



COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)

College Performance Measurement Framework (CPMF) Reporting Tool

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the Ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate 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.

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

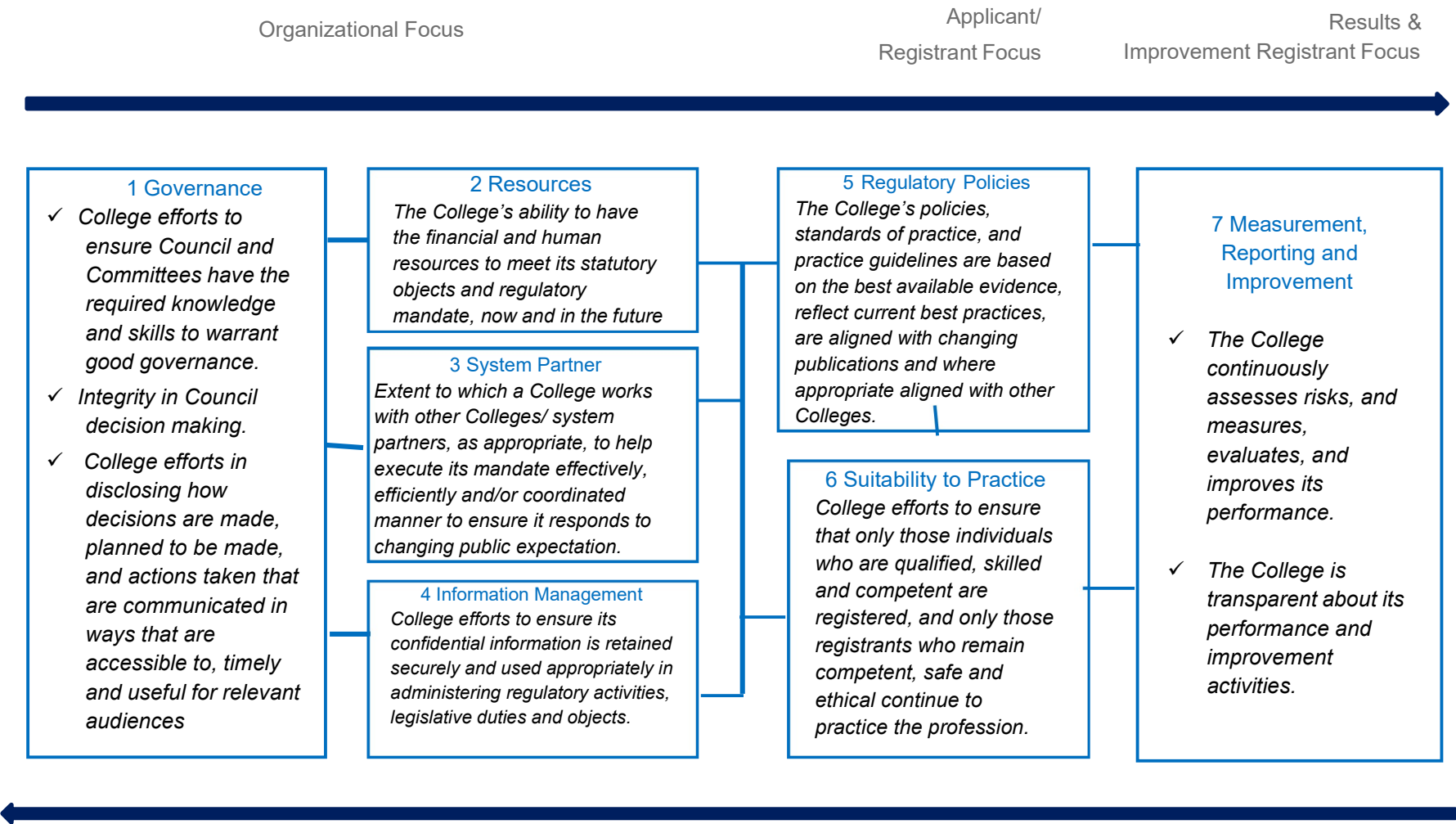


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the 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 and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations 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. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. 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 and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

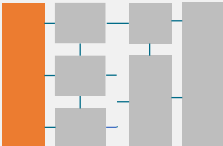
What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with ‘Meets Standard’ to illustrate that the current response is consistent with last year’s response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. 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.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.			
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response		
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and	The College fulfills this requirement:	Yes	
			The competency and suitability criteria are public: Choose an item. If yes, please insert a link to where they can be found, if not please list criteria. Pre-defined competency / suitability criteria for the professional members to become eligible for election to the Board 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 Board position as a component of the Board election process. CMLTO Website / Election Bylaw 19 CMLTO Website / Board Members skills and knowledge		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional):		

		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:	Partially	
		• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. 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 Information on the website regarding the CMLTO’s mandate and expectations pertaining to the member’s role and responsibilities on the Board is intended to ensure that professional members possess the relevant competencies and skills needed to fulfil their role and responsibilities as a Board member, if elected. Hence, candidates for election to the Board (or those volunteering to serve as a Non-Board 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 Board that: • they have read and are in compliance with Section 19 of the CMLTO Consolidated Bylaws regarding the Election of Board 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			
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Yes
		<i>Additional comments for clarification (optional):</i> CMLTO Consolidated Bylaws were updated in June 2021 to include a provision that more directly addresses this requirement: 19.7.11 All candidates must complete an orientation to the role and responsibilities of Directors on the Board to confirm their nomination. This requirement is being operationalized and implemented in 2022.			
	b. Statutory Committee candidates	The College fulfills this requirement:	Yes		

		have: i. Met pre-defined competency and suitability criteria; and	• The competency and suitability criteria are public: Choose an item. • <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> The competency / suitability criteria for Statutory Committee candidates is as follows: “A registrant is eligible for appointment if, on the day of the appointment, the registrant meets the eligibility requirements for election to the Board.” CMLTO Website / CMLTO Consolidated Bylaws Section 19: Election of Board Members Section 29: Appointment of Non-Board Members to Committees of the College
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			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes
			- Duration of each Statutory Committee orientation training. Comprehensive orientation for all Statutory Committees occurs at the first meeting of the year, and is usually a half day in length. - Please briefly describe the 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). - Please insert a link to the website if training topics are public OR 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 - CMLTO Board Committee Members’ Roles and Responsibilities - Statutory Committee Processes - Committee Terms of Reference and Mandate - Committee Work Plans for the current year - Committee Reports to Registrar & CEO, and Board - 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?</i>	Choose an item.

