICY 1 – PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE	TARGET	ACTUAL RESULTS		RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED		
					Practise, Patient Relations), Quality Assurance, Registration - using Committee tracking sheet (Track using decisions list)		Patient Relations), Quality Assurance, Registration - using Committee tracking sheet (Track using decisions list)	See HLP1 monitoring report from November 2019	Registration Committee - 7/9 Committee members attended a comprehensive orientation. 2/9 received the orientation material after the meeting. 9/9 (100%) received annual training. Quality Assurance Committee - 7/8 Committee members attended a comprehensive orientation. 1/8 received the orientation material after the meeting. 8/8 (100%) received annual training. ICR Committee - 8/9 Committee members attended a comprehensive orientation. 9/9 received the orientation material after the meeting. 9/9 (100%) received annual training. Patient Relations Committee - 5/5 Committee members attended a comprehensive orientation. 5/5 (100%) received annual training. Discipline Committee - 1 Committee member attended HPRO Basic & Advanced Discipline Hearing orientation sessions. No annual in-house orientation held. Fitness to Practise Committee - No annual in-house orientation held.			
				1.1.8 c-i	Council is trained annually in regulatory concepts (tracked using Council Strategic Agenda/Work Plan and Governance Scorecard) · list of Council training	100 % of Council members trained annually.	Council is trained annually in regulatory concepts (tracked using Council Strategic agenda/Work Plan) · list of Council training	2019 · Full Council Annual Orientation Session (Feb 2019) · Overview of MLT Profession (May 2019) · Council Communication Workshop (Part 2) (May 2019) · New Council Member Orientation Session (Sept 2019) · CMLTO Governance Framework – Policy Governance Fundamentals (Sept 2019)	2020 See Q3 Council Governance Scorecard February · Full Council Annual Orientation Session · Overview of CMLTO Organization & Strategic Direction · Council Members' Role & Responsibilities · Council Code of Conduct, Confidentiality, Conflict of Interest & Boundaries Training for Council Members · Government Landscape · CMLTO Governance Approach & PG Framework/System · FHRCO EHPRO Videos – all Council members to review prior to meeting September · Validation of 2020/21 Risk Register by Council			
				1.1.8 c-ii	# of hours in Council training	25-35 hours of Council training provided per year.		25.75 hours	7.25 hours <i>(Some training sessions deferred due to impact of COVID_19 pandemic on College operations and Council meeting schedule)</i>			
1.2 The public has access to information about CMLTO's purpose, initiatives, positions, and outcomes (as per regulations, bylaw, and communication plan).	1.2.1	1.2.1 a	The Public Register is current and accurate.	1.2.1 a	# and % of member records on the Public Register that are accurate (by internal audit).	100% of member records audited are accurately recorded on the Public Register.	Member records audited determined to be accurately recorded on the Public Register through two (2) separate internal audits.	2019 200/200 100%	2020 199/200 99.5%	An erroneous status history entry was found for one (1) member, which was rectified.		
		1.2.2	All publicly available statutory case decisions are made public and the others are reported in aggregate.	1.2.2 a	# and % of publicly available statutory case decisions that are made public · Quality Assurance · Inquiries, Complaints & Reports · Discipline · Fitness to Practice	100% of publicly available statutory case decisions are made public, by internal audit.	# and % of publicly available statutory case decisions that are made public · Quality Assurance · Inquiries, Complaints & Reports · Discipline · Fitness to Practice	2019 Quality Assurance Committee - 0 Inquiries, Complaints & Reports Committee - 2/2 (100%) Discipline Committee - N/A (no cases) Fitness to Practice - N/A (no cases)	2020 Quality Assurance Committee - N/A (no cases) Registration Committee - 1/1 (100%), ICRC (no cases) Discipline 1/1 (100%)			
				1.2.2 b	# and % of statutory case decisions, not available publicly, are available and reported in aggregate	100% of statutory case decisions, not available publicly, are available and reported in aggregate	# and % of statutory case decisions, not available publicly, are available and reported in aggregate	2019	2020	Notes: One (1) QA case still pending, to		

HIGH LEVEL ENDS POLICY 1 – PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION											
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE	TARGET	ACTUAL RESULTS			RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED
				reported in aggregate - Registration - Quality Assurance - Inquiries, Complaints & Reports	reported in aggregate, by internal audit	aggregate - Registration - Quality Assurance - Inquiries, Complaints & Reports	Registration - 1/1 (100%) Quality Assurance - 9/9 (100%) Inquiries, Complaints & Reports Committee - 17/17 (100%)	Registration - 1/1 (100%) Quality Assurance - N/A, ICRC (100%)		One (1) QAC case still pending, to be deliberated on by a Panel of the QAC in 2020. One (1) RC case still pending, to be deliberated on by a Panel of the RC in 2020.	
	1.2.3	The public has access to website information regarding: - Registrants - CMLTO purpose - CMLTO strategic priorities - CMLTO regulatory process - CMLTO decision-making processes - CMLTO outcomes		1.2.3 a % website users ranking CMLTO information useful - Public - Members - Applicants - Employers By topic and if not, why NOTE - Indicator under review (MG/KFF)	Majority of website users find the information useful.	% website users ranking CMLTO information useful - Public - Members - Applicants - Employers By topic and if not, why	2019 Of 708 total responses gathered from 21 polls, 64% (453) answered yes and 36% (255) answered no. The majority of visitors found the information useful/informative. (Appendix 2)	2020 Of 909 total responses gathered from 21 polls, 60% (539) answered yes and 40% (370) answered no. The majority of visitors found the information useful/informative. (Appendix 1)			
				1.2.3 b How did you locate and connect with CMLTO?	How did you locate and connect with CMLTO? Being added to existing visitor survey Nov 15.	How did you locate and connect with CMLTO?		2020 0 YTD		There will be 1.5 months of data at Dec 31st. The indicator was not added to the Corporate Communications scorecard while the consultant is working on repairing it.	
				1.2.3 c Did you find the information you were looking for?	Majority of website users found the information they were looking for.	Did you find the information you were looking for?		2020 Total number of respondents: 24 YTD 67% Yes 33% No			
	1.2.4	Public indicates that the information provided has added to their confidence in regulation of medical laboratory professionals		1.2.4 % employer newsletter users who rank CMLTO information provided as contributing to their confidence in regulation of medical laboratory professionals.	75% of employer newsletter users indicate CMLTO information in newsletter has contributed to their confidence in the regulation of medical laboratory professionals.	% employer newsletter users who indicate CMLTO information in newsletter has contributed to their confidence in the regulation of medical laboratory professionals.	2019 Issue 1: 100% of respondents found it informative Issue 2: 100% of respondents found it informative	2020 Issue 1: 100% of respondents found it informative Issue 2: 100% of respondents found it informative		One more issue will be sent in Dec.	

Monitoring Report Analysis:	All HLP1 goals have been achieved with the exception of 1.2.3.a. Collection of the data for this goal requires some computer programming which was delayed due to the impact of the pandemic on CMLTO operations. This will be addressed in 2021 and it is expected there will be data to report next year. The College committed to training committee members and relevant staff to ensure legislative requirements are met in a timely manner. It was not possible to complete all of the planned orientation/training and education sessions for Council given the modified Council meeting schedule and that meetings moved to teleconference or videoconference format.										
Overall Conclusions:	It has been a challenging year for staff as the College moved to virtual operations on March 16, 2020. Overall there has been excellent progress on HLP1 goals in light of the unprecedented circumstances. In particular, staff has continued to implement regulatory program process improvements and meet or exceed customer service standards while working remotely. The Public has continued to have access to current and accurate information about and from the College. The College has delivered collaborative education and training for Council and Committees to ensure they are knowledgeable and equipped to carry out their regulatory and governance responsibilities. Some Council education and training sessions were deferred due to the impact on College operations and modified Council meeting schedules in May, September and November.										
Respectfully submitted by:	Kathy Wilkie, Registrar & CEO										
Date:	November 20, 2020										

LEGEND: LEVEL OF ACHIEVEMENT

Ends Fully Achieved	
Ends Partially Achieved	
Ends Not Achieved	

CMLTO REGISTRAR & CEO 2020 ENDS INTERPRETATION

CONSOLIDATED OPERATIONAL PERFORMANCE PLAN

V1: Dec 17, 2019 V2: Dec 30, 2019 V3: Jan 15, 2020 V4: Jan. 28, 2020 V5: Jan. 29, 2020

HIGH LEVEL ENDS POLICY

The public is confident that CMLTO members provide safe, high quality medical laboratory professional practice.

Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

ENDS POLICY 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Technologists practise safely, effectively and collaboratively consistent with current and evolving practice standards and professional obligations.

REGISTRAR & CEO INTERPRETATION:

I interpret 'accountable' to mean that MLTs are responsible and answerable to their actions.

I interpret 'competent' to mean:

- a) Essential Competence – Applicants have met the requirements of the CMLTO Registration Regulation (O. Regulation 207/94, Part I), and
- b) Continuing Competence – MLTs continuously adhere to the requirements of the CMLTO Quality Assurance Program and Standards of Practice (O. Regulation 207/94, Part IV).

I interpret 'ethical' to mean that MLTs comply with the principles of the current CMLTO Code of Ethics.

I interpret 'evolving practice standards' as the influence of current MLT practice in the practice environment on advancing current CMLTO Standards of Practice.

I interpret 'professional obligations' as all of the requirements set out in legislation, bylaws, standards of practice, and policies.

