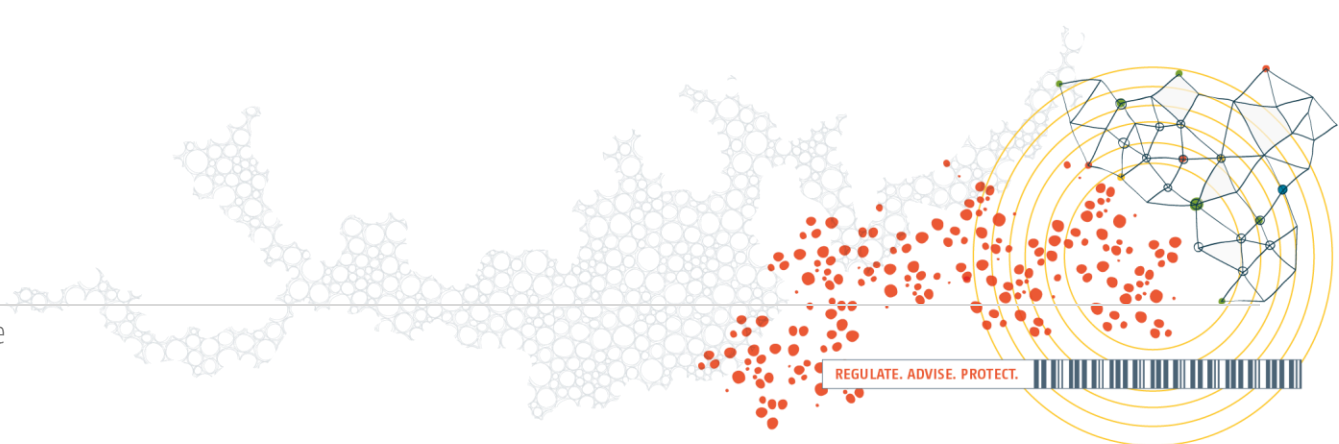




# CMLTA Code of Ethics and Standards of Practice

# Contents

- Definitions..... 3
- Code of Ethics Introduction ..... 4
  - Language..... 4
- Code of Ethics..... 5
- Standards of Practice Introduction..... 6
  - Applying the Standards to Practice..... 6
  - Language..... 6
  - Types of Standards..... 7
- Practice Standards..... 8
  - 1. Professional Accountability..... 8
  - 2. Legislative Responsibility..... 8
  - 3. Confidentiality and Record Maintenance..... 9
  - 4. Professional Knowledge..... 9
  - 5. Safety and Quality ..... 10
  - 6. Consent..... 10
  - 7. Communication and Collaboration..... 10
  - 8. Culturally Safe Practice ..... 11
- Legislated Standards..... 12
  - 9. Continuing Competence Program..... 12
  - 10. Ensuring Professional Boundaries and Prevention of Sexual Abuse and Sexual Misconduct..... 13
  - 11. Preventing Female Genital Mutilation..... 15



## Definitions

Throughout this document there are bolded words. The definitions for these words are here in alphabetical order.

**Accountable:** Required to take responsibility for your own actions including being able to give a justifiable reason for those actions.

**Critical Thinking:** The intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action.<sup>1</sup>

**Culturally Safe Practice:** Practice that acknowledges one's own culture including how it differs from other cultures and shows respect and understanding for the attitudes, beliefs, and experiences of other cultures.

**Evidence-Based Practice(s):** Applying or translating research findings into daily practice and professional decision-making.<sup>2</sup>