		<i>Additional comments for clarification (optional):</i>
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		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence		College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement:		Yes met in 2020, continues to meet in 2021
	• Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i>		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (optional)		

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:		No
			- A third party has been engaged by the College for evaluation of Council effectiveness: Choose an item. <i>If yes, how often over the last five years?</i> - Year of last third-party evaluation. The CMLTO Board has not engaged a third party to review or evaluate its effectiveness but will consider doing so in the future.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Yes
			Additional comments for clarification (optional)		
			This will be discussed with the Board in 2022.		

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes	
			- Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. December 3, 2021 Board Meeting Material / Agenda Item 4.2: Council Part I Planning – Preparation for Developing the Council’s 2022 Key Priorities, Goals, and Related 2022 Integrated Board Strategic Agenda/Work Plan - Please insert a link to Council meeting materials where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last year</u>. The Board uses the information and learning gained from all of the evaluations to: - Compare to earlier evaluation results to measure progress and improvement, and - Develop action plans to enhance the Board’s governance effectiveness including plans for Board learning and development for the next year. Resulting action plans are incorporated into the Board’s Annual Integrated Board Strategic Agenda/Work Plan (IBSA). Process in 2021: The Board reviewed the results of the 2020 Council Effectiveness Evaluations at its meeting in December 2020. The report summarized the: - Areas of Board performance that ranked very high, - Areas of Board performance that showed significant improvement over the prior year, and - Areas of Board performance that showed significant decrease and/or needing improvement over prior year. After analyzing the 2020 Council Effectiveness Evaluations results, the Board identified the key Board agenda topics for inclusion in the draft 2021 Integrated Board Strategic Agenda/Work Plan, including the top strategic and critical priorities for 2021. The draft 2021 IBSA was thoroughly discussed at the first Board meeting of 2021 and any amendments that were required were made at that time. The Board then approved the 2021 Annual ICSA by motion.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (optional):</i>		

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Partially
			- Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. December 3, 2021 Board Meeting Material / Agenda Item 4.2: Board Part I Planning – Preparation for Developing the Board’s 2022 Key Priorities, Goals, and Related 2022 Integrated Board Strategic Agenda/Work Plan - Please insert a link to Council meeting materials where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last year</u>. Public expectations including input from the public, registrants and stakeholders are taken into consideration when the Board discusses it’s key priorities and goals for the coming year, culminating in their Integrated Board Strategic Agenda / Work Plan.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional):</i> One important aspect of the Policy Governance approach utilized by the CMLTO Board is a focus on “ownership linkage”. CMLTO “ownership” includes the public, our registrants and stakeholders. This aspect is going to be discussed and explored with the Board in 2022 in detail with a plan emerging for implementation in 2022 and 2023, which will include a focus on risk management and Diversity, Equity and Inclusion.	

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.	The College fulfills this requirement: Yes
			- Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Board 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. - Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review. 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, the Board monitors its own compliance with its Governance Process Policies. The Board Code of Conduct, Confidentiality and Conflict of Interest Policy is monitored annually at the last Board meeting of the year. December 2, 2021 Board Meeting Material / Agenda Item 11.1 - Board 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> Choose an item.
		Additional comments for clarification (optional)	

		ii. accessible to the public.	The College fulfills this requirement:	Partially
			Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved. As noted above, the policy is reviewed annually so that the Board can self-assess and declare their own compliance with the policy. In the past year, this agenda item was dealt with during an "in-camera" session of the Board meeting.	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> Discussions will be held with the Board in 2022 to address publicly available Board policies, and discussions related to monitoring, compliance and reporting of the outcomes of those discussions.	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			- Cooling off period is enforced through: Choose an item. - Please provide the year that the cooling off period policy was developed OR last evaluated/updated. - Please provide the length of the cooling off period. - How does the college define the cooling off period? - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; - 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. <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		c. 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
			- Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy includes the CMLTO Board 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) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes Board members are asked to declare any conflicts of interest at the beginning of the Council meeting (See Board Meeting Agenda Item: Declaration of Conflict of Interest) Board 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. - Please insert a link to the most recent Council meeting materials that includes the questionnaire. Evidence of compliance with this requirement can be found on the agenda of all Board meetings. The Board meeting materials can be accessed here.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:		Yes met in 2020, continues to meet in 2021	
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale.			
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Choose an item.
			<i>Additional comments for clarification (if needed)</i>			

		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.	The College fulfills this requirement:	Yes
		Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.	- Please provide the year the formal approach was last reviewed. The Board is informed of internal and external risks throughout the year at each meeting. This occurs through the Registrar & CEO’s Incidental Briefing note, issue specific briefing notes, and the Board’s ongoing dialogue related to their Ends Policies. - Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities. Internal and external risks are integrated into the Board’s strategic planning activities on an ongoing basis. However, two examples can be found as follows: At the first meeting of the year, the Board reviews the annual Integrated Board Strategic Agenda. This can be found in the meeting material for March 22, 2021, Agenda Item 8.3. At the end of the year, the Board formally assesses internal and external risks which will then be integrated into the IBSA, as above. The discussions leading into 2022 can be found in the meeting material of December 3, 2021, Agenda Item 4.2	
		Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	Additional comments for clarification (if needed)	

DOMAIN 1: GOVERNANCE	STANDARD 3	Measure		
		3.1 Council decisions are transparent.		
		Required Evidence	College Response	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	
			Yes met in 2020, continues to meet in 2021	
			• Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted.	
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?				
Choose an item.				
Additional comments for clarification (optional)				

		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). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Councilor discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	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 the Board is included in the Board meeting material, which is publicly available on the website. December 2, 2021 Board Meeting Material / Agenda Item 4.1.1: Executive Committee Briefing Report Generally, the CMLTO Executive Committee meets infrequently during the year. In 2021, the EC met with the auditor in the first quarter to review and approve the previous year's audited financial statements so that they could be included in the preparation of the 2020 Annual Report for Board's approval at the May 2021 Board Meeting. The EC provided input to the Registrar & CEO's proposed 2022 Budget in August 2020. This is an informal meeting at the R/CEO's request. The EC met in December 2021 to propose the composition for 2022 Statutory Committees for Board approval at the first Board meeting in 2022. The EC also met at various times in the fall of 2021 in relation to the recruitment of a new R/CEO. A sub-committee of the EC met in December to consolidate and finalize Board's input to the 2021 R/CEO performance appraisal process. This information is confidential as it pertains to Board personnel.	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes

Additional comments for clarification (optional)

The Board will be consulted on this matter in 2022.