I interpret this policy will have been achieved in 2020 when:

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS											
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	MEASURE		TARGET	ACTUAL RESULTS			RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED
Qualified applicants meet essential competencies and MLTs demonstrate continuing competence and professional obligations.	2.1	<u>Registration</u>									
		All qualified applicants and members are registered or renewed in accordance with CMLTO registration regulation and bylaws.									
		2.1.1 a	New MLT applicants are registered in accordance with registration regulations (O. Reg.207/94).	2.1.1 a	# and % of new MLT applicants registered in accordance with registration regulations (O. Reg.207/94).	100% of new MLT applicants registered in accordance with registration regulations (O. Reg.207/94).	New MLT applicants were registered in accordance with registration regulations (O. Reg.207/94).	2019 269/269 100%	2020 261/261 100%		✓
		2.1.1. b	New MLT applicants who do not meet registration requirements are referred to the Registration Committee.	2.1.1 b	# and % of new MLT applicants who did not meet registration requirements and were referred to the Registration Committee.	100% of new MLT applicants who did not meet registration requirements and were referred to the Registration Committee.	New MLT applicants who did not meet registration requirements were referred to the Registration Committee.	2019 2/2 100%	2020 2/2 100%		✓
		2.1.1 c	Relevant MLT applicants are registered with terms, conditions and limitations, as required.	2.1.1 c	# of MLTs applicants registered with terms, conditions and limitations.	100% of relevant MLT applicants are registered with terms, conditions and limitations, as required.	MLT applicants were registered with terms, conditions and limitations.	2019 3	2020 1		✓
		2.1.1.d	MLT applicants are denied registration, as required.	2.1.1 d	# of MLT applicants who were denied registration .	100% of relevant MLT applicants are denied registration, as required.	MLT applicants were denied registration.	2019 0	2020 0		✓
		2.1.1.e	MLT applicants who decided not to pursue registration.	2.1.1.e	# of MLT applicants who decided not to pursue registration.	# of MLT applicants who decided not to pursue registration.	MLT applicants decided not to pursue registration.	2019 0	2020 2		✓
		2.1.1 f	Practising MLTs, who are audited, who comply with Professional Liability Insurance bylaw requirements.	2.1.1 f	# and % of Practising MLTs, who are audited, who comply with Professional Liability Insurance bylaw requirements.	100% of Practising MLTs, who are audited, comply with Professional Liability Insurance bylaw requirements.	Practising MLTs who were audited, comply with Professional Liability Insurance requirements described by the CMLTO Consolidated Bylaws.	2019 100/100 100%	2020 100/100 100%		✓
		<u>Quality Assurance</u>									
		Practising MLTs comply with their quality assurance requirements and demonstrate continuing competence									
		2.1.2 a	MLTs understand the philosophy, rationale, and changes to the Quality Assurance Program (QAP)	2.1.2 a-i	Online Services (OLS) Professional Portfolio is ready to launch (output).	Online Services (OLS) Professional Portfolio development and pilot complete.	Online Services (OLS) Professional Portfolio development and pilot complete.	2019	2020	Pilot launched on June 30th and closed on September 9th.	

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS													
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE		TARGET	ACTUAL RESULTS			RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED	
								—	Updates to the online Professional Portfolio, based on feedback from the pilot, will be completed by the end of this year to enable launch on January 1, 2021. QAC approved updated policies reflecting migration of the Professional Portfolio to OLS at its October meeting.			✓	
				2.1.2 a-ii	Jurisprudence module, Practice Improvement Self-Assessment Module (PRISM) is complete and embedded into OLS Professional Portfolio (output).	Jurisprudence module (PRISM) development and pilot complete.	Jurisprudence module (PRISM) development and pilot complete.	—	Jurisprudence module (PRISM) development complete. Pilot complete. PRISM, embedded into the OLS Professional Portfolio is ready to launch on January 1, 2021.			✓	
				2.1.2 a-iii	All Practice Review questions are validated (output).	Practice Review question validation and pilot complete.	Practice Review question validation and pilot complete.	—	Seventy-three (73) volunteers participated in the pilot, resulting in the validation of the questions, and finalization of their cut-scores. QAC approved updated policies reflecting the process for developing question, and PR audit, cut-scores at its October meeting.			✓	
				2.1.2 a-iv	A pilot of the new QA program demonstrates MLT's understanding of the new QA requirements and obligations.	75% of pilot MLTs understand new Quality Assurance requirements based on information provided to them.	132 MLTs completed the pilots. 106 completed the feedback survey. 103 (97.2%) reported that they understood the new QA requirements. 532 MLTs attended webinars regarding the new QA requirements. 345 completed the feedback survey. 331 (95.9%) reported that they understood the new QA requirements.	—	434/451 (96.2%) MLTs who participated in the pilots, or attended a webinar, reported that they understood the new QA requirements.			✓	
	2.1.2 b	Professional Portfolio Practising MLTs, who are audited, that successfully complete the Professional Portfolio.		2.1.2 b-i	# and % of Practising MLTs, who are audited and who successfully complete the annual development plan component of their Professional Portfolio.	• 100% of Practising MLTs successfully complete annual development plan component of their Professional Portfolio • # of audited Practising members receiving follow-up coaching • Summary of issues requiring coaching or further action		2019	2020		This year only one audit cycle was launched due to COVID-19. As of November 12, the audit cycle had not yet been completed.	✓	
	Members eligible to complete the professional portfolio audit successfully completed their development plan after coaching						181/181 100%	94/96* 97.9% *audit is ongoing, 2 submissions outstanding					
	Coaching sessions in 2019 via email and call (3 Spring, 1 Fall)						4/181 2.2%	7/96 7.3%					
	Submitted acceptable learning goals on initial submission						174/175 97.7%	90/96 93.8%					
	Summary of issues requiring coaching: o Did not record sufficient number of professional development hours o Repeated or lack of key learnings to describe how the activity advanced their MLT knowledge, skill, and/or judgment.						o Did not record sufficient number of learning goals (2) o Missing key learnings from activities which describe how the activity advanced their MLT knowledge, skill, and/or judgment.						
					2.1.2 b-ii	• # and % of MLTs, who are audited, who successfully document appropriate learning goals. • Professional Portfolio group results are posted on the web and in the Annual Report.	• 100% of MLTs successfully document learning goals. • Results posted publicly on web and in Annual Report. (yes/no)		2019	2020		The two (2) MLTs who did not successfully complete their learning goals subsequently changed their registration status, and were therefore not required to complete the Professional Portfolio audit.	✓
	Members eligible to complete the professional portfolio audit successfully completed their learning goals after coaching.			181/181 100%	94/96 97.9%								
	Coaching sessions related to learning goals (2019: 6 Spring, 1 Fall / 2020: 4 Fall)			7/181 3.9%	4/96 4.2%								
	Submitted acceptable learning goals on initial submission			171/178 96.1%	90/96 93.8%								
	Results posted publicly			The data was included in the 2019 annual report published in 2020	Data to be included in the 2020 annual report to be published in 2021.								

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS																
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE		TARGET	ACTUAL RESULTS			RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED				
				2.1.2 b-iii	# and % of MLTs, who are audited, who demonstrated they have achieved their annual learning goals/plans (Professional Portfolio).	# and % of practising MLTs who are audited, who demonstrated they have achieved their annual learning goals/plans increasing over time (i.e. 2020 increase over 2019)		2019	2020							
							% achieved their goals	44% (55% the preceding year)	32%							
							% did not achieve their goals	7% (26% the preceding year)	7%							
							% have ongoing goals	49% (19% the preceding year)	61%							
				2.1.2 b-iv	# and % of MLTs, audited, who believe their self-directed learning plan assisted them in enhancing the quality of their practice. [Professional Portfolio]	# and % of MLTs audited, who believe their self-directed learning plan assisted them in enhancing the quality of their practice increasing over time (i.e. 2020 increase over 2019)	MLTs audited believe their self-directed learning plan assisted them in enhancing the quality of their practice for the 2019 audit (2018 Portfolio)	88% This is an increase from the preceding year (73%)	3/3 100% *based on feedback from ongoing audit		This year only one audit cycle was launched due to COVID-19. As of November 12, the audit cycle had not yet been completed.					
				Practice Review												
				2.1.2 c	Practising MLTs, who are audited, that successfully complete the Practice Review Assessment Survey.	2.1.2 c-i	# and % MLTs who demonstrate continued competence via the Practice Review Assessment Survey	100% of audited Practising MLTs successfully meet the Practice Review Audit criteria.	Audited Practising MLTs successfully met the Practice Review Audit criteria	2019	2020	One (1) MLT did not meet the Practice Review Audit criteria, and will be referred to the QAC.				
										396/396 100%	196/197 99.5%					
	2.1.2 c-ii	# and % of MLTs who do not successfully complete the Practice Review Assessment Survey and are referred to QA Committee	100% of audited Practising MLTs, who fail their Practice Review Assessment are referred to QAC.			Members who were required to complete the Practice Review Audit were required to be referred to the QAC.	2019	2020								
							0	1								
	Competence Evaluation (CE)															
	2.1.2 d	Competency Evaluation processes demonstrate competence and non-competence	2.1.2 d-i	# of Competency Evaluations conducted in year. (Quality Assurance and Professional Conduct)	100% of members who underwent a Competency Evaluation, as required.	Members were required to undergo a Competency Evaluation	2019	2020								
							0/0	0/0								
							CE Assessor Training sessions completed	Biannual training sessions for CE Assessors was completed.			Online session completed July 31, 2019. In person session held December 5, 2019.	7/7 (100%) of CE Assessors completed an online session in August 2020. The second online CE Assessor Training session is scheduled for December 4th, 2020. In person session held December 5, 2019.				
													CE documentation is available on the CMLTO website	CE documentation is available on the CMLTO website	http://www.cmlto.com/index.php?option=com_content&view=article&id=1281&Itemid=688	N/A this year.
2.1.2 d-ii							# and % of MLTs who demonstrate competency via Competency Evaluation	100% of members who underwent a Competency Evaluation, as required, demonstrated competency or were required to undergo remediation, or have alternate regulatory mechanisms applied.			Members required to undergo a Competency Evaluation	2019	2020	There were zero (0) members who were required to undergo a Competency Evaluation in 2020.		
			0% 0/0	0/0												
2.1.2 d-iii			# and % of MLTs who do not demonstrate competence via the Competency Evaluation who: a) Achieve competence through remediation (or) b) Need alternate regulatory mechanisms applied.	100% of members who underwent a Competency Evaluation, as required, who do not demonstrate competency, who achieved competence through remediation, or have alternate regulatory mechanisms applied.	Members required to undergo a Competency Evaluation who: a) Achieve competence through remediation (or) b) Need alternate regulatory mechanisms applied.	2019	2020									
						0	0									
2.1.3	Themes related to areas of risk in MLT practice are identified and members & key stakeholders are	2.1.3	Description of themes identified over past 5-years (Using individual program and across-program review)	Report of themes of risk in MLT practice completed and findings shared with:	Themes of risk in MLT practice from Registration, Quality Assurance,	2019 (over past 5 years)	2020		The 2020 Professional Portfolio was launched							

