



COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

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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 to act in the public interest?” This information:

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

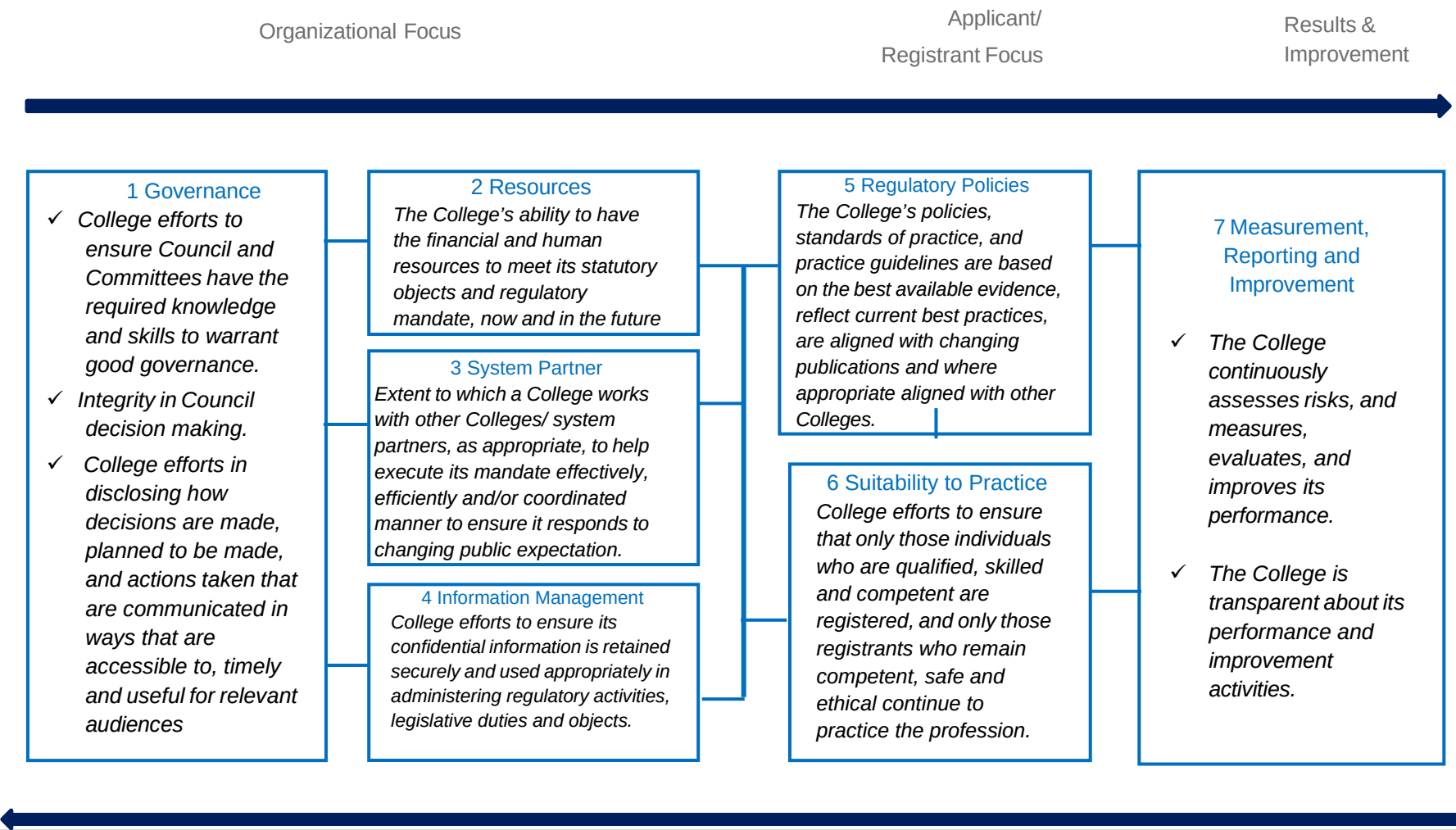


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

Completing the CPMF Reporting Tool

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

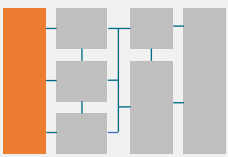
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

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

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

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Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and <i>Benchmarked Evidence</i>	The College fulfills this requirement: Yes The competency and suitability criteria are public: Choose an item. <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> The CMLTO By-Law - The CMLTO By-Law, which is posted on the CMLTO website, sets out the criteria for a Professional Board Member’s eligibility to run for a Board position as a component of the Board election process. (Provision: 4.4.5.1 Eligibility to Stand for Election). The CMLTO Board Competency Framework and Board Competency and Leadership Characteristics Profile - The CMLTO Board Competency Framework (Appendix 1), which includes CMLTO Board Competency and Leadership Characteristics Profile, serves as a foundational guide and a roadmap designed to articulate the skills, knowledge, and attributes essential for effective functioning of the CMLTO Board of Directors and ensure that its collective expertise remains robust and adaptive. CMLTO Board Competency Framework Implementation Plan can be found in Appendix 2. The GP IV-40 CMLTO Board Composition and Leadership Continuity Policy - GP IV-40 CMLTO Board Composition and Leadership Continuity Policy (Appendix 3), which was revised/approved at the February Board meeting, governs the nomination, election, and appointment processes for Professional and Academic Board Members, as defined in the CMLTO By-Law. It is also designed to inform the appointment process of Public Board Members. It establishes a structured, competency-based approach to these processes, contributing to candidates being selected based on the competencies outlined in the CMLTO Board Competency and Leadership Characteristics Profile. The CMLTO Public Interest Assessment Framework The CMLTO Public Interest Assessment Framework (Appendix 4), which serves as a comprehensive plan to ensure that the public interest continues to be assessed and reflected in CMLTO’s overall approach, including its regulatory and governance processes. The requirements of the College Performance Measurement Framework (CPMF) Reporting Tool have been taken into consideration in the development of the Framework. Domain 2 - Effective Governance to Meet the Public Interest Mandate / Section 2.1.1 – Competency Based Composition of the Board of Directors: This section of the Framework serves as plan to ensure that Board Members are competent to make informed contributions and decisions to serve the public

			interest: 1. Identifying Explicit Board Member Competencies 2. Reviewing Board Member Competencies on a Regular Basis 3. Competency Based Election of the Board Members (Professional and Academic Board Member) 4. Competency Based Appointment of the Board Members (Public Board Members)
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement: • Duration of orientation training. • Duration of orientation training. o 1.5 hours • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). CMLTO Board of Directors Candidate Training (Virtual Orientation) ▪ The CMLTO By-Law includes a provision requiring all candidates to complete an orientation to the role and responsibilities of the Board Members to confirm their nomination. This requirement was first operationalized and implemented in 2022. ▪ Pursuant to CMLTO By-Law / Provision 4.4.5.1 Eligibility to Stand for Election, a Registrant must successfully complete the CMLTO Board of Directors Candidate Training relating to the CMLTO governance approach and the duties, roles and responsibilities of the Board Members, in order to be eligible to stand for election to the CMLTO Board of Directors. Online Resources ▪ Professional Board Members are provided with information via the CMLTO website re the CMLTO’s mandate and expectations pertaining to Board Members’ role and responsibilities. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. CMLTO Board of Directors Candidate Training (Virtual Orientation) Topics ▪ CMLTO’s Role and Responsibilities ▪ CMLTO’s Mandate, Strategic Direction and Future Focus ▪ CMLTO Board of Directors and Governance ▪ CMLTO Board Members’ Roles and Responsibilities ▪ CMLTO Organizational Structure & Operational Programs ▪ CMLTO Statutory Committee Process ▪ CMLTO Statutory Committee Members’ Roles and Responsibilities ▪ Confidentiality and Conflict of Interest Online Resource Topics ▪ CMLTO Policy Governance Framework ▪ CMLTO mission and vision ▪ CMLTO Strategic Framework ▪ CMLTO Regulations and By-Law 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):
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		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and Benchmarked Evidence	The College fulfills this requirement:	Yes
			The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. The CMLTO By-Law The CMLTO By-Law, which is posted on the CMLTO website, sets out the criteria for a Registrant to be appointed to a CMLTO Statutory Committee (Provision: 5.4.6.3 Eligibility for Appointment). The CMLTO Public Interest Assessment Framework Domain 2 - Effective Governance to Meet the Public Interest Mandate / Section 2.1.2 – Competency Based Composition of the Statutory Committees: This section of the Framework serves as plan to ensure that Committee Members are competent to make informed contributions and decisions to serve the public interest: 1. Identifying Explicit Committee Member Competencies for Each Committee 2. Reviewing Committee Member Competencies on a Regular Basis 3. Competency Based Appointment of Committee Members	

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> <i>With the implementation of the CMLTO Board Competency Framework, the CMLTO Statutory Committee competency-based composition will become the primary area of focus.</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: Duration of each Statutory Committee orientation training. Orientation for CMLTO Statutory Committee Candidates: Pursuant to CMLTO By-Law / Provision 5.4.6.3 Eligibility for Appointment, a Registrant (Statutory Committee candidate) must successfully complete the CMLTO Board of Directors Candidate Training relating to the CMLTO governance approach and the duties, roles and responsibilities of the Board Members, in order to be eligible for appointment to a statutory committee as a Non-Board committee member. Orientation for CMLTO Statutory Committee Members: CMLTO Statutory Committee Members receive a comprehensive committee-specific orientation and training at the first meeting of the committee in the new year, which 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). 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 and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. Training topics for CMLTO Statutory Committees: - o CMLTO’s Legislative Mandate, Strategic Framework and Future Focus - o CMLTO’s Governance Framework (Policy Governance™) - o CMLTO Organizational Structure and Operational Programs - o CMLTO Board Committee Members’ Roles and Responsibilities - o Statutory Committee Processes - o Committee Terms of Reference and Mandate - o Committee Work Plans for the current year - o Committee Reports to Registrar & CEO, and Board - o Code of Conduct, Confidentiality and Conflict of Interest	Yes
		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. 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
			Duration of orientation training. New Public Appointees and Professional Members on the CMLTO Board of Directors are engaged in the CMLTO New Board Member Orientation and Training Program, which has several components, as outlined in the Board's Governance Process Policy GP IV-130 Board Mentor Program (Duration: from announcement of the mentorship to the new Board Member's third Board meeting) - Annual Board Orientation Session (Duration: 1 day) - Orientation Session at the first Board Meeting of the year (Duration: 1 day) - Ongoing Board Orientation Sessions (Duration: throughout the year) Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). - CMLTO Mentor Program – in-person - Annual Board Orientation Session - with Facilitator - Orientation Session at the first Board meeting of the year - with Facilitator - Ongoing Board Orientation throughout the year - with Facilitator - Resources: - Board Orientation Manual - Board Online Resources i.e. HPRO (formerly Federation of Health Regulatory Colleges of Ontario) videos - Education for Health Professional Regulators of Ontario Please insert a link and indicate the page number if training topics are public <i>OR</i> list orientation training topics. - Orientation / training material are posted on the Board Portal that only Board Members have access to. - Annual Board Orientation Session - Topics: - Roles, Responsibilities and Conduct of CMLTO Board Members - Legislation: Acts, Regulations, Bylaws, Policies & Guidelines - Confidentiality, Conflict of Interest, Code of Conduct - Board & Statutory Committees: their roles and relationship, etc. - CMLTO Structure & Programs, Strategic Direction & Key Priorities - CMLTO Governance Approach & Policy Governance Framework / System Fundamentals - Government Landscape and Priorities	
			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
		• Please provide the year when Framework was developed OR last updated. - o The Board assesses its effectiveness as per its Governance Process Policy GP IV-70 CMLTO Board Effectiveness Self Evaluation Policy. The Policy was first approved in 2007, is reviewed every 3 years, and was last reviewed and updated in 2024. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. - o GP IV-70 CMLTO Board Effectiveness Self Evaluation Policy • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> - o CMLTO Board Meeting Minutes (December 9, 2024) / Agenda Item 5.2 Review of 2024 Board Effectiveness Self-Evaluation and Board Member Assessment: Analysis, Generative Discussion, and Potential Actions Update on Rationale and Current Strategies	
		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:	Partially
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes <i>If yes, how often do they occur?</i> - Please indicate the year of last third-party evaluation. The Board Governance Process Policy GP-IV-70: CMLTO BOARD EFFECTIVENESS EVALUATION POLICY was updated at the September 23, 2024 Board meeting to require that the Board will undertake an external evaluation of the Board’s effectiveness every three (3) years. Requests for Proposals for this service were issued in October 2024, and an external organization was chosen to complete the third-party assessment of the Board in December 2024.	
			<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> The Board’s third-party assessment was launched at their February 2025 Board meeting and will be completed by May 2025.	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			- Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. February 15, 2024 Board Meeting Material / Agenda Item 5.2: Planning Part 2 for 2024 Integrated Board Strategic Agenda (Finalizing the 2024 IBSA) (Appendix 2) Please insert a link to Council meeting materials and indicate the page number where this information is found OR Please briefly describe how this has been done for the training provided over the last calendar year. 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 2024: The Board reviewed the results of the 2023 Effectiveness Evaluations at its meeting in December 2023. 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 2023 Board Effectiveness Evaluations results, the Board identified the key Board agenda topics for inclusion in the draft 2024 Integrated Board Strategic Agenda/Work Plan (IBSA), including the top strategic and critical priorities for 2024. The draft 2024 IBSA was thoroughly discussed at the first Board meeting of 2024 and any amendments that were required were made at that time. The Board then approved the 2024 Annual IBSA by motion.	
			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. 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:	Yes
			- Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. December 12, 2023 Board Meeting Material / Agenda Item 7.1 - Part 1 Planning: 2024 Integrated Board Strategic Agenda and Board Goals, pages 60-81. February 15, 2024 Board Meeting / Agenda Item: 5.2 Planning Part 2 for 2024 Integrated Board Strategic Agenda (Finalizing the 2024 IBSA), pages 97-135. - Please insert a link to Council meeting materials and indicate the page number where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Public expectations including input from the public, registrants and stakeholders are taken into consideration when the Board discusses its key priorities and goals for the coming year, culminating in their Integrated Board Strategic Agenda / Work Plan. Discussions held at the December 2023 Board meeting formed the foundations for the Board’s Integrated Board Strategic Agenda / Work Plan (IBSA).	
			<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 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.	• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. • GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy, which included the CMLTO Board Code of Conduct, Confidentiality and Conflict of Interest Declaration Form, was first approved in 1996. The policy has been reviewed on a three-year cycle since 1996, and was last updated in May 2023. • CMLTO Board Code of Conduct, Confidentiality and Conflict of Interest Declaration Form, which all Board and Committee Members must complete annually, was introduced on September 22, 2016. • As a reflection of CMLTO’s commitment to public interest and demonstration of impartiality of CMLTO Board Decisions, the following three new articles have been included in the new CMLTO By-Law, in pursuit of transparency: ○ Article 6 – Code of Conduct ○ Article 7 – Conflict of Interest ○ Article 8 – Confidentiality The new CMLTO By-Law, which came into effect on December 1, 2023, continues to reflect the current legislation, practices, public expectations, issues, and aligns with the by-laws of the other health regulatory colleges. It also reflects emerging initiatives such as Diversity, Equity, and Inclusion. Article 6 – Code of Conduct has a section titled: ‘Diversity, Equity and Inclusion as part of obligations under the Code of Conduct. The new CMLTO By-Law will be reviewed on a regular basis throughout the year. A full by-law review will be conducted every five (5) years. • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. The new CMLTO By-Law has a separate comprehensive article for Code of Conduct, Conflict of Interest, and Confidentiality. Article 6 – Code of Conduct - 6.1 Definitions and Interpretations - 6.2 Purpose of Code of Conduct - 6.3 Obligations Under Code of Conduct

Yes

		ii. accessible to the public.	The College fulfills this requirement:		Yes	
			Please insert a link to the Council Code of Conduct and ‘Conflict of Interest’ Policy <i>OR</i> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. CMLTO By-Law: ☐ Article 6 – Code of Conduct ☐ Article 7 – Conflict of Interest ☐ Article 8 – Confidentiality GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy was last reviewed and updated in March 2023. May 30, 2023 Board Meeting Material / Agenda Item 6.4: Special Policy Review: GP IV-80 Code of Conduct, Confidentiality and Conflict of Interest Policy			
			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 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	
		<u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	Cooling off period is enforced through: By-law ☐ CMLTO By-Law Please provide the year that the cooling off period policy was developed <i>OR</i> last evaluated/updated. ☐ CMLTO Consolidated Bylaws – Effective Date: 1994 (Revoked on December 1, 2022) ☐ CMLTO By-Law (Effective Date: December 1, 2022) Please provide the length of the cooling off period. ☐ Twelve (12) months How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <i>OR</i>			

		– Where not publicly available, please briefly describe the cooling off policy. ○ <u>By-Law provision pertaining to a minimum time before an individual can be elected to the Board after holding a position that could create an actual or perceived conflict of interest with respect to their duties:</u> - CMLTO By-Law / Article 4 - Board of Directors / Provision: 4.4.5.1 Eligibility to Stand for Election: “The Registrant has not been an officer, director or employee of one of the following in the previous twelve (12) months: professional association of medical laboratory technologists, a union representing medical laboratory technologists, or an association that represents employers of medical laboratory technologists. ○ <u>By-Law provision(s) pertaining to a minimum time before a Board or Committee Member can apply for employment with the College:</u> - CMLTO By-Law / Article 7 – Provision: 7.4 Examples of Conflict of Interest: “Applying for employment with the College without resigning from their Board or Committee positions pursuant to Cooling Off Period Sections of this By-Law.” - CMLTO By-Law / Article 7 – Provision: 7.9 Cooling-Off: “A Board or Committee Member may not hold another position, contract or appointment with the College while serving as a Board and Committee Member. They may apply for a position with the College after a twelve (12) month period has passed since they last served on the Board or Committee.” ○ <u>By-Law provision(s) pertaining to a minimum time before a Board or Committee Member, who has served on the Board or a Committee for nine (9) years, can become eligible to be re-elected or re-appointed:</u> - CMLTO By-Law / Article 4 - Board of Directors / Provision: 4.3.4 Cooling-off Period: “A Board Member, who has served on the Board of Directors for nine (9) consecutive years is eligible to stand again for election to the Board after a twelve (12) month period has passed since that Member last served on the Board of Directors.” - CMLTO By-Law / Article 5 - Committees / Provision: 5.4.4. Cooling-off Period: “A Non-Board committee member, who has served on a statutory committee for nine (9) consecutive years, is not eligible to be re-appointed to any statutory committee until at least twelve (12) month period has passed since that member last served on the statutory committee.”
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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>	
		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 <i>OR</i> last evaluated/updated. The CMLTO Code of Conduct, Confidentiality and Conflict of Interest Declaration Form, which is included in the CMLTO GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy, was first introduced in 2016. The Board approved its new Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form on December 1, 2023 at the same time it approved the new CMLTO By-Law. All CMLTO Board and Committee Members must sign the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form upon election or appointment, and annually thereafter, indicating that they have read and will comply with the Code of Conduct of the College pursuant to Provision: 7.6 Declaration of Conflict of Interest of the CMLTO By-Law. Each Board or Committee Member shall immediately notify the Registrar and CEO and complete an amended CMLTO Code of Conduct, Confidentiality and Conflict of Interest Declaration Form should the information which was previously included in the form change. Provision: 7.6 Declaration of Conflict of Interest of the CMLTO By-Law addresses all details pertaining to declaration of conflict of interest: 7.6.1 Declaration of Conflict of Interest to be Eligible for Board Elections 7.6.2 Annual Declaration of Conflict of Interest 7.6.3 Amended Declaration of Conflict of Interest 7.6.4 General Declaration of Conflict of Interest 7.6.4.1 Conflict of Interest Related to Overall Role 7.6.4.2 Conflict of Interest Related to a Board or Committee Matter 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 Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.	