Measure 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Board meeting materials can be accessed here.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	Please insert a link to the College's Notice of Discipline Hearings. 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. Discipline hearing notices are posted on the CMLTO website's front page as a News Article, as well as here. Discipline hearing summaries are posted here.	

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
		Measure	
		3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.	
		Required Evidence	College Response
		a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:
			No
			• Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. A DEI Plan was not established in 2021. However, this has been identified by the Registrar & CEO as an area of focus for the Board in 2022, as evidenced by Agenda Item 5.2 of the February 10, 2022 Board meeting materials.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
		<i>Additional comments for clarification (optional)</i>	
		Please refer to the Board meeting minutes above.	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	The College fulfills this requirement:	No
			• Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. A DEI Plan was not established in 2021. However, this has been identified by the Registrar & CEO as an area of focus for the Board in 2022, as evidenced by Agenda Item 5.2 of the February 10, 2022 Board meeting materials.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> As noted above, the Board plans to address a DEI plan in 2022, which will include provisions for Equity Impact Assessments.	

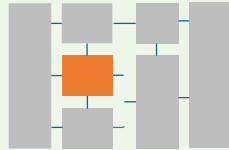
		Measure							
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.							
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response						
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: The CMLTO 2021 Budget is appended as Appendix 1 – CMLTO 2021 Budget Board Executive Limitations Policy EL II-10 Financial Planning & Budget Cycle articulates the criteria for the annual budget development in relation to the achievement of the Board ‘s Ends Policies and strategic plan. For example, one of the annual budget assumptions is that the Board’s Ends Policies will drive the budget for the coming year. The 2021 Operating, Capital and Strategic Budget was approved by the Board at the September 2020 Board 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 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 2 – September 17, 2020 Council Meeting Material / Agenda Item 10.1 - Proposed 2020 Budget (Executive Limitations Policy - ELII-10 Financial Planning/Budgeting/Budget Cycle)</i></td></tr><tr><td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</td><td>Choose an item.</td></tr></table>	The College fulfills this requirement:	Yes	- Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: The CMLTO 2021 Budget is appended as Appendix 1 – CMLTO 2021 Budget Board Executive Limitations Policy EL II-10 Financial Planning & Budget Cycle articulates the criteria for the annual budget development in relation to the achievement of the Board ‘s Ends Policies and strategic plan. For example, one of the annual budget assumptions is that the Board’s Ends Policies will drive the budget for the coming year. The 2021 Operating, Capital and Strategic Budget was approved by the Board at the September 2020 Board 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 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 2 – September 17, 2020 Council Meeting Material / Agenda Item 10.1 - Proposed 2020 Budget (Executive Limitations Policy - ELII-10 Financial Planning/Budgeting/Budget Cycle)</i>		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		The College fulfills this requirement:	Yes						
- Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: The CMLTO 2021 Budget is appended as Appendix 1 – CMLTO 2021 Budget Board Executive Limitations Policy EL II-10 Financial Planning & Budget Cycle articulates the criteria for the annual budget development in relation to the achievement of the Board ‘s Ends Policies and strategic plan. For example, one of the annual budget assumptions is that the Board’s Ends Policies will drive the budget for the coming year. The 2021 Operating, Capital and Strategic Budget was approved by the Board at the September 2020 Board 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 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 2 – September 17, 2020 Council Meeting Material / Agenda Item 10.1 - Proposed 2020 Budget (Executive Limitations Policy - ELII-10 Financial Planning/Budgeting/Budget Cycle)</i>									
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.								

		<i>Additional comments for clarification (optional)</i>
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		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:	Yes	
			The Board’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. • Please insert a link to the “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 March 22, 2021. March 22, 2021 Board Meeting Material / Agenda Item 14.1 Regular Policy Review – Financial Condition Policy (EL II-11) • Please insert the most recent date when the “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 March 22, 2021. • Has the financial reserve policy been validated by a financial auditor? Yes The CMLTO’s auditor reviews the Reserve Funds with the Executive Committee annually when reviewing the audited financial statements. Any proposed changes to the Reserve Funds are then considered and approved by the Board. Based on advice from the College’s auditor there was no increase to any Reserve Funds in 2021.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (if needed)		

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	The College fulfills this requirement:	Yes
			- Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. The Board approved the annual 2021 budget, which includes the compensation (salaries and benefits) for staff. CMLTO currently had 9 full-time employees. The Registrar & 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. In 2021, one staff member departed the organization, one was hired, the Registrar & CEO retired effective October 4, 2021 and a new Registrar & CEO was appointed and started on October 4, 2021. - Please insert a link to Council meeting materials where the operational policy was last reviewed. Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The Registrar & CEO reports annually to the Board on the Board’s Executive Limitations Policy on Human Resources Parameters Policy (EL II-25). However, with a new Registrar & CEO being onboarded in the fall of 2021, the Board decided to postpone this report until 2022. 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 3: CMLTO Human Resources Policy Manual, March 2019 – Table of Contents	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. The CMLTO regularly and continuously reviews our data and technology plans. At a macro-level, hardware and software are maintained on an ongoing basis including all aspects of network security. Internal continuous quality improvement plans and processes are in place (i.e. audits, regular reviews, critical checklists, etc.) to ensure that technology bases processes are working as required. For regulatory processes that rely on data and technology platforms (i.e. registration application and renewal processes, online quality assurance program components and online complaint forms), regular monitoring of processes including internal audit functions are in place. Further, each process includes, as part of the auditing process, quality improvement initiatives based on feedback from those using the technology based services.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry 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.	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <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 CMLTO has also met with the Laboratory Licencing and Inspection Services on a regular basis in 2021 to discuss issues in relation to health human resources. <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.).	

