

2017 Annual Report



CMLTA

COLLEGE OF
MEDICAL LABORATORY
TECHNOLOGISTS
OF ALBERTA





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Vision

We are a recognized leader in the regulation and governance of medical laboratory services. As a trusted partner in healthcare regulation, we enhance public protection and patient safety, promote high standards for professional practice, and contribute to the wellness of Albertans.

Mission

We protect the public by regulating Medical Laboratory Technologists and fostering excellence in professional practice.

Core Values

We recognize self-regulation is a privilege and in our endeavours to earn and retain the trust of Albertans, we act according to the following set of core values:

INTEGRITY

We adhere to the CMLTA's Code of Conduct.

ACCOUNTABILITY

We take responsibility for our actions.

COMMITMENT

We are dedicated to providing excellent service.

RESPECT

We treat others with fairness and dignity.

OBJECTIVE

We are fair, unbiased, and impartial in our decisions.

SUSTAINABILITY

We exercise responsible resource management.

OPENNESS

We are accessible, approachable, transparent, and clear in our actions.

INNOVATION

We build on successful ideas, and explore and implement new ideas.

Introduction

PRESIDENT AND EXECUTIVE DIRECTOR'S MESSAGE

2017 was a very busy year for the CMLTA and culminated in the completion of several large-scale projects. Council focused CMLTA human and financial resources on four primary initiatives: the restructure of the Council executive; the development of volunteer training tools; the creation of a Practice Advisory Statement to correlate with the expectation of continued competence in a constantly evolving profession; and the selection of a new provider for the accreditation of Medical Laboratory Technologist (MLT) educational programs across Canada.

As recommended by the CMLTA's strategic planning consultants, Council has adopted a new structure for the executive team of Council. Regulated Members will continue to elect the members of Council; however, the Council executive (comprised of the President and Vice-President) is appointed from the current complement of Councilors as opposed to the membership electing the executive. This new protocol supports a highly functioning board with the most appropriate skill sets taking on leadership roles.

In 2017, Council invested in the development of a series of five governance training modules. These comprehensive modules were created to support a volunteer's knowledge and understanding of the expectations of a Councilor, to aid as the foundation for separating governance versus operational matters, and to serve as a refresher and reference throughout the term of office. Council also developed two Continuing Competence Program (CCP) videos which clearly outline the program parameters and expectations for Regulated Members in a user-friendly mobile format.

In the fall of 2017, Council introduced a new Practice Advisory Statement on continued competence and profession evolution. This statement was created primarily in response to the introduction of the new CSMLS Diagnostic Cytology competency profile (with new histology competencies), but it also addressed the continuous introduction of new technologies and methodologies in the laboratory environment. This Practice Advisory Statement clearly outlines the CMLTA expectations of all Regulated Members to maintain competence in their professional practice regardless of when they received formal training and education.

Lastly, CMLTA Council announced in 2017 that the Health Standards Organization (HSO) and its affiliate, Accreditation Canada (AC), were selected as the new third-party provider to replace the Canadian Medical Association for accreditation services for MLT education institutions commencing February 2018. The CMLTA, as well as the seven (7) other regulated jurisdictions with MLT Colleges in Canada have also signed on as sponsors of HSO/AC accreditation.

This report can be viewed or downloaded in its entirety at www.cmlta.org/home/about/publications-2/ or alternatively a copy may be requested at info@cmlta.org.

The contents of this Annual Report were developed under the direction of, and approved by, CMLTA Council. The information and data contained in the Annual Report reflects CMLTA activities from January 1 to December 31, 2017 inclusive.

KAREN MATEJKA MLT
CMLTA 2017 PRESIDENT

LORI KMET MLT, BSC (MLS), MBA
EXECUTIVE DIRECTOR/REGISTRAR/
COMPLAINTS DIRECTOR

PUBLIC MEMBERS' REPORT

As we near the completion of our first year as Public Members on the Council for the College of Medical Laboratory Technologists of Alberta (CMLTA), we are able to reflect very positively on the work of the Council, the high level of dedication and professionalism of the CMLTA staff, and the Regulated Members who give of their time and energy to the betterment of the profession by sitting on either Council or a committee of the CMLTA.

Looking back over the year, three significant highlights come immediately to mind. First, the ongoing commitment to ensure public protection and patient safety is uppermost in Council's deliberations of policy issues. Secondly, the professional approach to strategic planning with visionary strategies to protect and inform the public with regard to the scope of practice of the CMLTA, its Regulated Members, and other health care practitioners that may be improperly representing themselves as qualified Medical Laboratory Technologists (MLTs). And thirdly, the more subtle professional desire to be currently informed with regard to parliamentary procedures to ensure that the meetings conducted by the CMLTA Council and committees are conducted in an open, transparent, consistent, and respectful manner.

Considering there are approximately 2500 Regulated Members of the CMLTA, there are very few public complaints of unprofessional conduct which contributes to a positive relationship and one of trust between the CMLTA and the public at large. Some Colleges do not enjoy this luxury which can only reflect on the positive commitment to excellence demonstrated by MLTs across Alberta.

DOMINGO CHAVEZ
PUBLIC MEMBER

AARON ZELMER
PUBLIC MEMBER

CMLTA OVERVIEW

On March 1, 2002, the College of Medical Laboratory Technologists of Alberta (CMLTA) became the second self-regulating profession under the *Health Professions Act* (HPA) with the coming into force of the *Medical Laboratory Technologists Profession Regulation* and profession-specific Schedule 11 pursuant to the HPA.

As per Schedule 11, Medical Laboratory Technologists (MLTs), or CMLTA Regulated Members, do one or more of the following:

- *Collect and analyze biological samples, perform quality control procedures and communicate results that have been critically evaluated to ensure accuracy and reliability;*
- *Teach, manage and conduct research in the science and techniques of medical laboratory technology; and*
- *Provide restricted activities authorized by the regulations.*

The CMLTA protects and serves the public, patients, and Regulated Members by overseeing and guiding the profession through the enforcement and monitoring of regulatory programs and services as established by the HPA. The CMLTA maintains professional records on approximately 2,500 Regulated Members who work in Alberta laboratory hospital facilities (both urban and rural), in public and private clinical institutions, in research facilities, and teach the profession of medical laboratory science to future practitioners of the profession. All Regulated Members must demonstrate and maintain specialized skills, knowledge, judgments, and attitudes to perform medical laboratory procedures in both the laboratory environment or at a patient's bedside. The CMLTA's oversight and regulatory role is one measure to ensure MLTs who conduct laboratory tests (including analysis, reporting, and interpretation), instruct the practice of medical laboratory science, or supervise other Regulated Members are educated, skilled, knowledgeable, competent, and ethical practitioners.

The CMLTA regulatory functions include:

- Enforcement of standardized entrance to practice requirements for initial and reinstatement applicants and the annual renewal of registrations and MLT Practice Permits;
- Development, administration, and ongoing enhancement of the Continuing Competence Program (CCP), including a comprehensive and diverse MLT Competency Profile based on the *Standards of Practice* and reflective of areas of professional practice, and an annual audit process to systematically assess the integrity of the CCP and to monitor Regulated Members' compliance;

- Establishment and enforcement of *MLT Standards of Practice*, *MLT Code of Ethics*, Practice Advisory Statements, policies, and guidelines; and
- Adjudication of the professional conduct and behavior of MLTs via the investigation and/or resolution of complaints of unprofessional conduct.