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS											
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	MEASURE		TARGET	ACTUAL RESULTS			RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED
		informed.			R/CEO Annual Report Council Members Government, as appropriate	Professional Conduct and Communications	- Understanding professional responsibilities related to Registration (i.e. keeping member information, such as email address and employer information, up to date with the CMLTO); - Understanding the importance of specialties and the differences between classes of registration; - Recognizing the application of the CMLTO Standards of Practice to professional practice (i.e. consent to treatment); - The number of MLTs that open FOCUS is below 50%; - Various practice risk factors identified by Professional Conduct processes.	- Report to be provided to the R/CEO by December 15, 2020. - Information will be shared in the 2020 Annual Report. - Information will be included in Council environmental scanning report(s) in 2021 as appropriate.		later in the year than usual, due to COVID. As such, the report will be provided to the R/CEO by December 15, 2020. This strategic objective will be completed by the end of the year.	
		Professional Obligations									
	2.1.4	MLTs understand their professional obligations.		# and % of MLTs who self-report compliance with their professional obligations at renewal.			2019	2020			
		2.1.4 a	Registration - # and % of Practising MLTs who declare that they hold professional liability insurance.	100% of Practising members declaring non-compliance are contacted and issues are resolved or referred to appropriate statutory committee.	# and % of Practising members declaring non-compliance are contacted and issues are resolved or referred to appropriate statutory committee.	6356/6356 Practising members reported compliance 100%	6258/6258 Practising members reported compliance 100%				
		2.1.4 b	Quality Assurance - Practising MLTs understand their QA obligations upon renewal.	100% of Practising members declaring non-compliance are coached to achieve compliance or referred to QAC. Outcomes of QAC review by category.	# and % of Practising members who self-declare non-compliance with QA requirements, who are contacted and coached to develop resolution to compliance. [QAC]	20 Practising MLTs answered "No" to one or more of the self-reported Quality Assurance (QA) declaration. 10 members accidentally self-reported noncompliance (included in above) 5 members misunderstood their quality assurance obligations, but were still compliant. 5 members were non-compliant with their quality assurance obligations. 2 members were required to submit a Learning Plan 1 member changed their status from Practising to Non-Practising 0 members referred to the QAC for review	27 Practising MLTs answered "No" to one or more of the self-reported Quality Assurance (QA) declaration. 21 members accidentally self-reported noncompliance (included in above) N/A 6 members were non-compliant with their quality assurance obligations. 6 members were required to submit a Learning Plan (included in above) N/A 3 members referred to the QAC for review	27/27 (100%) of members who self-declared non-compliance successfully met their Quality Assurance Obligations. 6/6 (100%) who were required to submit a learning plan, successfully completed the requirement. 3/3 (100%) who were referred to the QAC successfully completed the requirement imposed by the QAC.			
		2.1.4 c	Professional Conduct - # and % of MLTs who answer Professional Conduct questions accurately during annual Registration renewal.	100% of MLTs answered Professional Conduct questions accurately during annual Registration renewal.	# and % of MLTs who accurately answered Professional Conduct questions during annual Registration renewal.	100%	100%				
					I have been found guilty of a criminal offence or an offence relevant to the practice of medical laboratory technology.	100%	100%				
					I have been charged with an offence under the Criminal Code (Canada) or the Controlled Drug and Substances Act (Canada).	100%	100%				
					I am the subject of a proceeding for professional misconduct, incompetence, incapacity or similar conduct, by a professional regulatory body inside or outside Ontario.	100%	100%				
					A finding of professional misconduct, incompetence, incapacity or a similar finding, has been made against me by a professional regulatory body inside or outside Ontario.	100%	100%				

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS											
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE	TARGET	ACTUAL RESULTS			RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED
						I have been found by a civil court to have engaged in professional negligence or malpractice.	100%	100%			
	2.1.5	MLTs who renewed their registration	2.1.5	# and % of MLTs who renewed their registration	# and % of MLTs who renewed their registration.	Members renewing	2019	2020			
						Eligible	7150	7094			
						Renewed	6816	6732			
						Resigned	227	251			
						Deceased	4	3			
						Suspended	103	115			
	2.1.6	MLTs maintain up to date information with the CMLTO as defined by the Health Professions Procedural Code (Schedule 2 of the <i>Regulated Health Professions Act, 1991</i>) and the CMLTO Consolidated Bylaws.	2.1.6	% increase in accurate demographic information as a result of a CMLTO intervention.	% increase in accurate demographic information as a result of a CMLTO intervention.	The focus of the CMLTO intervention will change annually (e.g. 2019 - employer information, 2020 - member email addresses)	2019	2020			
						2249 members updated their employer information during the renewal cycle: - 1691 updated their existing information - 629 added employer information where none was included before renewal - 39 removed pre-existing primary employer information The remaining 643 Practising members that did not have employer information on file with the CMLTO were contacted by mail and email. 139 Practising members did not provide CMLTO with employment information where they should have. Therefore, CMLTO increased the accurate demographic information related to employment by 95.2% in 2019.		12 members contacted directly to update their email address. Article placed in FOCUS. Requirement to update email address incorporated in annual registration renewal.			
	2.1.7	MLTs are knowledgeable about the MLT scope of practice, demonstrate they are practising to their competency level, and demonstrate they have the decision-making capacity to undertake advanced practice responsibilities.	2.1.7	Scope of Practice Survey is completed (Yes/No)	Next survey to be launched in 2022.	A Scope of Practice survey was completed, and a data and trend analysis between the 2015, 2017 & 2019 surveys was provided to the R/CEO.	2019	2020			N/A
								N/A - Next survey to be launched in 2022.			
	2.1.8	MLTs report that they share their professional knowledge with other MLTs, health practitioners, and the public.	2.1.8	Inter-professional Collaboration (IPC) Survey is completed (Yes/No)	Next survey to be launched in 2022.	An IPC survey was completed, and a data and trend analysis between the 2015, 2017 & 2019 surveys was provided to the R/CEO.	2019	2020			N/A
								N/A - Next survey to be launched in 2021.			
	2.1.9	The influence of current MLT practice, in the practice environment on advancing current CMLTO Standards of Practice is understood.	2.1.9	2020 Skill Mix Survey is completed (Yes/No)	Report of Skill Mix survey delivered by October 2020.	A Skill Mix survey was completed, and a data and trend analysis between the 2016, 2018 & 2020 surveys was provided to the R/CEO.	2019	2020			
							—				
Professional Conduct											
	2.1.10	Professional Conduct inquiries, complaints, and reports regarding MLT practice are disposed of in an objective, effective, and timely manner.	2.1.10 a	# of cases	# of cases	# of cases	2019	2020			
				- Complaints	- Complaints	- Complaints	3	3			
				- Third Party Reports	- Third Party Reports	- Third Party Reports	10	14			
				- Investigations	- Investigations	- Investigations	8	2			
				- Inquires	- Inquires	- Inquires	2	0			
				- Discipline	- Discipline	- Discipline	0	1			
				- Fitness to Practice	- Fitness to Practice	- Fitness to Practice	0	0			
			2.1.10 b	Outcome of cases	Outcome of cases	Outcome of cases					
				- Registrar's review	- Registrar's review	- Registrar's review	Concluded with reminders - 6 Request ICRC appoint an investigator - 4 Refer to an Inquiry panel - 2	Concluded with no further action - 9, Concluded with reminders - 2, Conclude with A & U - 1 Request ICRC appoint an investigator - 2, Refer to an Inquiry panel - 1			