		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
			Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. The Board’s Annual Integrated Strategic Agenda (IBSA) is structured to reflect the 4 categories of Board policies: 1. Ends Policies (critical outcomes), 2. Executive Limitations Policies (R/CEO boundaries of risk), 3. Governance Process Policies (Board governance processes), and 4. Board Staff Relationship Policies (Board-R/CEO relationship). Board meeting agendas are organized based on the topics and issues identified by Board to be addressed per the annual IBSA, and sections of the agenda clearly reflect which category of policy the issue pertains to from a public interest perspective. Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. CMLTO Critical Outcomes/Ends Policy Direction The CMLTO serves the public interest through achievement of the CMLTO Critical Outcomes/Ends Policy Direction established by the CMLTO Board of Directors. These Critical Outcomes/Ends Policy directions are developed by CMLTO Board in the public interest for safe medical laboratory technology practice and high-quality healthcare. (CMLTO Critical Outcomes/Ends: 2024-2026/2027) CMLTO Board Meeting Material (December 11, 2023) Agenda Item 6.1 High Level Ends Policy 1 – Public Trust in Health Professions Regulation Agenda Item 6.2 High Level Ends Policy 2 – Accountable Professionals Agenda Item 6.3 High Level Ends Policy 3 – Effective Regulation with the Health System: Updated from September Board Meeting CMLTO Governance Effectiveness Scorecard Framework (2024) The Public Interest Indicator of the CMLTO Governance Effectiveness Scorecard Framework lists the key topics covered by the Board with direct impact on Public Interest. CMLTO Governance Effectiveness Scorecard – 2024. / February 20, 2025 Board Meeting Material – Agenda Item 3.4.1) The CMLTO Public Interest Assessment Framework Briefing and monitoring reports in the Board meeting materials contain a “public interest rationale” section making concrete links to the CMLTO’s public interest mandate and strategic priorities pursuant to the CMLTO Public Interest Assessment Framework as of September 2023.	
			<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
		<u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate. 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. 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.	- Please provide the year that the formal approach was last reviewed. Every two years, and more often as needed, the Board updates its governance Risk Register in order to step back to look at overall risk trends and to ensure there are no key gaps in its risk policy direction parameters to the Registrar & CEO/CMLTO organization. This was completed in 2023 as reported in the 2023 CMLTO CPMF report. - Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. At the end of the year, the Board formally assesses internal and external risks which will then be integrated into the IBSA. The discussions leading into 2024 can be found in the meeting of December 12, 2023 Board Meeting Material / Agenda Item 7.1 - Part 1 Planning: 2024 Integrated Board Strategic Agenda and Board Goals, pages 60-81. At the first meeting of the year, the Board reviews the annual Integrated Board Strategic Agenda. This can be found in the February 15, 2024 Board Meeting / Agenda Item: 5.2 Planning Part 2 for 2024 Integrated Board Strategic Agenda (Finalizing the 2024 IBSA), pages 97-135.	
			<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>	

DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:		
		3.1 Council decisions are transparent.		
		Required Evidence	College Response	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Council minutes are posted. - o CMLTO Board meeting minutes are posted on the CMLTO website upon approval. • Please insert a link to where the status updates on implementation of Council decisions to date are posted <i>OR</i> where the process for requesting these materials is posted. • Status of updates on the completion of action items of Board meetings are included in every Board meeting material as a separate agenda item.	
			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)	

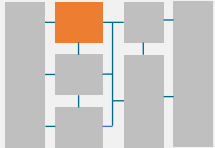
		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or 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	Yes
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. o Information outlined in Section a is posted on the CMLTO website as part of the quarterly Executive Committee Monitoring Reports to the Board, which are included in the Consent Agenda of each Board meeting material.	
			<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: 3.2 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. - o CMLTO Board meeting dates are posted on the CMLTO website in January of each year. - o CMLTO Board meeting materials are posted on the CMLTO website one week prior to meeting date. - o CMLTO Board meeting materials, Board highlights, and meeting minutes between 2015-present can be found on the CMLTO website.	
	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:	Met in 2023, continues to meet in 2024
	Please insert a link to the College's Notice of Discipline Hearings. Once a referral to Discipline is made, a notice is posted to the CMLTO website (here) with a link to the full notice of hearing, including the allegations. The postings also include a link to access the CMLTO Public Register entry (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:		Yes
		- Please insert a link to the College’s DEI plan. CMLTO Equity, Diversity, Inclusion and Justice Plan - Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. New Board Policy: GP #V-01.05Board Equity, Diversity, Inclusion, and Justice Principles and Values (February 16, 2024 Board Meeting Material – Agenda Item 4.2), pages 163-166.		
		<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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		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:	Yes
			- Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. Our College is a member of the Health Profession Regulators of Ontario (HPRO), and our Registrar is a member of the Board of Directors. HPRO’s Board has committed one of its three strategic priority areas to EDI. All 26 Colleges within the <i>RHPA</i> are members of HPRO and have agreed to this priority. Within HPRO’s EDI priority, HPRO has completed an important project that provides an EDI Organizational Self-Assessment and Action Guide (including an Equity Impact Assessment Tool). The Guide addresses the CPMF and its seven distinct domains and provides specific steps to be considered for improvement. The Guide helps the College carry out its EDI and anti-racism self-assessment across all aspects of the College’s work and functions. It also helps the College with its continual EDI and anti-racism integration and improvements. It was based on research and evidence, and it included dedicated efforts and collaboration from College staff who, along with project management provided by external consultants Graybridge Malkam who have expertise in EDI. The College will continue to support HPRO as it adds to its EDI toolkit and provides ongoing education, information, and training for College staff and governors. - 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. An EIA was undertaken as part of the 2024 CMLTO initiative of migrating regulatory databases. This informed the process for collection of race-based data through the application and registration renewal processes.	
			<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: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes - Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. The Board meeting materials that include discussions about activities or projects to support the strategic plan and the approved 2024 budget can be found in the September 15, 2023 Board Meeting Material / Agenda Item 4.5: Proposed 2024 Budget (Executive Limitations Policy – EL #II-10 Financial Planning and Budget Cycle), pages 346 – 364. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Board Executive Limitations Policy EI II-10 Financial Planning & Budget Cycle (Appendix 12) 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 2024 Operating, Capital and Strategic Budget was approved by the Board at the September 2023 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.
			Choose an

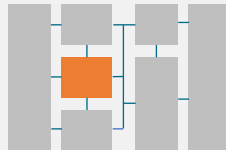
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		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:	Met in 2023, continues to meet in 2024
			• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. The 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. The regular review (every 2 years) of the Financial Condition Policy (EL II-11) was last discussed and approved at the Board meeting held on February 16, 2024. • 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 February 16, 2024. • 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. Independent financial audit confirms that the College possesses the level of reserves set out in the policy as at December 31, 2024.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		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). <i>Benchmarked Evidence</i>	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 2024 budget, which includes the compensation (salaries and benefits) for staff. CMLTO currently has 10 full-time employees. The Registrar & CEO is responsible for recruiting, hiring and terminating employees. The College assesses its operational requirements on an annual basis to determine if any adjustment to its human resource complement is needed. - Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. 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 EL II-25 Human Resources Parameters Policy. In 2024, this was reported at the September 24, 2024 Board Meeting / Agenda Item 4.3, pages 394 – 414. 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.	

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
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		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 College reviews its data and technology plans on a regular basis. 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-based 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. The College undertook a comprehensive assessment of its information technology systems, infrastructure and processes in 2023. The results of that assessment include migration to a new data and technology platform for regulatory processes in 2024, and numerous internal systems and process improvements implemented in the winter of 2023, and into 2024.	
			<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.</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> 1. Ontario Ministry of Health (MOH) The CMLTO met with representatives from the MOH 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. These meetings led to collaborative discussions with certain employers and the MOH to address local health human resource needs through registration of individuals with limited scope. 2. Health Profession Regulators of Ontario (HPRO) The Registrar & CEO participates in bi-weekly HPRO meetings and regularly scheduled HPRO Board meetings to address regulatory, College governance and other matters of mutual interest. (E.g., governance modernization, CPMF, Antiracism/Anti-oppression, etc.). The CMLTO’s Coordinator, Corporate	

Communications is also an active member of the HPRO Communications Committee.

3. Other Health Regulatory Colleges in Ontario

CMLTO actively monitors and participates in ongoing dialogue with other health regulatory Colleges in Ontario through managed listservs on registration, quality assurance program and investigations & hearings related matters. This ensures that the CMLTO’s registration, quality assurance, and professional conduct 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 Board.

4. Office of the Ontario Fairness Commissioner (OFC)

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.

5. Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR)

The Registrar & CEO participates in CAMLPR Board meetings. The focus of the meetings is 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.

6. Canadian Society for Medical Laboratory Sciences (CSMLS)

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.

7. EQual Canada (Health Standards Organization/Accreditation Canada)

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.

8. Ontario Medical Laboratory Science (MLS) Educational Institutions

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.

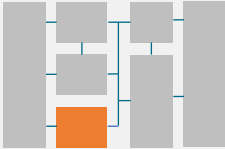
9. Ontario MLT Employers

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. Employer webinars and linkage with employers through the CMLTO employer e-newsletter ensure that employers are kept up to date on any initiatives that impact their roles and responsibilities (i.e. mandatory reporting), while also ensuring that CMLTO is aware of emerging or evolving employer specific issues as they relate to the MLT professional practice.

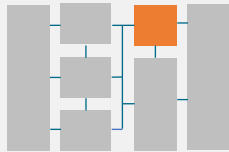
	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> 1. CMLTO surveys (complaints/mandatory report processes, etc.) The CMLTO collects and analyzes data regarding complaints it receives that are outside of its jurisdiction (i.e. Non MLT related). Every year CMLTO receives complaints from members of the public about facilities or specimen collection centres, and non-regulated laboratory staff. 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 information is published in the CMLTO Annual Report yearly. The CMLTO has been recording and reporting these complaints for many years to track instances of lapses in public protection. 2. Conduct Referrals Every year the CMLTO receives complaints regarding unregulated laboratory staff, laboratory processes and other health professionals that are not within its jurisdiction. The CMLTO ensures that complainants understand the jurisdiction of the College and refers them to the appropriate authority with jurisdiction to handle their complaint. 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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		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: Yes
			Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. <u>Disclosure of Information:</u> Board’s Governance Process Policy GP IV-135 Disclosure of Information Policy sets the criteria for the collection, use, disclosure, protection of information that is of a personal or sensitive nature that the College holds. 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 RHPA also provides that certain information, must not be disclosed. Such information may only be disclosed when specific exemptions listed in s. 36 of the RHPA apply. Consistent with the RHPA 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? Choose an item. Additional comments for clarification (optional)

		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. Benchmarked Evidence	The College fulfills this requirement: • 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. Confidentiality: CMLTO By-Law / Article 8 – Confidentiality addresses confidentiality policy of the College: 8.1 Confidentiality under the RHPA 8.2 Exceptions to Confidentiality under the RHPA 8.3 Duty of Confidentiality The CMLTO has a comprehensive, publicly available Privacy Policy.	Yes
			If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

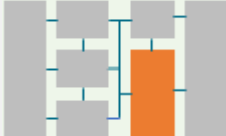
		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).							
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.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2023, continues to meet in 2024</td></tr><tr><td colspan="2"> - Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). CMLTO follows a structured and intentional approach for the development, review, and implementation of its resources. All resources are reviewed based on a standardized review schedule. For example, Board and Committee policies are reviewed every three years. Professional Practice guidelines are reviewed every three to five years. The Standards of Practice and Code of Ethics are reviewed every ten years or as required if significant changes occur to practice requirements. The process for identifying resources which must undergo a review are codified by internal Professional Practice policies including: - PP #01 – Professional Practice Resource Policy (Appendix 5) - PP #02 – Professional Practice Resource Review Process (Appendix 6) - Professional Practice Resources Development/Review checklist (Appendix 7) - Annual internal risk assessment process (Appendix 8 & 9) </td></tr><tr><td colspan="2"><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></td></tr></table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). CMLTO follows a structured and intentional approach for the development, review, and implementation of its resources. All resources are reviewed based on a standardized review schedule. For example, Board and Committee policies are reviewed every three years. Professional Practice guidelines are reviewed every three to five years. The Standards of Practice and Code of Ethics are reviewed every ten years or as required if significant changes occur to practice requirements. The process for identifying resources which must undergo a review are codified by internal Professional Practice policies including: - PP #01 – Professional Practice Resource Policy (Appendix 5) - PP #02 – Professional Practice Resource Review Process (Appendix 6) - Professional Practice Resources Development/Review checklist (Appendix 7) - Annual internal risk assessment process (Appendix 8 & 9)		<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		The College fulfills this requirement:	Met in 2023, continues to meet in 2024						
- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). CMLTO follows a structured and intentional approach for the development, review, and implementation of its resources. All resources are reviewed based on a standardized review schedule. For example, Board and Committee policies are reviewed every three years. Professional Practice guidelines are reviewed every three to five years. The Standards of Practice and Code of Ethics are reviewed every ten years or as required if significant changes occur to practice requirements. The process for identifying resources which must undergo a review are codified by internal Professional Practice policies including: - PP #01 – Professional Practice Resource Policy (Appendix 5) - PP #02 – Professional Practice Resource Review Process (Appendix 6) - Professional Practice Resources Development/Review checklist (Appendix 7) - Annual internal risk assessment process (Appendix 8 & 9)									
<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>									

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <i>Benchmarked Evidence</i>	The College fulfills this requirement:	Yes
			- Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. The review of CMLTO’s resources includes its policies and guidelines is conducted through a three-phase approach. The key steps taken to address the listed components include: Validating the need: A reflection on the resource’s relevancy within the current MLT practice environment, determines the uniqueness of the resources, and assesses any risks with maintaining or removing the resource. Development/Review of the resource: Describes the resource’s review process (i.e., stakeholder engagement, literature research, engaging other health regulatory Colleges) including the proposed rationale for its development, modification, or retirement. Implementation plan: Determines the appropriate communications and/or dissemination plan for the resource including gathering the required approvals, description of the relevant interested parties and proposed methods of engaging these individuals/groups. The resources listed below are examples of how CMLTO implemented the above steps in 2024: - A review of 4 Professional Practice Learning Program Modules Confidentiality and Privacy Consent to Treatment Legislative Framework for MLT Practice Professionalism in MLT Practice Additionally, the following Committee policies were updated using the described approach: - QAC policy 104 - Professional Portfolio Support Program QAC policy 47 - MLTs Changing Status After QA Audit Selection Registration Committee Policy 22 – Registration fees Registration Committee Policy 03 – Language Fluency Requirements - Registration Committee Policy 17 – Suitability to Practise Registration Committee Policy 19 – Letter of Standing	

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
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		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
			- Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. The Board of Directors continued to implement its EDIJ plan throughout 2024 by reviewing individual policies to ensure they adhere to their EDIJ guiding principles which are Vision for Impact, Regulatory Approach, Programs, & Services, Board Leadership, and Human Resources. - Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. Throughout 2024, the CMLTO built upon the following goal, established by the Board in relation to EDIJ: “To begin, together as a Board, the learning process around Equity, Diversity, Inclusion and Justice matters including the issues/concerns, the impact and action needed by the Board, and the related influence/direction the Board wishes to have on CMLTO as an organization.” The CMLTO’s Board of Directors’ EDIJ plan can be found here. This plan provides guidance to ensure tangible accomplishments are made in terms of Board process & policy revisions, recruitment practices, and monitoring/reporting in areas of equity, diversity, inclusion and justice. Concepts related to EDIJ are included in the CMLTO’s Code of Ethics. This resource was reviewed in 2017. Principles related to Diversity, Respect, Dignity and Consent are included on page 3.	

			<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: 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.) ¹ .	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. The list of acceptable documents, as approved by the Registration Committee, can be found here. Documentation must be provided to the College in accordance with the Guarantor’s Verification Form. The submission methods are described on page 3. - Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). The process for submitting and completing a CMLTO application is outlined for both Canadian and Internationally educated applicants. An infographic is available on the CMLTO’s website regarding the Registration application process (here). When the CMLTO receives an application, Registration staff will review documents to ensure compliance with the applicable Committee and internal policies (i.e., language fluency results within preceding 6 months, active engagement within the preceding three years). The Applicant is notified by email of incomplete or missing documents by email. Where applicable, staff may contact the Applicant or any listed individuals (i.e., guarantor, employer, regulatory College) to gather further information as it relates to Letter of Standing or active engagement information. When an Applicant does not meet the registration criteria, they are referred to the Registration Committee for review. Information about this process is shared in this infographic available on CMLTO’s website under the Applications referred to Registration Committee section (here). In 2024, CMLTO staff undertook a significant IT improvement project which included a comprehensive review of the online application. Application improvements included sending automatic email confirmation to the Applicant when an application is made that describes next steps in the review process, and the introduction of a new document submission path by enabling direct uploading of documents into their application ensuring a single source of the Applicant’s application information. </td></tr></table>	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes				
- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. The list of acceptable documents, as approved by the Registration Committee, can be found here. Documentation must be provided to the College in accordance with the Guarantor’s Verification Form. The submission methods are described on page 3. - Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). The process for submitting and completing a CMLTO application is outlined for both Canadian and Internationally educated applicants. An infographic is available on the CMLTO’s website regarding the Registration application process (here). When the CMLTO receives an application, Registration staff will review documents to ensure compliance with the applicable Committee and internal policies (i.e., language fluency results within preceding 6 months, active engagement within the preceding three years). The Applicant is notified by email of incomplete or missing documents by email. Where applicable, staff may contact the Applicant or any listed individuals (i.e., guarantor, employer, regulatory College) to gather further information as it relates to Letter of Standing or active engagement information. When an Applicant does not meet the registration criteria, they are referred to the Registration Committee for review. Information about this process is shared in this infographic available on CMLTO’s website under the Applications referred to Registration Committee section (here). In 2024, CMLTO staff undertook a significant IT improvement project which included a comprehensive review of the online application. Application improvements included sending automatic email confirmation to the Applicant when an application is made that describes next steps in the review process, and the introduction of a new document submission path by enabling direct uploading of documents into their application ensuring a single source of the Applicant’s application information.					