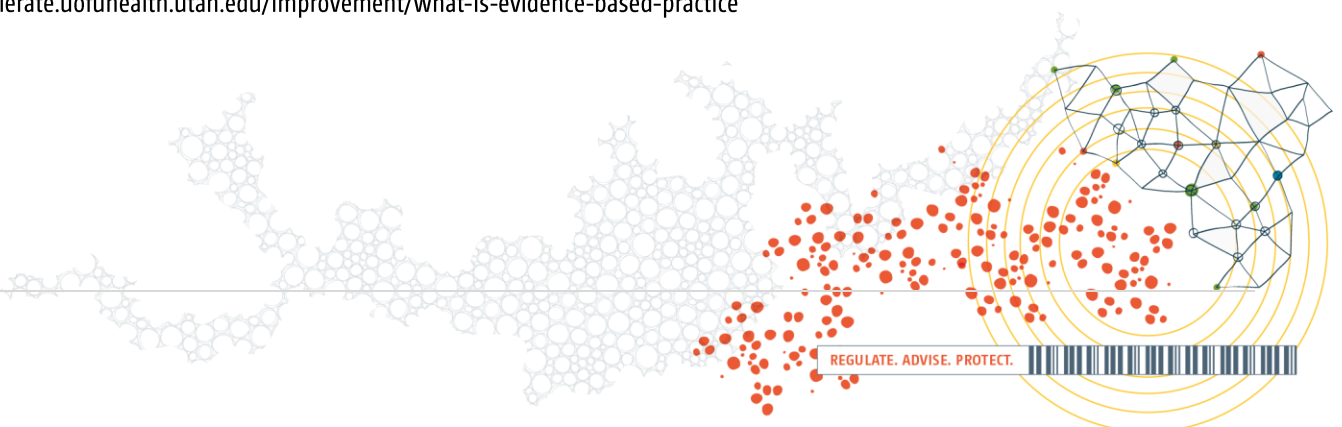
**Fitness to Practice:** Freedom from any cognitive, physical, or psychological condition (including dependence on alcohol or drugs) that impairs one's ability to practice safely.

**Unconscious Biases:** Prejudices and stereotypes that all individuals have about certain groups of people that they are not consciously aware of having. These biases can exist toward people of various races, ethnic groups, gender identities, sexual orientations, physical abilities, and more.

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<sup>1</sup> Scriven, M., & Paul, R. (2003). Defining critical thinking: a statement prepared for the National Council for Excellence in Critical Thinking Instruction. In *8th Annual International Conference on Critical Thinking and Education Reform, Summer 1987*.

<sup>2</sup> Wilson, B., & Austria, M.-J. (2021, February 26). Retrieved from Accelerate Learning Community: <https://accelerate.uofuhealth.utah.edu/improvement/what-is-evidence-based-practice>



## Code of Ethics Introduction

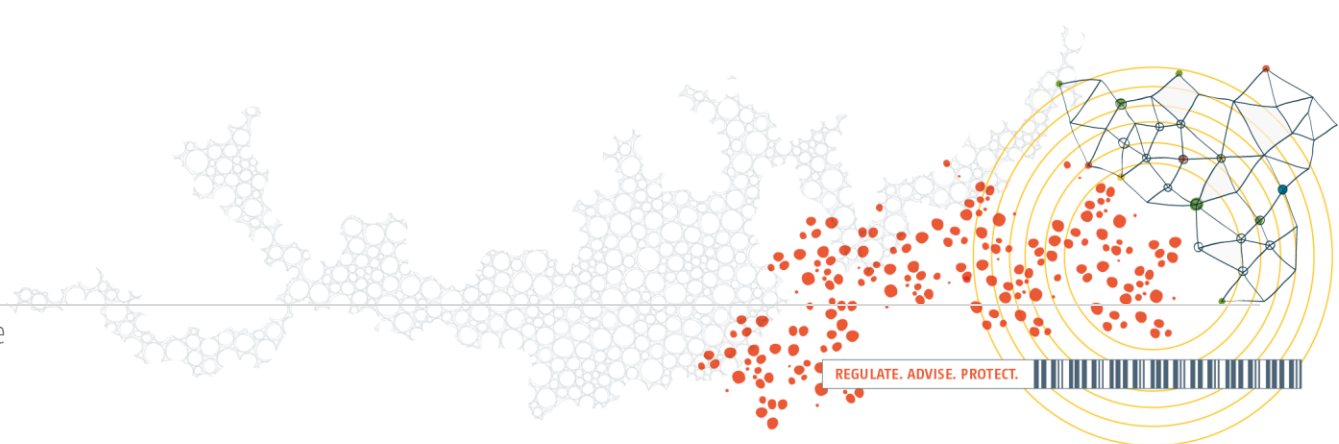
The Code of Ethics defines basic expectations for Medical Laboratory Technologists (MLTs) and acts as an ethical guide that governs the professional conduct of all MLTs. The CMLTA Code of Ethics holds every MLT accountable and is used in conjunction with the Standards of Practice in guiding an MLT's practice and decision-making.

If at any time a MLT's practice is called into question, the Code of Ethics, along with the Standards of Practice, *Health Professions Act*, and *Medical Laboratory Technologists Profession Regulation*, will be used to determine if their actions constitute unprofessional conduct.