HIGH LEVEL ENDS POLICY 2 – ACCOUNTABLE PROFESSIONALS															
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE	TARGET	ACTUAL RESULTS			RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED				
					- ICRC – complaints and investigations	ICRC – complaints and investigations	- ICRC – complaints and investigations	Conclude with no further action - 5 Conclude with reminders - 1 Caution - 1 SCERP - 1 A&U - 1 REA - 1 Referred to Discipline - 1	Conclude with no further action - 1 Conclude with REA - 1, Decline to investigate - 1						
					- Discipline	Discipline	- Discipline	No cases	Discipline - 1 finding of professional misconduct						
					- Fitness to Practise	Fitness to Practise	- Fitness to Practise	No cases	No cases						
				2.1.10 c	<u>Statutory compliance of cases</u>	100% compliance with statutory notification requirements for cases.	<u>Statutory compliance of cases</u>								
					- Complaints – notice to member within 14 days	Complaints – notice to member within 14 days	- Complaints – notice to member within 14 days	100%	100%						
					- Investigations – notice to member within 14 days	Investigations – notice to member within 14 days	- Investigations – notice to member within 14 days	100%	100%						
					- Inquiries – notice to member of referral to Inquiry panel	Inquiries – notice to member of referral to Inquiry panel	- Inquiries – notice to member of referral to Inquiry panel	100%	100%						
				<u>CMLTO Practice Guidelines</u>											
				2.1.11	CMLTO's menu of professional practice resources address contemporary professional practice issues, congruent with the CMLTO's mandate	2.1.11 a	A comparison of CMLTO professional practice resource topics to those of other Colleges is completed, and options are identified to address any gaps.	Report produced identifying options for the development of two (2) new professional practice resources.	Report delivered and accepted by the R/CEO.	2019	2020		Two (2) new professional practice resources to be developed in 2021.		
										—	Report to R/CEO delivered				
				CMLTO Practice Guidelines are current, relevant, and evidence-based.	2.1.11 b	# & % of practice guidelines for review that are updated / refreshed / rescinded.	100% of practice guidelines for review that are updated / refreshed / rescinded.		The Delegation Guidelines for MLTs is currently under revision, and will be completed in 2020.	2019	2020				
											Review complete no revisions necessary. Revision being made to web landing page to add clarity.				
											Review complete, input on revisions being sought.				
											Review complete, no revisions necessary. Revisions being made to web landing page to add clarity.				
											Motion to rescind the guideline was approved by the QAC at the Aug. 14th meeting.				

Monitoring Report Analysis:	It has been a challenging year due to the COVID-19 pandemic. All goals have been achieved with the exception of the fall QA audits, which are in progress and will be accomplished by year-end. This has also delayed analyzing the practice themes and issues, but this goal will be achieved by year-end.										
Overall Conclusions:	In light of the COVID-19 pandemic this year and its impact on College operations, excellent progress has been made in achieving all HLP2 goals. In addition to achieving these goals, staff worked with educators and new grads to establish a mechanism to accept official documentation to speed up applications for registration. There has also been a significant increase in communication with applicants, employers and educators on registration matters. Staff have demonstrated exceptional effort to inform members about the changes to the Quality Assurance Program in January 2021 via webinars, etc. when face-to-face presentations were cancelled due to provincial COVID-19 protocols and restrictions. There has also been an exceptional effort by staff and our IT consultant/developer to complete the web-based QA Professional Portfolio in 2020.										
Respectfully submitted by:	Kathy Wilkie, Registrar & CEO										
Date:	November 20, 2020										

LEGEND: LEVEL OF ACHIEVEMENT

Ends Fully Achieved	
Ends Partially Achieved	
Ends Not Achieved	

CMLTO REGISTRAR & CEO 2020 ENDS INTERPRETATION

CONSOLIDATED OPERATIONAL PERFORMANCE PLAN

V1: Dec 17, 2019 V2: Dec 30, 2019 V3: Jan 15, 2020 V4: Jan. 28, 2020 V5: Jan. 29, 2020

HIGH LEVEL ENDS POLICY

The public is confident that CMLTO members provide safe, high-quality medical laboratory professional practice.

Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

ENDS POLICY 3 – Effective Regulation with the Health System

3.1 Collaborative working relationships and partnerships advance effective regulation and influence healthcare policy decisions.

REGISTRAR & CEO INTERPRETATION:

I interpret this End as CMLTO's positive influence on health profession regulation and policy decisions. This involves building, maintaining and facilitating relationships between:

- CMLTO and the public, government, employers, and professional organizations.
- CMLTO and its members.
- CMLTO and other health regulatory Colleges.
- Medical laboratory professionals and other health professionals.

Further, based on its corporate knowledge, information, expertise and values, CMLTO has the capacity to influence and shape the healthcare delivery system in the interest of public wellbeing.

I interpret this policy will have been achieved in 2020 when:

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM											
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS	MEASURE	TARGET		ACTUAL RESULTS			RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED
The health regulatory sector is enhanced through collaboration and partnership with stakeholders.	3.1.1	Overall									
	3.1.1 a	Requests for consultations on key regulatory topics are met.	3.1.1 a	Relevant requests are responded to within consultation timelines	100% of relevant requests are responded to within consultation timelines.	Submissions to a variety of organizations that demonstrate CMLTO's effective collaboration and impact. (Appendix 2)	2019	2020			✓
							15/15 100%	12/12 100%			
	3.1.2	MOH									
	3.1.2 a	CMLTO contributes to the development of the Ministry's College Performance Measurement Framework.	3.1.2 a	Registrar & CEO participation in and contribution to working group meetings.	Registrar & CEO participation in and contribution to working group meetings.	Registrar & CEO and senior staff are recognized as having contributed to the MOH CPMF, which launched in November 2020.	2019	2020			✓
							See HLP3 monitoring report from November 2019	Registrar & CEO and senior staff were recognized as having contributed to the MOH CPMF, through working group and sub-working group meeting, which launched in November 2020.			
	3.1.2 b	MOH initiatives / directives are responded to in a timely manner.	3.1.2 b	# and type of Ministry initiatives/directives responded to on time.	MOH initiatives / directives are addressed within required timelines.		2019	2020			✓
							See HLP3 monitoring report from November 2019	The following MOH initiatives / directives were addressed in 2020, within the required timelines: - Removal of the MOH POCT Position Statement from the CMLTO website, as the MOH rescinded the document; - Participation in five (5) meetings with MOH staff, as requested, to address HHR needs during COVID; - Submission of the CPMF monitoring report for sections 5, 6 & 7.			
	3.1.2 c	MLT Health Care Human Resources planning and policy development are influenced.	3.1.2. c	CMLTO HHR Report exists by Apr 30, 2020, then shared publicly.	CMLTO HHR Report approved by April 30, 2020 by R/CEO, then shared publicly.	CMLTO HHR Report released publicly.	2019	2020			✓
							- CMLTO released its tenth annual Medical Laboratory Technologist Health Human Resource Exploration report in May, 2019. - Four (4) infographics reflecting on ten (10) years of HHR data were released on August 29, 2019.	CMLTO publicly released its eleventh annual Medical Laboratory Technologist Health Human Resource Report in May 2020.			
3.1.3	CAMLPR										
3.1.3 a	Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR) governance and administration are advanced.	3.1.3 a	Quarterly Incidental Reports by Registrar & CEO.	Quarterly Incidental Reports by Registrar & CEO.		2019	2020			✓	
						Refer to May & November 2019 R/CEO Incidental Reports	Refer to quarterly R/CEO Incidental Briefing Reports (Feb, May, Sept, Nov)				
3.1.3 b	CMLTO contributes to national regulatory policies and practices	3.1.3 b	CMLTO provides leadership to PLA Guidebook refresh TBD as project plan is developed by CSMLS KW to confirm	Qualitative report on CMLTO contributions to national regulatory policies and practices.		2019	2020			✓	
						R/CEO responded to CSMLS RE: revised language for PLA Guidebook (Dec)	Exam and PLA agreements with CSMLS				
3.1.4	Employers										
3.1.4	Employers receive information on regulatory practices, the MLTMLAT practice environment, and CMLTO initiatives.	3.1.4 a	Employers attending CMLTO webinar(s) rank them as useful & informative 2020 employer webinars topics: - Employer responsibilities under the RHPA - Medical laboratory assistants & technicians: Oversight and updated Standards of Practice & Code of Ethics	85% of employers attending CMLTO webinar(s) rank them as useful & informative.	One employer webinar held in October regarding the regulation of medical laboratory assistants / technicians.	2018	2019	2020			✓
						—	100% of employers ranked the webinar as useful and informative.	90% of employers ranked the webinar as useful and informative.			