2017 CMLTA COUNCIL

KAREN MATEJKA, PRESIDENT

APRIL HILLMAN, PAST PRESIDENT

SHELLY STEVENS, PRESIDENT ELECT

KIM ALKALAY, COUNCILOR

TAREK BRAHIM, COUNCILOR

CHRISTINE CHOMA, COUNCILOR

JASDEEP HAZRAH, COUNCILOR

GLORIA PAULET, COUNCILOR

DAN WOODS, COUNCILOR

DOMINGO CHAVEZ, PUBLIC MEMBER

AARON ZELMER, PUBLIC MEMBER

2017 CMLTA STAFF

LORI KMET, EXECUTIVE DIRECTOR/REGISTRAR/COMPLAINTS DIRECTOR/PRIVACY OFFICER

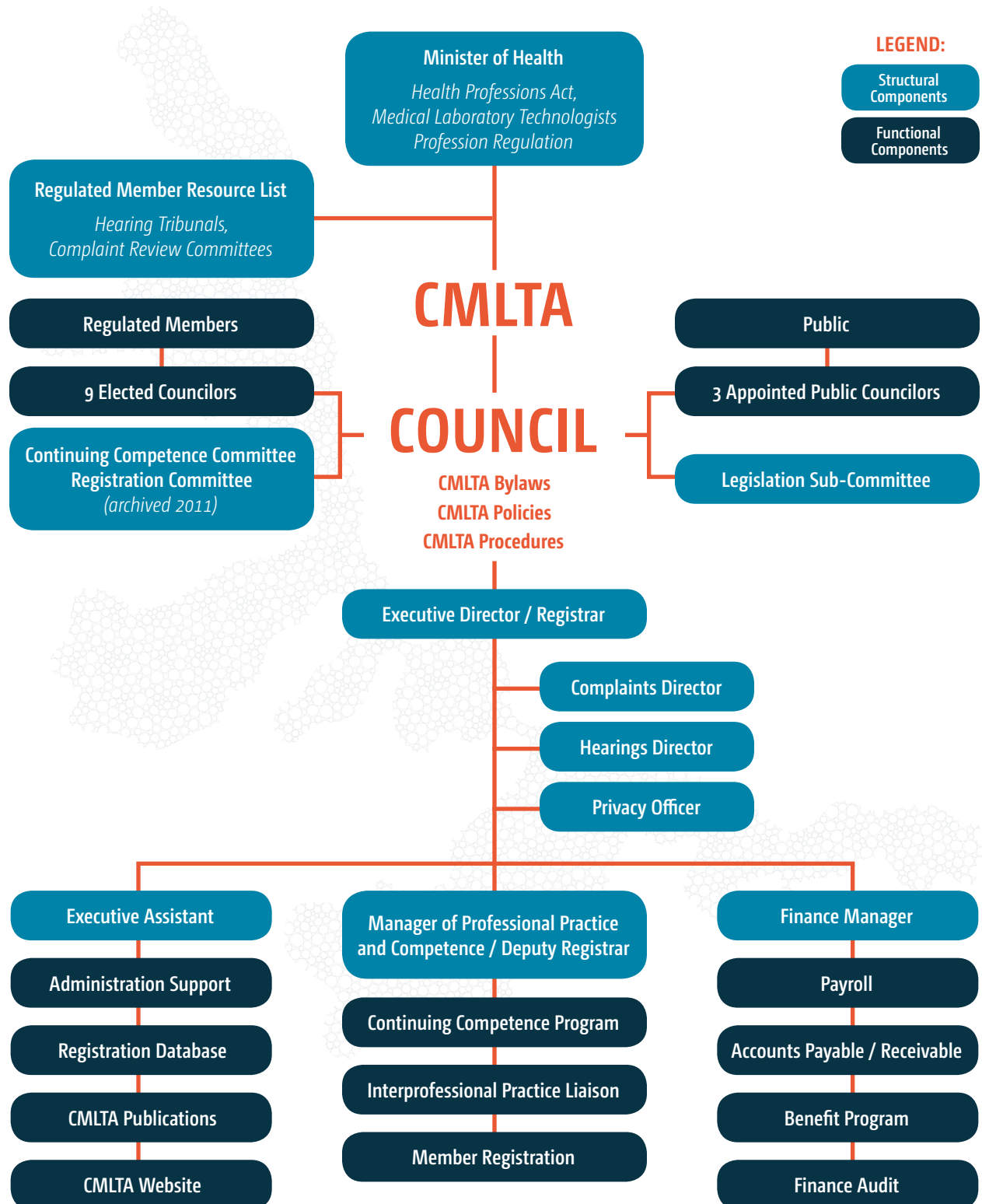
LARISSA FADISH, MANAGER OF PROFESSIONAL PRACTICE AND COMPETENCE/DEPUTY REGISTRAR

AVALEEN PETRYK, EXECUTIVE ASSISTANT/HEARINGS DIRECTOR

SHARON SEMENIUK, FINANCE MANAGER



STRUCTURAL AND FUNCTIONAL ORGANIZATION CHARTS





Governance

The CMLTA Council manages and conducts the activities of the organization and exercises its rights, powers, duties, and privileges to ensure regulatory compliance in all areas, specifically registration, continuing competence/professional development, and the formal adjudication of complaints of unprofessional conduct. The 2017 CMLTA Council was comprised of nine elected Councilors (including the President, President-Elect, and Past President) and two Public Members as appointed by the government in accordance with the *Health Professions Act* (HPA). The HPA requires the CMLTA to have three Public Members; however, Alberta Health is still seeking to find a replacement for a Public Member position which has been vacant since 2014.

The primary purpose of the CMLTA Council is to fulfill its legislated mandate and mission through ethical, prudent, and innovative means. The specific functions of Council are to:

- Articulate the CMLTA's vision, mission, and core values;
- Develop a viable strategic plan to achieve the vision, mission, and core values;
- Define the work of Council, and how Council carries out and monitors its work;
- Support, monitor, and evaluate the Executive Director/Registrar to ensure a high level of competence and organizational performance;
- Provide effective fiscal management by ensuring that financial viability of the organization is ongoing, resource utilization is aligned with the CMLTA mission and priorities, and the assets of the CMLTA are protected and cared for;
- Ensure oversight and sound risk-management practices, enforce compliance with all relevant legislation, and develop policies and systematic methods to direct the CMLTA's operations;
- Ensure the public is aware of the role of the CMLTA and represent the best interests of the public in complaints of unprofessional conduct and matters of patient safety;
- Monitor the roles and performance of committees to ensure they execute delegated work; and

- Organize Council to ensure effective and efficient operations, including the assessment of Council's own performance, the development and implementation of succession plans, the orientation and mentoring of new Council members, and continuity of experience and leadership within Council.

The CMLTA Council has established the following Committees:

- Legislation Sub-Committee
- Regulated Member Resource List—Hearing Tribunals and Complaint Review Committees

The Legislation Sub-Committee is a working group of the CMLTA Council comprised of nine Regulated Members including the President-Elect, Past President, and other volunteer members at large. The purpose of this group is to:

- Review and recommend revisions (in consultation with the Executive Director/Registrar and CMLTA legal counsel) to CMLTA Bylaws, policies, and documents for Council consideration and approval;
- Draft new policies, protocols, and processes as per the direction of Council;
- Align CMLTA communications with current policy; and
- Interpret the HPA and the *Medical Laboratory Technologists Profession Regulation* for the purpose of application and revision of policy regarding registration, continuing competence, and complaints of unprofessional conduct.



Pursuant to Section 15 of the HPA, Council has appointed five Regulated Members (a minimum of four is required) to the CMLTA Regulated Member Resource List (RMRL). These individuals serve on Hearing Tribunals in complaints of unprofessional conduct and on Complaint Review Committees (CRC). Please refer to the report on Complaints and Discipline on page 25 of this Annual Report for more information on Hearing Tribunals and CRCs.