## Language

The CMLTA recognizes that the language used in the Code of Ethics may differ from the terminology used in daily practice. The terminology was chosen to ensure the Code of Ethics could be interpreted for various settings and roles.

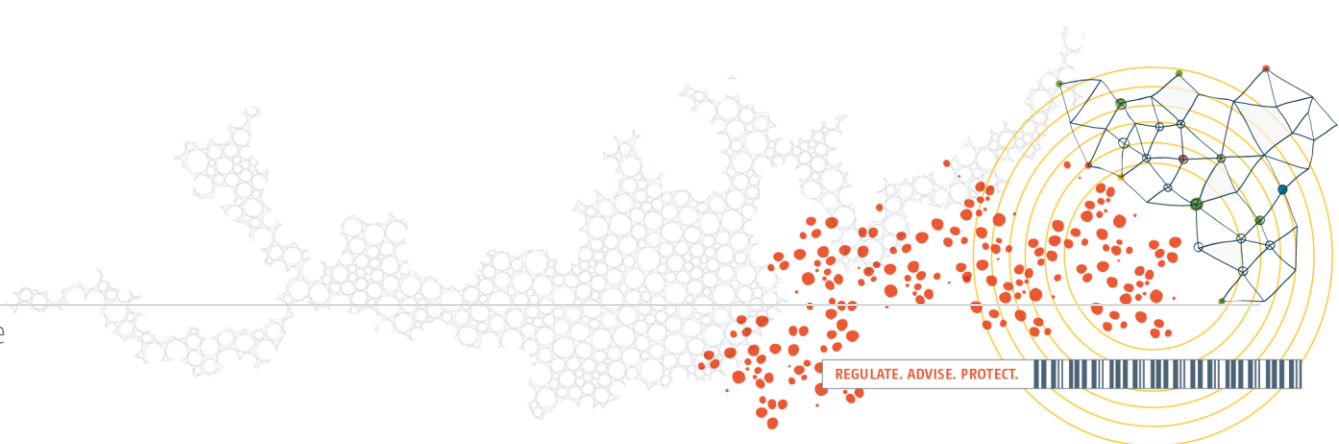
The term "service user" refers to any individual who uses the MLT's services, including patients, clients, students, employees, or any other group.



## Code of Ethics

MLTs must:

1. Treat everyone with dignity and respect in all professional interactions.
2. Demonstrate honesty and integrity in all professional interactions.
3. Protect service users' privacy and confidentiality whenever possible and understand possible limitations to privacy and confidentiality.
4. Act in a manner that maintains the public's trust and the profession's integrity.
5. Ensure that their own personal beliefs, experiences, biases, and values do not impact the delivery of professional services.
6. Recognize potential conflicts of interest that may arise and take action in preventing and resolving these conflicts.
7. Maintain professional boundaries with service users and make every effort to remediate relationships that could impair or could be perceived to impair professional judgement.
8. Put the safety of service users ahead of personal and professional loyalties and report any conduct that would cause a service user harm.
9. Conduct themselves in a manner that protects the human rights of all individuals, free from discrimination on protected grounds, including but not limited to, race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, and disability.



## Standards of Practice Introduction

The Standards of Practice set the standards of professional practice, behaviour, and conduct for the profession. If at any time a Medical Laboratory Technologist's (MLT's) practice is called into question, these Standards of Practice, along with the Code of Ethics, *Health Professions Act*, and the *Medical Laboratory Technologists Profession Regulation*, will be used to determine if their actions constitute unprofessional conduct.

The Standards of Practice complement and do not compete with other applicable documents of the profession, such as the Code of Ethics, relevant legislation, employer policies and procedures, and the CSMLS competency profile.

## Applying the Standards to Practice

The Standards of Practice apply to all MLTs regardless of role or job title. The CMLTA recognizes that as MLTs move throughout their career, the interpretation of these Standards of Practice may change to account for specialization in a specific area of practice or movement into different roles such as educators, managers, or researchers.

Although the Standards of Practice apply to all MLTs, there may be some specific Standards of Practice that are not related to an individual's particular role. It is important for MLTs to have a clear understanding of when and how the Standards of Practice apply to their practice. MLTs are responsible for ensuring their practice meets the Standards of Practice and making informed and reasoned decisions about their practice.