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

			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 and indicate page numbers OR please briefly describe the process and checks that are carried out. CMLTO engages in many activities to identify and implement best practices for registration. 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. As part of its annual orientation requirements, the Registration Committee and CMLTO staff are provided with a presentation by the Ontario Fairness Commissioner and legal counsel on their roles and responsibilities. This information informs the Registration Committee and internal policies and processes. Further, Registration Committee policies are reviewed on a regular basis to remain relevant and to mirror best practices. In 2024, multiple policies were reviewed by the Registration Committee. Upon approval, they were made available on the CMLTO’s website to further communicate the registration requirements and rationale for many steps of the registration process: Policy RC 03: Language Fluency Policy RC 17: Suitability to Practise Policy RC 22: Registration fees Additionally, in 2024, the CMLTO reviewed and completed significant updates to the application including the Guarantor’s Verification form. These changes were informed through industry research, engagement with parties such as the OFC, and through a jurisdictional scan of fellow regulators both within and outside of healthcare. CMLTO staff participated in demonstrations of three other health regulatory bodies to identify best practices and novel ideas related to applications and engagement with Applicants. - Please provide the date when the criteria to assess registration requirements was last reviewed and updated. The above policies were reviewed in 2024. However, all Registration Committee policies, at minimum, are reviewed on a three-year cycle.	
		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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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement: Yes
		- Please briefly describe the currency and competency requirements registrants are required to meet. During the annual registration renewal process, all Registrants self-report compliance to a series of Professional Conduct (i.e., charges, conduct cases) and Quality Assurance (i.e., compliance with QA program, adherence to Standards of Practice and Code of Ethics) declarations and they confirm if they have satisfactory professional liability insurance. 1. Quality Assurance Declarations 2. Professional Liability requirement - Please briefly describe how the College identified currency and competency requirements. The declarations and other renewal requirements are reviewed annually by the Registrar & CEO and Senior Director, in consultation with external legal counsel, as part of the annual registration renewal improvement 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, professional conduct statements, or professional liability insurance requirements self-declarations were required in 2024. However, process improvements were developed as part of the IT implementation. This included a free-text field for Registrants to provide information relevant to their declarations. These improvements were embedded in the 2025 Annual renewal process specific to conduct related matters. - 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, Registrants are required to self-report compliance 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 those who self-declared noncompliance in any of the three components are provided to relevant CMLTO staff for individual follow-up, as required. Statutory processes are employed pending the outcome of contact with Registrants who either responded to the Professional Conduct statements in an unexpected manner, or who self-declared non-compliance with their Quality Assurance and professional liability insurance obligations, as required. In 2024, a total of 21 Registrants were contacted regarding their annual renewal noncompliant declarations. Further, all Practising Registrants are subject to the annual Quality Assurance audit processes, and an annual professional liability insurance audit. Typically, the Quality Assurance Program random audit selection occurs in compliance with the QAC approved audit criteria. In 2024, due to significant changes to the Registrant database which houses the Professional Portfolio, the audit approach was altered to accommodate for reduced staffing capacity. Registrants were randomly selected and notified in October 2024. Each year 100 Practising registrants are randomly selected to demonstrate proof of their Professional Liability Insurance coverage. Non-compliant Registrants

	are followed-up with in accordance with Registration policies.	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>		

² 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).

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Measure:			
9.3 Registration practices are transparent, objective, impartial, and fair.			
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	
		The College fulfills this requirement: Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. In 2024, CMLTO received the OFC risk assessment report which indicated a low-risk profile. Each year CMLTO publishes its OFC report submission on its website (here). Where an action plan was issued, is it: No Action Plan Issued	Yes
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (if needed)</i>
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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 2024, there were no revisions or updates to the Standards of Practice. - 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>	
Additional comments for clarification (optional)				

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 ³ .		
	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement: Met in 2023, continues to meet in 2024
		- Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. In 2024, an area of focus for the CMLTO was MLT Continued Competence and Development. This topic was identified through two means: the first was an internal risk assessment and the second was the 2023 Stage 1 Professional Portfolio feedback survey. Each year CMLTO staff engage Registrants to gather feedback about the Professional Portfolio to determine what next year's Practice Improvement Self-Assessment Module (PRISM) topic could be. The final topic is reviewed and approved by the Registrar & CEO. - Is the process taken above for identifying priority areas codified in a policy: Yes <i>If yes, please insert link to the policy.</i> Policies are CMLTO internal Professional Practice and Quality Assurance resources. The PRISM Policy is attached. (Appendix 10) "The PRISM topic will be different each year and it must be informed by current and relevant practice trends and topics. A memo with recommended PRISM topics will be provided to the Registrar & CEO for consideration and decision."
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional)

³ "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:	Met in 2023, continues to meet in 2024
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • 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> – <i>Public</i> Yes – <i>Employers</i> Yes – <i>Registrants</i> Yes – <i>other stakeholders</i> Yes In 2021, CMLTO launched the updated Quality Assurance Program. Through the update the program embedded concepts of right-touch regulation. As part of the review process, CMLTO Board of Director’s created a series of guiding principles which were formed using the Right-touch regulation concepts. The principles are: Enabling professional practice 1. CMLTO collaborates with members to seek input to the Quality Assurance Program and is responsive to members’ feedback. 2. CMLTO encourages members to include quality assurance thinking throughout their professional practice and careers. 3. CMLTO supports and uses proactive approaches with members in pursuit of enhanced professional practice and continuing competence. Effectiveness 4. Focussed on direct, demonstrated, and measurable continuous improvement of the competence and quality of members’ professional practice. 5. Evidence-based, transparent, fair and objective. 6. Easily understood and will set appropriate expectations of members. 7. Continually evaluated for reliability and validity of program design and implementation. These principles continue to guide the annual improvements made to the program and its components. Additionally, right-touch regulation concepts were included during the development of the updated Quality Assurance Program audit criteria to ensure they are proportionate, transparent, and consistent.	
			<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: Met in 2023, continues to meet in 2024 - Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. The potential Registrant outcomes or decisions in their cases are communicated on the CMLTO’s website and in their audit notices. Each QA component has its own requirements. Please see below. Professional Portfolio Practice Review Competence evaluation If a Registrant fails to meet the QA component requirement after support is provided by CMLTO staff, they are referred to the Quality Assurance Committee. The Quality Assurance Committee policy QAC 45 – Case Referral to the QAC, outlines the various situations in which a member may be referred to the QAC for review and decision. The potential Committee responses and decisions are detailed in the policy as well. “The powers of the QAC are defined in Section 80.2 of the Health Professions Procedural Code, being Schedule 2 of the Regulated Health Professions Act, 1991: - Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs. - Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member, - whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or - who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully. - Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member’s knowledge, skill and judgment are now satisfactory. - Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated. 2007, c. 10, Sched. M, s. 58. Through the process of deliberating on a specific case, the QAC may take the following actions prior to exercising their powers as described above: - Direct QAP staff to pursue further communication with the member in an attempt to resolve the situation; or - Request legal consultation related to other options available to the QAC. QAP staff will document and follow up on all actions directed by the QAC and will report back to the QAC with the status of each case at subsequent QAC

			meetings.” Additionally, the Quality Assurance Committee uses a Risk-Based Decision framework when reviewing all QA cases. The frameworks were developed using Right touch regulation concepts and consider a case’s mitigating and aggravating factors. Each component of the QA program has its corresponding framework which seeks to ensure consistent and fair decision-making processes. The frameworks and accompanying policy are attached. (Appendix 8 & 9) “The Quality Assurance Committee (QAC) is responsible for reviewing, deliberating, and determining an outcome for a variety of different cases in alignment with policy QAC 45 Case Referrals to QAC. Throughout these steps, its essential to maintain a fair, transparent, and consistent process in determining registrant next steps in matters brought forward to the Committee. Right touch regulation ensures registrant cases are handled using an appropriate level of oversight and regulatory powers that align to the amount of risk present in any given case. Risk is determined by reviewing the probability and impact of a registrant’s action(s) or behaviour(s). This fosters a risk-based decision-making process for the QAC to abide by when determining outcomes. It is appreciated that individual cases may have aggravating and mitigating factors. The frameworks provide a thorough but not comprehensive list of these potential influences. This policy is to be used in conjunction with the QAC Risk-based decision-making frameworks for the Stage 1 & 2 Professional Portfolio, Practice Review, annual QA declarations, and Competence Evaluation.”
			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: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.		
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
		- Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. 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 database). QAC decisions are sent to Registrants by mail and email. Any applicable deadlines are included in the notice. Notices and communications to/from the registrant are documented and stored in their QA file on SharePoint. Registrant submissions are reviewed and tracked by Quality Assurance Program staff. The date a submission is made, when it is reviewed, and its outcome is noted on the tracking excel Spreadsheet and database. - 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. If a Registrant 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 Registrant is unsuccessful in meeting the requirements of the QAC’s decision, QAP staff will coach the registrant as required. If the deadline passes and the Registrant is still unable to meet the QAC’s decision requirements, their file is referred back to the QAC. Depending on the QAC’s decision and its requirements, a Registrant may demonstrate the knowledge, skill, and judgement if they: 1. Submit an acceptable Professional Portfolio 2. Pass a Practice Review by meeting the assessment cut-score (detailed in the Practice Review blueprint) 3. QAC deems a Registrant’s Competence Evaluation Report and score is adequate.		
		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)		

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 including options to resolve complaints and the potential outcomes can be found on the following webpage: Online Complaints Process - 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. Information about a complaint is gathered through CMLTO’s Online Complaint form (here). Complaints are acknowledged and reviewed to ensure they are within CMLTO’s jurisdiction (i.e., involves a CMLTO Registrant). If they are not within CMLTO’s jurisdiction, appropriate contact information for any other applicable organization(s) is provided to the complainant (where available). If further information is required from the complainant, they are contacted by email or telephone. This complaints process is outlined for the public and CMLTO Registrants in the Inquiries, complaints & reports infographic.
			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)

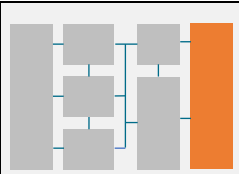
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:		Yes
			Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. On average, each complaint/concern 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. CMLTO staff send feedback surveys to those who make complaints that are not within CMLTO’s jurisdiction. In 2024, CMLTO received 6/7 (86%) responses that the information provided to the individual from the Professional Conduct department was useful.		
		Benchmarked Evidence	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.		
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:		Yes
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).		
			95.0%		
			In 2024, CMLTO received 26 complaints. Of the 26 received, 24 were not within the CMLTO’s jurisdiction (i.e., did not involve its Registrants). The average turnaround time to acknowledge the inquiry was 4 days with the shortest being 0 days and the longest of 33 days.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		
			The complaint acknowledged within 33 days required a significant review to ensure a Registrant was or was not involved in the matter.		

		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 the public during the complaints process. • On-line complaint form • Complaints & investigation and Complaint outcomes infographics • Public’s ability to communicate with the College via email, phone call, letter mail anytime during the complaints process • Public Register video • French Services Language policy • FAQ about the complaints process • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. Complainants are provided with this information while they are filing in their complaint. When the complaint is acknowledged, they are sent accompanying information/attachments. If clarity is required, staff provide further information as required			
			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 and indicate the page number(s) OR please provide a brief description. Information on how to contact CMLTO about a complaint is found here (mail, telephone, email). CMLTO’s online complaint form can be found here. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. In addition to the notices required under the RHPA, staff provide Registrants and complainants with updates on the status of their case on request. Most requests for status updates are received and responded to by email. Many of the conduct cases at CMLTO originate as mandatory reports from employers and not complaints. Information about the Public Register is available on the CMLTO’s website and the complaints process. Additionally, Decision and Reasons of the ICRC or Discipline Committee are sent to both the complainant and Registrant when a decision is rendered. Appeals information is also sent to the applicable parties.			

			Additionally, CMLTO staff will contact complainants as soon as possible after a Discipline hearing date is schedule.	
			<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.

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12		Additional comments for clarification (optional)	
		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:	Partially
			- Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. Information related to the Complaints framework and assessment is detailed here. It describes the process from complaint intake, the Registrar’s review, ICRC’s review, potential outcomes, and the appeal processes. - Please provide the year when it was implemented OR evaluated/updated (if applicable). Implemented in August 2016. The Risk assessment tool was scheduled to be evaluated in 2023 & 2024, however, due to time constraints it will be evaluated in 2025.	
			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)				
		Due to a significant IT implementation and staffing constraints the Risk assessment underwent an internal review but is pending the final approvals. This process is anticipated to be completed by May 2025.		

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
			- Please insert a link to the policy and indicate page number OR please briefly describe the policy. CMLTO Letter of Standing Policy - https://www.cmlto.com/wp-content/uploads/2024/11/RC-19.pdf https://www.cmlto.com/education-and-registration-requirements-for-out-of-province-applicants/ - Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). In 2024, CMLTO produced 32 VisaScreen documents and 39 Letters of Standing. These documents are requested by current or former Registrants and completed by CMLTO staff. The College sends the documents directly to the organizations the Registrant has requested. The CMLTO also shares de-identified practice information through its Annual Report and Health Human Resources (HHR) reports. Please note the HHR report summarizes data from the previous year. The Annual Report and HHR Report can be found on the College’s website: https://www.cmlto.com/college-publications/	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
<i>Additional comments for clarification (if needed)</i>				

		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 & IMPROVEMENT	STANDARD 14	Required Evidence	College Response	
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection.	
		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:	Met in 2023, continues to meet in 2024
			Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.	
			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 and indicate the page number. CMLTO Risk Register The Board reviews its Risk Register every two years. The last fulsome review was completed in 2023, and a fulsome review is planned in 2025. CMLTO Board Meeting Material (February 6, 2023) / Agenda Item 6.1 - Finalizing Assessment of CMLTO Board Risk Register (for 2023-2024) and Action Planning The CMLTO Governance Effectiveness Scorecard Framework CMLTO Board has been measuring key governance and outcome indicators by the CMLTO Governance Effectiveness Scorecard Framework since 2012. The Framework is a carefully selected set of measures derived from criteria set out in Board’s governance policies, and is reported at each and every Board meeting. If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.
		Benchmarked Evidence	
		Measure:	
		14.3 The College regularly reports publicly on its performance.	
		a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 Please insert a link to the College’s dashboard or relevant section of the College’s website. 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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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.

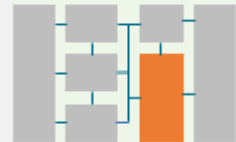
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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.

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Table 1 – Context Measure 1 (M.M.)

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i>	
Type of QA/QI activity or assessment:	#		
i. Stage 1 Professional Portfolio	2680		
ii. PRISM module video and quiz (2024 topic: MLT Continued Competence)	2480		
iii. Stage 2 Professional Portfolio audit	143		
iv. Stage 2 Professional Portfolio formal coaching sessions	2		
v. Practice Review audit	891		
vi. Annual self-reported compliance with QA declarations	6677		
vii. Competence Evaluation Assessor Training	5		
-			

<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>	
<i>Additional comments for clarification (if needed)</i> <i>Typically, all Practising registrants are required to submit their Stage 1 Professional Portfolio by March 31st. However, due to a new system implementation Registrant’s were not required to submit their Stage 1 Professional Portfolios for review in 2024 and a reduced volume of Registrants were selected for the Stage 2 audit process to manage staffing resources.</i> <i>The Stage 2 Professional Portfolio audit is ongoing for 2024. Registrants were required to submit their completed portfolio for review by January 31, 2025.</i> <i>In 2024, one registrant self-reported non-compliance with one or more annual QA renewal declarations. College staff had a conversation with the noncompliant MLT. During the discussion, QA staff provided guidance related to the updated QAP and the QA requirements of all Practising MLTs. The registrant stated they felt they understood what was required of them moving forward and no further action was required.</i>	

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2024	1034	15.62%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	10	1.00%	
NR			
Additional comments for clarification (if needed)			
In 2024, the CMLTO QA program underwent a significant IT implementation. As a result, a smaller than typical subsection of MLTs were randomly selected for audit in 2024 in comparison to previous years. In 2025, the random audit criteria will be restored to previous years. The 2024 audits are still ongoing, and more cases may be referred to the QA Committee.			

Table 3 – Context Measure 4

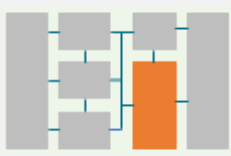
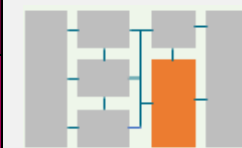
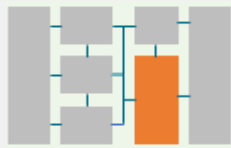
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2024:**		#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*		0	0%	
II. Registrants still undertaking remediation (i.e., remediation in progress)		8	100%	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.				
Additional comments for clarification (if needed)				
Of the 10 QA Committee case referrals, 8 continue to undertake remediation. One case was referred to ICRC and one Registrant resigned during their remediation. In both cases, the Registrant was no longer eligible to complete remediation as directed to by the QA Committee.				

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended 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 2024	Formal received	Complaints	Registrar initiated	Investigations	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	NR				
II. Billing and Fees	NR				
III. Communication	NR				
IV. Competence / Patient Care	NR	50%	10	59%	
V. Intent to Mislead including Fraud	NR	50%	NR	6%	
VI. Professional Conduct & Behaviour	NR		6	35%	
VII. Record keeping	NR				
VIII. Sexual Abuse	NR				
IX. Harassment / Boundary Violations	NR				
X. Unauthorized Practice	NR				
XI. Qther <please specify> -	NR				
Total number of formal complaints and Registrar’s Investigations**	2	100%	17	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>	

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

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data collected in accordance with the recommended method or the College’s own method: 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 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2024	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 Inquiries, Complaints and Reports Committee.		
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	17			
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024	17			
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#			%
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR			
II.	Formal complaints that were resolved through ADR	NR			
III.	Formal complaints that were disposed of by ICRC	NR			
IV.	Formal complaints that proceeded to ICRC and are still pending	NR			
V.	Formal complaints withdrawn by Registrar at the request of a complainant	NR			
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR			

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR		
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
<i>Additional comments for clarification (if needed)</i> <i>Of the five complaints reviewed by ICRC in 2024, 3 were initiated in 2023 and concluded in 2024. Two of the complaints were made in 2024.</i>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: College Method							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024	14						
Distribution of ICRC decisions by theme in 2024*	# 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	0	1	0	0	0	0	0
IV. Competence / Patient Care	2	1	0	4	1	0	0
V. Intent to Mislead Including Fraud	0	0	1	0	0	0	0
VI. Professional Conduct & Behaviour	0	0	0	3	0	1	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

Table 7 – Context Measure 11

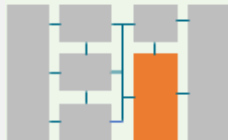
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended		
If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. 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.
I. A formal complaint in working days in CY 2024	125	
II. A Registrar’s investigation in working days in CY 2024	214	
Disposal		
Additional comments for clarification (if needed)		
-		

Table 8 – Context Measure 12

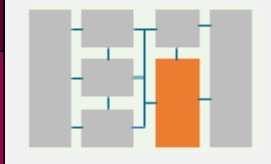
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What 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 2024	N/A	
II. A contested discipline hearing in working days in CY 2024	N/A	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed)		
There were no Discipline hearings in 2024.		
-		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

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

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

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

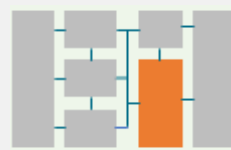
** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

There were no Discipline hearings in 2024.

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: 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 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	NR		
II. Suspension	NR		
III. Terms, Conditions and Limitations on a Certificate of Registration	NR		
IV. Reprimand	NR		
V. Undertaking	NR		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR -			
Additional comments for clarification (if needed)			
There were no Discipline hearings in 2024.			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)



College of Medical
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of Ontario

A CONTEMPORARY APPROACH TO CMLTO BOARD COMPOSITION

From Start to Finish

Board Competency Framework



CMLTO BOARD COMPETENCY FRAMEWORK

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1. INTRODUCTION

A high-functioning and effective Board, which is an essential part of a high-performing and successful organization, is composed of individuals with the range of knowledge, expertise, experience and personal attributes that enable the Board to fulfill its role.

It is crucial for an organization to;

- Assess its needs for governance knowledge, skill, and wisdom,
- Align the talent in the boardroom with its purpose and critical outcomes,
- Get the right mix and balance of people to sit on its Board by leveraging the expertise of their existing Board members and being adept at seeking new insights when necessary, and
- Make the Board composition and succession planning one of its top priorities.

The Board composition is shaped by the nature of the organization, such as:

- The organization's purpose and critical outcomes,
- The size of its Board of Directors,
- The terms of office of its Board members,
- The experience and skills of its Board members, and
- The process by which Board Members are appointed or elected to the Board.

Examining Board composition and competencies requires consideration of several factors:

- By-law requirements for Board membership,
- Key skills and knowledge, i.e., competencies required for the governance leadership, and
- Diversity of individual skills and perspectives to reflect the beneficiaries being served, and in CMLTO's case, the public.