The CMLTA Council archived the Registration Committee and Continuing Competence Committee in 2011 as they are optional committees pursuant to the HPA. The primary role of the Registration Committee was to develop and recommend policy and guidelines for Council consideration for applicants falling outside standard registration parameters, specifically individuals registering via the Substantial Equivalence (SE) provision as provided for in Section 8 of the *Medical Laboratory Technologists Profession Regulation*. Over a five-year period, the Registration Committee developed a detailed and well-structured process to evaluate SE applicants that can be applied consistently and transparently to all individuals seeking MLT registration and who are not eligible for national certification with the Canadian Society for Medical Laboratory Science.

The Continuing Competence Committee (CCC) worked in conjunction with Alberta Health to create the Continuing Competence Program (CCP), including the Medical Laboratory Technologists' Competency Profile. The CCP is a systematic means of assessing the ongoing knowledge, skills, judgments, and attitudes of professional practitioners, and method to determine the level of expertise and competence in the workplace. The CCP and Competency Profile were reviewed, revised, and enhanced regularly to reflect changes in the current practice of MLTs, and also to incorporate new areas of practice such as biochemical genetics. Over an eight-year period, the expertise of the CCC resulted in a comprehensive CCP and Competency Profile that can be adapted to a multitude of areas of professional practice of MLTs. The CMLTA regularly solicits feedback from all Regulated Members, educators, and employers to determine relevancy, currency, and applicability of the CCP. This safeguards patient safety and public protection whereby ensuring MLTs are competent in their provision of laboratory services to Albertans.

In addition to the metamorphosis and advancement of CMLTA doctrine and policy to the extent that dedicated committees were deemed unnecessary, the CMLTA also experienced difficulty in securing Regulated Members to volunteer and serve on both

of these committees. The Legislation Sub-Committee currently provides recommendations to Council in matters of registration and continuing competence as needed. However, in the event significant registration and/or CCP revisions necessitate a dedicated working group, the CMLTA Council can resurrect the Registration and/or Continuing Competence Committee.

The following regulatory changes occurred in 2017:

- CMLTA Council approved a new structure for the Council executive;
- CMLTA Council created a new practice advisory statement to correlate the expectations of continued competence for all Regulated Members in a constantly evolving profession; and
- CMLTA Council (working in conjunction with seven (7) other MLT regulated jurisdictions in Canada) selected a new provider for the accreditation of Medical Laboratory Technologist (MLT) educational programs in Canada. Please refer to page 36 under the section Other Activities for more information.

COUNCIL EXECUTIVE RESTRUCTURE

As recommended by the CMLTA's strategic planning consultants, Council has adopted a new structure for the executive team of Council. The authority to elect the same number of individuals to office each year will not change and this power will still reside with Regulated Members. The new structure allows Council to appoint a President and Vice President each year from among the elected Regulated Members in the current board complement as opposed to the previous structure in which Regulated Members elected the executive team. The executive team of Council is appointed by Council as a whole using a formal appointment and motion process resulting in a binding resolution of the collective Council. The primary functions of the President remain the same as in the current structure (e.g. set meeting agendas, chair meetings of Council) and the duties of the Past President become the responsibilities of the Vice President. Ultimately, the new executive team is comprised of two individuals (President and Vice President) as opposed to three individuals (President Elect, President, and Past President).

The new structure of the executive team of Council allows for the appointment of a President and Vice President each year. As Council collectively appoints these two offices, there is latitude for Council to appoint an interested and best-suited candidate for each office as it is not a natural progression from one office to the next. This means a Councilor could hold the office of President for one year, up to a maximum of six years as provided for in the current Bylaws, contingent upon Regulated Members electing this individual to a second three-year term. Furthermore, the

Vice President does not automatically transition into the President office and must be appointed by the collective Council.

CMLTA Bylaws and policy have been updated accordingly to reflect the changes in the Council executive. CMLTA Bylaws may be viewed at www.cmlta.org/home/about/bylaws.

CONTINUED COMPETENCE AND PROFESSION EVOLUTION—NEW PRACTICE ADVISORY STATEMENT

The MLT profession continues to evolve each year due to advancements in techniques, technologies, and methodologies. The graduates of today receive formal didactic and clinical instruction on recent advancements in laboratory medicine. However, the MLT graduate of several years past must demonstrate the personal drive to further their education and professional development to remain competent in the workplace with the ever-expanding scope of an MLT. An employer must provide training when new instrumentation and standard operating procedures are introduced into the workplace as well as ongoing annual competence assessment to meet laboratory accreditation standards. Furthermore, the CMLTA Continuing Competence Program is another means for Regulated Members to assess personal competence requirements and to develop an annual learning plan which supports new areas of learning or enhanced competence.

The Canadian Society for Medical Laboratory Science (CSMLS) regularly updates the national competency profiles based on industry standards and new competencies are reflected in revisions to the competency profile for the General MLT, Diagnostic Cytology (DC) MLT, and Clinical Genetics MLT. To this end, the CSMLS introduced a new certification examination for DC MLTs based on the new DC national competency profile released in 2017. The new DC competency profile reflected the expanded skill set of the DC MLT to now include the same didactic and clinical instruction for histology as that of the General MLT. The CSMLS is introducing a new General MLT competency profile for 2019 and new competencies will be reflected on the national certification examination challenged by new graduates at this time. In response to the new DC competency profile and upcoming 2019 release of a new General competency profile, CMLTA Council developed a Practice Advisory Statement on continued competence and profession evolution. The new Practice Advisory Statement emphasizes the importance of currency of practice and maintaining one's professional competence to ensure patient safety is paramount in the provision of laboratory services. The Practice Advisory Statement may be viewed at www.cmlta.org/home/practice-resources/practice-advisory-statements/.



Registration of CMLTA Regulated Members

REGISTRATION

Registration and a Medical Laboratory Technologist (MLT) Practice Permit is mandatory for all individuals employed as MLTs. Pursuant to Section 46 of the *Health Professions Act* (HPA), a person must apply for registration if they meet the requirements of section 28(2) for registration as a Regulated Member, and intend to provide one or more of the following:

- (i) professional services directly to the public;
- (ii) the manufacture of dental appliances or conducting of laboratory tests that are used by other Regulated Members to provide professional services directly to the public;
- (iii) food and nutrition professional services that are used by other Regulated Members and individuals to provide services directly to the public;
- (iv) the teaching of the practice of a regulated profession to Regulated Members or students of the regulated profession; and
- (v) the supervision of Regulated Members who provide professional services to the public.

Applicants are registered on the appropriate register as provided for in the *Medical Laboratory Technologists Profession Regulation*, subject to any restrictions:

- a) General Register (Hematology, Chemistry, Transfusion Science, Microbiology, Histology, and individuals with conditions or restrictions on professional practice)
- b) Diagnostic Cytology Register
- c) Clinical Genetics Register (Cytogenetics and Molecular Genetics)
- d) Provisional Register
- e) Courtesy Register

Figure 1 summarizes register data for the 2017 registration year.