It is important to remember that the CMLTA does not dictate how MLTs meet the Standards of Practice, as this can be unique to each role and area of practice.

## Language

The CMLTA recognizes that the language used in the Standards of Practice may differ from the language used in daily practice. The terminology was chosen to ensure the Standards of Practice can be interpreted for various settings and roles.

The term "**service user**" refers to any individual who uses the MLT's services, including patients, clients, students, employees, or any other group.

The term "**patient**" refers to an individual whose biological samples are being collected, tested, or analyzed to provide healthcare services. The CMLTA recognizes that some MLTs may not work with patients.

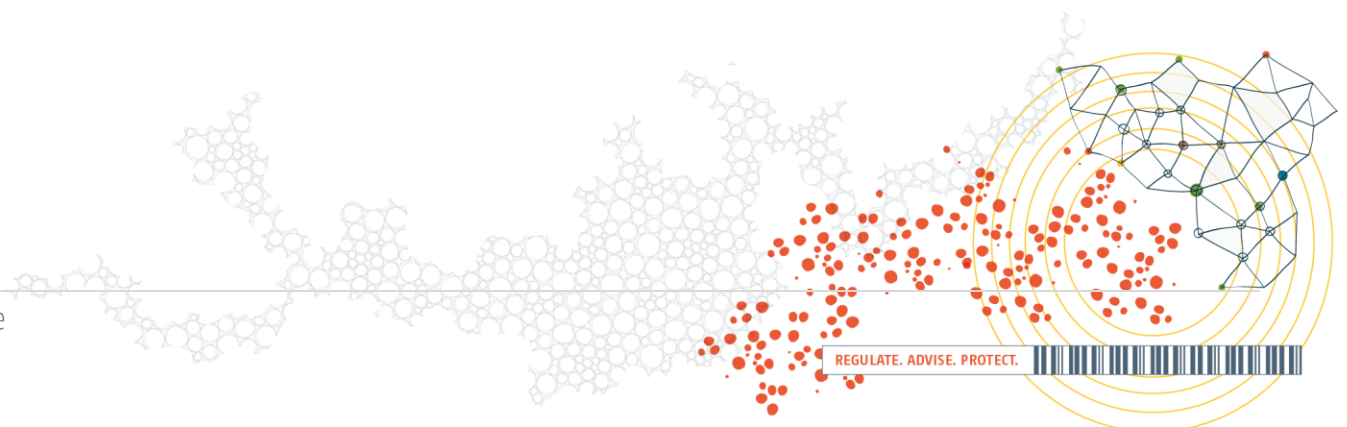
## Types of Standards

There are two different types of standards in the Standards of Practice:

1. Practice Standards
2. Legislated Standards

**Practice Standards** outline what an MLT must do in their practice and are developed by the CMLTA in consultation with MLTs and other stakeholders. They can be changed at any time as the profession changes with the council's approval and consultation of the Government of Alberta and other regulatory colleges under the *Health Professions Act*.

**Legislated Standards** are standards that the Government of Alberta specifically mandates through the *Health Professions Act*. Their format is different from the Standards of Practice to meet the requirements of the Government of Alberta.





# Practice Standards

## 1. Professional Accountability

MLTs must:

1. Be **accountable** for all their professional actions.
2. Adhere to all employer policies and procedures whenever possible and document in writing all instances where policy cannot be followed, and provide justification for these actions.
3. Commit to career-long learning to keep skills and knowledge up to date.
4. Only provide professional services that they are competent to perform.
5. Identify the limits of their knowledge and skills and seek education and/or advice when necessary.
6. Maintain their **fitness to practice** and refrain from practicing when they are not fit to do so.
7. Adapt to the changing needs of the profession and the healthcare system as a whole.
8. Continuously reflect on professional practice and address any issues identified.

## 2. Legislative Responsibility

MLTs must:

1. Comply with all legislation that is relevant to the profession, including, but not limited to, the *Health Professions Act, Medical Laboratory Technologists Regulation, Health Information Act*, and privacy legislation.
2. Practice in accordance with the Standards of Practice and Code of Ethics.
3. Identify themselves using one of the legislated protected titles, Medical Laboratory Technologist or M.L.T., when working directly with patients in the provision of medical laboratory services.
4. Only practice as a Medical Laboratory Technologist when holding an active practice permit.