	• Communications Committee CMLTO’s Specialist, Corporate Communications has been an active member of the HPRO Communications Committee for 4.5 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 was 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. 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 (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. The Registrar & CEO and Director, Registration & Professional Practice met with the Fairness Commissioner and several OFC staff throughout 2021 in relation to the OFC risk based framework. <u>Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR)</u> The Registrar & CEO held the position of CAMLPR President through a part of 2021. As such, CMLTO participates in, and takes an active leadership role with CAMLPR. This includes organizing and facilitating 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. 5. <u>Canadian Society for Medical Laboratory Sciences (CSMLS)</u>
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	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. 6. <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. 7. <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. 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. 8. <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. 9. <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. 10. <u>Investigation & Hearings Listserv</u> Both the Director, Professional Conduct and the Coordinator, 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.
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	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> 1. <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). This information is shared with the MOH Laboratories & Genetics Branch, and 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 2021, the CMLTO received [53] non-MLT complaints: • 29% regarding medical laboratory technicians or assistants • 59% regarding laboratories or specimen collection centres • 12% related to 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. 2. <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. <u>The CMLTO ensures that complainants understand the jurisdiction the College and refers them to the appropriate authority with jurisdiction to handle their complaint.</u> 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.
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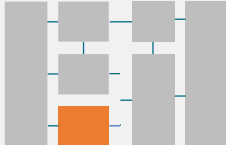
3. Medical Laboratory Professionals Association of Ontario (MLPAO)

MLPAO is the provincial professional association for MLTS and medical laboratory assistants and technicians. The CMLTO has met with that MLPAO throughout 2021 to discuss areas of mutual interest including the regulation of medical laboratory assistants and technicians, and health human resources.

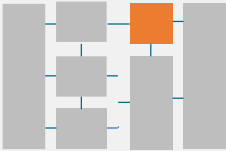
4. CMLTO Board

The CMLTO Board 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.”

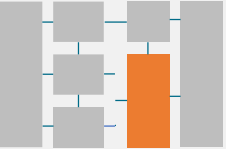
		Measure	
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:
			Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. The Board’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 5 years, and was last updated in December 2018. The CMLTO Board believes in accountability and transparency and as such the Board 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 Board Members’ duty regarding confidential information.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?
			Additional comments for clarification (optional)
	Yes		
			Choose an item.

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
			Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. CMLTO has a comprehensive, publicly available, Privacy Policy , which address this requirement.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES STANDARD 8		Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback.	The College fulfills this requirement:		Yes
			Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process. In 2021, the only professional practice resources that were scheduled for review / revision were the Standards of Practice and Code of Ethics for Registered Medical Laboratory Technicians. The updated documents were approved by the Board at its December 3, 2021 meeting. The approved documents are not publicly available as they are provided to individuals who successfully meet the criteria to be included on the CMLTO Voluntary Roster for Registered Medical Laboratory Technicians, however, the Board briefing note and amended documents can be found in the online Board meeting package, Agenda Item 3.1.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
Additional comments for clarification (optional)					

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Partially	
			- Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. - Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. As noted previously, the Board will be focussing on DEI in 2022. However, diversity was included in the CMLTO Code of Ethics during its review in 2017.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes
			<i>Additional comments for clarification (optional)</i> As noted previously, the Board will be focussing on DEI in 2022.		

		Measure 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ² .	The College fulfills this requirement: - Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). Yes met in 2020, continues to meet in 2021

² 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.

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out. • Please 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.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	a. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		- Please briefly describe the currency and competency requirements registrants are required to meet. 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 - Please briefly describe how the College identified currency and competency requirements. The requirements are reviewed annually by the Registrar & CEO in collaboration with the program area leads, and external legal counsel, as part of the process of reviewing the annual registration renewal processes. - Please provide the date when currency and competency requirements were last reviewed and updated. The currency requirements are reviewed annually and updated as required. No updates to the quality assurance obligations or professional conduct statements of professional liability insurance requirements self-declaration were required in 2021. - Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. 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> Choose an item.

		<i>Additional comments for clarification (optional)</i>
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³ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Measure		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	- Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. - Where an action plan was issued, is it: 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>	
	<i>Choose an item.</i>	
<i>Additional comments for clarification (if needed)</i>		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: Yes
			- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided In 2020, the CMLTO’s Quality Assurance Program (QAP) was in the midst of it’s most comprehensive revision since the inception of the College. The revised QAP took effect January 1, 2021. Many supports were provided to registrants in 2020 in relation to the QAP, as reported last year, and therefore no additional supports were required in 2021. In 2021 there were no updated / revised standards or practice guidelines provided to registrants, therefore, no additional support was required this year. - Does the College always provide this level of support: Yes <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> Choose an item.
			<i>Additional comments for clarification (optional)</i>

		Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .		
		a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
		• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. <i>If yes, please insert link to policy:</i>		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
		Additional comments for clarification (optional)		

⁴ "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:		Yes met in 2020, continues to meet in 2021	
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> - Public Yes - Employers Yes - Registrants Yes - other stakeholders Yes			
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			
			Choose an item.			
		Additional comments for clarification (optional)				
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:		Yes met in 2020, continues to meet in 2021	
			• Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria.			
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			
				Choose an item.		