The **CMLTO Board Competency Framework** encompasses the principles and practices that underpin the CMLTO's contemporary and holistic approach to its Board composition, which includes, and is not limited to those individual Board member professional qualifications and skills. It also includes Board Member competencies and characteristics in the following areas:

1. Board Competencies Related to Governance Knowledge and Skills
2. Board Competencies Related to Environmental Knowledge and Skills
3. Board Competencies and Characteristics Related to Personal and Leader Character

These areas of Board competencies are described in the “CMLTO Board Competency and Leader Characteristics Profile”

2. CMLTO BOARD COMPETENCY FRAMEWORK AT-A-GLANCE

The CMLTO Board of Directors is committed to the ongoing development of the foundation for exceptional governance, recognizing the pivotal role that the boards play in steering organizations through complexity and uncertainty, and hence, the need for a contemporary and strategic approach to its composition.

The CMLTO Board Competency Framework serves as a foundational guide and a roadmap designed to articulate the skills, knowledge, and attributes essential for effective functioning of the CMLTO Board of Directors and ensure that its collective expertise remains robust and adaptive. The core principles of this Framework will be outlined in CMLTO Governance Process Policy.

This proposed holistic approach for the CMLTO Board of Directors addresses its composition from start to finish; from recruiting and onboarding to board evaluation and succession to align with the demands of the ever-evolving landscape.

Assessing the Board’s composition is partially about determining the optimal makeup of the Board to fulfill its strategic and oversight responsibilities. The CMLTO Board Competency Framework identifies tools and resources to help the Board to:

- Identify and leverage individual and general Board competencies to further support better overall Board performance,
- Apply competencies to its governance process to align boardroom talent with the governance approach and strategic direction of the College, and
- Foster a culture of continuous improvement, strengthen its decision-making processes, and contribute to the overall effectiveness of the CMLTO governance structure, hence, the success of the College.

By embracing this approach, the CMLTO Board of Directors positions itself not only to adapt to change but to thrive in it.

3. LEGISLATIVE & GOVERNANCE FRAMEWORK OF THE CMLTO BOARD OF DIRECTORS

The CMLTO Board of Directors is the governing body of the College of Medical Laboratory Technologists of Ontario (CMLTO). Its powers, responsibilities and

duties of Council are described in the [Regulated Health Professions Act, 1991](#), [Medical Laboratory Technology Act, 1991](#), the [CMLTO By-Law](#), and are guided by the Board's policies.

The CMLTO Board is composed of elected and appointed members, who collectively have the authority and accountability for the overall outcomes of the College. The Board is accountable for effective governance and relies on a high level of skill, knowledge and experience amongst its Board members to meet that requirement.

4. REGULATING IN THE PUBLIC INTEREST

The CMLTO Board of Directors sets the strategic direction of the College in its obligation to serve and protect the public interest in accordance with the objects of the [Regulated Health Professions Act, 1991](#), [Regulated Health Professions Act, 1991](#), [Medical Laboratory Technology Act, 1991](#), and the [CMLTO By-Law](#).

The CMLTO Board of Directors is obliged to operate in a manner that establishes, upholds, and preserves public trust. Hence, it is crucial that the Board is composed of Board Members who understand and are committed to the public protection mandate of the College.

5. BOARD MEMBERSHIP VERSUS BOARD COMPOSITION

There are two components to the structure of any board:

1. Board membership
2. Board composition

Board Membership:

Board membership, as specified in the organization's by-laws, comprises the individuals seated around the Board table.

Board Composition:

Board composition is shaped by the unique combination of individual skills, experience, qualifications, and personal traits that each Board member brings to the table. Typically, board composition is specified in a Board policy or detailed in a Board Competency Framework.

Board composition is shaped by the type of the organization, specific legal obligations, and various parameters such as the board size, terms, and the structure of the membership of the organization.

A competency-based Board refers to the composition of the Board of Directors.

6. UNDERSTANDING COMPETENCY

Competencies are more than just the sum of their parts. The contribution of the most brilliant and highly skilled individuals to a Board is limited unless they can translate their knowledge and skill into actions that enhance both the effectiveness of the Board and organization.

Competence extends beyond processing specific knowledge, skills, or characteristics. It includes behaviours in different situations and while performing tasks, and collaboration with others to make decisions and achieve goals. Competencies emphasize purposeful conduct, as opposed to solely considering an individual's knowledge, skills, or other personal attributes. Understanding and applying these two elements of competence can enhance our ability to improve both the performance of the individual Board members and the overall effectiveness of the entire Board.

7. ENHANCING THE COMPETENCY-BASED CAPACITY OF THE BOARD OF DIRECTORS

Enhancing the competency-based capacity of the Board involves an ongoing evolution of the Board's composition including the competencies needed for the future success of the organization.

Steps to enhance the competency-based composition of the CMLTO Board of Directors include:

1. Establishing the required individual and collective Board competencies (CMLTO Board Competency and Leader Characteristics Profile),
2. Integrating the established Board competencies into the CMLTO Board Nomination and Election Process (to the extent possible given our current nominations, elections, and appointment process),
3. Informing the Appointing Authority (Public Appointments Secretariat) of the required CMLTO Board competencies,
4. Aligning the competencies of the current CMLTO Board Members with the required/established CMLTO Board competencies,
5. Reviewing the CMLTO Board competencies regularly, and

6. Developing a CMLTO Board Leadership Continuity and Growth Plan.

7.1 ESTABLISHING THE REQUIRED CMLTO BOARD COMPETENCIES (INDIVIDUAL AND COLLECTIVE) - CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE

The CMLTO Board Competency and Leader Characteristics Profile describes Board Member competencies and characteristics in the following areas:

1. Board Competencies Related to Governance Knowledge and Skills
2. Board Competencies and Characteristics Related to Personal and Leader Character
3. Board Competencies Related to Environmental Knowledge and Skills

(Please refer to CMLTO Board Competency and Leader Characteristics Profile for further information.)

7.2 INTEGRATING THE ESTABLISHED COMPETENCIES INTO THE BOARD ELECTION PROCESS

The greatest potential for improvement lies in the way Board members are nominated and elected.

Improving the nomination and election process for the Board of Directors is the key opportunity to enhance their functioning.

7.2.1 ELECTION OF BOARD MEMBERS

The systematical integration of the established competencies into the CMLTO Board election process will optimize the functionality of the Board of Directors, ensuring that its members possess the essential skills and attributes required for meaningful contributions to the success of the College.

7.2.2 RE-ELECTION OF BOARD MEMBERS

When considering the re-election of an incumbent to the Board of Directors, it is essential to factor in the Board member's performance, including their regular attendance at both the Board and Committee meetings in the assessment.

7.3 INFORMING THE APPOINTING AUTHORITY OF THE REQUIRED BOARD COMPETENCIES

It is common for the Public Appointees to assume their roles without a precise understanding of the tasks, roles, and responsibilities assigned to them.

Therefore, providing the appointing authorities (e.g. the Public Appointments Secretariat) and potential Board candidates with comprehensive information about the Board's functions, and the desired characteristics of Board members can yield a positive impact on the Board composition.

7.4 ALIGNING THE COMPETENCIES OF THE CURRENT BOARD MEMBERS WITH THE REQUIRED COMPETENCIES

7.4.1 CONDUCTING GAP ANALYSIS

Identifying the gaps between the established Board competencies and those of the current Board members provides an opportunity to engage members with tailored learning and development programs. This approach will also allow the College to review the prospective Board members through the lens of filling these gaps to help recruit the right Board members to improve the balance of the Board.

An annual assessment of the Board's composition aligns with governance best practices ensuring the presence of essential skills for fulfilling its governance role. Furthermore, the assessment provides insights into identifying skills priorities for future recruitment while supporting ongoing Board discussions related to Board succession planning.

7.4.2 DEVELOPING LEARNING AND DEVELOPMENT OPPORTUNITIES FOR THE BOARD MEMBERS

7.4.2.1 Learning and Development Opportunities for the Current Board Members

A continuous Board education program is as critical as the Board election, contributing to the cultivation and improvement of Board competencies.

Over time, the competency of Board members can be improved by identifying/recognizing their strengths and weaknesses and implementing tailored education and mentorship programs, and other additional resources.

7.4.2.2 Orientation of New Board Members

Orientation is a fundamental component for the new Board members, playing a crucial role in equipping them with the necessary knowledge, understanding, and skills to seamlessly integrate into their roles as active contributors at the Board table.

7.4.2.3 Ongoing Board Education

It is important to set aside a certain amount of time in the Board Work Plan for ongoing Board education, which focus on addressing the identified competence gaps, the topics of which are to be identified by the input of the Board of Directors.

7.4.2.4 Skills Development for Individual Board Members

As resources permit, Board members may improve their governance skills by participating in courses designed to address particular skill areas required on the Board of Directors.

7.5 REVIEWING THE BOARD COMPETENCIES REGULARLY

The established Board competencies depict the ideal composition of a fully functioning Board. Therefore, regularly updating the Board competencies ensures that they align with the evolving strategic and oversight needs of the College, and are relevant as the priorities and needs of the health regulatory colleges change over time which may require additional Board member competencies to ensure superior governance performance.

7.5 DEVELOPING A BOARD LEADERSHIP CONTINUITY AND GROWTH PLAN

Acknowledging the pivotal role of Board Leadership and Succession planning is crucial for achieving an optimal Board composition and implementing a well-defined succession plan.

Board succession planning is a methodical approach that involves forecasting the future skill and experience demands/requirements of the College, accompanied by the development of plans to address those needs to facilitate smooth transitions between Board members.

It is imperative that the Board is well-prepared to respond to and address the gaps arising from the regular rotation of Board members, as well as unforeseen occurrences such as sudden illness and death.

Maintaining a roster of qualified and enthusiastic candidates, forming a reservoir of potential Board members, offering aspiring candidates the role of “observers” or appointing them to statutory committees to prepare them to become Board members in the future are among the viable strategies worth exploring.

Integrating the established Board competencies into the leadership development and succession planning is essential, serving as the cornerstone for a governance framework aimed at enhancing the performance of the Board members, the Board, and the organization as a whole.

8. LOOKING TO THE FUTURE

A longitudinal Governance Modernization Plan for was developed by the CMLTO Board of Directors in 2023. The CMLTO Board Competency Framework is an important component of this plan, supporting a contemporary and holistic approach to Board composition, which includes, and is not limited to those individual Board member professional qualifications and skills.

Feedback regarding the CMLTO Board of Directors' Board Competency Framework are welcome from the public, registrants and stakeholders at any time. Please send your questions, comments and feedback to executiveoffice@cmlto.com.

APPENDIX 1



College of Medical
Laboratory Technologists
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A CONTEMPORARY APPROACH TO CMLTO BOARD COMPOSITION

*Board Competency and Leader
Characteristics Profile*



1. INTRODUCTION

The CMLTO Board Competency Framework supports a contemporary and holistic approach to Board composition, which includes, and is not limited to those individual Board Member professional qualifications, skills/competencies, and leader characteristics.

The CMLTO Board Competency and Leader Characteristics Profile establishes the desired individual and collective Board competencies and characteristics which contribute to a high-functioning and effective Board, ensuring that the Board is composed of individuals with the range of knowledge, expertise, and personal attributes and leadership characteristics that enable the Board to fulfill its role.

2. ESTABLISHING THE REQUIRED CMLTO BOARD COMPETENCIES

The Board and Committee members are encouraged and expected to demonstrate a sincere and ongoing commitment to acquiring and further developing the skills, knowledge, competencies, and leader characteristics essential for enhancing their effectiveness in their roles. Board and Committee members are not required to have every skill, competency, and characteristic at the time of joining the Board.

Group dynamics has a tendency to influence/dominate individual behaviour, leading people to behave differently within a group than they might as individuals. Acknowledging these differences, the CMLTO Board Competency Framework not only delves into the collective Board-level competencies and individual Board member competencies, but also explores the elements of Board culture and leadership characteristics contributing to effective governance teams. The goal is to offer insight into Board-level competence, underscoring the importance of the Board's collective behaviour alongside individual Board Member skills and behaviours.

While these criteria are valuable, true competence involves Board members exhibiting personal attributes and leadership characteristics that enable use of their specific knowledge, skills, and perspectives to contribute to the organization's needs and advance its objectives. The goal is to ensure that the Board, in its entirety, embraces all necessary competencies and leadership characteristics and fosters continuous development in all Board Members.

Given that evidence demonstrates Board teams are more effective with both competencies and leader characteristics being developed, the CMLTO Board Competency Profile describes Board Member competencies and leadership characteristics (tested through qualitative and empirical research methods) in the following areas:

- Board Competencies Related to Governance Knowledge and Skills,
- Board Characteristics Related to Personal and Leader Character,
- Board Competencies Related to Environmental Knowledge and Skills.

2.1 BOARD COMPETENCIES RELATED TO GOVERNANCE KNOWLEDGE AND SKILLS

Each CMLTO Board Member is expected to demonstrate a dedication to fulfilling the College's statutory mandate, including the organization's purpose and critical outcomes/impacts. Board Members are also expected to have, acquire and/or enhance their key general governance competencies which are core to effective Board Members and the performance of the Board as a team. These include:

1. Organizational Contextual Competency

- Is aware of and takes into account organizational purpose, Ends (Critical Outcomes) Policies, values, culture, and the norms of the organization.

2. Governance Awareness Competency

- Sets about to be well-informed regarding the governance approach/philosophy of the organization as well as the Board's role, job products, responsibilities, processes, and performance.
- Understands the need and responsibility to contribute to ongoing Board development, evaluation, and continuous governance improvement.

3. Interpersonal Relationships Competency

- Nurtures the Board as a group and enhances team development, attends to the Board's collective welfare and culture, and fosters a sense of cohesive teamwork.

4. Innovative Generative and Strategic Thinking Orientation Competency

- Capacity to generatively and strategically provide thought-leadership to contribute to innovatively envisioning and shaping organizational direction regarding purpose and Ends (Critical Outcomes) Policies. Keeps the Board's attention on foresight and future-focused discussion.

5. Analytical and Complexity Capacity Competency

- Has capacity for reviewing and evaluating qualitative and quantitative data and conclusions.
- Recognizes complexities and subtleties in issues and draws upon multiple perspectives and insights to contribute to developing

appropriate responses and decisions related to complex opportunities and challenges.

6. Collaborative Relations and Ambassadorship Competency

- Ability to contribute to helpful networks and represent the organization effectively as an ambassador.
- Contributes and has an ability to foster collaborative relationships important to the organization.

7. Inquisitive Lifelong Learner Competency

- Has an aptitude, affinity, and thirst for ongoing learning and is keen to grow and apply learnings in the context of Board discussions and decision-making.
- Seeks information which can provide context and insight into upcoming decisions.

8. Allyship Competency

- Has an understanding and commitment to cultural safety and humility as well as equity, diversity, inclusion, and justice in the context of working with diverse individuals, groups, and communities both at the Board table and in connecting with the broader external community.

9. Governance of Risk/Risk Awareness Competency

- Has an awareness of the importance of major risk identification and understands the Board's role in governing the mitigation of risk including establishing the Board's risk tolerances.

10. Group Leadership Competency

- Naturally takes a leadership role at the Board when appropriate and can also function well as a collaborative team member.
- Uses a collaborative, engaged leadership style which successfully engages the group of leaders making up the Board.

2.2 BOARD CHARACTERISTICS RELATED TO PERSONAL AND LEADER CHARACTER

These are characteristics related to how individual Board Members and the Board as an entity, i.e. as a whole, are equipped to lead and fulfill their role. These characteristics also significantly influence the overall Board culture. Every Board Member should develop at least a proficiency level in and be working towards mastery of each of these characteristics.

Fundamental Leader Characteristics

1. Championing Change

- Understands that navigating change is an important part of Board governance and is prepared to personally adjust to change as well as assist the Board team with facing and navigating change.

2. Accountability

- Willingly accepts responsibility for Board and personal decisions and actions. Is willing to step up and take ownership of challenging issues. Reliably delivers on expectations. Can be counted on to stimulate Board thought-leadership in tough situations.

3. Courage

- Does the right thing even though it may be unpopular, actively discouraged and/or result in a personal negative outcome. Shows an unrelenting determination, confidence, and perseverance in confronting difficult situations. Rebounds quickly from setbacks.

4. Drive and Results Focus

- Strives for excellence and has a strong desire for effective Board leadership, tackles problems in a timely manner, and approaches challenges with energy and passion. Is focused on the impact and outcomes of Board policy decisions.

5. Collaboration

- Values and actively supports development and maintenance of positive relationships among people. Encourages open dialogue and does not react defensively when ideas are challenged at the Board table. Is able to connect with others at a fundamental level, in a way that fosters the productive sharing of ideas. Recognizes that what happens to someone, somewhere, can affect all. Works to effectively resolve conflict and move the group to positive resolution and outcomes.

Complex Leader Characteristics

6. Integrity

- Holds oneself to a high moral standard and behaves consistently with ethics and prudence standards, even in difficult situations. Is seen by

others as behaving in a way that is consistent with their personal values and beliefs. Behaves consistently with Board policies and practices.

7. Humanity

- Demonstrate genuine concern and care for other Board Members, the CEO, staff, careholders, and the people who benefit from CMLTO's work. Can appreciate and identify with others' values, feelings, and beliefs. Has a capacity to forgive and not hold grudges. Understands that people are fallible and offers opportunities for individuals and the Board to learn from their mistakes.

8. Humility

- Let accomplishments speak for themselves, acknowledge limitations, understand the importance of thoughtful examination of one's own opinions and ideas. Embraces opportunities for personal growth and development as a Board Member. Does not consider oneself to be more important or special than others, is respectful of others, and understands and appreciates others' strengths and contributions.

9. Transcendence

- Understands purpose, is future oriented, brings reasonable optimism and inspiration to discussions. Sees possibilities where others may not have.
- Has a very expansive view of things both in terms of taking into account the long term and broad factors.

10. Temperance

- Demonstrates patience and calmness and can remain composed, self-controlled, and respectful during Board interactions even in challenging circumstances.

11. Justice

- Is fair, equitable, inclusive, proportionate, even-handed, transparent, and socially aware and responsive. Remains objective and keeps personal biases to a minimum when making decisions.

2.3 BOARD COMPETENCIES RELATED TO ENVIRONMENTAL KNOWLEDGE AND SKILLS

These are competencies which Board members require in order to work effectively in the health regulatory sector. Not all Board Members will possess these

competencies at the beginning of their term; however, all Board Members should be growing in these areas.

1. Regulatory Awareness Competency

- Understands that addressing public interest matters is core to the Board's mandate of strategic leadership and oversight of self-regulated professions.
- Has awareness of the regulatory system, climate, and evolving regulatory issues.