### 3. Confidentiality and Record Maintenance

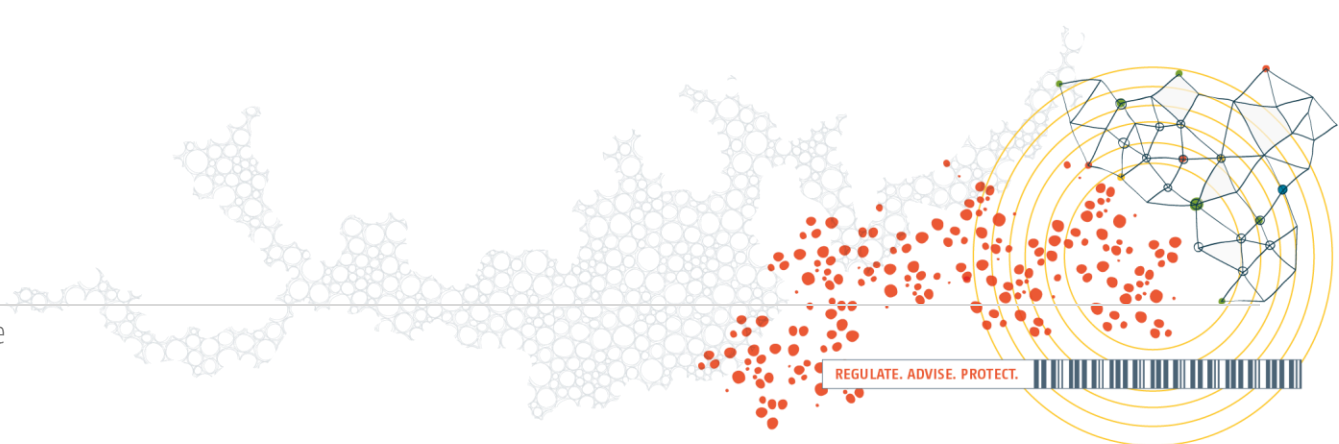
MLTs must:

1. Follow all applicable legislation when handling confidential information, regardless of source.
2. Only access the minimum amount of relevant medical data or information when it is required in the provision of professional services.
3. Accurately contribute to patient records in a timely and safe manner.
4. Report all potential or actual privacy breaches.

### 4. Professional Knowledge

MLTs must:

1. Apply the knowledge of medical laboratory science theories, techniques, and clinical application to their practice.
2. Maintain and evolve their knowledge and skills according to **evidence-based practices**, emerging technologies, and techniques.
3. Apply **critical thinking** to evaluate and analyze information in their professional practice.
4. Adhere to **evidence-based practice** and industry standards.
5. Troubleshoot processes and equipment, document errors or problems, and initiate corrective action in a timely manner.
6. Be competent in the operation and maintenance of equipment and systems used in their practice.
7. Recognize the impact of accurate medical laboratory services on the diagnosis, treatment, and care of patients.



## 5. Safety and Quality

MLTs must:

1. Adhere to relevant safety legislation, policy, and procedures.
2. Promote a culture of safety within their workplace to minimize harm to patients, staff, and self.
3. Promptly take action and respond to any adverse event, including disclosing the event to the appropriate authority to prevent harm and recurrence.
4. Document and report any non-conformance to safety legislation, policy, and procedures.
5. Participate in quality management systems as their practice dictates.
6. Adhere to all regulations, policies, and procedures for the handling, shipment, storage, and disposal of biological or hazardous materials.
7. Use personal protective equipment and other safety equipment as required and in accordance with applicable guidelines.

## 6. Consent

MLTs must:

1. Ensure appropriate consent is obtained from service users or their decision-makers before the provision of professional services.
2. Recognize service users' right to withdraw consent at any time.

## 7. Communication and Collaboration

MLTs must:

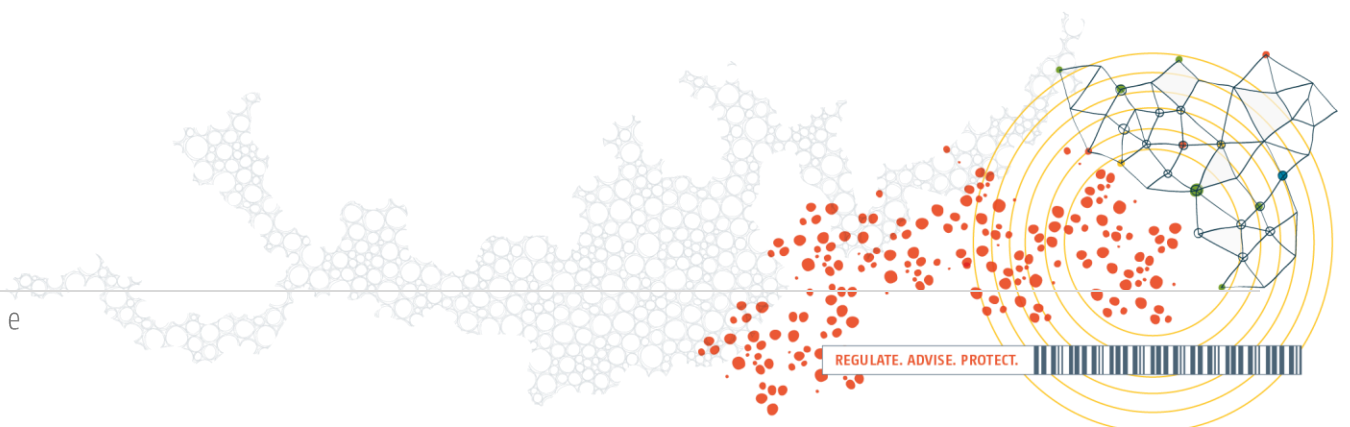
1. Accurately communicate the outcomes of medical laboratory services and document them in the health record in a timely manner.
2. Communicate and collaborate with other health professionals, colleagues, and service users in a manner that facilitates mutual understanding and respect.
3. Ensure all styles of communication are delivered in a way that suits the needs of the intended audience and change communication styles when necessary to account for differences, including but not limited to age, ethnicity, culture, disability, socioeconomic status, gender, and religious and spiritual beliefs, all which may affect which communication style is appropriate.



## 8. Culturally Safe Practice

MLTs must:

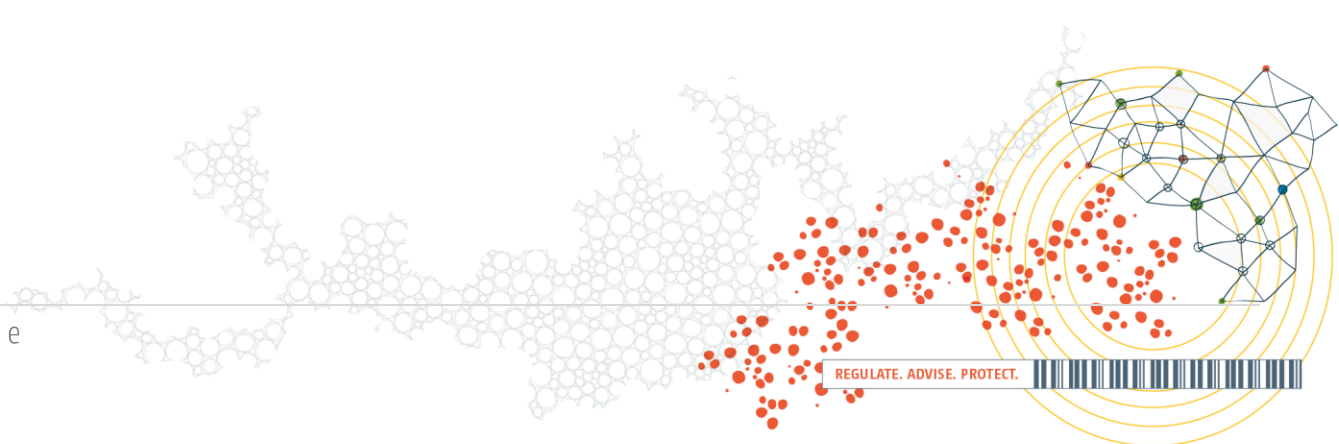
1. Show respect and understanding for the attitudes, beliefs, and experiences of other cultures.
2. Make every effort to become aware of their **unconscious biases**.
3. Ensure their biases do not impact their professional interactions, activities, and judgements.
4. Continuously develop their knowledge, skills, and abilities to foster **culturally safe practice**.