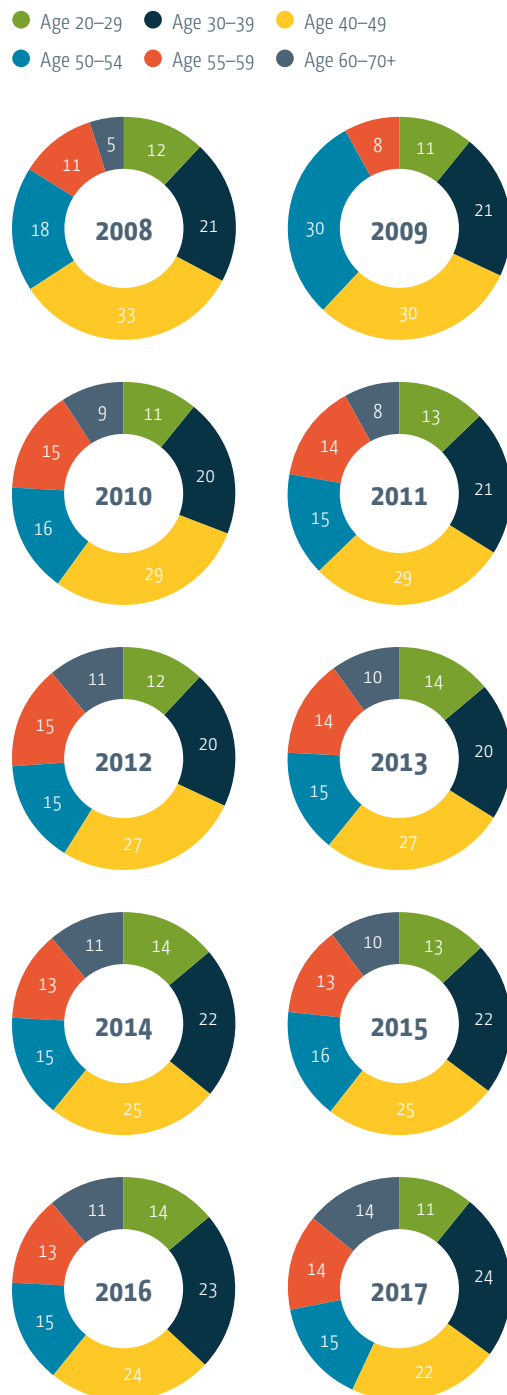
Figure 1

DESCRIPTION/REGISTER	NUMBER
Register	
General MLT	2305
Conditional	24
Substantial Equivalence Route to MLT Registration (SE)	42
Diagnostic Cytology	83
Clinical Genetics	47
Provisional	66
Courtesy Register	0
TOTAL CMLTA MEMBERS*	2567

* Includes full standing practice permits, provisional practice permits, conditional practice permits, successful SE applicants.

Figure 2 summarizes age demographic data for the 2017 registration year and includes historical years to highlight trends in the medical laboratory profession (note: values are expressed as percentages).

Figure 2



The CMLTA defines initial registration, reinstatement, and renewal as three discrete and separate application types that can be completed online and electronically submitted to the CMLTA. An initial application collects basic personal information and demographic data as required by the *Health Professions Act* and Alberta Health for its Provincial Provider Registry (PPR). Specific information is extracted daily by Alberta Health to provide the government with real-time tracking on the total number of practitioners at any given point in time. An initial application also collects documents which authenticate formal post-secondary education and certification credentials. A reinstatement application is submitted by any individual whose previous registration with the CMLTA has lapsed (even for one day) and is seeking reinstatement of their registration and a license to practice as required for MLT employment. Renewal applications are submitted by current Regulated Members maintaining registration for the upcoming year. All three application types are updated and revised annually to reflect changes in legislation or captured data elements. Furthermore, all application processes require individuals to successfully complete the corresponding online jurisprudence examination. Jurisprudence is the study of the theory, philosophy, and science of a body of laws, and encompasses the discretion, foresight, exercise of good judgment, common sense, and even caution in the professional practice of an MLT. The jurisprudence examination question bank is updated each year in consultation with other regulated health professions, legal counsel, and numerous stakeholders to highlight significant changes in legislation (HPA, privacy, labor relations, etc.) and to ensure practitioners understand the legally binding doctrines relevant to their professional practice.

Figure 3 summarizes application data for the 2017 MLT registration year.

Figure 3

TYPE OF APPLICATION*	NUMBER
Renewal	2435
Initial	115
New Graduates from Canadian Accredited MLT Training Program	(75)
Out of Province	(13)
Out of Country	(19)
SE:	(3)
Approved	2
Denied	0
In Process	1
Withdrawn	0
Reinstatement	19
Out of Province	(1)
Out of Country	(2)
Applications Denied	1
Registration Application Decision Appeals to Council	0

* Total number of applications for 2017 registration and MLT Practice Permits was 2567.

The CMLTA utilizes an escalating dues/fees system to encourage early registration and MLT Practice Permit renewal to ensure all renewing practitioners are in possession of a valid registration and MLT Practice Permit and can provide evidence of such to employers. This dues/fees structure supports employers and patient safety by ensuring all eligible practitioners can enter the workplace January 1, 2017.

Figure 4 summarizes the submission date for the renewal of 2017 registration and MLT Practice Permits.

The CMLTA mandate of patient safety and public protection is reinforced with mandatory registration for all individuals practicing and/or employed as MLTs and notification of the CMLTA if there are any changes to a Regulated Member's employment status. If an MLT is considering retirement, an extended leave of absence, or departing from professional practice for some other reason resulting in the non-renewal of registration and an MLT Practice Permit, it is an individual's responsibility to notify the CMLTA. The CMLTA requires the completion and submission of a Notice of Non-Practice form for all Regulated Members opting not to renew for the subsequent registration year.

Figure 5 summarizes reasons for the non-renewal of registration and an MLT Practice Permit for 2017.

Figure 4: 2017 registration and MLT Practice Permit renewals by date range

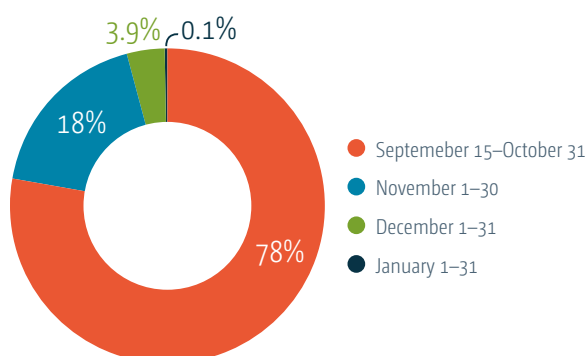
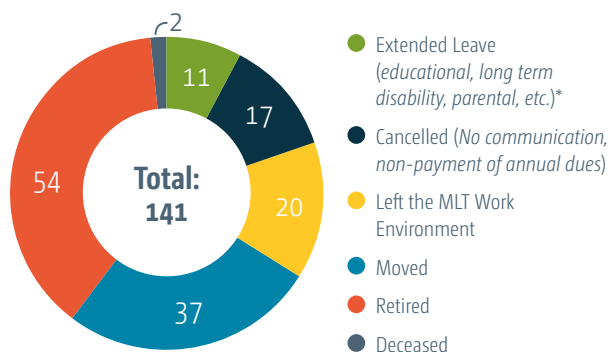


Figure 5: Reasons for the non-renewal of registration and an MLT Practice Permit for 2017



*Registration must be maintained if an individual is on leave and receiving employer/government benefits or compensation as the receipt of such is predicated upon MLT employment.

INTERNATIONALLY EDUCATED MEDICAL LABORATORY TECHNOLOGISTS

In accordance with the Foreign Qualifications Recognition Plan, the CMLTA gathers data and statistics on Alberta Regulated Members educated outside of Canada. The CMLTA worked in conjunction with Alberta Employment and Immigration to develop a standardized reporting template to accurately capture key elements related to the assessment and licensing of foreign-qualified applicants or Internationally Educated Medical Laboratory Technologists (IEMLTs). Various government departments, such as Alberta Employment and Immigration and Alberta Health, use this data to support ongoing improvements to the foreign qualification assessment system for IEMLTs including:

- Identifying information resources on specific countries and qualifications which may support professional regulatory organizations in the assessment of foreign credentials;
- Developing appropriate “bridge to licensure” programs to assist foreign-qualified applicants to meet the minimum entrance to practice standards in Alberta;
- Implementing strategic support services for immigrants during the registration/licensing process; and
- Supporting a system-wide discussion and sharing of information on leading practices related to foreign qualification assessment, approaches, and procedures.