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM													
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE		TARGET	ACTUAL RESULTS				RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED
				3.1.4 b	# of employers attending CMLTO webinar on the topic of medical laboratory assistant and technician	# of employers attending CMLTO webinar on the topic of medical laboratory assistants and technicians.	16 employers registered for the webinar in October, 12 attended.	2018	2019	2020			
				35	16	12							
				3.1.4 c	# of employers on CMLTO newsletter distribution list remains stable or increases over 2019.	# of employers on CMLTO newsletter distribution list remains stable or increases year over year: 2020 target is 200.	2018	2019	2020				
				193 (lost 5 subscribers)	191 as of Aug 23, 2019 (gained 3 new subscribers) With a net variance of 2 subscribers, the overall number is remaining stable thus far in the year.	183 as of Nov 23, 2020 (gained 1 new subscriber) With a net variance of 8 subscribers, the overall number is relatively stable YTD, with one more issue to be in sent in Dec.							
3.1.5	Professional Associations												
3.1.5	CMLTO has monitored and addressed Professional Association programs and activities related to certification programs, registries, etc.	3.1.5 a	Professional Association programs and/or initiatives that intersect or potentially impact CMLTO's regulatory mandate are addressed. • MLPAO Report "MLT Human Resources Crisis" • CSMLS June CBT Examination	100% of Professional Association programs and/or initiatives that intersect or potentially impact CMLTO's regulatory mandate are addressed.	Potential issues with / stemming from Professional Associations are identified and addressed.	2019	2020						
						MLPAO Two (2) letters sent to MLPAO to address issues during the reporting period (Refer to Appendix 3) - Addressing the sharing of inaccurate regulatory requirements with MLPAO members - Response to "MLT Human Resources Crisis" Report to correct inaccuracies in report CSMLS • CAMLPR feedback / approval of CSMLS approach to issues with the June computer-based testing (CBT) Examination (Refer to Appendix 4) QMLH - Response to request for review of QMLH laboratory accreditation requirements (Refer to Appendix 5)	MLPAO One (1) issue to address with MLPAO related to inaccurate information about MLTs and the RHPA disseminated in their e-newsletter. CSMLS One (1) issue to address with CSMLS in March related to remote proctoring of exams. One (1) issue to address with CSMLS in September related to Ontario press release regarding laboratory professionals.						

3.2 Comprehensive oversight for medical laboratory assistants and technicians exists for the protection and safety of the public.

REGISTRAR & CEO INTERPRETATION:

I interpret 'comprehensive oversight' to mean the regulatory mechanism(s) that can assure the public that:

- only qualified medical laboratory assistants and technicians are authorized to practice;
- medical laboratory assistants and technicians are required to maintain their competence; and
- medical laboratory assistants and technicians are accountable for their conduct.

I interpret 'medical laboratory assistants and technicians' to mean individuals working in licensed laboratories as 'technicians' in Ontario, as defined by Ontario Regulation 682 under the *Laboratory and Specimen Collection Centre Licensing Act, 1991* , and/or those included as Affiliates on the CMLTO Voluntary Roster.

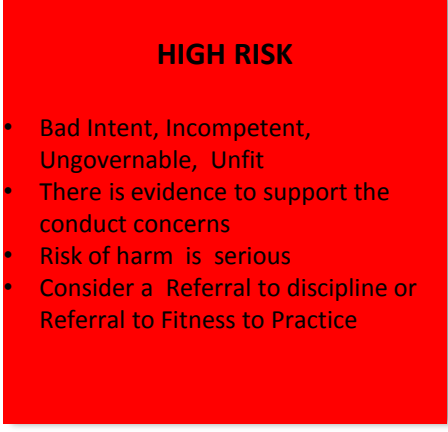
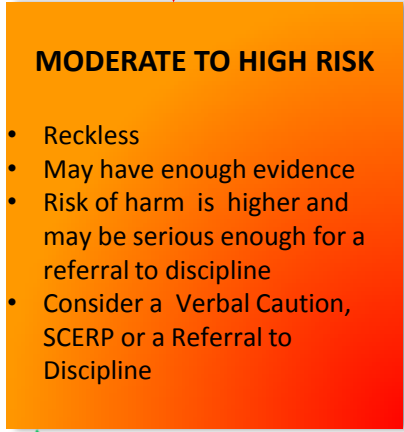
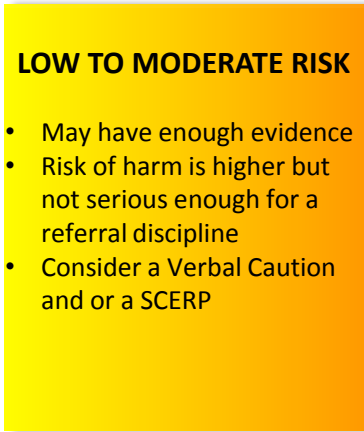
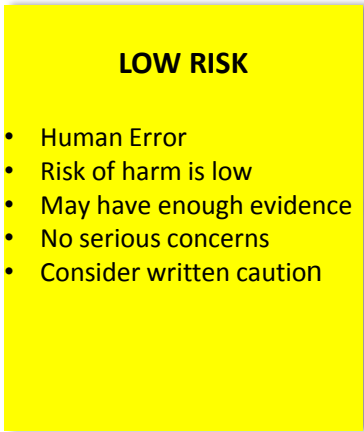
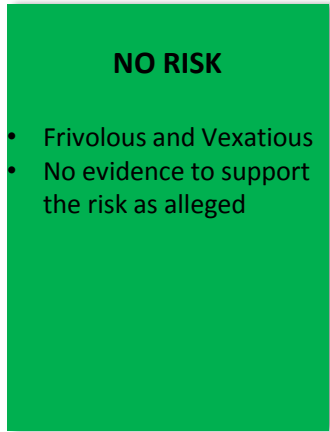
I interpret this policy will have been achieved in 2020 when:

CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE		TARGET	ACTUAL RESULTS			RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED
Information about Affiliates on the Voluntary Roster is accurate.	3.2.1	3.2.1 a	All qualified applicants are rostered in accordance with CMLTO Voluntary Roster criteria.	3.2.1 a	# and % new medical laboratory assistants and technicians applicants rostered in accordance with CMLTO Voluntary Roster criteria [MLAT Rostering]	100% of qualified applicants are rostered in accordance with CMLTO Voluntary Roster criteria.	New applicants have been rostered to date in accordance with CMLTO Voluntary Roster criteria	2019	2020		Three (3) discrepancies were found by internal audit between internal data and the Voluntary Roster. One (1) was a typo in the Affiliate's name, and two (2) were errors in employer information. All errors were remedied.	
								9/9 100%	3/3 100%			
	3.2.1 b	3.2.1 b	Affiliates recorded on the Voluntary Roster are accurate (by internal audit).	3.2.1 b	# and % of Affiliate records on the Voluntary Roster that are accurate (by internal audit)	100% of Affiliates recorded on the Voluntary Roster are accurate, by internal audit.	Records on the CMLTO Voluntary Roster are accurate by internal audit	2019	2020			
								62/62 100%	54/57 95%			
Voluntary Roster processes are transparent and accessible.	3.2.2	3.2.2	Voluntary Roster criteria mirror that of MLT registration requirements.	3.2.2	Voluntary Roster criteria are updated to address internationally educated medical laboratory assistants and technicians. (Y/N)	Voluntary Roster criteria are updated to address internationally educated medical laboratory assistants and technicians.	Voluntary Roster criteria address internationally educated medical laboratory assistants and technicians.	2019	2020		Proposed updates to the CMLTO Voluntary Roster criteria submitted to Council for approval in November, with stakeholder feedback.	
								—				
Stakeholders understand the importance of the need to have comprehensive oversight of medical laboratory assistants and technicians.	3.2.3	3.2.3	Employers received focused information which emphasizes the connection between medical laboratory assistants and technicians being on CMLTO Voluntary Roster and public safety.	3.2.3 a	# employers who receive communication regarding value in hiring medical laboratory assistants and technicians on the Voluntary Roster	Strategy to communicate the value in hiring medical laboratory assistants and technicians on the Voluntary Roster exists and is deployed.		2019	2020	There were two issues of the Employer newsletter YTD, with a final issue in Dec. Employers received four COVID-19 eblasts YTD. Three of the eblasts were sent to all stakeholders (including employers) one re MLT health human resources was sent to employers only. See 1.2.4 for more data about the Employer newsletter.	This initiative was delayed due to COVID-19 in 2020.	
							A webinar for employers was held in October 2020.	—				
	3.2.4	3.2.4	Employers include medical laboratory assistants and technicians on the Voluntary Roster as a required condition of employment.	3.2.4 a	# of employers who state they include medical laboratory assistants and technicians being on the Voluntary Roster as a required condition of	# of employers who state they include medical laboratory assistants and technicians being on the Voluntary Roster as a required condition of	Employers who state they include	2018	2019		Six (6) employers have previously included medical laboratory	
								2019	2020			