		Additional comments for clarification (optional)	
		Measure: 10.3 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 any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: Yes - Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. 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. - Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. Depending on the QAC’s decision and its requirements, a registrant may demonstrate the knowledge, skill, and judgement if they: - Submit an acceptable Professional Portfolio; - Passes a Practice Review by meeting the pass criteria; - QAC deems a member’s Competence Evaluation Report and score as adequate.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

		<i>Additional comments for clarification (if needed)</i>
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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.		
		Required Evidence	College Response	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and	The College fulfills this requirement:	Yes
			- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. All information related to the College’s complaints processes can be found on the following webpage: How to make a Complaint - Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. Relevant documentation in support of this requirement can be found in Appendix 4: CMLTO Complaints Process Support Documents.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Partially
			Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. Each complaint/concern received is responded to within 5 business days of receipt. The complaint/concern is acknowledged and information regarding the process is provided to the sender. If the complaint/concern is within the CMLTO's jurisdiction, it is subjected to the rigors of the complaint process. If it is not, the complainant is informed and provided with information on where they can take their complaint/concern. On occasion, CMLTO receives positive feedback from complainants.	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> A formal process for assessing whether information provided to complainants is clear and useful is being implemented in 2022.	
		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
			Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>). 90% Each inquiry received from the public is responded to within 5 business days of receipt. In 2021 the CMLTO received 53 inquiries from the public. 90% of these inquiries were responded to within 5 business days.	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

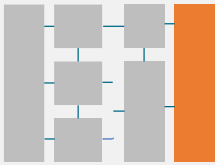
			<i>Additional comments for clarification (optional)</i>
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	c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Yes
		- Please list supports available for public during complaints process. The CMLTO has a dedicated webpage regarding the complaints process, including an online complaint form. Members of the public can communicate with the College via email, phone call, letter mail anytime during the complaints process. - Please briefly describe at what points during the complaints process that complainants are made aware of supports available. Complainants are made aware of supports available from the beginning of the process. They are informed of the complaints procedures and that they can communicate with the College anytime via phone, email or letter mail. Their communication is responded to within 24-48 hours.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	
	Measure		
	11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
	- Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. - Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. 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 requests 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. Further evidence in support of this requirement can be found in Appendix 4 – CMLTO Complaints Process Support Documents.		

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure		
		12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please insert a link to guidance document OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable).	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please insert a link to the policy OR please briefly describe the policy. • Please 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’).	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	
		Additional comments for clarification (if needed)		

		Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	STANDARD 14	Required Evidence	College Response
		a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.

			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Measure		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Yes
	Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. The Board has the opportunity to discuss the Registrar & CEO’s Ends Interpretation at the beginning of the year. The Board’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. Since the Ends Interpretation forms part of the Registrar & CEO’s performance appraisal process, the discussion occurs in closed session. However, the highlights of the February 11, 2022 Board meeting demonstrates that the Board acknowledged the Ends Interpretation as reasonable.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	
Measure		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Yes
	Please insert a link to the College’s dashboard or relevant section of the College’s website. 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. The CMLTO 2020 Annual Report includes the Board’s Governance Scorecards.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

Part 2: Context Measures

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

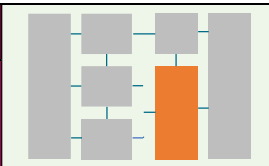
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. 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 13.1(a) of Standard 11.</i>	
Type of QA/QI activity or assessment:	#		
i. Stage 1 Professional Portfolio submissions	6151		
ii. Stage 1 formal coaching sessions	89		
iii. PRISM module video and quiz (Topic: Roles and Responsibilities of a self-regulated MLT)	6151		
iv. Stage 2 Professional Portfolio audit	1061		
v. Practice Review audit	692		
vi. Competence Evaluation Assessor training	7		
vii. Competence Evaluation Assessment	NR		
viii. Annual self-reported compliance with QA declarations	6006		
ix. New Guideline development and publication: Guidelines for evaluating professional practice activities	NR		
x. Professional Portfolio Support Program	NR		

<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> <u>NR</u>	
All Practising registrants are required to submit their Stage 1 Professional Portfolio by March 31st. New audit criteria were implemented in 2021 to promote ongoing and meaningful participation of CMLTO registrants in the Quality Assurance Program. The updated program was based on the principles of Right Touch regulation. CMLTO has two audits in which randomly selected registrants must complete: the Professional Portfolio and Practice Review. Practising registrants are randomly selected once every five years for the Stage 2 Professional Portfolio audit and once every 10 years for the Practice Review audit. Newly registered MLTs will complete the Practice Review within the first two years of the Practising registration. Six registrants self-reported non-compliance with one or more annual QA renewal declarations. College staff had conversations with 5 of the 6 noncompliant MLTs. The 6th MLT was deceased. During these discussions, QA staff provided guidance related to the updated QAP and the requirements of all Practising MLTs. All registrants stated they felt they understood what was required of them moving forward. In all 5 cases, no further action was required.	

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2021	6151	99.96%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	14	0.23%	
NR			
Based on the 14 QA Committee cases: 3 were concluded, 2 were referred to Inquiries, Complaints & Reports Committee, 2 were interrupted due to changes in registration status (i.e., suspended for non-payment of fees), and 7 are awaiting review by the Committee as they have satisfied the Committee’s request.			

Table 3 – Context Measure 4

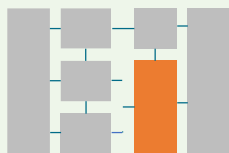
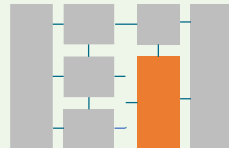
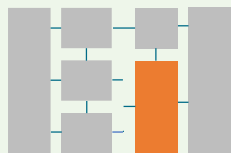
DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 11				
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2021:**		#	%	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*		7	50.00%	
II. Registrants still undertaking remediation (i.e. remediation in progress)		7	50.00%	
NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.				
The pending 7 cases have all satisfied the Quality Assurance Committee’s (QAC) request that was due in December 2021 and are awaiting final review at the first QAC meeting on May 19, 2022.				

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE						
Standard 13						
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item.						
If a College method is used, please specify the rationale for its use:						
Context Measure (CM)						
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021		Formal received	Complaints	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		NR/<5	NR/<5	NR/<5	NR/<5	
V. Intent to Mislead including Fraud		0	0	0	0	
VI. Professional Conduct & Behaviour		NR/<5	NR/<5	NR/<5	NR/<5	
VII. Record keeping		0	0	0	0	
VIII. Sexual Abuse		0	0	0	0	
IX. Harassment / Boundary Violations		0	0	0	0	
X. Unauthorized Practice		0	0	0	0	
XI. Other <please specify>		0	0	0	0	
Total number of formal complaints and Registrar’s Investigations**		NR/<5	100%	NR/<5	100%	

Formal Complaints NR Registrar's Investigation <i>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i>	
<i>Additional comments for clarification (if needed)</i> There were four (4) formal complaints in 2021. Two were related to patient care and two were related to professional conduct & behaviour. The figures are represented above as NR/<5. There were four (4) Registrar Investigations initiated in Q1 2021 (more information was sought from the Registrant). The figures are represented above as NR/<5.	