Registration as an IEMLT in Alberta is a two-step process which involves the Canadian Society for Medical Laboratory Science (CSMLS) and the CMLTA. Initially, IEMLTs are directed to the CSMLS to undergo a Prior Learning Assessment (PLA) which involves the submission of supporting documentation and the assessment of academic credentials, language proficiency, clinical training, and professional work experience. Depending upon the length of time an individual requires to obtain documentation (including original transcripts from the country of formal post-secondary education) and the number of refresher courses and remedial work required to address deficient competencies, the PLA process can extend 2–3 years, averaging 18 months for most applicants.

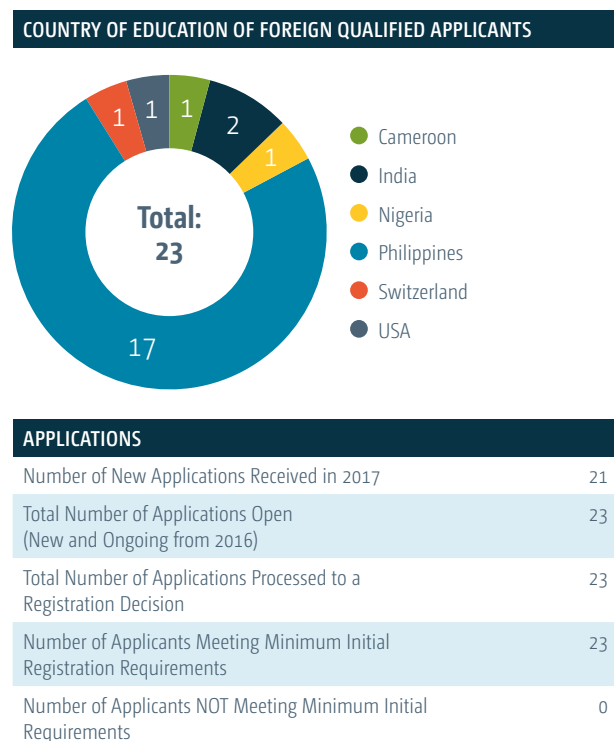
Once an IEMLT has successfully completed the PLA and is granted permission to challenge the CSMLS national certification examination, an individual is eligible to apply for a one-year registration and MLT Provisional Practice Permit with the CMLTA pursuant to Section 9 of the *Medical Laboratory Technologists Profession Regulation*. Prior to the expiry of the Provisional Practice Permit, an individual must provide evidence of CSMLS certification and 900 MLT practice hours. Upon receipt of this documentation, an individual is upgraded to a full-standing registration and MLT Practice Permit on the appropriate register. If an applicant has successfully challenged the CSMLS certification examination prior to applying for MLT registration with the CMLTA, an individual can apply for a one-year registration and MLT Conditional Practice Permit to obtain the 900 MLT practice hours required in the initial registration year.

The CSMLS practices a *three-strike policy* regarding the number of attempts an individual must challenge the national certification examination. If an individual is unsuccessful after three attempts, they must successfully complete an accredited formal MLT training program of study from a recognized Canadian educational institution before permission to challenge the certification examination is granted for a fourth time. This policy also applies to all Canadian trained MLTs to ensure a transparent, fair, and consistent process is in place for all individuals seeking national certification and that all practitioners regardless of country of training, can demonstrate a minimum level of competence for all entry level MLTs.

Figures 6 and 7 summarize data on IEMLTs representing figures validated by both the CMLTA and the CSMLS.

Pursuant to section 31(1) of the *Health Professions Act*, all applicants have a formal appeal process which states “*an applicant whose application for registration is accepted subject to conditions or whose registration is deferred or whose application is refused by the registrar, registration committee, or competence committee may, within 30 days after being given a copy of the decision, request a review by the council in accordance with subsection (3).*” Furthermore, section 31(3) states “*a request for review must be in writing, set out the reasons why the applications for registration should be approved with or without conditions, and be given to the registrar, who must give a copy of the request to the Council.*” In 2017, the CMLTA did not receive any requests for appeals from IEMLTs which is evidence of fair, transparent, timely, and consistent application and registration practices.

Figure 6: Data on IEMLTs representing figures validated by both the CMLTA and the CSMLS



NOTE: All applications were processed to a registration decision within 5 business days once all required documentation was submitted by the applicants.

Figure 7: Data on IEMLTs representing figures validated by both the CMLTA and the CSMLS

REGISTRATION DECISION		
Number of Applicants Not Meeting Educational Standards	0	0
Number of Applicants Not Meeting English Language Proficiency Standards	0	0
Number of Applicants Not Meeting Certification Examination Standards	0	4 [†]
Number of Applicants Not Meeting Minimum Work/Clinical Experience Standards	0	17 [‡]

[†] Provisional Practice Permit

[‡] Conditional Practice Permit

■ Registration NOT Issued

■ Alternative Class of Registration Issued

NOTE: Two (2) applicants were issued full standing registrations without provisions and/or conditions as they initially met all educational, language, certification, and work/clinical experience standards. Twenty-one (21) applicants were issued an alternative class of registration. Four (4) applicants have been upgraded to full standing registration on the appropriate register as they have met the MLT practice hour requirements. Applicants upgrading from an alternate class of registration to a full standing MLT Practice Permit can practice without limitations/conditions. Two (2) applicants from 2016 did not renew for 2017 and canceled their registration as they did not secure MLT employment. Fifteen (15) new applicants from 2017 were issued an alternative class of registration which spans two registration years (2017 and 2018) as their registration and MLT Practice Permits are valid for one full year from the date of issue.



Continuing Competence Program

In compliance with Section 50 of the *Health Professions Act* (HPA), the CMLTA launched the Medical Laboratory Technologists' Continuing Competence Program (CCP) in 2007 through a collaboration with Alberta Health and numerous Medical Laboratory Technologists (MLTs) and health professionals from across the province.

The CCP is a systematic means of assessing and tracking the ongoing knowledge, skills, judgments, and attitudes of practitioners performed in the workplace. There are many benefits for the individual MLT, including professional integrity, personal growth, career advancement, and the increased utilization and application of knowledge, skills, judgments, and attitudes. Sections 12.2, 12.3, and 12.4 of the *Medical Laboratory Technologists Profession Regulation* provides for an annual review and audit processes to evaluate participation, and the enforcement of the program with consequences for non-compliance. This legislation sets out the specific CCP requirements a Regulated Member must complete on an annual basis which includes:

- a) A Self-Assessment based on the Competency Profile developed by the CMLTA indicating the areas where continuing competence activities are to be undertaken by a Regulated Member in the next registration year;
- b) A written Learning Plan that sets out the continuing competence goals of the Regulated Member for the next registration year and the continuing competence activities to be undertaken by the Regulated Member during that year to achieve the continuing competence goals; and
- c) A completed Learning Plan from the previous registration year documenting the competence activities that were completed.

The CMLTA CCP is based on an annual Self-Assessment of Practice. The Self-Assessment of Practice enables MLTs to recognize specific learning needs, establish a Learning Plan to maintain or develop competence, and ultimately self-direct a learning path to remain current in the profession. A Learning Plan is a contractual agreement with the CMLTA to develop and/or enhance one's professional knowledge, skills, judgments, and attitudes. Regulated Members create

a new Learning Plan outlining a minimum of three (and up to a maximum of six) Learning Objectives for the upcoming registration year. Over the course of the registration year, individuals document learning activities undertaken to complete their Learning Objectives as identified on a Learning Plan. All MLTs must assume personal accountability in professional practice to remain skilled, knowledgeable, and competent practitioners. The CMLTA allows Regulated Members to make revisions to a submitted Learning Plan, but only in cases in which an identified Learning Objective can no longer be completed due to a change in employer, area of practice, or an extenuating circumstance. It is important to note that the CCP represents the mandatory continuing education an MLT is required to complete on an annual basis to satisfy government-based requirements. It is neither inclusive nor representative of all annual learning and professional development voluntarily undertaken by a professional practitioner or mandated by an employer.