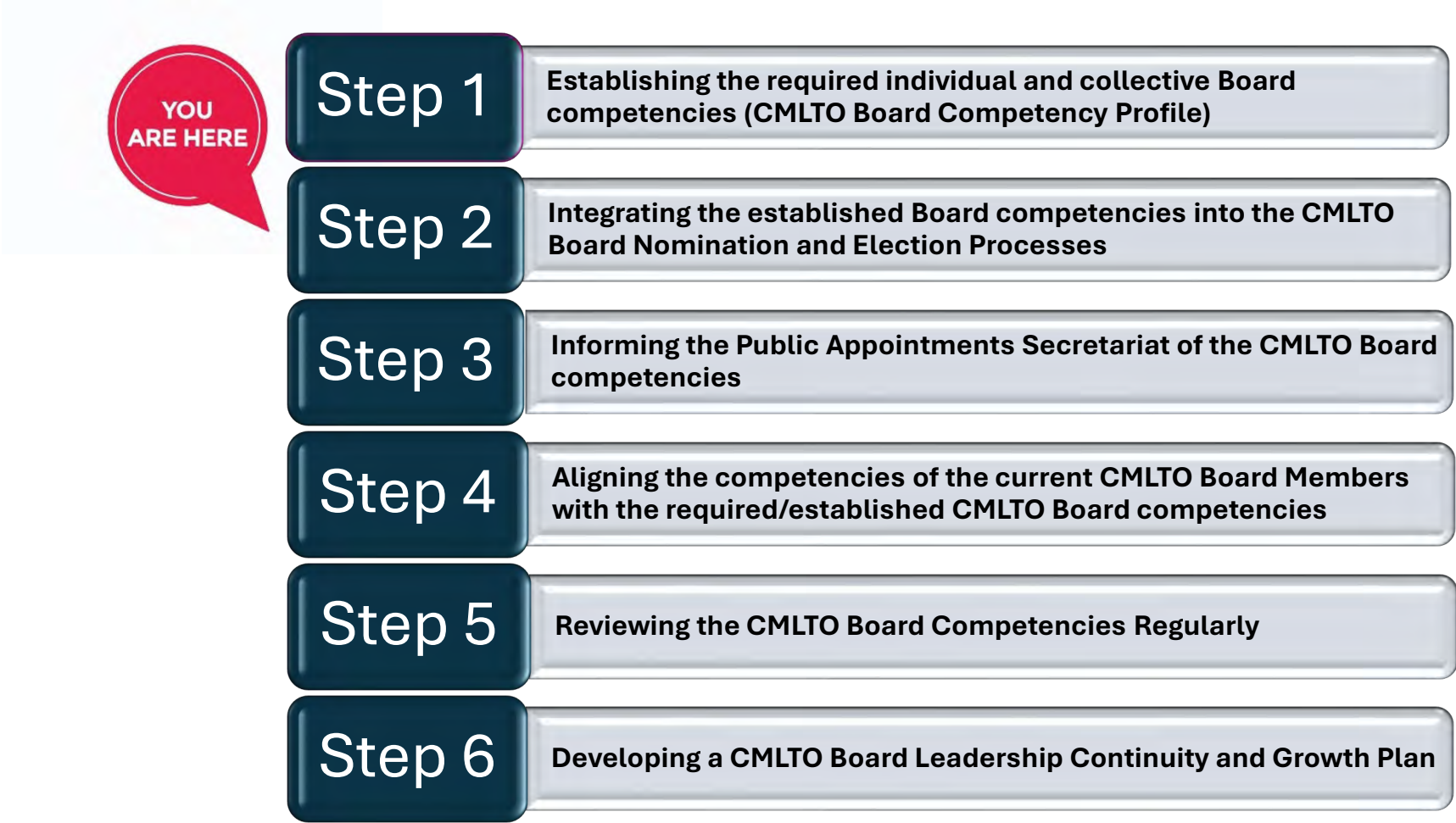
2. Public Policy Knowledge Competency

- Understands or is building understanding of the broader health and public policy context that could impact the organization, including key priorities of the provincial government or health authorities and the relationship between those priorities and the work of the College.

Note: The CMLTO Board, as part of its ongoing commitment to its contemporary approach to Board composition, will continue in the next phase of development of this Board Competency and Leader Characteristics Profile, to identify the appropriate mix across the Board of professional knowledge, skills, and competencies.

CMLTO BOARD COMPETENCY FRAMEWORK IMPLEMENTATION PLAN (2024-2028)

TRANSITIONING TO COMPETENCY-BASED BOARD COMPOSITION IN 6 STEPS



Presented to CMLTO Board of Directors on March 28, 2024.

Step 1

Establishing the required individual and collective Board competencies (CMLTO Board Competency Profile)



College of Medical
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A CONTEMPORARY APPROACH TO CMLTO BOARD COMPOSITION

From Start to Finish

Board Competency Framework



APPENDIX 1



College of Medical
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of Ontario

A CONTEMPORARY APPROACH TO CMLTO BOARD COMPOSITION

*Board Competency and Leader
Characteristics Profile*



The Board of Directors approved the:

1. CMLTO Board Competency Framework as reasonable and relevant on December 12, 2024, and
2. The revised Board Competency and Leader Characteristics Profile as part of the CMLTO Board Competency Framework on March 28, 2024, pending inclusion of the revisions discussed at the March meeting.

COMPETENCY-BASED GOVERNANCE PROCESSES ON THE TABLE FOR STEPS 2-6

STEP 2: INTEGRATING THE ESTABLISHED BOARD COMPETENCIES INTO THE CMLTO BOARD NOMINATION AND ELECTION PROCESSES

1	REVIEW AND REVISION OF RELEVANT BOARD POLICY TO INCORPORATE THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE IN GOVERNANCE PROCESSES: Review and Revision of (GP IV-40) Recruitment, Nominations and Appointment Selection Criteria for Council in accordance with CMLTO Board Competency and Leader Characteristics Profile
2	DEVELOPING COMPETENCY-BASED ELECTION CRITERIA Translating the CMLTO Board Competency Profile into specific election criteria
3	DEVELOPING SPECIFIC CRITERIA FOR EACH COMPETENCY IN THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE: Clear and Measurable Criteria: Developing clear and measurable criteria that candidates must meet for each competency for objective assessment. Weighting of Criteria: Assigning relative importance/weighting to each competency criterion based on its relevance to the organization's strategic priorities and governance needs
4	DEVELOPING THE CMLTO BOARD COMPETENCY MATRIX (GP IV-40) Recruitment, Nominations and Appointment Selection Criteria for Council A tool for enhancing the board election process by providing a structured and objective framework for identifying, assessing, and selecting candidates based on their competencies
5	DEVELOPING ASSESSMENT METRICS AND RATING SCALES Creating specific assessment metrics and rating scales to evaluate candidates' proficiency and alignment with each CMLTO Board competency-based election criterion
6	DEVELOPING COMPETENCY ASSESSMENT TOOLS Creating competency assessment tools, such as case studies, simulations, or role-playing exercises, to evaluate candidates' problem-solving abilities, decision-making skills, and competency proficiency
7	DOCUMENTING THE COMPETENCY-BASED ELECTION CRITERIA The competency-based election criteria, assessment metrics, and rating scales are to be put together in a structured and accessible format, e.g. The CMLTO Board Election Handbook
8	DEVELOPING COMPETENCY PRE-SCREENING PROCESS A strategic approach for identifying high-potential candidates who possess the specific skills required by the CMLTO Board, e.g. a pre-screening questionnaire to assess the candidates' alignment with the defined core competencies, to filter and prioritize candidates who meet the required criteria.
9	CONDUCTING COMPETENCY-BASED INTERVIEWS Conducting structured interviews, which include a set of standardized questions and assessment rubrics, to evaluate candidates' competencies based on the defined competencies and election criteria.
10	CONTINUOUS IMPROVEMENT OF THE ELECTION PROCESS Competency-Based Election Process to be reviewed and improved on a regular basis to reflect changing organizational needs, industry trends, and governance best practices.
11	CONDUCTING “BOOT CAMPS” A strategy offering targeted and specialized training, competency assessment, and development opportunities for potential board members.
12	BUILDING A “ROSTER OF TALENTED” INDIVIDUALS A proactive and strategic approach to identify, engage, and prepare potential candidates with the required skills, experiences, and competencies to effectively contribute to the Board's governance and the
13	REVIEW AND REVISION OF EXISTING BY-LAW REQUIREMENTS RELATED TO BOARD ELIGIBILITY, NOMINATION AND ELECTION PROCESSES

STEP 3: INFORMING THE PUBLIC APPOINTMENTS SECRETARIAT OF THE CMLTO BOARD COMPETENCIES

- | | |
|---|--|
| 1 | INFORMING THE PUBLIC APPOINTMENTS SECRETARIAT ABOUT THE CMLTO BOARD COMPETENCY PROFILE TO ENSURE ALIGNMENT WITH ORGANIZATIONAL GOALS, ENHANCING BOARD EFFECTIVENESS, OR PROMOTING DIVERSITY AND INCLUSION IN BOARD APPOINTMENTS. |
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STEP 4: ALIGNING THE COMPETENCIES OF THE CURRENT CMLTO BOARD MEMBERS WITH THE REQUIRED/ESTABLISHED CMLTO BOARD COMPETENCIES

- | | |
|---|--|
| 1 | CONDUCTING GAP ANALYSIS (TO IDENTIFY THE GAPS BETWEEN THE ESTABLISHED BOARD COMPETENCIES AND THOSE OF THE CURRENT BOARD MEMBERS) |
| 2 | DEVELOPING LEARNING AND DEVELOPMENT OPPORTUNITIES FOR THE BOARD MEMBERS: <ul style="list-style-type: none">1. Learning and Development Opportunities for the Current Board Members2. Orientation of New Board Members3. Ongoing Board Education4. Skills Development for Individual Board Members |
| 3 | DEVELOPING A COMPETENCY ASSESSMENT PROTOCOL FOR THE CMLTO BOARD (ASSESSMENT TOOL FOR EXISTING BOARD MEMBERS) |

STEP 5: REVIEWING THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE REGULARLY

- | | |
|---|--|
| 1 | DEVELOPING A COMPETENCY REVIEW PROCESS FOR THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE |
| 2 | CONDUCTING REGULAR COMPETENCY REVIEWS AT PREDETERMINED INTERVALS (E.G., ANNUALLY OR BIENNIALY) TO ASSESS BOARD MEMBERS' COMPETENCIES |

STEP 6: DEVELOPING A CMLTO BOARD LEADERSHIP CONTINUITY AND GROWTH PLAN

- | | |
|---|--|
| 1 | DEVELOPING A COMPREHENSIVE AND EFFECTIVE CMLTO BOARD LEADERSHIP CONTINUITY AND GROWTH PLAN THAT SUPPORTS THE CMLTO'S MISSION, VISION, AND LONG-TERM SUCCESS. <ul style="list-style-type: none">☐ A structured succession plan outlining how leadership roles will be filled in the event of vacancies or transitions. (Identifying potential successors, providing training and developing opportunities, and establishing a timeline for implementation.)☐ Leadership development programs to nurture and enhance the skills and competencies of current and future CMLTO Board members, including training sessions, mentorship programs, and leadership assessments. |
|---|--|

STEP 2: INTEGRATING THE ESTABLISHED BOARD COMPETENCIES INTO THE CMLTO BOARD NOMINATION AND ELECTION PROCESSES

February 2025

- REVISION OF (GP IV-40) RECRUITMENT, NOMINATIONS AND APPOINTMENT SELECTION CRITERIA FOR COUNCIL IN ACCORDANCE WITH THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE

May 2025

- DEVELOPING SPECIFIC CRITERIA FOR EACH COMPETENCY IN THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE

September 2025

- DEVELOPING THE CMLTO BOARD COMPETENCY MATRIX
- *(INCLUDING COMPETENCY ASSESSMENTS METRICS, SCALES, AND TOOLS)*

December 2025

- DEVELOPING COMPETENCY-BASED ELECTION CRITERIA FOR INCLUSION IN THE CMLTO BY-LAW

December 2025

- REVIEW AND REVISION OF EXISTING BY-LAW REQUIREMENTS RELATED TO BOARD ELIGIBILITY, NOMINATION AND ELECTION PROCESSES

January 2026

- REFRESHING THE CMLTO BOARD NOMINATION AND ELECTION PROCESSES TO BE IMPLEMENTED IN 2026

STEP 3: INFORMING THE PUBLIC APPOINTMENTS SECRETARIAT OF THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE

October 2024

- **INFORMING THE PUBLIC APPOINTMENTS SECRETARIAT (PAS) ABOUT THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE TO ENSURE ALIGNMENT WITH ORGANIZATIONAL GOALS, ENHANCING BOARD EFFECTIVENESS, OR PROMOTING DIVERSITY AND INCLUSION IN BOARD APPOINTMENTS**

Ongoing

- **PROVIDING PAS WITH UPDATES ON THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE**

STEP 4: ALIGNING THE COMPETENCIES OF THE CURRENT CMLTO BOARD MEMBERS WITH THE REQUIRED/ESTABLISHED CMLTO BOARD COMPETENCIES

February 2027

- **DEVELOPING A COMPETENCY ASSESSMENT PROTOCOL FOR THE CMLTO BOARD**
(ASSESSMENT TOOL FOR EXISTING CMLTO BOARD MEMBERS)

May 2027

- **CONDUCTING A GAP ANALYSIS (TO IDENTIFY THE GAPS BETWEEN THE ESTABLISHED BOARD COMPETENCIES AND THOSE OF THE CURRENT BOARD MEMBERS)**

2008

- **DEVELOPING LEARNING AND DEVELOPMENT OPPORTUNITIES FOR THE BOARD MEMBERS:**
 - Learning and Development Opportunities for the Current Board Members
 - Orientation for the New Board Members
 - Ongoing Board Orientation/Education
 - Skills Development for Individual Board Members

STEP 5: REVIEWING THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE REGULARLY

February 2027

- **DEVELOPING A COMPETENCY REVIEW PROCESS FOR THE CMLTO BOARD COMPETENCY AND LEADER CHARACTERISTICS PROFILE**

Ongoing

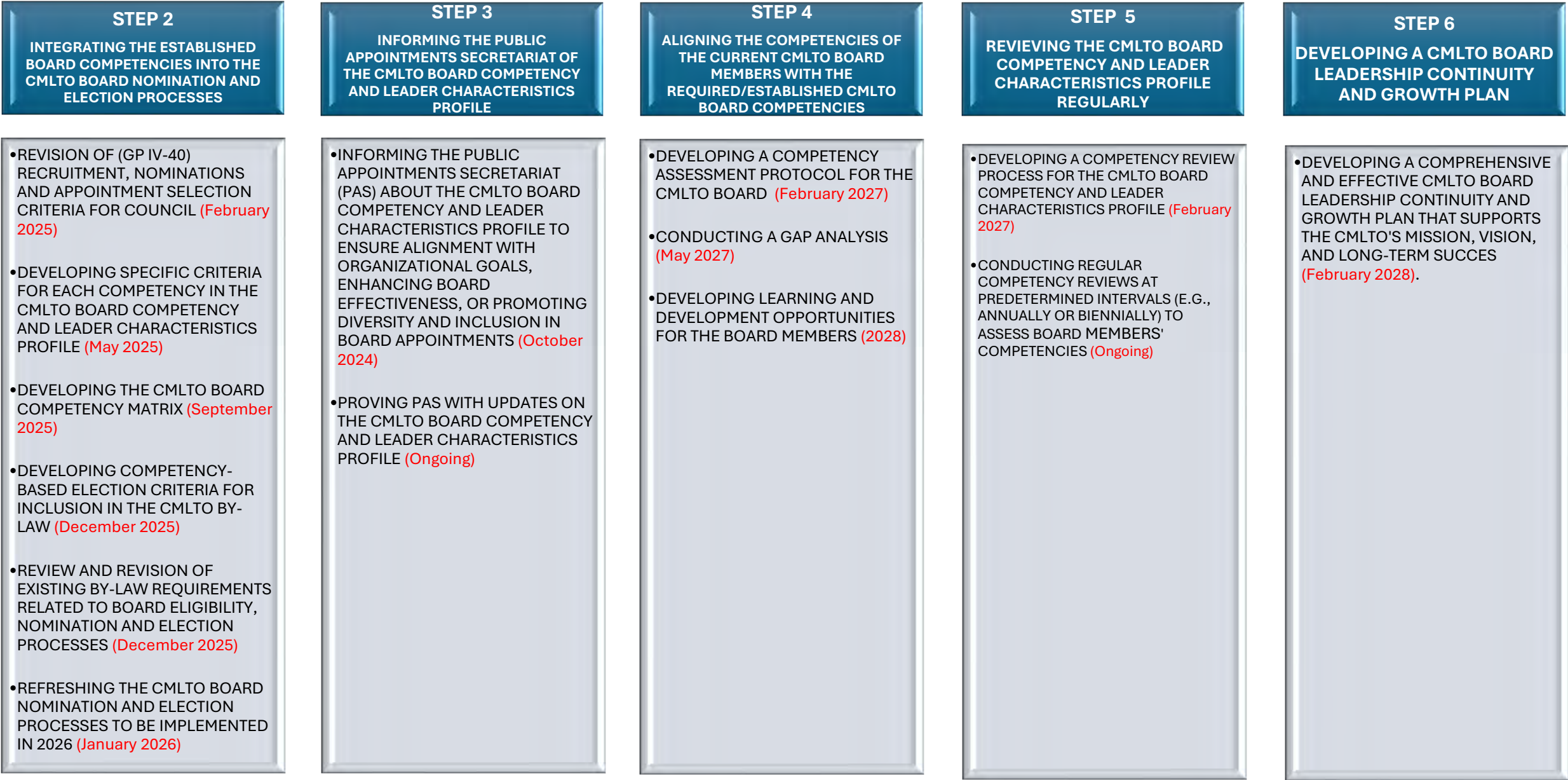
- **CONDUCTING REGULAR COMPETENCY REVIEWS AT PREDETERMINED INTERVALS (E.G., ANNUALLY OR BIENNIALY) TO ASSESS BOARD MEMBERS' COMPETENCIES)**

STEP 6: DEVELOPING A COMPREHENSIVE AND EFFECTIVE CMLTO BOARD LEADERSHIP CONTINUITY AND GROWTH PLAN

February 2028

- **Developing a Comprehensive and Effective CMLTO Board Leadership Continuity and Growth Plan that Supports the CMLTO's Purpose, Ends (Critical Outcomes), and Long Term Success**
- A structured succession plan outlining how leadership roles will be filled in the event of vacancies or transitions. (Identifying potential successors, providing training and developing opportunities, and establishing a timeline for implementation.)
- Leadership development programs to nurture and enhance the skills and competencies of current and future CMLTO Board members, including training sessions, mentorship programs, and leadership assessments.

CMLTO COMPETENCY FRAMEWORK IMPLEMENTATION PLAN OVERVIEW



PROPOSED (NEW) POLICY

Policy Title: CMLTO Board Composition and Leadership Continuity Policy		Policy Section: IV Governance Process	Policy Number: IV-40
Approved By: Board of Directors	Date Approved: Sept 16, 2010	Date Reviewed/ Revised: Sept 17, 2013 Sept 20, 2018 Ready for Feb 21, 2025	Board Chair's Signature: 

BACKGROUND

The CMLTO Board of Directors is committed to providing effective and accountable governance for the CMLTO. Effective governance is, in part, contributed to through active recruitment and nomination of Board Members as well as ongoing evaluation and development of Board Member knowledge, skills, competencies and characteristics. To achieve this, GP IV-40 CMLTO Board Composition and Leadership Continuity Policy governs the nomination, election, and appointment processes for Professional and Academic Board Members, as defined in the CMLTO By-Law. It is also designed to inform the appointment process of Public Board Members. It establishes a structured, competency-based approach to these processes, contributing to candidates being selected based on the competencies outlined in the CMLTO Board Competency and Leadership Characteristics Profile.

Integration of the nomination, election, appointment, and continuing Board Member development processes with the guiding principles and competencies defined in the CMLTO Board Competency Framework and the Board Competency and Leadership Characteristics Profile is believed by the CMLTO Board to be critical for Board effectiveness.

PURPOSE

The GP IV-40 CMLTO Board Composition and Leadership Continuity Policy has been created by the CMLTO Board of Directors to articulate the Board's values regarding what factors are important to enable a Board capable of being strategically future-focused along with producing effective fiduciary oversight.

In support of this purpose, the policy achieves the following:

1. Ensuring the Board is equipped over time with the necessary skills, knowledge, and leadership for effective governance while determining the strategic direction of the organization.

2. Promoting leadership continuity through periodic competency assessments, Board Member development, and strategic succession planning.
3. Informing and enabling alignment with the Public Appointments Secretariat (PAS) for Public Member appointments, where feasible.