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

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.					
If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2021	NR/<5		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.	
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021	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 2021	NR/<5			
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%		
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	4	100		
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	0	0		
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation # May relate to Registrar’s Investigations that were brought to the 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 the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.			
Additional comments for clarification (if needed)			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021	13						
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	NR/<5	NR/<5	0	0	0	0	0
IV. Competence / Patient Care	0	0	0	0	NR/<5	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR/<5	NR/<5	0	0	0	0	0
VII. Record Keeping	0	0	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X.	Unauthorized Practice	0	0	0	0	0	0	0
XI.	Other <please specify>	0	0	0	0	0	0	0
<i>* 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 2021.</i> <i>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</i> NR <i>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.</i> <i>Additional comments for clarification (if needed)</i>								

Table 7 – Context Measure 11

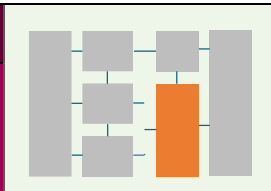
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2021	113	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 2021	47		
Disposal			
Additional comments for clarification (if needed)			

Table 8 – Context Measure 12

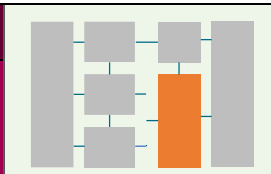
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal 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 2021	0		
II. A contested discipline hearing in working days in CY 2021	0		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
There were no Discipline Hearings in 2021.			

Table 9 – Context Measure 13

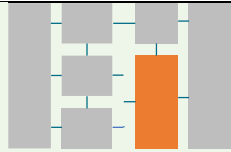
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	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	0	
XIII. Contravene relevant Acts	0	

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		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.
Type	#	
I. Revocation	0	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
V. Undertaking	0	
* 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 may not equal the total number of discipline cases. Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR		
Additional comments for clarification (if needed)		

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

CMLTO CONSOLIDATED BUDGET

	2020 Projected	Minimum	2021 Expected	Maximum	2022 Expected	2023 Expected
INCOME						
Fee Increase						
MLT Member Fees	2,370,000		2,370,000		2,390,000	2,414,000
MLAT Rostering Fees	6,000		6,000		6,000	6,000
Investment Income	55,000		60,000		65,000	70,000
Other income	21,000		25,000		25,000	25,000
Material Sales						
Job Postings						
TOTAL INCOME	2,452,000	2,450,000	2,461,000	2,490,000	2,486,000	2,515,000

EXPENSES

Council & Committees

Council	71,000		70,000		72,000	72,000
Committees	26,000		24,000		27,000	27,000
Voluntary Roster Committees	-		-			
Governance/Other consultants	40,000		40,000		45,000	45,000
Council Linkage w/ Public	-		-			
Professional Services	28,000		28,000		30,000	30,000
	165,000	155,000	162,000	200,000	174,000	174,000

Strategic Leadership Office

Strategy - Planning, Development, Implementation	-					
Ends/Enabling Goals Projects	50,000		30,000		50,000	50,000
MLAT Regulation					15,000	15,000
Quality Approach/Refresh						
Governance Modernization/Development						
Balanced Scorecard/Management Monitoring System						
Organizational Development						
CAMLPR						
Senior Leadership Linkage	50,000		34,450		40,000	50,000
Government Relations Consulting			-			
Senior Leadership Professional Development	7,500		7,500		7,500	7,500
Professional Services	2,500		2,500		2,500	2,500
	110,000	65,000	74,450	140,000	115,000	125,000

Registration & Professional Practice

Registration						
Professional Services	10,000		15,000		15,000	15,000
Registration expenses (IT, mailings)	10,000		10,000		15,000	15,000
Voluntary Roster Implementation	-		-			
HQS Accreditation Survey						
Balanced Scorecard						
Quality Assurance Program						
QA program consulting	5,000		10,000		10,000	10,000
Professional services	5,000		10,000		10,000	10,000
Balanced Scorecard						
Member Relations						
Program development & implementation						
Inter-professional Collaboration						
Scope of Practice						
Member linkage	5,000		5,000		5,000	5,000
	35,000	45,000	50,000	55,000	55,000	55,000

Professional Conduct

Professional Services	160,000	150,000	160,000	175,000	165,000	165,000
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Corporate Communications

Communications (members, public, stakeholders)	15,000		20,000		20,000	20,000
FOCUS, e-News, annual report, website						
Website Development, incl Fr Translation, Plain Language review	25,000		30,000		-	-
Communication Professional Services	2,000		6,000		6,000	6,000
Consulting (FOCUS, annual report)						
Promotional Materials	2,000		2,000		2,000	2,000
	44,000	58,000	58,000	65,000	28,000	28,000

	2020 Projected	Minimum	2021 Expected	Maximum	2022 Expected	2023 Expected
Corporate Services						
Salaries & Benefits	1,175,000		1,272,050		1,295,000	1,310,540
Staff Placement						
Office Operations	145,000		155,000		160,000	165,000
Office						
Insurance						
Photocopy						
Publications						
Telephone						
Audit						
Bank charges						
Consulting						
Membership Fees (to other organizations)	32,000		35,000		37,000	39,000
HSO, HPRO, CAMLPR, CLEAR, GFI, CNAR, CAG, ICE						
Rent	335,000		351,000		355,000	355,000
Repairs & Maintenance	2,000		5,000		5,000	5,000
Computer System	79,000		80,000		80,000	80,000
Internet	12,000		4,500		4,500	4,500
Online services external web host service	10,000		12,000			
IT Refresh - <i>assume cap. lease w/asset & obligation on balance sheet</i>						
Interest on capital lease (+ depreciation below)	6,000					
Sharepoint Development						
Specific Projects						
- Records Management, Balanced Scorecard						
Professional Services	37,000		42,000		44,000	46,000
	1,833,000	1,900,000	1,956,550	1,980,000	1,980,500	2,005,040
Total Expenses	2,347,000	2,373,000	2,461,000	2,615,000	2,517,500	2,552,040
Net Operating Profit (Loss)	105,000	77,000	0	-125,000	-31,500	-37,040
Strategic Budget (Contingency)	0	0	0	10,000	0	0
Net Profit (Loss) Before Depreciation and Capital Expenditures	105,000	77,000	0	-135,000	-31,500	-37,040
Depreciation	100,000		70,000		70,000	70,000
Capital Budget						
					-	-
	100,000	100,000	70,000	100,000	70,000	70,000
Net Operating/Strategic/Capital/ Gain/Loss	5,000	-23,000	-70,000	-235,000	-101,500	-107,040