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM													
CONCEPTUAL OUTCOMES	#	2020 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES / OUTPUTS		MEASURE	TARGET	ACTUAL RESULTS				RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	END ACHIEVED	
				preferred qualification or employment.	CMLTO roster as a preferred qualification or employment	the CMLTO roster as a preferred qualification or employment increasing year over year (2020 over 2019)	medical laboratory assistants and technicians being on the CMLTO roster as a preferred qualification of employment	5	6	9		assistants and technicians being on the CMLTO roster as a preferred qualification of employment. Three (3) new employers expressed an interest in having medical laboratory assistants and technicians being on the CMLTO roster as a preferred qualification of employment as a result of the 2020 webinar. Discussions with these three employers are ongoing.	
	3.2.5	3.2.5 a	The options for regulation / oversight for medical laboratory technicians and assistants in a changing regulatory environment are understood and pursued by CMLTO.	3.2.5 a-i	Current strategy exists for pursuit of regulation / oversight options for medical laboratory technicians and assistants (yes/no).	Current strategy exists for pursuit of regulation / oversight options for medical laboratory technicians and assistants by Apr 30, 2020.	Description of milestones to be achieved in 2020.	2019 Comprehensive strategy was approved in June 2019. Included planned engagement with the government, MOH, laboratories and employers.		2020 Strategy was developed as the COVID-19 pandemic evolved and CMLTO was engaged to discuss health human resources in the laboratory.		Initial strategy development was impacted by the onset of the COVID-19 pandemic. The strategy was developed in an interactive manner in response to the evolving situation with COVID and discussions related to health human resources in the laboratory.	
				3.2.5 a-ii	Ministry is informed regarding innovative approaches to health profession oversight and regulation/oversight of medical laboratory technicians and assistants.	Ministry is informed regarding innovative approaches to health profession oversight and supports regulation/oversight of medical laboratory technicians and assistants.	To date the following stakeholders have been engaged:	2019 Premier's office Minister of Health Director, Laboratories, MOH		2020 Deputy Minister of Health CEO, Ontario Health Director, Capacity and Health Workforce Planning Director, Health Workforce Regulatory Oversight Branch Ontario Fairness Commissioner			
	3.2.5 b	Evidence exists to support the case for MLAT regulation.	3.2.5 b-1	# and % of non-MLT reports and complaints submitted to CMLTO	# and % of non-MLT reports and complaints submitted to CMLTO are summarized.	The number of non-MLT reports and complaints has risen steadily since 2017 and is on track to rise again this year Notably, in the first two quarters of 2019, a larger percentage of reports and complaints received related to both the conduct of assistants & technicians and laboratories.	2017 • 19 total • 21% re MLATs • 47% re labs		2018 • 31 total • 22% re MLATs • 45% re labs	2019 • 27 total • 33% re MLATs • 55% re labs • 11% re other	2020 • 19 total • 32% re MLATs • 47% re labs • 21% re Other		
			3.2.5 b-2	The themes from non-MLT expressed concerns are analyzed	The themes from non-MLT expressed concerns are analyzed.		2019 Concerns raised regarding the conduct of assistants and technicians relate primarily to phlebotomy, communications and infection control. Concerns raised regarding laboratories relate primarily to cleanliness and timeliness of reporting. These themes are consistent with prior years and not surprising considering assistants and technicians are the primary interface with the public.		2020 Painful or unsuccessful blood draw, communication and infection control continue to be the main themes related to MLATs, while cleanliness and customer service are the main themes related to laboratories.				
			3.2.5 b-3	Ministry's Laboratory & Genetics Branch is aware of the Non-MLT Laboratory concerns received by CMLTO.	Report of the Non-MLT Laboratory concerns received by CMLTO submitted to MOH Laboratory and Genetics Branch x2 per year (March & Oct)	Bi-annual reports regarding non-MLT complaints that relate to laboratories will be conveyed in written reports to the Laboratory & Genetics Branch.	2019 —		2020 Aggregate data will be included in the 2020 CMLTO Annual Report. Non-MLT complaints were referred to MOH Laboratory and Genetics Branch on an ongoing basis throughout 2020.				
MLAT professional obligations are understood by stakeholders.	3.2.6	3.2.6	The Standards of Practice and Code of Ethics for Voluntary Roster Affiliates reflect current expectations.	3.2.6 a	Updated Standards of Practice and Code of Ethics for Voluntary Roster Affiliates exist (YN)	Updated Standards of Practice and Code of Ethics for Voluntary Roster Affiliates exist by August 31, 2020.	2019 —		2020 The updated Standards of Practice and Code of Ethics for Voluntary Roster Affiliates exists, and will be presented to Council in February 2021. Deferred due to number of agenda items for November Council meeting.			RICEO decision to defer this item to 2021 due to modified Council meeting schedule due to pandemic and volume of agenda items for November meeting. 	
	3.2.7	3.2.7	Quality Assurance and Professional Conduct processes for the CMLTO Voluntary Roster mirror those of MLTs.	3.2.7 a	Professional Portfolio is made available to all Voluntary Roster Affiliates in Q1.	Professional Portfolio is made available to all Voluntary Roster Affiliates by February 29, 2020.	2019 Professional Portfolio developed for Voluntary Roster Affiliates.		2020 2020 Professional Portfolio was made available to all Voluntary Roster Affiliates on February 6, 2020.				

Monitoring Report Analysis:	All HLP3 goals were achieved with the exception of 3.2.5 and 3.2.6 which are in progress but delayed or deferred due to the impact of the COVID-19 pandemic on College operations.
Overall Conclusions:	The COVID-19 pandemic has challenged staff mentally, emotionally and physically. The impact on College operations has placed an extraordinary workload on College staff. Yet the team has risen to the challenge, supported one another and made excellent progress in achieving all HLP3 goals. There has been significant progress in CAMLPR initiatives and the CAMLPR-CSMLS Forum, which have been heavily supported by CMLTO staff. In addition to the planned goals for 2020, staff responded to new (unplanned) demands such as the Ministry's request to respond to the CPMP Domain 3 System Partner accountability tool and numerous requests to meet with the Ministry's HHR Planning Branch have added to the workload. I am extremely proud of the work that the CMLTO staff team has accomplished this year under these unprecedented and challenging circumstances.
Respectfully submitted by:	Kathy Wilkie, Registrar & CEO
Date:	November 20, 2020

LEGEND: LEVEL OF ACHIEVEMENT	
Ends Fully Achieved	✓
Ends Partially Achieved	✓
Ends Not Achieved	✗



Incompetence:
A current lack of knowledge, skill or judgment that is so serious that the member's ability to practise should be restricted. While it can be demonstrated by one fundamental error, typically it is demonstrated through a series of poor decisions.

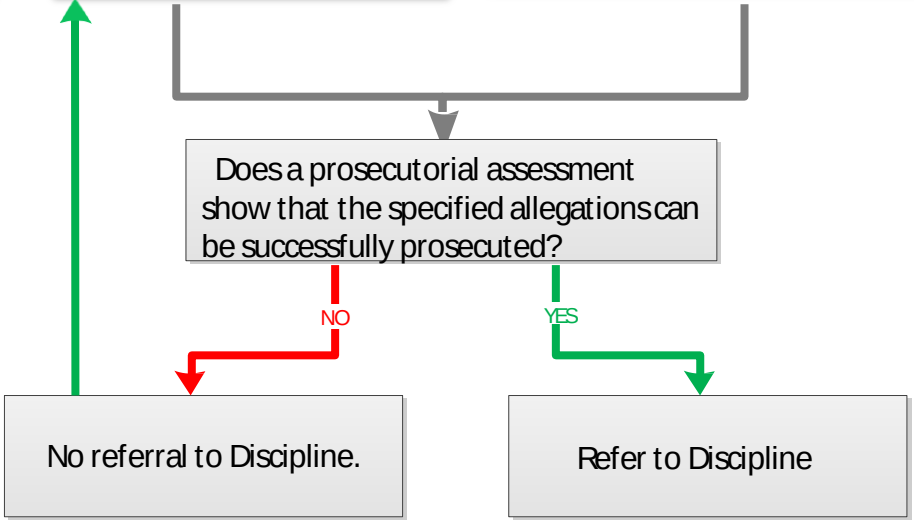
Ungovernability:
An unwillingness to accept the regulatory authority of the College to the point that the member is unlikely to fulfill his or her professional obligations or to the point where the member is likely to harm the reputation and standing of the profession.

Mitigating factors can include:

- Systemic issues outside the control of the member
- Proactive remediation undertaken by the member
- Compelling personal circumstances

Aggravating factors can include:

- Related prior history
- Failure to co-operate with the College over the course of the investigation
- Criminal charges/findings
- Red flag drug/patient
- Seriousness of conduct





CONFIDENTIAL
Executive Limitations
Annual Monitoring Report to Council

Date : September 7, 2020

From : Kathy Wilkie, Registrar & CEO

Subject : Proposed Increase to CMLTO Reserve Funds (Contingency and Fee Stabilization) Relevant Policy: Financial Planning & Budget Cycle Policy – EL #II-10

For the Period : September 7, 2020

Report Purpose:

- | | |
|---|--|
| ☐ Council Policy Development/Enhancement | ☒ Monitoring Report |
| ☐ Regular Policy Review | ☐ Ends |
| ☐ Policy Approval | ☒ Executive Limitations |
| ☐ Ends Policy | ☐ Council Committee |
| ☐ Executive Limitations Policy | ☐ Ownership Linkage Report |
| ☐ Council-Staff Relationship Policy | ☐ Incidental Report |
| ☐ Governance Process | ☐ Registrar & CEO |
| ☐ Council Implementation of Policy | ☐ Council President |
| ☐ Council-Staff Relationship Policy | ☐ Other: |
| ☐ Governance Process | |

Motion:

be it resolved that Council moves to approve that the Contingency Reserve be increased by \$100,000 to \$1,300,000 and the Fee Stabilization Reserve be increased by \$120,000 to \$360,000 in 2020.

The Council's Executive Limitations Financial Planning and Budget Cycle Policy (EL #II-10) states that the Registrar & CEO shall not operate without financial planning and budgeting that allocates resources in a way that:

1. Aligns directly with Council's stated Ends Policy priorities,
2. Carefully addresses financial risk and the long term health of CMLTO,
3. Demonstrates fiscal prudence, and
4. Is derived from a multi-year plan (at least three years).

Further, the Registrar & CEO shall not operate without financial plans and that:

5. Include Key Budget Planning Assumptions.
6. Include a Budgeted Statement of Operations and a resulting Statement of Financial Position (Financial Condition).



7. Outline evidence-based projections of revenues and expenses based on past performance and supportable, conservative* future projections.
8. Provide a range of scenarios considering best case and worse case.
9. Assign the funds necessary for the College to fulfill its regulatory responsibilities and critical Ends including taking into consideration the need to sustain and build organizational capacity sufficient to achieve Ends in future years.