The CMLTA introduced Version 4 of the Continuing Competence Program (CCP) effective with the 2017 registration and MLT Practice Permit renewal season. The CMLTA recognizes the *Standards of Practice* as the foundational and fundamental doctrine for MLTs which lends itself to be adapted as an assessment tool for gauging continuing competence within the numerous practice environments of medical laboratory services. Version 4 of the CCP translates each standard in the *Standards of Practice* into an Enabling Competency to be used on the Self-Assessment of Practice. Regulated Members must complete a Self-Assessment of Practice by rating all Enabling Competencies using two Self-Assessment of Practice Statements. Enabling Competencies identified as Developmental/Advancing/Expanding (DEV) are automatically translated into Learning Objectives that can then be prioritized and ultimately selected by a Regulated Member to be included on a new Learning Plan.

To support all Regulated Members' understanding and practical applications of the CCP, including the Compliance Audit, the CMLTA introduced two new video resources in 2017. The CMLTA Council identified on the 2017 strategic plan that additional CCP resources were needed to aid practitioners and foster an increased comprehension of the CCP. The two online resources are easy-access tools that can be viewed by new Regulated Members and also by seasoned practitioners as a refresher and reference. The videos can be viewed on the website under the CCP section: <http://cmlta.org/home/continuing-competence-program/>.

CONTINUING COMPETENCE PROGRAM— ANNUAL COMPLIANCE AUDIT

Legislation stipulates that regulatory Colleges must have an established process for the review and evaluation of previous and current Regulated Members' compliance with the CCP. To fulfill this mandate, at the beginning of each year, the CMLTA randomly selects a minimum of 10% of Regulated Members from the previous year's registration roster to participate in the CCP Compliance Audit. The Compliance Audit is a tool used by the CMLTA that serves a two-fold purpose: to systematically assess the integrity of the CCP as mandated by Alberta Health, and to monitor the conformance of Regulated Members. Individuals randomly selected for the Compliance Audit must participate and submit evidence of continuing education and professional development activities. When selected for a CCP Compliance Audit, individuals are required to provide documentation and/or evidence of learning for one to five previous years of professional practice. The CMLTA instructs individuals to retain copies of all CCP documentation, including their recorded learning activities, for a minimum of five years for this purpose. Participation in the CCP Compliance Audit is a mandatory component of CMLTA registration and annual MLT Practice Permit renewal. As it is an audit of the previous registration year(s), current Regulated Members and even those not currently registered in Alberta are eligible.

Individuals selected for the CCP Compliance Audit are instructed to submit the following required documentation through the Member Login on the CMLTA website: a Completed CCP Activity Log(s), Employer Verification of MLT Employment and MLT Practice Hours, and a Compliance Audit Declaration.

The CMLTA follows a detailed schedule with specified deadlines to ensure timely processing and correspondence with the audited individual and institutes a cumulative late fee for individuals who disregard the stipulated deadlines. The CMLTA reviews the submitted documentation in conjunction with online annual renewal documents to determine whether an individual adhered to their stated Learning Plan, completed the necessary learning activities, and has in essence fulfilled their contractual Learning Plan obligations. This audit process tests the conformance of Regulated Members to defined standards via the review of objective evidence of learning. If the individual has submitted satisfactory documentation, a pass letter is issued via email. If the CMLTA determines a Compliance Audit is incomplete, the individual will be notified by email of the deficiencies and/or remedial work required to successfully complete the Compliance Audit. It should be noted that once a Compliance Audit notice has been issued, it remains outstanding on an individual's file until the individual has complied with the CMLTA request. Individuals are made aware that extenuating circumstances preventing compliance within the specified timelines must be communicated immediately to the CMLTA to avoid escalating fines and a potential complaint of unprofessional conduct.

The CCP Compliance Audit process is also a means for the CMLTA to evaluate the CCP structure, format, content, and requirements as part of a good governance model. The CMLTA utilizes the Compliance Audit as a hands-on tool to monitor levels of CCP compliance. As the pass rate is a reflection of the effectiveness of this element of the CCP, when pass rates fall below targeted levels, the CMLTA examines audit specifics with the intent to revise, improve, or provide the necessary clarification to Regulated Members. During the analysis of the 2017 CCP Compliance Audit, it was noted that compliance with the initial audit deadline decreased from 100 percent in 2016 to 93 percent in 2017. This declining statistic was attributed to a process change in the delivery of audit notices to Regulated Members as opposed to a simple lack of compliance on the part of practitioners. In 2016, audit notices were sent by registered mail and email; whereas in 2017, audit notices were only sent by email to reduce postage costs. As a result, the CMLTA will utilize dual communication methods for the 2018 Compliance Audit notices to ensure optimal delivery and notification of all those selected for an audit.



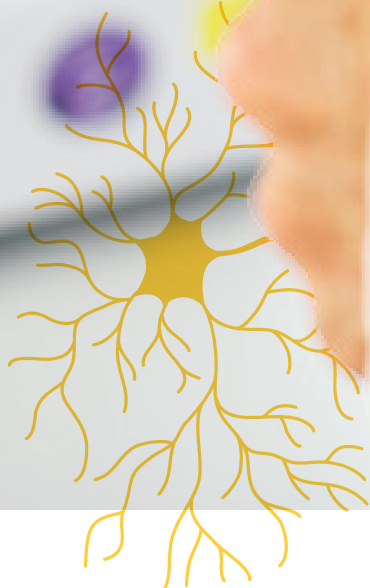
Figure 8 summarizes Compliance Audit statistics for the Continuing Competence Program for 2016–2017.

Figure 8

DESCRIPTION	2016	2017
Number Audited	335	238
Percent Audited (rounded)	14%	10%
Successful Audits	335	234
Submitted On or Before Deadline	335 (100%)	217 (93%)
Submitted After Deadline	0	17 (7%)
Number Forwarded to Complaints Director for Non-compliance	0	0
Deferred* Until Return to MLT Practice Required	0	3
Cancelled Audits	0	1

**Only applicable to those individuals not currently practicing and registered with the CMLTA. These individuals have been notified that prior to reinstatement of their registration; all audit requirements must be satisfied. Individuals that communicated to the CMLTA their intent to postpone submission of Compliance Audit documents until they reinstate as a practicing MLT are not subject to penalty payments. Individuals that neglected to contact the CMLTA will be required to comply with CCP requirements and pay outstanding penalty payments of \$450 prior to reinstating their registration with the CMLTA.*

The CMLTA received positive feedback on revisions made to the CCP and Compliance Audit in 2017. Individuals applauded the CMLTA's effort to enhance the online programming and simplify both the development and completion of annual Learning Plans and the corresponding documentation of learning activities in the event an individual is randomly called to audit. One noteworthy item identified during the review of one document package submitted for the 2017 Compliance Audit was the discovery of an individual with dual formal education and registration statuses. This individual was both formally trained as an MLT and a Combined Laboratory and X-ray Technologist (CLXT). The verification of practice hours form completed by the employer disclosed this individual was not employed as an MLT, but rather as a CLXT and had been so for the previous four years. There was no ill intent on the part of the practitioner to deceive the CMLTA, but simply a misunderstanding that registration and a license to practice was based solely on MLT employment and that registration with the CMLTA and Alberta College of Combined Laboratory and X-ray Technologists was not interchangeable. As this individual could not meet the registration requirement of 900 MLT practice hours over the previous four years, registration with the CMLTA was canceled.