Proposed Reserves

Professional Conduct Fund
Contingency Reserve Fund
Fee Stabilization Fund
Strategic Challenge Fund
Abuse Therapy Fund

250,000	250,000
1,200,000	1,300,000
240,000	360,000
100,000	100,000
60,000	60,000
1,850,000	2,070,000

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CONFIDENTIAL
Monitoring Report to Council

Date	:	September 8, 2020
From	:	Kathy Wilkie, Registrar & CEO
Subject	:	Proposed 2021 Budget (Executive Limitations Policy – EL #II-10 Financial Planning and 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 Council moves to approve the 2021 Budget as presented.

Background:

The Executive Limitations Financial Planning and 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 2021 Budget for Council's review and approval at the September Council meeting.

2021 Key Budget Assumptions

The 2021 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

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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. A membership base of 6816 members per the 2019 Annual Report.
4. There is no membership fee increase planned for 2021.
5. There are no changes to the current CMLTO staffing complement anticipated for 2021.
6. On March 11, 2020, the World Health Organization characterized the outbreak of a strain of novel corona virus (COVID-19) as a pandemic which has resulted in a series of public health and emergency measures that have been out in place to combat the spread of the virus. The duration and impact of the COVID-19 pandemic is unknown at this time and it is not possible to reliably estimate the impact that the severity and length of the pandemic will

16 of 17 (94%) Council members responded to the Registrar & CEO's request for feedback that was sent in July. All Council members who responded were in support of the 2021 budget assumptions as presented.

The Zero Based Budget:

The 2021 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 2020 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

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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 2021 Budget, outlined in Appendix 1, represents a balanced budget and includes best case (minimum) and worse case (maximum) scenarios.

Financial Issues/Considerations regarding the Proposed 2020 Budget:**1. Revenue (Income)****a) MLT Fees**

There is no MLT membership fee increase planned in 2021 and revenue for the coming year is projected to remain at the 2020 level. 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 several years.

The annual membership fees are:

- MLT Practising member - \$340.00 (+HST)
- MLT Non-Practising member - \$170.00 (HST)

Other fees related to registration processes 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)

On April 1, 2020, the College increased the following administration fees, which were published in FOCUS and updated on the website:

- Letter of Standing & Verification of Professional Licensure / Visa Screen – USA:
 $\$44.25 + 13\% \text{ HST } \$5.75 = \text{\$50.00 (members)}$
 $\$132.74 + 13\% \text{ HST } \$17.26 = \text{\$150.00 (former members)}$

b) Medical Laboratory Assistants & Technician Voluntary Roster Fees

Revenue for 2021 has been maintained at the same level as 2020. The annual Voluntary Roster Affiliate fee is \$50 (+ HST). The application fee remains at \$100 (+HST). There are currently 69 affiliates on the Voluntary Roster, a slight decrease from 2019 (88). The College is continuing with its strategy to increase the number of Voluntary Roster Affiliates; however, per Council direction in 2018, College staff are focusing on increasing awareness of the Voluntary Roster program and the benefits to employers of hiring affiliates who have met the Voluntary Roster criteria. It's important to keep in mind that while medical

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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.

c) 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, the projected investment income for 2021 has been increased slightly.

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 Critical Ends Policies and program area statutory and operational responsibilities in 2021.

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.

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Portfolio	Portfolio Description
	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 Assurance Program (continuously enhances/develops the program) - Contributes to the development of quality practice policy in support of the organization's goals.

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Portfolio	Portfolio Description
	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.

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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.

- a) **Council & Committees:** Expenses have been decreased very slightly, and have essentially been maintained at the 2020 level. Virtual meetings have led to a decrease in costs for travel, accommodation and meals. As the impact of the pandemic continues to evolve, including an expected second wave of COVID-19, virtual meetings are projected to continue into the first half of 2021.
- b) **Strategic Leadership Office:** Expenses for Ends/Enabling Goals projects have been decreased for 2021 and funds have been allocated to relevant program areas for projects that have been identified and planned for in the coming year. Until the 2021 Registrar & CEO Ends Interpretation is developed and presented to Council at the February 2021 Council meeting, it is difficult to project at this time if there will be additional financial resources required for Ends and Enabling goals projects in the coming year. Expenses for Senior Leadership linkage in 2021 have been reduced given the move to virtual meetings, conferences, etc. due to the impact of the COVID-19 pandemic.
- c) **Registration & Professional Practice Program:** Expenses are increased in 2021 as the College continues to receive more complex registration applications that require legal consultation. Also, with the launch of the refreshed Quality Assurance program in 2021, the College will require ongoing communication with members and may potentially experience an increase in QA non-compliance cases. IT services will be required to address any technical/development issues that may arise with the online Professional Portfolio. QA Balanced Scorecard development will continue

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followed by the launch and development of the Registration Program Scorecard.

- d) **Professional Conduct Program:** Expenses have been maintained at the 2020 level; however, it is important to note that these expenses may vary depending on the volume of inquiries, complaints, reports that the College receives, which may result in an increase in investigation and hearings costs.
- e) **Corporate Communications Program:** Expenses have been increased for 2021 for member communications and to complete the website refresh project, which will include website development, French language translation of all website content, expertise to review for plain language, graphic design, etc.
- f) **Corporate Services Program:** Per the 2021 budget assumptions, expenses have been increased to reflect costs for College operations (salaries & benefits, rent, technology services/phones, internet, web hosting, accounting services, audit, organization membership fees, etc.)

3. Strategic Budget

The resource requirements for most strategic Ends Policy and Enabling Goals projects are allocated within the various program area budget categories. It is also projected that the unallocated funds available at the end of 2020 will be sufficient for any projects not yet currently identified for 2021.