(Note: the above is an excerpt from the full policy.)

At the Executive Committee meeting on April 23, 2020, the College's auditor (L. Bell) reviewed the 2019 financial audit findings with the committee. She also noted that it is good practice for the Executive Committee and Council to review the College's reserve funds on an annual basis. It is especially important this year due to the uncertainty related to the potential impact of the global pandemic. L. Bell and K. Wilkie spoke to the reserve fund scenario calculations for 2020 for the Contingency Reserve and Fee Stabilization Reserve. The Registrar & CEO was seeking feedback from the Executive Committee on proposed increases to the two reserve funds and had prepared the two scenarios for the committee's consideration. L. Bell and K. Wilkie were not recommending changes to the other reserve funds as they are currently at a sufficient level. The Registrar & CEO noted that the College's Operational Reserve is approximately \$1M and there was a \$225,000 (approx.) surplus at 2019 year-end.

The following scenarios for the proposed increases to the reserve funds for 2020 were discussed by the Executive Committee:

Scenario 1 (Appendix 1):

- Contingency reserve to be increased by \$100,000
- Fee stabilization fund to be increased by 2.5 % (\$60,000)

Scenario 2 (Appendix 2):

- Contingency reserve to be increased by \$100,000
- Fee stabilization fund to be increased by 5% (\$120,000)

Given the College's sound financial position, including the current Operating Reserve and 2019 year-end surplus of approximately \$225,000, the Executive Committee members spoke in favour of proceeding with **Scenario 2**.

Therefore, it is recommended that the Council approves the following:

1. \$100,000 increase to the Contingency Reserve for a total reserve of \$1,300,000, and
2. \$120,000 increase to the Fee Stabilization Reserve for a total reserve of \$360,000.

If Council members have any questions prior to the Council meeting, please don't hesitate to contact me at kwilkie@cmlto.com.



Respectfully submitted,



September 7, 2020

Kathy Wilkie, Registrar & CEO

Date

APPENDICES:

1. Reserve Fund Scenario #1
2. Reserve Fund Scenario #2

CONFIDENTIAL

**Executive Limitations
Annual Monitoring Report to Council**

Date : November 13, 2019
From : Kathy Wilkie, Registrar & CEO
Subject : Human Resources Parameters Policy EL II-25 Monitoring Report
For the Period : December 1, 2019 - November 20, 2020

Report Purpose:

- | | |
|---|--|
| ☐ Council Policy Development/Enhancement | ☒ Monitoring Report |
| ☐ Regular Policy Review | ☐ Ends |
| ☐ Policy Approval | ☒ Executive Limitations |
| ☐ Ends Policy | ☐ Statutory Committee |
| ☐ Executive Limitations Policy | ☐ Ownership Linkage Report |
| ☐ Council-Staff Relationship Policy | ☐ Incidental Report |
| ☐ Governance Process | ☐ Registrar & CEO |
| ☐ Council Implementation of Policy | ☐ Council President |
| ☐ Council-Staff Relationship Policy | ☐ Other: |

LEGEND: Level of Achievement



**Goal Fully
Achieved**



**Goal Partially
Achieved**



**Goal Not
Achieved**

SECTION A - EMPLOYEE RELATIONS

With respect to the treatment of and relationship with employees, the Registrar & CEO shall not cause or allow conditions which are unfair, disrespectful, unsafe, unclear, or that fail to allow for due process.

#	Policy Criteria <i>Accordingly, the Registrar & CEO shall not:</i>	Registrar & CEO Interpretation		Evidence	Conclusion
	Employee Relations	Compliance will be achieved when:		<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
1		Conceptual Definition/Result	Operational Definition/Result		
	(1) Operate without written human resources policies and procedures that are consistent with government legislation, human resource standards and best practices, and the values of the organization. These policies will clarify terms of employment and guard against wrongful conditions.	A comprehensive set of administrative personnel policies exists which sets out information concerning employee benefits, responsibilities and policies that affect employment. These policies are refreshed at least every 3 years and also updated as needed. The Human Resources (HR) Policy Manual represents best practices as benchmarked with the Human Resources Policy Pro and CMLTO Values outlined in the Strategic Framework.	Written policies exist for all critical human resources topics and are included in the HR Policy Manual. The policies are reviewed and updated every three years.	- Policy topics – See HR Policy Manual Table of Contents (<i>Appendix 1</i>) - CMLTO HR policies were last updated in March 2019 in consultation with legal counsel to provide greater clarity re harassment policies. CMLTO HR policies are regularly reviewed and updated to reflect any changes in the College's organizational structure, titles of positions, and clarification on Fire Safety procedures.	
	(2) Fail to ensure employees are informed of the organizational Ends Policies, values, human resources policies, operating policies, and that staff achieve and comply with these policies.	No further interpretation required.	Annually, staff receive an orientation/training session on; – 2016 – 2019 Ends Policies – 2019 Registrar & CEO Ends Interpretation – CMLTO Strategic Framework – All Human Resources Policies including; - o Responsibilities of Staff - o Time away from work - o Benefits Plan	On March 16, 2020 CMLTO moved to a virtual business operation due to the COVID-19 pandemic. Staff quickly transitioned to working remotely and focused on providing essential regulatory services. As a result, the annual CMLTO Staff Orientation Session was deferred. During this time the full staff and leadership team have met virtually on a weekly basis. Meetings have included regular regulatory, operations, Council/Strategic Ends Policy, Program Area updates and other topics as required.	

#	Policy Criteria <i>Accordingly, the Registrar & CEO shall not:</i>	Registrar & CEO Interpretation		Evidence	Conclusion
	Employee Relations	Compliance will be achieved when:		<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
1		Conceptual Definition/Result	Operational Definition/Result		
			- o Appropriate Use of Information Technology - o Dispute Resolution - o Occupational Health and Safety Awareness - o Respect in the Workplace including Workplace Violence & Harassment Policies - o <i>Accessibility for Ontarians with Disabilities Act, 2005 (AODA)</i> - o <i>Occupational Health and Safety Act, 1990 (OHSA)</i> - o Confidentiality & Conflict of Interest - o Whistle Blower - o Employee Benefits All new employees receive on-boarding orientation.	Additionally, staff were asked to review the CMLTO HR Manual and acknowledge that they are aware of and understand these policies, and also signed an annual declaration form acknowledging their obligations re confidentiality and conflict of interest. In the spring, staff were provided a copy of Steinecke Maciura LeBlanc's "Governance for Regulators: A Handbook for Board and Committee Members" to read for learning/professional development purposes. • Number and percent of employees who declared they received relevant information related to CMLTO policies, strategic priorities, etc. during weekly staff meetings in 2020: <u>7 out of 7 employees (100%)</u> (Note: One employee was unable to complete the survey due to scheduled vacation time.) • Number and percent of employees attesting compliance with the CMLTO HR Policies: <u>7 out of 7 employees (100%)</u> • Number and percent of employee occurrences related to non-compliance: <u>0 occurrences.</u> • No new employees were hired in 2020.	

#	Policy Criteria <i>Accordingly, the Registrar & CEO shall not:</i>	Registrar & CEO Interpretation		Evidence	Conclusion
	Employee Relations	Compliance will be achieved when:		<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
1		Conceptual Definition/Result	Operational Definition/Result		
	(3) Fail to provide a fair, transparent, alternate dispute mechanism/conflict resolution process regarding employment issues.	An alternate dispute resolution process exists which provides employees with an alternate mechanism to discuss and report concerns that the employee is not comfortable discussing with their direct manager.	Employees are informed and understand the conflict resolution mechanism for use when an employee cannot approach their direct manager.	Number and percent of employees who accurately described the CMLTO conflict resolution process when surveyed: <u>7 out of 7 employees (100%).</u> 2020 – 100% 2019 – 100% 2018 – 87.5% 2017 – 60% The number of staff who understand the alternate dispute mechanism has improved since the initial 2017 survey.	
	(4) Prevent employees from grieving to the Council when the employee alleges that: - The internal grievance procedures have been exhausted; - The Council policy has been violated to his or her legal and/or ethical detriment; and/or - The Council policy does not adequately protect his or her human rights.	Employees are informed and understand that when the regular complaints process and /or alternate dispute resolution process does not result in resolution, the employee has the right to grieve to Council when any one of the three conditions are met in the employees' opinion.	Employees are informed and understand the conditions when they may grieve to Council directly.	- Number and percent of employees who accurately described the process for grieving to Council when surveyed: <u>7 out of 7 employees (100%)</u> - Number of grievances to Council: <u>0 grievances</u> Conflict Resolution: N/A	
	(5) Fail to provide an appropriate whistle-blower process.	An administrative, independent whistle-blower reporting process exists to anonymously report significant wrong doing.	Employees are informed and understand the Whistle Blower Policy.	Number and percent of employees who accurately described the whistleblower process when surveyed: <u>7 out of 7 employees (100%)</u>	