Guiding Principles

This policy is guided by the following principles to ensure effective governance and leadership continuity:

- **Strategic Alignment:** The composition of the Board enables determination of CMLTO's strategic direction and long-term goals.
- **Serving the Public Interest:** The Board understands the priority of serving the public interest, ensuring that the Board's composition and capacity reflects the needs and expectations of the public.
- **Diversity, Equity, Inclusion, and Justice:** The Board values diverse perspectives and is committed to promoting equity, inclusion, and justice in its composition and decision-making processes.
- **Transparency and Accountability:** All processes outlined in this policy are transparent, fair, and accountable.
- **Public Engagement:** Where feasible, public perspectives are actively considered in the Board composition process.
- **Leadership Continuity:** Leadership continuity is promoted by fostering the ongoing development of the Board Members and planning for succession to ensure sustained governance success.

Listed below are the principles and related processes for supporting CMLTO Board composition and leadership continuity.

1. CMLTO Board Election/Appointment for Professional and Academic Board Members

The CMLTO Board Professional Members are elected by the registrants from the relevant district and Academic Board Members are appointed by the Board of Directors.

1.1. Nomination and Election of Professional Board Members

The nomination process for Professional Board Members includes:

- 1.1.1.** Alignment with the principles and competencies defined in the CMLTO Board Competency Framework and the Board Competency and Leadership Characteristics Profile.
- 1.1.2.** Facilitation of the process to encourage at least one (1) qualified professional candidate stands for election for all districts by implementing a proactive and targeted election process.
- 1.1.3.** The expectation that Board Members have the responsibility to actively promote the concept of serving on the Board as an important aspect of professional life for CMLTO Registrants and to encourage registrants to proactively consider standing for election when positions become available on the Board. (See Board Member Job Description GP IV-10).

1.2. Appointment of Academic Board Members

The appointment process for Academic Board Members is aligned with the Board Competency Framework and the Board Competency and Leadership Characteristics Profile. Academic Board Members are appointed by the Board of Directors in alignment with the CMLTO By-Law.

2. Appointment of Public Board Members

The appointment process for Public Board Members is through the Public Appointments Secretariate (PAS). The CMLTO provides the CMLTO Board Competency Framework and the Leadership Characteristics Profile to the Public Appointments Secretariate in order to clarify the types of skills, competencies, and characteristics the CMLTO Board is seeking for new appointments and reappointments of Public Board Members. This is designed to achieve alignment between CMLTO's plan for Board composition and the public appointments made.

3. Competency Evaluation and Continuing Development of Board Members

Board Member competencies are regularly evaluated using a structured framework to systematically assess gaps and align the current competencies of Board Members with the established competencies. This system guides the Board and Board Member development priorities and ensures that the Board remains equipped to fulfill its governance responsibilities effectively.

- 3.1.** Board Members have a series of options and vehicles they may utilize in order to enhance their governance professional development, their governance competencies, and leadership characteristics. Both individual and collective Board learning needs are addressed.

The following are key components fostering Board and Board Member continuous development and effectiveness:

- 3.1.1.** A formal, well planned Board orientation process is utilized to ensure that all new Board Members receive comprehensive training on their roles, responsibilities, CMLTO's governance approach, and governance expectations. Part of this onboarding orientation involves support through the Board Mentor Program (see the GP IV-130 Board Mentor Program Policy).
- 3.1.2.** A Board continuing education and learning program using a development framework is in place to enhance the competencies of Board Members, ensuring they are equipped to address evolving regulatory, governance, and strategic challenges. These ongoing educational initiatives are in place to ensure that all Board Members remain informed about industry trends, regulatory changes, and governance best practices, and Board Member skill/competency development.
- 3.1.3.** A system is utilized to identify and facilitate individual Board Member skills development. This process provides targeted development opportunities based on personal competencies and strategic goals/needs of the Board.

4. The CMLTO Board Leadership Continuity and Growth Plan

This Board process is in place to ensure leadership continuity, incorporating succession planning, and ongoing Board and Board Member development, and initiatives for to sustain and grow long-term growth, and governance capacity. The CMLTO Board Leadership Continuity and Growth Plan includes the Board's commitment to recruiting qualified candidates, onboarding new Board Members, continuing education for Board Members as well as the processes outlined below.

- 4.1.** Succession Planning: The Board proactively identifies and prepares potential candidates for future leadership roles on the Board. This process includes fostering development, offering mentorship, and involving

candidates in governance activities to build the necessary skills and knowledge for effective leadership.

The Board works to foster a balance of experience and turnover to maintain expertise and corporate knowledge while developing new Board Members. Part of this process is facilitated by the Executive Committee.

4.2.Candidate Pipeline: The Board maintains a roster of qualified and enthusiastic candidates as a potential resource for future Board appointments.

5. Systematic Review/Refresh of the CMLTO Board Competency Framework and the Competency and Leadership Characteristic Profile

5.1.The Board will review a minimum of every four (4) years its Board Competency Framework and the Competency and Leadership Characteristics Profile to maintain their relevance and ensure alignment with the Board's evolving needs.

5.2.As a component of the Board effectiveness evaluation process, the Board evaluates the effectiveness of its Board Composition and Leadership Continuity Policy annually to inform any needed updates to these critical governance processes.

REFERENCES

- [CMLTO By-Law](#)
 - 4.4 Election of Board Members
 - 4.5 Appointment of Academic Board Member
- CMLTO Board Competency Framework
- CMLTO Board Competency and Leader Characteristics Profile
- CMLTO Board Competency Framework Implementation Plan
- GP IV-130 Board Mentor Program



College of Medical
Laboratory Technologists
of Ontario

COLLEGE OF
MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)
PUBLIC INTEREST ASSESSMENT FRAMEWORK

DECEMBER 1, 2022

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1. INTRODUCTION

“Serving and protecting the public interest” is a well-established pillar of self-regulation in Ontario and across Canada.

“In carrying out its objects, the College has a duty to serve and protect the public interest.” [Health Professions Procedural Code](#) being Schedule 2 to the [Regulated Health Professions Act \(RHPA\), 1991](#)

The College of Medical Laboratory Technologists of Ontario (CMLTO) protects the public interest by regulating Ontario’s medical laboratory technologists (MLT). This has also been reflected in the CMLTO 2022 operating plans, as below:

CMLTO HIGH LEVEL ENDS POLICY 1 / PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION

1.1.4 The Public Interest is reflected in CMLTO’s Overall Approach, Including its Regulatory and Governance Processes:

Rationale:

The public interest should be assessed in all Board and statutory committee decision making processes.

Strategic Initiatives/Processes/Projects to Achieve Desired Outcomes

A process for assessing the public interest, and reporting the outcomes of that assessment in all Board and statutory committee decision making is developed and implemented.

2. CMLTO PUBLIC INTEREST ASSESSMENT FRAMEWORK

The CMLTO Public Interest Assessment Framework has been developed by the CMLTO with the aim of assessing the **public interest** and reporting the outcomes of that assessment in all Board and statutory committee decision making.

The CMLTO Public Interest Assessment Framework Assessment Domains are as follows:

1. Definition of Public Interest
2. Effective Governance to Meet the Public Interest Mandate
3. Decisions Made in Public Interest
4. Board and Committee Decisions are Implemented

3. CMLTO PUBLIC INTEREST ASSESSMENT DOMAINS

1. DEFINITION OF PUBLIC INTEREST
GOVERNMENT OF ONTARIO: <i>"The concept of "public interest" is not easy to define, and it varies in different contexts. In a regulatory setting it speaks to the importance of transparent, inclusive and rigorous processes with clearly understandable and impartial decision-making frameworks.</i> <i>The privilege of self-regulation granted to the trades comes with the legislated responsibility to effectively regulate in the public interest. The duty to serve and protect the public interest is shared by other self-regulatory professional bodies in Ontario, such the Ontario College of Teachers, the Professional Engineers of Ontario and the health regulatory colleges. In that context, a report arising from the 1982 Health Professions Legislative Review¹ pointed out that:</i> <i>The important principle underlying each of the criteria [for regulation] is that the sole purpose of professional regulation is to advance and protect the public interest. The public is the intended beneficiary of regulation, not the members of the professions"</i>². COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF): "Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders"³. POLICY GOVERNANCE© MODEL: The Board exists to act as the informed voice and agent of the owners and "translates the owners' wishes into company performance"⁴. CMLTO HIGH LEVEL ENDS POLICY 1 / PUBLIC TRUST IN HEALTH PROFESSIONS REGULATION 1.1.4 The Public Interest is reflected in CMLTO's Overall Approach, Including its Regulatory and Governance Processes: Rationale: The public interest should be assessed in all Board and statutory committee decision making processes. Strategic Initiatives/Processes/Projects to Achieve Desired Outcomes A process for assessing the public interest, and reporting the outcomes of that assessment in all Board and statutory committee decision making is developed and implemented.

¹ Striking a New Balance: A Blueprint for the Regulation of Ontario's Health Professions (Toronto: Queen's Printer, 1998), pg. 9-10.

² Government of Ontario. "[The public interest in this review](#)".

³ College Performance Measurement Framework (CPMF) / Section 1.1.c

⁴ Corporate Boards that Create Value. Jon Carver and Caroline Oliver, Jossey-Brass, New York, 2002

1. DEFINITION OF PUBLIC INTEREST

With this point of departure, it is crucial to explore the answers to the following questions to bring a public lens to the work and responsibilities of the CMLTO Board and Committee members as part of their collective responsibility:

QUESTION #1: What is the meaning of “public interest”?

QUESTION #2: Who defines “public interest”? or Who gets to participate in the process of defining “public interest”?

QUESTION #3: Through what means is “public interest” defined?

QUESTION #4: What is AND is not in the “public interest”?

Having an understanding of the concepts “public interest” and “in public interest” will serve as an important guidepost in decision making on policy and program development of the Board of Directors.

1.1 DEFINING PUBLIC INTEREST

1.1.1 Public Consultation on definition of “public interest” (input from the careholdership)

1.1.2 Board Consultation / Discussion on the definition of “public interest”

1.2 BOARD AND COMMITTEE MEMBER TRAINING ON “UNDERSTANDING OF THE TERM “PUBLIC INTEREST”

- Meaning of “public interest” and “in public interest”
- Public Interest mandate of the CMLTO
- Board and Committee Members’ Collective responsibility to bring a public lens to their work and responsibilities

2. EFFECTIVE GOVERNANCE TO MEET THE PUBLIC INTEREST MANDATE

The CMLTO Board of Directors determines the strategic direction of the College to serve the public interest. The Board of Directors provides one of the most important inputs to the overall performance of the College because of its direction-setting role.

How can we make sure that the Board and Statutory Committee Members have the required knowledge, skills and judgement to effectively meet their fiduciary duties and serve the public interest?

2.1 COMPETENCY BASED COMPOSITION OF THE CMLTO BOARD OF DIRECTORS AND THE STATUTORY COMMITTEES

To ensure Board and Statutory Committee Members are competent to make informed contributions and decisions to serve the public interest.

This ensures that public interest questions brought before the Board and Committees are considered by individuals who have the knowledge and skills to determine the best solutions to serve the public.

2.1.1 COMPETENCY BASED COMPOSITION OF THE BOARD OF DIRECTORS

2.1.1.1 Identifying Explicit Board Member Competencies

Explicit Board Member Competencies to be identified:

- Organization/Board specific qualifications that the CMLTO Board members (professional and public) should have - to be identified
- Additional qualifications consistent with PG system (i.e. soft characteristics in addition to experience and professional expertise) that the Board members should have - to be identified
- GP IV-40 Recruitment, Nominations and Appointment Selection Criteria for Board Members to be taken into consideration
- Other Colleges' approach and strategies re Competency based Composition of the Board to be consulted

TIMELINE: Board Member Competencies to be drafted and presented to the Board of Directors for feedback and approval in May 2023.

2.1.1.2 Reviewing Board Member Competencies on a Regular Basis

- Board Member Competencies to be reviewed/updated on a regular basis

TIMELINE: Ongoing after the approval of the Board Member Competencies by the Board of Directors.

2.1.1.3 Competency Based Election of the Board Members (Professional and Academic Board Members)

- Development of a Board Member Competency Questionnaire indicating how the candidate meets the CMLTO Board Member qualifications.
- Board Member Competency Questionnaire to be included in the Board Election Package and be completed by the candidates.
- Research on the strategies adopted by other Health Regulatory Colleges

TIMELINE: To be implemented in the 2024 CMLTO Board Elections

2.1.1.4 Competency Based Appointment of the Board Members (Public Board Members)

- CMLTO Board Member Competencies to be communicated to Public Appointments Secretariat (PAS)

TIMELINE: Upon approval of the CMLTO Board Member Competencies by the Board

2. EFFECTIVE GOVERNANCE TO MEET THE PUBLIC INTEREST MANDATE			
2.1.2 COMPETENCY BASED COMPOSITION OF THE STATUTORY COMMITTEES			
	2.1.2.1 Identifying Explicit Committee Member Competencies for Each Committee		
		<i>Explicit Board Member Competencies to be identified:</i> Factors to be taken into consideration: • The need to ensure each committee composition has the necessary competencies, experience and expertise to fulfill its statutory role • Changes in elected positions of the Board and public appointments and the associated impact on statutory committees • Understanding that some of the committees have a relatively long orientation period and associated training is intensive • Recognition that committees require a regular turnover of members while maintaining continuity of experience and expertise TIMELINE: Committee Member Competencies to be drafted and presented to the Board of Directors for feedback and approval in September 2023.	
	2.1.2.2 Reviewing Committee Member Competencies on a Regular Basis		
		Committee Member Competencies to be reviewed/updated on a regular basis TIMELINE: Ongoing after the approval of the Committee Member Competencies by the Board of Directors.	
	2.1.1.3 Competency Based Appointment of Committee Members		
		• Committee Member Competency requirement to be incorporated into the nomination and appointment process of Committee Members. TIMELINE: Committee Member competency requirements to be incorporated into the development of Committee compositions in 2024	
	2.2 REGULAR ASSESSMENT OF BOARD EFFECTIVENESS AND ADDRESSING IDENTIFIED OPPORTUNITIES FOR IMPROVEMENT THROUGH ONGOING EDUCATION		
		2.3.1 The Board has a framework to regularly evaluate the effectiveness of the Board and Board meetings (in place)	
		2.3.2 Third party assessment of Board effectiveness (at a minimum every 3 years) (TBD)	
		2.3.3 Ongoing training provided to Board and Committee Members as a result of (1) the outcome of relevant evaluations, (2) the needs identified by the Board and Committee Members	
2.3 BOARD AND COMMITTEE MEMBER ORIENTATION			
2.3.1 Board Member Orientation			
	2.3.1.1 Internal Orientation		
	Annual and ongoing (needs-based) Board Orientation (Please see 2.3.3)		
	2.3.1.2 External Orientation		
	Annual and ongoing (needs-based) Board Orientation (e.g. HPRO, Govern for Impact Webinar)		

2. EFFECTIVE GOVERNANCE TO MEET THE PUBLIC INTEREST MANDATE	
2.3.2 Committee Member Orientation	
	2.3.2.1 Internal Orientation
	Annual and ongoing (needs-based) Committee Orientation (Please see 2.3.3)
	2.3.2.2 Internal Orientation
	Annual and ongoing (needs-based) Board Orientation
2.3.3 Board and Committee Member Candidate Orientation	
	2.3.3.1 CMLTO Board of Directors Candidate Training (required by the CMLTO By-Law) (in place)
	2.3.3.2 CMLTO Statutory Committee Candidate Training (required by the CMLTO By-Law) (in place)

3. DECISIONS ARE MADE IN THE PUBLIC INTEREST

To ensure that the decision-making processes are transparent and are connected to the public interest.

BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE DECISIONS

Decisions related to CMLTO’s strategic direction and regulatory processes are to be:

- Impartial
- Evidence-based
- Transparently demonstrate/communicate the public interest rationale
- Made with an understanding of the profession

Decisions of the Board of Directors (and the Executive Committee as it has all the powers of the Board between the meetings of the Board of Directors) are the most visible signs of the effectiveness of a College as the public can directly observe the Board decision-making processes, and their outcomes.

COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF):

“All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.”⁵

3.1 DECISIONS ARE IMPARTIAL

To ensure that the decisions are made in the public interest, free from influence by professional or other interests.

3.1.1 CMLTO Code of Conduct is accessible to the public

3.1.1.1 To be included in the new CMLTO By-law

(CMLTO’s expectations concerning conduct and conflicts of interest to be captured in the CMLTO By-law, rather than Board policies which are not public.)

3.1.1.2 To be accessible to the public via CMLTO website

3.1.1.3 Disqualifications Section in the new By-law to be enhanced

3.1.2 CMLTO Conflict of interest Policy is accessible to the public

3.1.2.1 CMLTO Board Elections – Nomination Process: Candidates to complete the CMLTO Conflict of Interest Form expressing understanding of the public protection mandate of the College and a commitment to comply with the Code of Conduct of the College

3.1.2.2 Board and Committee Members to complete the CMLTO Conflict of Interest Form annually

3.1.2.3 Conflict of Interest form completed by the Board members to be made available to the public

3.1.2.4 Board and Committee meetings to have a standing item for declarations of conflicts of interest: Board and Committee Members to declare any conflict of interest specific to the meeting agenda at the beginning of each meeting specific to the meeting agenda

⁵ College Performance Measurement Framework (CPMF) / Section 1.2.1

3. DECISIONS ARE MADE IN THE PUBLIC INTEREST	
3.1.3 Cooling-off Period Requirements are enhanced and enforced	
	3.1.3.1 Cooling-off period requirements are enhanced
	3.1.3.1a Cooling-off period requirements are more clear in the CMLTO By-Law
	- Cooling-off period for Board members who hold an office or position of responsibility in any organization and/or group whose mandate or interests conflict with the College - Cooling-off period for Board members to seek election to the Board again (after serving 9 consecutive years on the Board)
	3.1.3.2 Cooling-off period requirements are enforced (TBD)
3.1.4 The Board to identify areas of risk for conflict of interest which are specific to the profession and/or CMLTO	
3.2 THE BOARD AND COMMITTEES MAKE INFORMED AND GOOD DECISIONS	
3.2.1 The Board Makes Informed Decisions	
	3.2.1.1 Board meeting material are received in a timely manner.
	3.2.1.2 Appropriate information is available in advance or at the meeting to support the Board to make informed decisions. (Reports are clear and contained required information.)
3.2.1 The Committees Make Informed Decisions	
	3.2.2.1 Committee meeting material are received in a timely manner.
	3.2.2.2 Appropriate information is available in advance or at the meeting to support the Committees to make informed decisions. (Reports are clear and contained required information.).
3.2.2 Improving Board and Committee Discussions for Better Decisions	
	3.2.2.1 Improving Board Discussions for Better Decisions (TBD)
	- Board’s work is one of the most visible signs of CMLTO’s effectiveness as the Board’s deliberations and decisions can be directly observed by the public. - Board discussions are the cornerstone for good decision-making. - How to promote the dialogue among Board members, at and between the Board meetings? - How to develop concrete expectations to generate meaningful discussions (eg: rules of engagement for Board Members)

3. DECISIONS ARE MADE IN THE PUBLIC INTEREST

3.2.2.2 Improving Committee Discussions for Better Decisions (TBD)

- How to promote the dialogue among Committee members, at and between the Committee meetings?
- How to develop concrete expectations to generate meaningful discussions (eg: rules of engagement for Committee members)

3.2.3 Increasing Diversity and Representation on the Board and Committees

Diversity strengthens Board decision-making capacity, and hence, it is important that the College ensures that its Board and Committees reflect the diversity of the populations that they serve.

- Exploring the new ways to promote opportunities and encourage applications from traditionally under-represented groups to enhance diversity and representation on the Board and Committees.
- Prospective Board and Committee members may be invited to complete a Self-Identification Questionnaire as per of the election/appointment process.
- Applicants' self-identified diversity attributes will help to identify the gaps and promote the election, appointment, onboarding and training of the new Board and Committee members.