4. Reserve Funds

Reserve funds in 2021 will be maintained at Council's designated level. In consultation with the College's auditor, a proposal that Council consider increasing the Contingency Reserve and the Fee Stabilization Reserve funds at the September 2020 Council meeting has been recommended. (See agenda item 10.1(i)). No other adjustments to the Reserve Funds are proposed at this time.

CMLTO's unallocated funds (currently \$1.1M) will be used to offset any structural deficit in 2022 and 2023. The Fee Stabilization reserve fund would be used to offset a structural deficit **after 2023**. If necessary, this will 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.

Agenda Item: 10.1 (ii)**5. Capital Budget**

Currently there are no significant capital expenditures planned in 2021.

6. Equity Analysis (Appendix 2)

The Equity Analysis shows that the College will have significant unallocated operating funds (approximately \$1.1M) at the end of the year through to the end of 2023.

Looking Forward

In 2021 staff will be focusing their efforts on accomplishing the Council's refreshed 2020-2022/23 Ends Policies. At the time of preparing the proposed 2021 Budget, the Registrar & CEO's 2021 Ends Interpretation has not been developed. The Registrar & CEO and leadership team will begin planning in the late fall and finalize the R/CEO Ends Interpretation for presentation at the February 2021 Council meeting.

Several multi-year Ends projects will continue to move forward into 2021, including implementation of the refreshed Quality Assurance Program, reporting on the Ministry's College Performance Measurement Framework tool, governance modernization, pursuing regulation/oversight of medical laboratory assistants and technicians, Voluntary Roster growth and program development, and implementing any new government direction and/or legislative changes that may arise.

New and ongoing Enabling Goals planned for 2021 include CMLTO website refresh, building CMLTO's performance measurement system (program balanced scorecards, HR), utilizing Sharepoint and other IT features following this year's IT infrastructure refresh.

It is anticipated that College will continue its virtual operations until year-end at least and possibly into the first half of 2021 as the impact of the COVID-19 pandemic and second wave continues to evolve.

If Council members have any questions prior to the meeting, please contact me at kwilkie@cmlto.com.

APPENDICES:

1. Appendix 1 – CMLTO Proposed 2021 Operating Budget
2. Appendix 2 – CMLTO Equity Analysis



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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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.

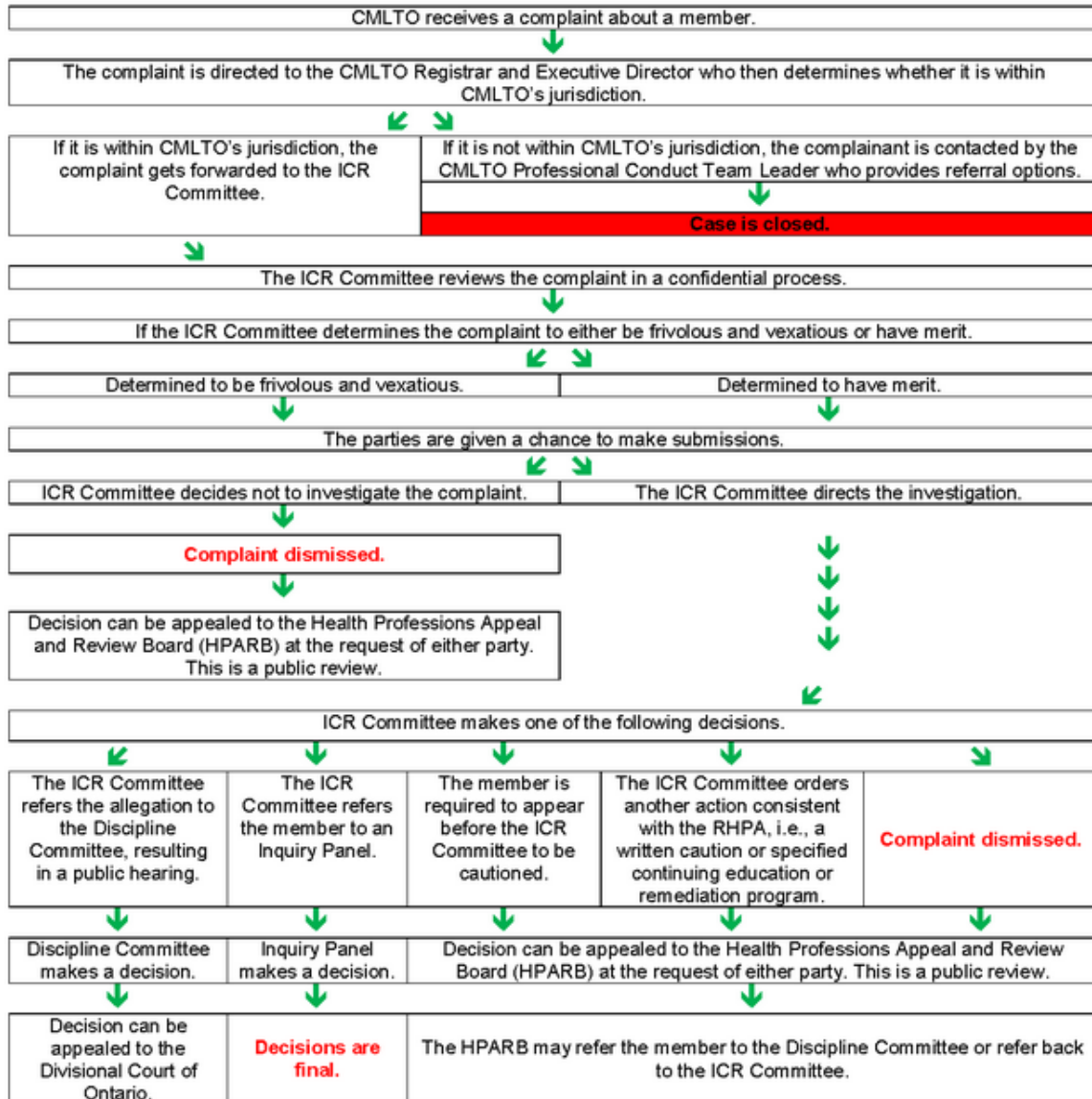
Yours sincerely,

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.



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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

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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