Complaints and Discipline

This section highlights the complaints of unprofessional conduct the CMLTA received in 2017. It includes the current status and/or final disposition of complaints against regulated practitioners of the medical laboratory science profession. The information contained in this section is pursuant to Part 4 of the *Health Professions Act* (HPA).

The HPA defines unprofessional conduct, whether or not it is disgraceful or dishonorable, as the following:

- Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- Contravention of the HPA, a Code of Ethics, or Standards of Practice;
- Contravention of another enactment that applies to the profession;
- Representing or holding out that a person was a Regulated Member and in good standing while the person's registration or practice permit was suspended or cancelled;
- Representing or holding out that person's registration or Practice Permit is not subject to conditions when it is or misrepresenting the conditions;
- Failure or refusal to comply with the requirements of the Continuing Competence Program, or to co-operate with a competence committee or a person appointed under Section 11 undertaking a practice visit;
- Failure or refusal to comply with a request of or co-operate with an inspector or a direction of the registrar made under Section 53.4(3);
- Failure or refusal to comply with an agreement that is part of a ratified settlement, or with a request of or co-operate with an investigator, or to undergo an examination under Section 118, or a notice to attend or a notice to produce under Part 4;
- Contravening an order under Part 4, conditions imposed on a Practice Permit or a direction under Section 118(4);
- Carrying on the practice of the regulated profession with a person who is contravening Section 98 or an order under Part 4 or conditions imposed on a Practice Permit or a direction under Section 118(4); and
- Conduct that harms the integrity of the regulated profession.

The number and nature of complaints of unprofessional conduct the CMLTA receives in a given year is unpredictable. Since coming under the HPA in 2002, the number of annual complaints has ranged from zero to seven. Complaints received by the CMLTA are primarily from employers and related to their obligation pursuant to Section 57 to notify the CMLTA of employee terminations, suspensions, or resignations in which unprofessional conduct and/or behavior were contributing factors. This year, one complaint was received from a Regulated Member with concerns regarding another practitioner's competence and safe practice. This matter is currently under investigation.

Figure 9 summarizes complaint data for the 2017 registration year.

Figure 9

DESCRIPTION	NUMBER	EXPLANATION
Files carried forward from 2016	0	
New complaints received in 2017	1	
Employer complaints	0	
Peer complaints	1	
Public complaints	0	
Complaints dismissed	0	
Files referred for assessment under section 118 HPA	0	
Files referred to investigation	1	Currently under investigation.
Files referred to hearing tribunal	0	
Complaint review committee appeals	0	
Files closed during the year	0	





Financial Statements

**FOR THE YEAR ENDED
DECEMBER 31, 2017
AND INDEPENDENT
AUDITOR'S REPORT TO
THE MEMBERS**

INDEPENDENT AUDITOR'S REPORT

To the Members of **College of Medical Laboratory Technologists of Alberta (CMLTA)**:

We have audited the accompanying financial statements of **College of Medical Laboratory Technologists of Alberta** which consist of the statement of financial position at December 31, 2017, and the statements of changes in net assets, operations, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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

AUDITOR'S RESPONSIBILITY

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

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

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

OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of **College of Medical Laboratory Technologists of Alberta** as at December 31, 2017, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Yaremchuk & Annicchiarico LLP

CHARTERED PROFESSIONAL ACCOUNTANTS

Edmonton, Alberta

March 10, 2018

STATEMENT OF FINANCIAL POSITION

AS AT DECEMBER 31, 2017

ASSETS	2017	2016
Current Assets:		
Cash	\$ 1,846,047	\$ 1,413,979
Guaranteed investment certificates	4,001,742	4,097,308
Accounts receivable	700	2,935
Prepaid expenses	18,753	16,408
Total current assets	5,867,242	5,530,630
Equipment (Note 3)	41,957	50,839
TOTAL	\$ 5,909,199	\$ 5,581,469
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and accrued liabilities	\$ 96,457	\$ 78,692
Unearned membership fees	1,120,075	1,296,305
Total current liabilities	1,216,532	1,374,997
Net Assets:		
Invested in equipment	41,957	50,839
Internally restricted (Note 4)	3,000,000	3,000,000
Unrestricted	1,650,710	1,155,633
Total net assets	4,692,667	4,206,472
TOTAL	\$ 5,909,199	\$ 5,581,469

APPROVED BY COUNCIL:

Shelly Stevens

STATEMENT OF CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2017

	Invested in Equipment	Internally Restricted (Note 4)	Unrestricted	Total	
				2017	2016
Balance at beginning of the year	\$ 50,839	\$ 3,000,000	\$ 1,155,633	\$ 4,206,472	\$ 3,729,636
Excess of (expenses) revenue for the year	(20,460)	—	506,655	486,195	476,836
Purchase of equipment	11,578	—	(11,578)	—	—
Balance at end of the year	\$ 41,957	\$ 3,000,000	\$ 1,650,710	\$ 4,692,667	\$ 4,206,472

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED DECEMBER 31, 2017

	2017	2016
Revenue:		
Membership fees	\$ 1,375,120	\$ 1,380,285
Interest	50,393	44,624
Advertising, processing fees and other	1,000	7,931
TOTAL REVENUE	1,426,513	1,432,840
Expenses:		
Amortization	20,460	20,869
Bank and credit card charges	39,484	50,284
Computer and website	23,405	25,811
Conduct - net of recoveries of NIL (2016 - \$2,000)	32,245	50,408
Continuing competence	6,455	25,758
Council	66,301	37,280
Deputy registrar	5,657	4,032
Insurance	5,990	5,990
Office	16,289	15,062
Postage and copying	16,007	13,822
Professional fees	42,065	25,336
Publications	4,278	4,222
Registrar	3,298	3,465
Registration	4,183	9,184
Rent and common area costs	139,110	138,358
Salaries and benefits	510,950	520,154
Telephone	4,141	5,969
TOTAL EXPENSES	940,318	956,004
EXCESS OF REVENUE FOR THE YEAR	\$ 486,195	\$ 476,836

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED DECEMBER 31, 2017

	2017	2016
OPERATING ACTIVITIES:		
Cash from operations:		
Excess of revenue for the year	\$ 486,195	\$ 476,836
Item not involving cash for operations - amortization	20,460	20,869
	506,655	497,705
Increase (decrease) in non-cash working capital balances related to operations:		
Accounts receivable	2,235	(2,435)
Prepaid expenses	(2,345)	1,748
Accounts payable and accrued liabilities	17,765	8,696
Unearned membership fees	(176,230)	5,815
Net cash from operating activities	348,080	511,529
INVESTING ACTIVITIES:		
Purchase of equipment	(11,578)	(24,693)
Decrease in guaranteed investment certificates	95,566	401,155
Net cash from investing activities	83,988	376,462
INCREASE IN CASH DURING THE YEAR	432,068	887,991
CASH AT BEGINNING OF THE YEAR	1,413,979	525,988
CASH AT END OF THE YEAR	\$ 1,846,047	\$ 1,413,979

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2017

1. PURPOSE OF COLLEGE:

The College regulates the practice of medical laboratory technology in a manner that protects and serves the public interest. In fulfilling this role, the College establishes, maintains and enforces standards for registration and continuing competence, standards of practice and a code of ethics for the profession and investigates and acts on complaints.

2. ACCOUNTING POLICIES:

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

Revenue recognition:

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably assured.

Membership revenue is recognized in the year to which the membership fees relate. All other revenue is recognized when the activity to which the revenue relates to has been presented or completed. Conduct recoveries are recognized when received.

Interest revenue is recognized as it is earned.