3.3 BOARD AND COMMITTEE MEETING MATERIALS DEMONSTRATE THE PUBLIC INTEREST RATIONALE

3.3.1 Board Meeting Materials Demonstrate the Public Interest Rationale

3.3.1.1 Publicly available on the CMLTO website

3.3.1.2 Clearly identify the public interest rationale and evidence supporting each topic brought to the Board of Directors

3.3.1.2.a Briefing reports to contain a “**public interest rationale**” section making **concrete links** to the CMLTO’s public interest mandate, strategic priorities, and the importance of providing information for the CPMF.

3.3.1.2.b Minutes to have links to publicly available reports etc.

3.3.1.3 Regulatory impact assessment to be conducted that identifies risks and assesses potential impacts and regulatory options to mitigate those risks.

3.3.2 Committee Meeting Materials Demonstrate the Public Interest Rationale

3.3.2.1 Clearly identify the public interest rationale and evidence supporting each topic brought to the Committees

3.3.2.1.a Briefing reports to contain a “public interest rationale” section making concrete links to the CMLTO’s public interest mandate, strategic priorities

3.4 BOARD AND COMMITTEE POLICIES DEMONSTRATE THE PUBLIC INTEREST RATIONALE

3.4.1 BOARD POLICIES DEMONSTRATE THE PUBLIC INTEREST RATIONALE

3. DECISIONS ARE MADE IN THE PUBLIC INTEREST

3.4.1.1 Board Policies clearly identify the public interest rationale (TBD)

3.4.1.2 Board Policies are publicly available on the CMLTO website (TBD)

3.4.2 COMMITTEE POLICIES DEMONSTRATE THE PUBLIC INTEREST RATIONALE

3.4.2.1 Committee Policies clearly identify the public interest rationale (TBD)

3.4.2.2 Committee Policies are publicly available on the CMLTO website (TBD)

4. BOARD AND COMMITTEE DECISIONS ARE IMPLEMENTED (DEMONSTRATED BY EVIDENCE)

It is important to ensure and demonstrate that the Board and Committee decisions, which are made in the public interest, are implemented.

4.1 STATUS UPDATES REGARDING THE IMPLEMENTATION OF THE BOARD DECISIONS

4.1.1 Action Items and Motions

4.2 STATUS UPDATES REGARDING THE IMPLEMENTATION OF THE COMMITTEE DECISIONS

4.2.1 Action Items and Motions



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THE COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)

PP #01 - Professional Practice Resource Policy

Manual	Professional Practice	Date Issued	07/31/2018
Section	III	Effective	
Subject	Professional practice resource	Page	
Issue to	QAP	Replaces	
Issued by	Registrar & CEO	Next Review Date	07/31/2021

1.0 POLICY

CMLTO professional practice resources support members in making safe, and ethic decisions in their role as a medical laboratory technologist. The guiding principles for professional practice resources are:

- Resource development is consistent with CMLTO`s mandate of public protection,
- Identifies relevant professional challenges and trends through practice advice analysis, environmental scans, and engaging with stakeholders,
- Professional practice resource development facilitates knowledge sharing among CMLTO staff and where applicable, CMLTO Council and Committees.

CMLTO staff are responsible for understanding, applying, and supporting the goals and guiding principles of providing professional practice advice to CMLTO members. CMLTO staff must effectively utilize their individual and team knowledge when engaging CMLTO members.

2.0 PURPOSE



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To describe the processes for developing and reviewing professional practice resources.

3.0 SCOPE

This policy applies to all CMLTO staff who develop, administer, and maintain professional practice resources.

4.0 DEFINITIONS

5.0 REFERENCES AND RELATED STATEMENTS OF POLICY/PROCEDURE

6.0 PROCEDURES

7.0 PRINCIPLES



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PP #02 - Professional Practice Resource Review Process

Manual	Professional Practice	Date Issued	07/31/2018
Section	III	Effective	
Subject	Professional practice resource review process	Page	
Issue to	QAP	Replaces	
Issued by	Registrar & CEO	Next Review Date	07/31/2021

1.0 POLICY

The periodic review of CMLTO professional practice resources ensures they are accurate, relevant, and align with CMLTO's mandate. Practice resources are reviewed on a 5-year cycle using the following three-phase approach:

1. **Validating the need:** reflects on the resource's relevancy within the current MLT practice environment, determines the uniqueness of the resources, and assesses any risks with maintaining or removing the resource.
2. **Development/Review of the resource:** describes the resources review process (i.e., stakeholder engagement, literature research) including the proposed rationale for its development, modification, or retirement.
3. **Implementation:** determines the appropriate communications and/or dissemination plan for the practice advice resources including gathering the required approvals, description of the relevant



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stakeholders and proposed methods of engaging these individuals/groups.

2.0 PURPOSE

To provide guidance to Professional Practice staff who develop, review, and revise CMLTO professional practice resources.

3.0 SCOPE

This policy applies to all CMLTO staff who develop, review, and revise professional practice resources.

4.0 DEFINITIONS

5.0 REFERENCES AND RELATED STATEMENTS OF POLICY/PROCEDURE

CMLTO Professional Practice Resource Review Schedule

CMLTO Professional Practice Resource Review Checklist

CMLTO Professional Practice Document Master Log

6.0 PROCEDURES

CMLTO professional practice resources are reviewed every 5 years, in accordance to the CMLTO Professional Practice Resource Review Schedule. The development of new resources is determined through various methods including QAP staff identifying emerging practice trends or at the request of a CMLTO Committee.

Review of Professional Practice Resources

1. Based on the review schedule, the designated CMLTO staff for that resource will determine when the review process will begin within their annual operating plan.
2. CMLTO staff will conduct a current state analysis to determine if there is a valid need for the resource. Based on this analysis, the Registrar & CEO will receive a set of recommendations and the completed phase I checklist.



3. The Registrar & CEO will review the recommendations and determine the next steps.
4. Based on the approved recommendation, CMLTO staff will define the next steps for the resource development/review (i.e. make the applicable edits, obtain Committee approval, develop a communications plan, engage stakeholders). The Professional Practice checklist phase II is completed and sent to the Registrar & CEO for review and approval.
5. Based on the Registrar & CEO recommendations, Professional Practice staff will complete the communication plan. The last section of the resource checklist is completed and reviewed by the Registrar & CEO as necessary.
6. The Professional Practice Document Master Log excel spreadsheet will be updated to reflect the changes in the resource.
7. If applicable, a new or revised version of the resource will be saved on SharePoint under 3-2-01-03.

New Professional Practice Resource Development

1. The development of a new Professional Practice resource may be determined through one or many of the following options;
 - a. Registrar & CEO direction
 - b. CMLTO Council and Committee request
 - c. Practice trends identified from member surveys, practice inquiries, and/or conduct cases
 - d. CMLTO member and/or other stakeholder requests (if deemed appropriate by Registrar and CEO).
2. CMLTO staff will complete the Professional Practice checklist phase I to document the validated need for the guidelines.
3. Registrar & CEO will review and if acceptable, approve the resources need.
4. Phase II will be completed by CMLTO staff who propose a course of action for the development of the resource which may include but is not limited to:



- a. Member consultations (surveys, focus groups, interviews etc.)
 - b. Convening a working group
 - c. Engaging external stakeholders
 - d. Environmental scan and research
5. Registrar & CEO will review and if acceptable, approve the development plan.
6. CMLTO staff will conduct their development plan and engage the Registrar & CEO, and the Committee where agreed upon.
7. Phase III of the Professional Practice Checklist will provide a plan for the communication and dissemination of the new resource.
8. Registrar & CEO will review and if acceptable, approve the communications plan.
9. CMLTO staff will implement their communications plan.
10. CMLTO staff will add the new resources into review cycle and worksheet.
11. The new resource will be saved on SharePoint under 3-2-01-03.

7.0 PRINCIPLES



Professional Practice Resource Development / Review Checklist

Please use this checklist and the CMLTO Professional Practice Resource Development and Review Guideline as tools to enable a consistent approach for the development or review of professional practice resources. Please update and include this checklist along with any other supporting documentation, track changes versions of original documents, etc. during the development, review or approval processes.

Document Topic / Name:

☐ **New Professional Practice Resource**

☐ **Professional Practice Resource Review**

CMLTO Staff Lead:

Others involved in development / review:

Supporting documentation (list):

Phase I – Validating the Need

Please check off all of the following items that were considered while validating the need for the development or review of the professional practice resource. Please attach any supporting documentation and list them in the space provided above.

- | | |
|---|--|
| ☐ Identification of need | ☐ Quantification of need |
| ☐ Articulating the intended impact | ☐ Assessment of potential duplication of resource |
| ☐ Alignment with CMLTO mandate | ☐ Assessment of risk |

Date	Comments	Initials

CMLTO Staff Recommendation

- ☐ Proceed with development / review
- ☐ Do not proceed with development / review
- ☐ Other: _____

Registrar Approval

R/CEO Signature

Date (dd/mm/yy)

Phase II – Development / Review

Please check off all of the following items that were considered while planning for the development or review of the professional practice resource. Please attach any supporting documentation and list them in the space provided on the previous page.

- ☐ Description of development / review process
- ☐ Quantification of cost implications
- ☐ Description of a consultation plan

Date	Comments	Initials

Phase III – Implementation

Please check off all of the following items that were considered while planning for the implementation of the professional practice resource. Please attach any supporting documentation and list them in the space provided on the previous page.

- ☐ Description of approvals process
- ☐ Description of a communications plan

Date	Comments	Initials



THE COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)

QAC 105

Risk-based Decision-making

Quality Assurance Committee

DATE APPROVED BY COMMITTEE	:	08/11/2022
PUBLICATION DATE	:	08/11/2022
DATE REVIEWED	:	
DATE REVISED	:	
NEXT REVIEW DATE	:	08/12/2025
REVIEW FREQUENCY	:	3 years
KEY WORDS	:	
LEGISLATIVE REFERENCES	:	Ontario Reg. 207/94 under the <i>Medical Laboratory Technology Act, 1991</i> <i>Regulated Health Professions Act, 1991</i>
REFERENCE MATERIALS	:	
APPENDICES	:	
COLLEGE CONTACT	:	Megan MacQuarrie, Senior Director John Tzountzouris, Registrar & CEO
COMMITTEE CHAIR SIGNATURE	:	 Karen Persad August 11, 2022



1.0 INTRODUCTION

The Quality Assurance Committee (QAC) is responsible for reviewing, deliberating, and determining an outcome for a variety of different cases in alignment with policy QAC 45 Case Referrals to QAC. Throughout these steps, it is essential to maintain a fair, transparent, and consistent process in determining registrant next steps in matters brought forward to the Committee.

Right touch regulation ensures registrant cases are handled using an appropriate level of oversight and regulatory powers that align to the amount of risk present in any given case. Risk is determined by reviewing the probability and impact of a registrant's action(s) or behaviour(s). This fosters a risk-based decision making process for the QAC to abide by when determining outcomes. It is appreciated that individual cases may have aggravating and mitigating factors. The frameworks provide a thorough but not comprehensive list of these potential influences.

This policy is to be used in conjunction with the QAC Risk-based decision-making frameworks for the Stage 1 & 2 Professional Portfolio, Practice Review, annual QA declarations, and Competence Evaluation.

2.0 BACKGROUND

Right touch regulation is a regulatory framework created by the Professional Standards Authority in the United Kingdom. Its intent is to balance the level of regulation needed for any given situation with the potential risk to the public. The principles for Right Touch are proportionate, consistent, targeted, transparent, accountable, and agile.

3.0 THE POLICY

When a registrant's case is referred to the Committee, the Panel members review the case materials and the relevant framework to determine the most applicable risk category. Mitigating and aggravating factors are considered when reviewing cases as they can influence the risk category assigned to a case.

Once an applicable risk category is determined, the potential decision outcomes are reviewed by the Committee. The Committee will discuss all available options prior to determining their final decision. Once a decision is



rendered it is communicated to the registrant by Quality Assurance Program staff.

It is important to note that while the frameworks are comprehensive, it is impossible to capture all scenarios and contextual influences for all cases. Therefore, the QAC will strive to categorized cases as consistently as possible and where appropriate, will provide clear rationales as to why alternative measures or outcomes were determined.

4.0 PURPOSE *(Intent)*

To ensure ongoing consistent, fair, and transparent decision making for cases referred to the QAC.

5.0 SCOPE *(The policy applies to)*

This policy applies to cases referred to the QAC for review and deliberation.

6.0 COMMITTEE PROCESS AND PROCEDURES *(If applicable)*

QAC 45 – Case Referral to QAC

Resource – QA Risk-based decision-making frameworks

7.0 PRINCIPLES

8.0 DEFINITIONS

A **risk** is defined as any occurrence, intentional or unintentional, that harms a patient(s), the public, the profession, the College, or the registrant themselves.

Probability is interpreted as the likelihood an action(s) or behaviour(s) has or will harm a patient, the public, the profession, the College, or the registrant themselves.

Impact is interpreted as the level at which the action(s) or behaviour(s) demonstrates an inability to meet the minimal level of knowledge, skill, or judgment expected of an MLT in accordance with the Standards of Practice for MLTs.

9.0 EXCEPTIONS

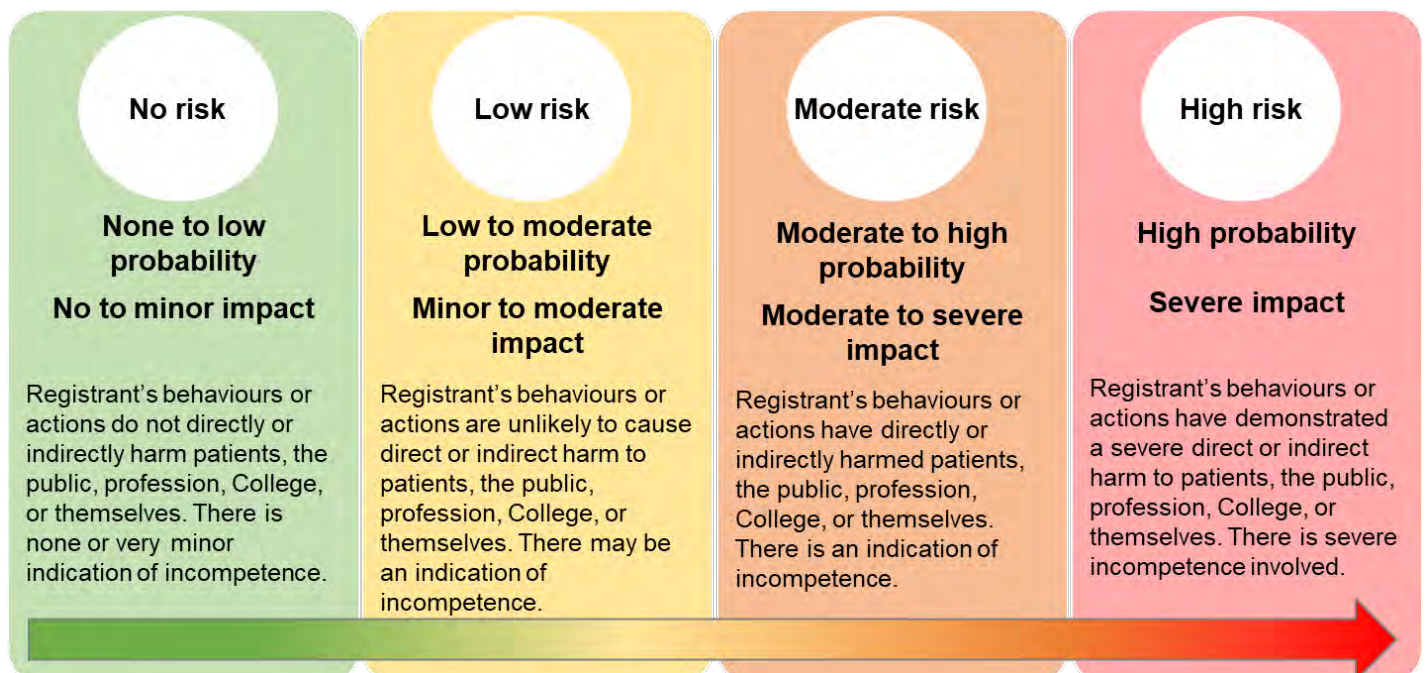
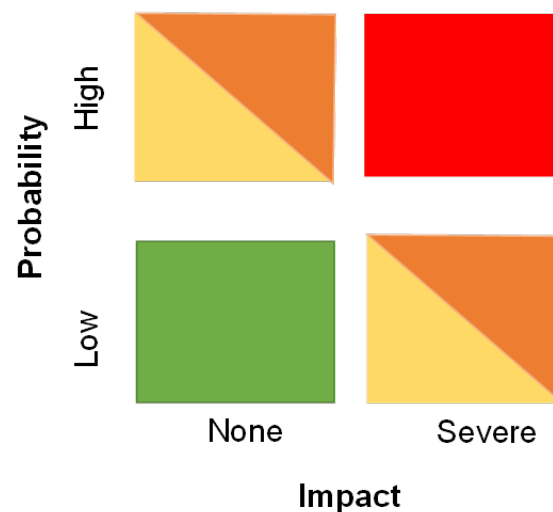
Quality Assurance Committee (QAC) risk assessment

Probability is interpreted as:

The likelihood an action(s) or behaviour(s) has or will harm a patient, the public, the profession, the College, or the registrant themselves.

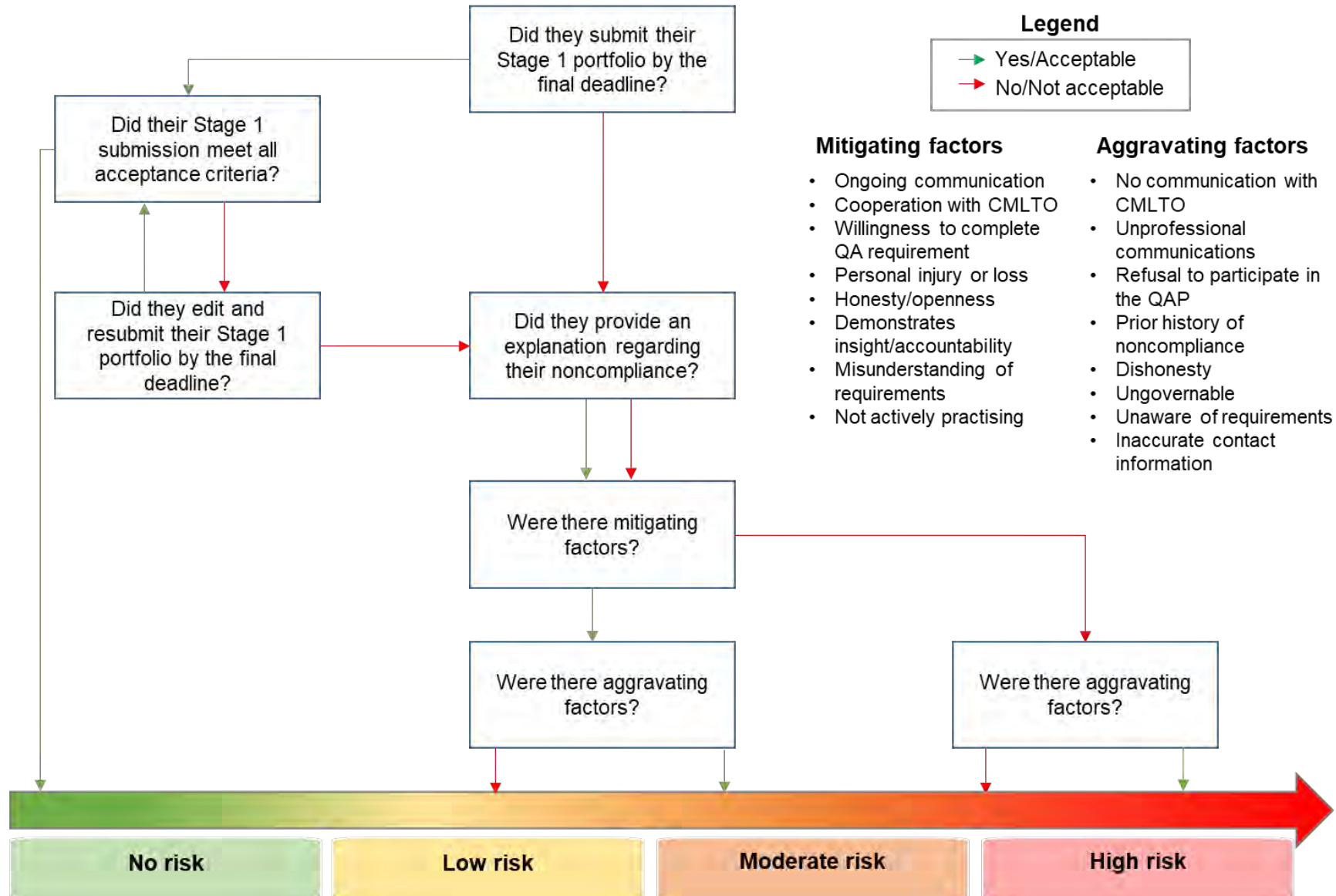
Impact is interpreted as:

The level at which the action(s) or behaviour(s) demonstrates an inability to meet the minimal level of knowledge, skill, or judgment expected of an MLT in accordance with the Standards of Practice for MLTs.