#	Policy Criteria <i>Accordingly, the Registrar & CEO shall not:</i>	Registrar & CEO Interpretation		Evidence	Conclusion
	Employee Relations	Compliance will be achieved when:		<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
1		Conceptual Definition/Result	Operational Definition/Result		
				Number of times the whistleblower process has been used: <u>0 times</u>	
	(6) Fail to direct staff to conduct CMLTO business and working relationships with honesty and integrity and in a professional manner that protects CMLTO's good public image and reputation.	All employees are expected to act in an ethical, professional and business-like manner. Policies regarding professional behavior and conduct are found in the HR manual	Employees are informed and understand appropriate CMLTO professional behaviours and conduct and can identify inappropriate conduct.	Number and percent of employees who can identify expected professional behaviours and conduct: <u>7 out of 7 employees (100%)</u>	
	(7) Fail to acquaint employees with their protections under this policy and with their rights and responsibilities under all Council policies.	Employees are informed and understand their rights and responsibilities under the Human Rights Parameters EL Policy and the related R/ED interpretations.	See Conceptual Definition/Result	Number and percent of employees who declared they have been informed about their protections under the Human Resource Parameters Policy and other relevant Council policies: <u>7 out of 7 employees (100%)</u>	
	(8) Evaluate employees and candidates for employment using criteria other than objective job qualifications and/or job performance.	i. An objective evaluation and hiring process, (credentials, experience references and work approach profile) is used for hiring new employees. ii. An objective process exists for evaluating employees for promotion (performance plan, development plan, and key job description deliverables).	See Conceptual Definition/Result See Conceptual Definition/Result	1. Number of new employees hired where objective criteria were used: <u>There were no new employees hired in 2020.</u> 2. Number and percent of promotions where objective evaluation criteria were used: <u>There was one staff promotion in 2020, which was based on performance assessment criteria and organizational need. M. MacQuarrie, MLT was promoted to Senior Specialist, Quality Assurance.</u>	

#	Policy Criteria <i>Accordingly, the Registrar & CEO shall not:</i>	Registrar & CEO Interpretation		Evidence	Conclusion
	Employee Relations	Compliance will be achieved when:		<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
1		Conceptual Definition/Result	Operational Definition/Result		
	(9) Fail to provide reasonable and relevant opportunities for professional growth and development.	Opportunities for development are identified in the employees' annual development plan and approved consistent with the annual professional development budget.	See Conceptual Definition/Result	- Number and percent of employees completing their annual performance development plan for 2020: <u>8 out of 8 (100%) employees completed their annual performance development plan in 2020.</u> - Number and percent of employees completing approved organization-wide learning opportunities: <u>8 out of 8 employees (100%)</u> In 2020, staff were provided a copy of Steinecke Maciura LeBlanc's "Governance for Regulators: A Handbook for Board and Committee Members" to read for learning/professional development purposes. Staff Professional Development/Training Calendar for 2020 (<i>Appendix 2</i>)	
	(10) Fail to promote an environment that values the contribution of employees, is equitable and supportive, and builds a positive morale.	CMLTO leaders value all employees and their contributions. Issues raised by employees are addressed promptly. Employees and leaders contribute to : - Registrar & CEO Ends and EL policy Interpretations - Program Strategic Operating Plans - Individual Performance Plans.	See Conceptual Definition/Result	- Number and percent of employees who report issues raised are resolved quickly: <u>7 out of 7 employees (100%).</u> - Number and percent of employees who reported they contributed to their departmental program and individual planning: <u>7 out of 7 employees (100%)</u>	

#	Policy Criteria <i>Accordingly, the Registrar & CEO shall not:</i>	Registrar & CEO Interpretation		Evidence	Conclusion
	Employee Relations	Compliance will be achieved when:		<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
1		Conceptual Definition/Result	Operational Definition/Result		
				Number of employees recognized for long service in period: 1 <u>K. Wilkie, Registrar & CEO was recognized for 20 years of service, April 17, 2020.</u>	
	(11) Discriminate against any employee for non-disruptive, respectful expression of dissent with respect to workplace issues.	CMLTO has a work environment where employees are comfortable expressing respectful and dissenting opinion.	See Conceptual Definition/Result	- Number and percent of employees who report they would be comfortable expressing a respectful dissenting opinion: <u>7 out of 7 employees (100%).</u> - Number of employees who have expressed a dissenting opinion and reported they were respected: <u>3 out of 3 employees (100%).</u> 4 employees declared they did not express any dissenting opinions during the reporting period.	

SECTION B – EMPLOYEE COMPENSATION

With respect to employment, compensation, and benefits for employees, the Registrar & CEO shall not fail to use sound principles of human resource management in accordance with the fiscal integrity, public image, and reputation of CMLTO.

#	Policy Criteria <i>Accordingly, the Registrar & CEO shall not:</i>	Registrar & CEO Interpretation:		Evidence	Conclusion
		Compliance will be achieved when:		<i>I believe compliance with the policy is demonstrated by the following</i>	
		Conceptual Definition/Result	Operational Definition/Result		
1	Registrar & CEO Compensation				
	(12) Change his or her own compensation and benefits except as his or her own benefits are consistent with the benefits program for all other employees.	No further interpretation required	There are no changes to benefits Registrar & CEO's salary or benefits without Council approval of the change, or unless the benefit package is changed overall.	- Number of changes to Registrar & CEO compensation without Council approval: <u>0</u>. <u>The Registrar & CEO's compensation is adjusted annually per the decision of the R/CEO Performance Appraisal Sub-Committee in accordance with Council Policy. There were no unapproved changes to the R/CEO's compensation in 2020.</u> - Number of changes related to the benefit program that impact Registrar & CEO compensation: <u>0</u>. <u>There were no changes to the employee benefits program in 2019. CMLTO auditors review financial,</u>	

				<u>payroll and benefits payment records and Council/Executive Committee motions during the annual financial audit. There were no concerns raised.</u>	
2	Employment Guarantee				
	(13) Promise or imply permanent or guaranteed employment for any reason.	CMLTO employment offer letter outlines the terms and conditions of employment and does not imply permanent or guaranteed employment. The employment offer template is reviewed by legal counsel at least every three years or as necessary.	See Conceptual Definition/Result	All letters re offers of employment or promotion, or termination letters are drafted by legal counsel, in consultation with the R/CEO prior to presenting to the potential employee or existing employee should one be required. <u>In 2020 there was one offer of promotion letter prepared, which was reviewed by legal counsel.</u>	
3	Compensation and Benefits				
	(14) Establish current compensation and benefits which: a. Deviate materially from the geographic or professional market trends for the skills employed, the scope of work undertaken, and the expected deliverables.	CMLTO positions are classified by job category level and there is a salary range for each job level. The salary range is determined based on several factors, including salary surveys, current salary trends for similar positions within the external job market and the College's financial resources Job levels are bench marked through external survey (generated by CMLTO or other regulatory colleges) every three years. CMLTO aims to meet the	See Conceptual Definition/Result	- An external job market survey was completed in 2018. <u>The next scheduled review is in 2021.</u> 100% of CMLTO full time jobs are compensated at the 50th percentile.	

	50th percentile in terms of compensation comparator for that level. Employees receive compensation and benefits required by law (e.g. <i>Employment Standards Act</i> and Human Resources policies). CMLTO recognizes key performance criteria for compensation adjustments. An employee who has accrued a benefit(s) from a previous CMLTO plan will not lose the accrued benefit Regular full-time employees receive a comprehensive benefits program following the prescribed waiting period (3 months).		- All eligible CMLTO employees are enrolled in the Employee Benefits program. (Note: part-time employees working less than 24 hours per week are not eligible for Sun Life employee benefits.) CMLTO recognizes employees' reasonable performance as the key criteria for an annual merit increase. - Number of employees who lost benefits which were not transferred to another benefit <u>0</u>. - Number and percent of full time employees who are registered in the CMLTO benefits program following the prescribed waiting period: <u>8 out of 8 employees (100%)</u>	
b. Deviate from legislated compensation and benefits requirements		An administrative Compensation Adjustments Policy will be developed for implementation in 2017 when annual changes to compensation are determined.		
c. Create compensation programs which fail to recognize reasonable performance as the key criteria for progress through the salary grid.		See Conceptual Definition		
d. Allow any employee to lose benefits already accrued*		See Conceptual Definition		

	from any foregoing organization plan. e. Provide less than some basic level of benefits to all eligible employees.				
4	Pension Benefits				
	(15) Fail to establish some basic level of retirement savings/pension benefits program and further,	Full time employees are eligible to participate in the CMLTO RRSP Plan described in the Human Resources Policy Manual.	See Conceptual Definition/Result	An employee benefits program was implemented in 2008. The College introduced an RRSP matching benefits program in 2013.	
	(16) Fail to establish defined contribution retirement savings/pension benefits that are to be consistent with industry standards for all eligible employees for similar organizations.	Industry standard defined contribution retirement savings/pension benefit is interpreted as a voluntary contribution of 5 % of base salary by employees and by CMLTO.	See Conceptual Definition/Result	Number and percent of full time employees participating in the RRSP benefit program in 2020: 7 (88%) 2019: 7 (88%) 2018: 8 (100%)	

***Definition:**

The term “benefits already accrued” refers here to benefits that are actually accrued and which need to be paid out by the organization. This term does not refer to the specific components of the Employee Benefits program, which may evolve over time.

OVERALL CONCLUSION



I believe the evidence provided demonstrates that I am in full compliance with the Human Resources Parameters Executive Limitations Policy EL #II-25

Respectfully submitted,



Kathy Wilkie, Registrar & CEO

November 20, 2020

Date

APPENDICES:

Appendix 1 - CMLTO Human Resources Policy Manual, March 2019 – Table of Contents

Appendix 2 - CMLTO Employee 2020 Professional Development



COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO

HUMAN RESOURCES POLICY MANUAL

2100 – 25 Adelaide St. E.
Toronto, ON M5C 3A1
(416) 861-9605
www.cmlto.com

Revised March 26, 2019

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