Donated services:

The work of the College is dependent on the voluntary service of many individuals. Since these services are not normally purchased by the College and because of the difficulty of determining their fair value, donated services are not recognized in these financial statements.

Guaranteed investment certificates:

Guaranteed investment certificates are stated at the purchase amount plus accrued interest.

Equipment:

Equipment is stated at cost. Amortization is provided using the declining balance method at the following annual rates:

Computer hardware	30%
Computer software	50%
Office equipment	20%

Financial instruments:

The College initially measures its financial assets and liabilities at fair value.

The College subsequently measures all its financial assets and financial liabilities at amortized cost.

The College's financial instruments measured at amortized cost consists of cash, guaranteed investment certificates, accounts receivable and accounts payable and accrued liabilities.

Financial assets measured at amortized cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in net income. Any previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount of impairment recognized previously. The amount of the reversal is recognized in net income.

Cash and cash equivalents:

Cash and cash equivalents consist of balances with banks and short-term investments with maturities that can be readily converted to cash.

Use of estimates:

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. These estimates are reviewed annually and adjustments are made to income as appropriate in the year they become known.

3. EQUIPMENT:

The major categories of equipment and related accumulated amortization are as follows:

	Cost	Accumulated Amortization	Net Book Value	
			2017	2016
Computer hardware	\$ 25,190	\$ 18,822	\$ 6,368	\$ 9,097
Computer software	61,658	46,125	15,533	18,845
Office equipment	79,361	59,305	20,056	22,897
	\$ 166,209	\$ 124,252	\$41,957	\$ 50,839

4. NET ASSETS—INTERNALLY RESTRICTED:

By resolution of Council, funds have been internally restricted as follows:

	2017	2016
Operating reserve	\$ 2,000,000	\$ 2,000,000
Conduct contingency reserve	1,000,000	1,000,000
TOTAL	\$ 3,000,000	\$ 3,000,000

The funds can only be expended upon approval by Council.

5. LEASE COMMITMENT:

The College has committed to the rental of business premises under a lease agreement expiring July 31, 2020. The minimum monthly rent payable is \$6,800.

The College is also responsible for its proportionate share of common area costs.

6. FINANCIAL INSTRUMENTS:

The College is exposed to risk on certain financial instruments as follows:

Credit risk:

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk on accounts receivable. In order to reduce its risk, the College has adopted credit policies which include the analysis of the financial position of debtors and the regular review of their credit limits. The College also provides for doubtful accounts based on the estimated realizable value of the accounts receivable.

Market Risk:

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The College is mainly exposed to interest rate risk.

Interest rate risk:

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to interest rate risk on guaranteed investment certificates. The fixed-rate instruments subject the College to a fair value risk.

7. INCOME TAX STATUS:

The College is a not-for-profit organization within the meaning of the *Income Tax Act* (Canada) and is exempt from income taxes.



Other Activities

ACCREDITATION OF CANADIAN MLT EDUCATION TRAINING PROGRAMS

The CMLTA announced in 2017 that the Health Standards Organization (HSO) and its affiliate, Accreditation Canada (AC), had been selected as the new third-party provider to replace the Canadian Medical Association's accreditation services for MLT education institutions in Canada, commencing February 2018. The HSO specializes in the development of best-in-class standards, innovative assessment methodologies, and practical activation services and tools. The HSO is responsible for the development of standards, as well as the design of the fully automated web-based platform through its EQual™ Canada Program. AC plans and provides accreditation services to Canadian and international clients with a focus on what is relevant in their local context. AC is responsible for the implementation and operations of the accreditation program. The CMLTA, as well as the seven other regulated jurisdictions with MLT Colleges in Canada, signed on as sponsors of HSO/AC accreditation.

(Background information: Accreditation is a process that ensures educational programs are delivering quality education and producing graduates that meet pre-defined national standards of entry-to-practice competence. The national accreditation process is essential to the certification and licensure of allied health professionals in Canada. The national certifying organizations rely on the accreditation status to provide graduates of accredited programs access to their certifying examinations. The provincial regulatory bodies rely on the accreditation process as a standard to approve the educational programs; therefore, enabling graduates to be issued a practice permit and license to practice in the profession. Accreditation serves to protect the interest of the public by defining standards for educational programs and ensuring compliance with those standards within Canada. The goal of accreditation is to ensure educational program compliance with established standards set by the respective professions. Accreditation is a valid assessment of academic quality and clinical integration of students in preparation for competent, safe, and effective entry level practice in the regulated profession. As an external review process, accreditation provides the benchmark for continuous quality improvement and excellence in education.)

GOVERNANCE TRAINING MODULES

As a key initiative on the 2017 strategic plan, CMLTA Council supported the development of a series of five governance training modules. These modules were designed to be used as an introductory training tool for new Councilors, to serve as a refresher and reference for Regulated Members already serving a volunteer capacity on Council, and to also provide an overview of good governance and councilor roles/responsibilities for individuals potentially interested in volunteering with the CMLTA. The governance modules can be viewed on the CMLTA website and cover the topics of:

- Health Regulatory College Governance
- Council's Governance and Policy Role
- Council's Relationship with Administration
- Expectations of Councilors
- Councilor's Code of Conduct

ALBERTA FEDERATION OF REGULATED HEALTH PROFESSIONS

The CMLTA has been a member of the Alberta Federation of Regulated Health Professions (AFRHP) since 2005. The AFRHP is a voluntary member-based organization comprised of 29 regulatory healthcare Colleges in the province. Independently, each College is a public body created by government to oversee Alberta's regulated health professions and protect the public by implementing, administering, and enforcing healthcare legislation. Collectively, members of the AFRHP promote leading practice initiatives to foster public awareness and professional accountability of its practitioners. AFRHP members have established networks nationally and internationally, and have developed a communal body of knowledge, expertise, and information sharing to advance the operations of each individual College. In 2017 the AFRHP launched a new website design, including a secure member site for the sharing of reference documents, survey results, and other resources with College staff.

CANADIAN ALLIANCE OF MEDICAL LABORATORY PROFESSIONALS REGULATORS

The provincial regulators of Medical Laboratory Technologists (MLTs) formed the *Canadian Alliance of Medical Laboratory Professionals Regulators* (CAMLPR). The purpose of CAMLPR is to provide leadership and a forum where MLT regulators can collaborate, discuss, and respond to national regulatory challenges and opportunities. This includes the exchange of information regarding regulatory trends, leading practices, policy, and legislation. On June 9, 2011, the group, including Alberta, Manitoba, New Brunswick, Nova Scotia, Ontario, Quebec, and Saskatchewan formalized the creation of CAMLPR as a national not-for-profit corporation (Newfoundland joined in 2015). CAMLPR strives to unify processes across Canada to ensure consistency and standardization for the MLT profession where possible. The group signed a Memorandum of Understanding (MOU) necessitated by the 2009 amendments to the Canadian Free Trade Agreement (formerly known as the

Agreement on Internal Trade) which introduced “permit-on-permit” recognition and provincial mobility for MLTs between the regulated provinces. The MOU ensures all regulated MLTs have common entrance to practice competencies regardless of the initial province of registration, and ultimately contributes to patient safety and public protection from a national perspective. The MOU also standardizes the release of Regulated Member information between the regulated provinces in matters relating to registration history, continuing education/competence compliance, and professional misconduct. Other developments include the introduction of national MLT Standards of Practice, a national MLT Code of Ethics, and most recently the collaborative efforts of CAMLPR culminated in the selection of the Health Standards Organization/Accreditation Canada as the third-party provider for accreditation services for MLT educational training programs across Canada. CAMLPR is currently developing Bylaws and securing the appropriate legal documentation to prepare for incorporation in 2018.

Notes

[illegible]



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