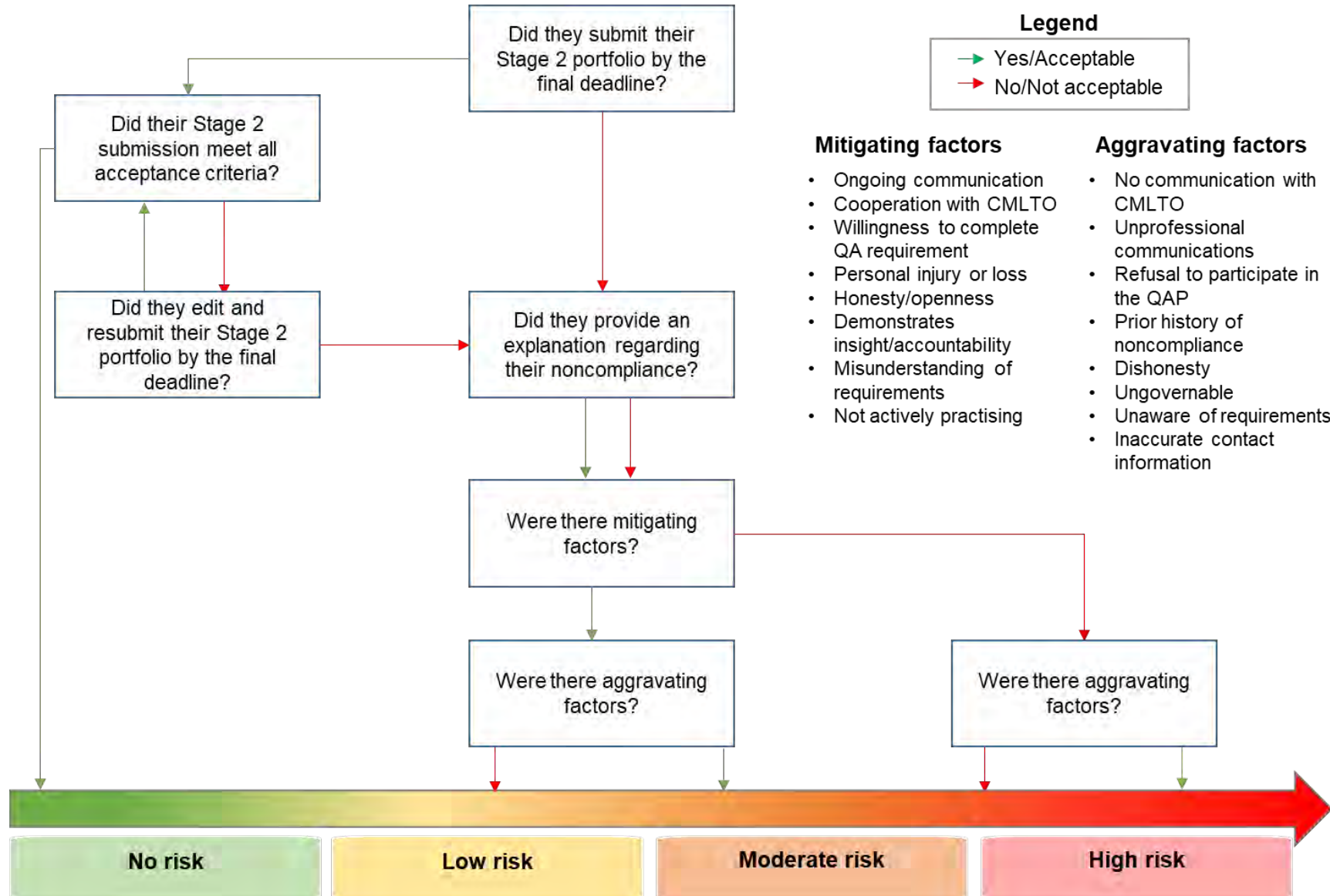
Quality Assurance Committee
Risk-based decision-making framework tools and resources

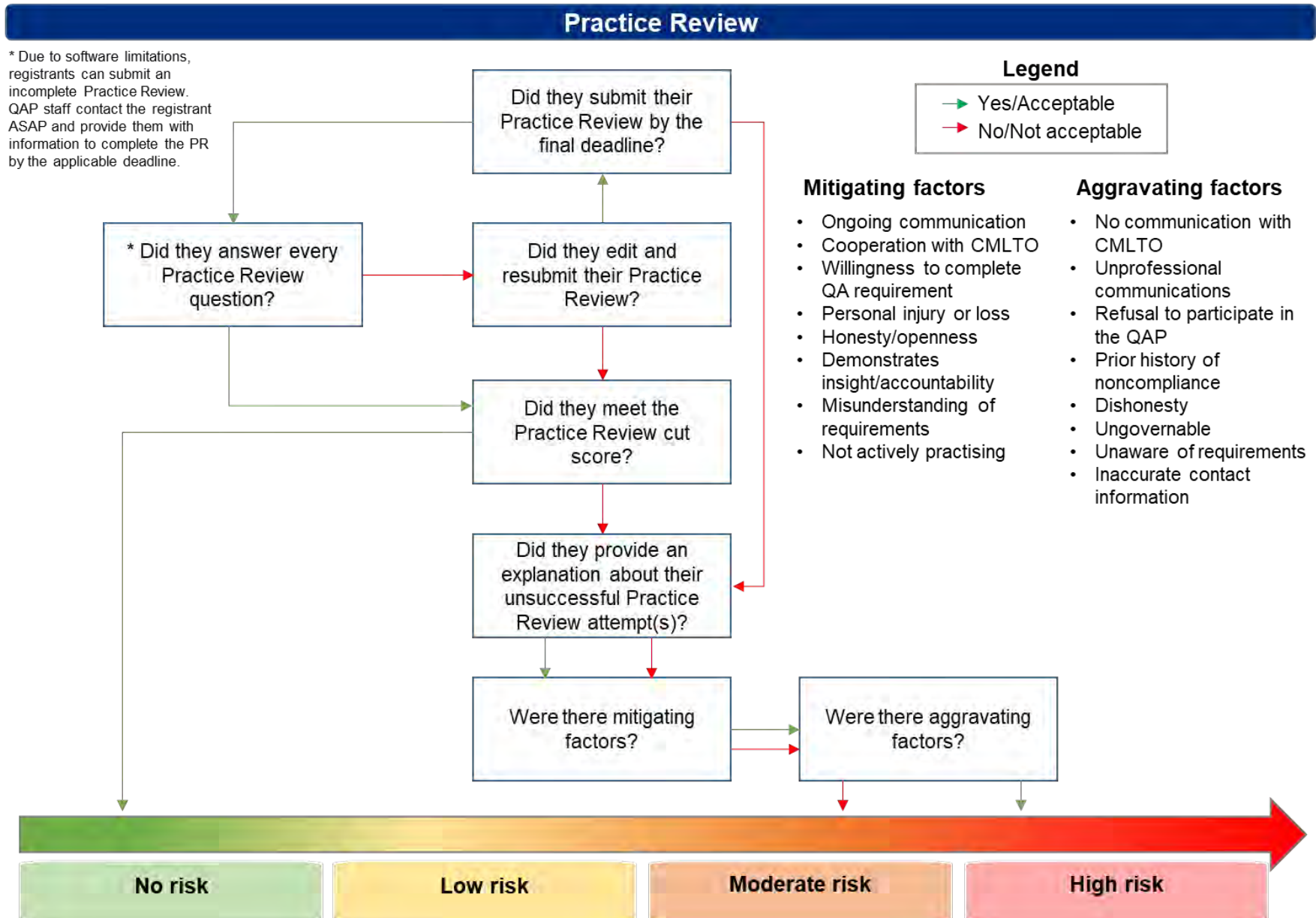
Stage 1 Professional Portfolio



Quality Assurance Committee
Risk-based decision-making framework tools and resources

Stage 2 Professional Portfolio

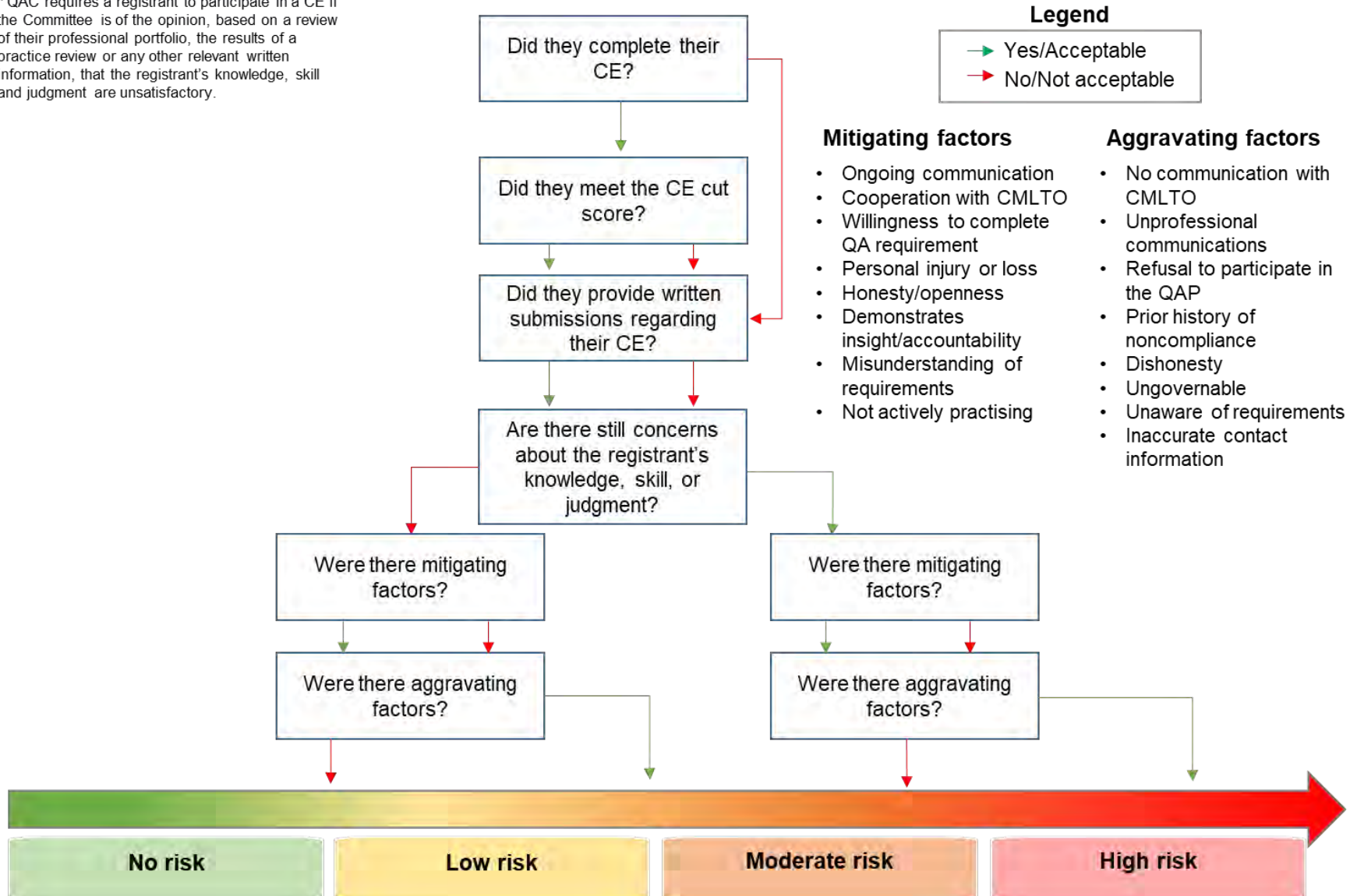




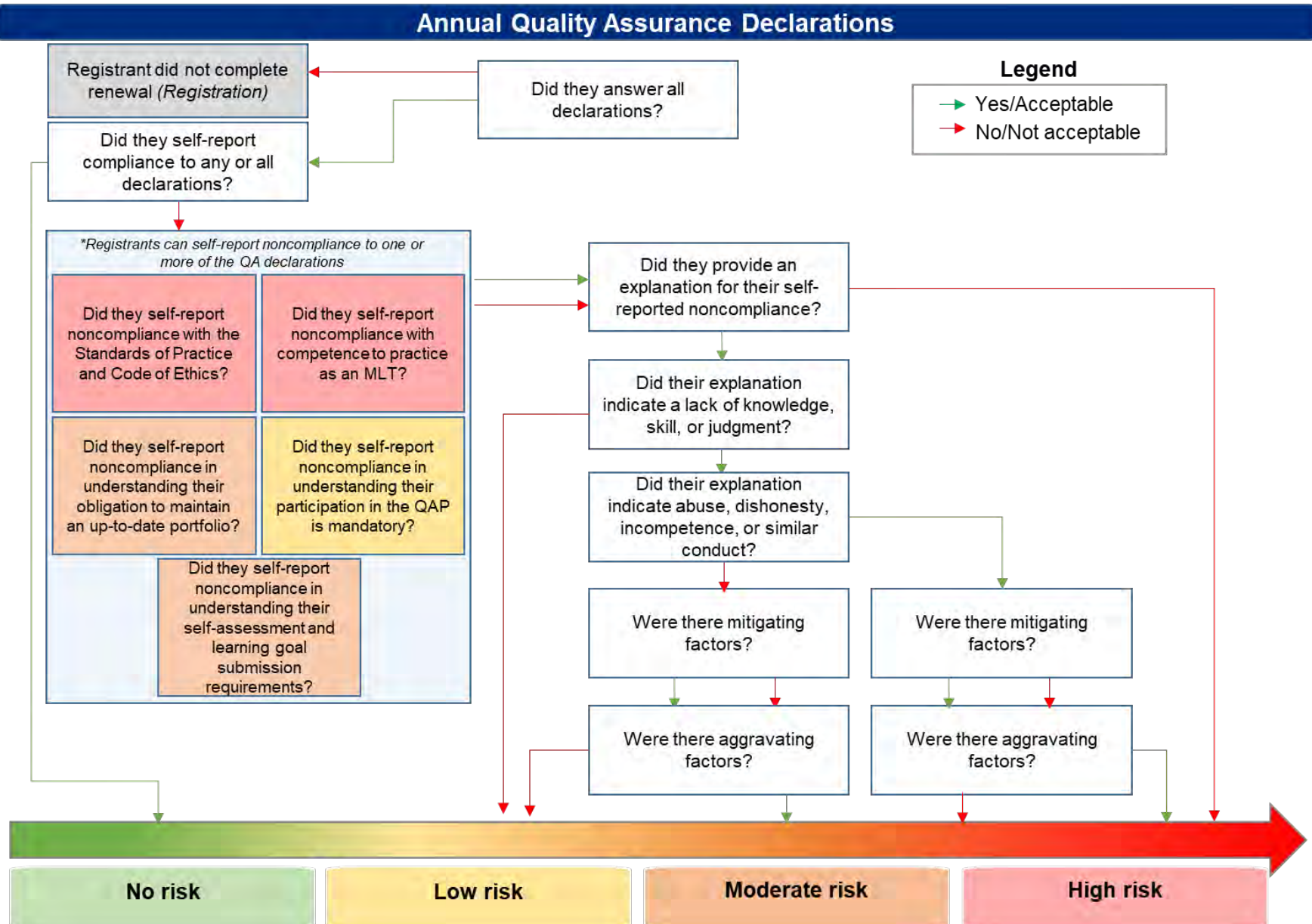
Quality Assurance Committee
Risk-based decision-making framework tools and resources

Competence Evaluation (CE)

* QAC requires a registrant to participate in a CE if the Committee is of the opinion, based on a review of their professional portfolio, the results of a practice review or any other relevant written information, that the registrant's knowledge, skill and judgment are unsatisfactory.



Quality Assurance Committee
Risk-based decision-making framework tools and resources



QAC framework outcomes



1) *Regulated Health Professions Act, 1991* Schedule 2 Section 80.2

2) QAC 45 Case referral to QAC

3) QAC 104 Professional Portfolio Support Program

4) Policy: QAC 24 Practice Review Description

5) *Medical Laboratory Technology Act, 1991* Ontario Regulation 207/94 Section(17)

6) QAC 47 MLTs Changing Status During Audit



THE COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)

QA130 PRISM: Practice Improvement Self- assessment Module

Manual	Professional Practice	Date Issued	12/31/2020
Section	II	Last Review Date	
Issued by	Registrar & CEO	Issue to	QAP
Replaces			

1.0 POLICY

The Professional Portfolio Self-assessment includes a jurisprudence activity called the Practice Improvement Self-assessment Module (PRISM). PRISM focusses on sharing practice requirements and information with CMLTO registrants. The module will be updated each year and focus on a different practice topic or trend. PRISM consists of a short video (i.e., no longer than 15 minutes) and a series of 5 multiple choice and true/false questions.

2.0 PURPOSE

To provide Professional Practice staff with the process to develop, monitor, and store PRISM.

3.0 SCOPE

This policy is relevant to all Professional Practice department staff.

4.0 DEFINITIONS

5.0 REFERENCES AND RELATED STATEMENTS OF POLICY/PROCEDURE

6.0 PROCEDURES

The PRISM topic will be different each year and it must be informed by current and relevant practice trends and topics. A memo with recommended PRISM topics will be provided to the Registrar & CEO for consideration and decision. Once a practice trend/topic is finalized, Professional Practice staff will:

1. Research the practice topic and trend
2. Develop a PowerPoint presentation highlighting important information about the PRISM topic.
3. Create a transcript for the PRISM video.
4. Develop 5 questions based on the PRISM topic and include follow-up feedback for each question when it is answered correctly.
5. Submit slides, transcript, PRISM questions and feedback to the Communications department for review.
6. Submit finalized slides, transcript, questions and feedback to Registrar & CEO for review and approval.
7. When approved, Professional Practice staff will record the PRISM video.
8. Each year, staff will update the video, transcript, questions and feedback in the Professional Portfolio.
9. Test and review to ensure video functions as required.
10. Send PRISM transcript, questions and feedback for French translation.
11. Previous year's PRISM video, transcripts, and questions will be made available on the CMLTO website as professional development resources.

7.0 PRINCIPLES

8.0 APPROVAL

Name	Title	Date	Signature
Megan MacQuarrie	Senior Director, Regulatory Programs		

John Tzountzouris	Registrar & CEO		
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