# Legislated Standards

## 9. Continuing Competence Program

1. All MLTs on the General, Diagnostic Cytology, Clinical Genetics, and Provisional registers must complete a self-directed continuing competence program on an annual basis that includes:
  - a. A self assessment.
  - b. A learning plan.
  - c. An activity log.
2. The continuing competence program must be completed on an annual basis in accordance with the Continuing Competence Manual which is approved by the Council of the CMLTA.
3. All MLTs must complete their continuing competence program for the current year before they can renew their practice permit for the upcoming year.
4. All MLTs must participate in an audit of their continuing competence program when selected to do so.
5. If an audit of an MLTs' continuing competence program finds them to be in non-compliance with the requirements set out in the Continuing Competence Program Manual, the MLT must complete one or more of the following within a specific time period as directed:
  - a. Complete outstanding continuing competence requirements.
  - b. Complete additional learning activities.
  - c. Provide relevant information or evidence of continued learning and competence.
6. If an MLT fails to meet the requirements of section 5 of this Standard of Practice as directed or within a specific time period, the following actions may be taken as appropriate:
  - a. The MLT may be fined.
  - b. The matter may be referred to the Complaints Director as a complaint of unprofessional conduct.



## 10. Ensuring Professional Boundaries and Prevention of Sexual Abuse and Sexual Misconduct

1. The MLT must understand and adhere to legislated standards regarding sexual abuse and sexual misconduct as defined in the *Health Professions Act*, specifically:
  - a. **Sexual Abuse** is defined in section 1(1) (nn.1) of the *Health Professions Act* as:  
*“the threatened, attempted, or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:*
    - *sexual intercourse between a regulated member and a patient of that regulated member.*
    - *genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member.*
    - *masturbation of a regulated member by, or in the presence of, a patient of that regulated member.*
    - *masturbation of a regulated member's patient by that regulated member.*
    - *encouraging a regulated member's patient to masturbate in the presence of that regulated member.*
    - *touching of a sexual nature of a patient's genitals, anus, breasts, or buttocks by a regulated member.”*
  - b. **Sexual Misconduct** is defined in section 1(1)(nn.2) of the *Health Professions Act* as:  
*“any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that a regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and wellbeing but does not include sexual abuse.”*
2. For purposes of this Standard of Practice, an individual is a patient of an MLT if ANY of the following circumstances exist:
  - a. The MLT has provided a health service to the individual on an ongoing or episodic basis.
  - b. The MLT has provided a health service regardless of whether the MLT charged or received payment from the individual or a third party on behalf of the individual.
  - c. The MLT has knowingly contributed to a written or electronic health record or file for the individual.
  - d. The individual has consented to the health service to be performed by the MLT.
  - e. The MLT has collected and analyzed biological samples, performed quality control procedures, and communicated results that have been critically evaluated to ensure accuracy and reliability.

“Patient” is defined as above for this Standard only; therefore, the term patient carries a different definition for this Standard than in all other Standards.

3. An individual who is currently engaged in a sexual relationship with an MLT is not a patient if ALL of the following circumstances exist:



- a. There is, at the time the MLT provides the health services, an ongoing sexual relationship between the MLT and the individual, including but not limited to, spouse or adult interdependent partner (as defined in section 3(1) of the *Adult Interdependent Relationships Act* SA 2002, C A-4.5).
  - b. The MLT provides the health service to the individual in emergency circumstances or in circumstances where the health service is minor in nature.
  - c. The MLT has taken reasonable steps to transfer the care of the individual to another MLT or appropriate healthcare provider or there is no reasonable opportunity to transfer care to another MLT or appropriate healthcare provider.
4. The MLT will take full responsibility to establish and maintain professional boundaries with patients.
  5. An MLT shall never engage in sexual abuse of a patient or engage in sexual misconduct towards a patient.
  6. For purposes of the sexual abuse and sexual misconduct provisions of the *Health Professions Act*, an individual continues to be a patient, as set out in section 2 of this Standard of Practice, of the MLT for one year after the MLT has provided the services to that patient.
  7. An MLT who engages in the type of conduct described in sections 1(1) (nn.1) and (nn.2) of the *Health Professions Act* within one year after the MLT has provided ongoing or episodic services to that patient can be found by a CMLTA Hearing Tribunal to have committed unprofessional conduct in terms of 'sexual abuse' and/or 'sexual misconduct'.
  8. A patient's consent or willingness to participate in a sexual relationship is not a defense for inappropriate behavior, sexual abuse, or sexual misconduct and does not affect the applicability of this Standard.
  9. An MLT will obtain the patient's consent when the provision of a health service relates to the collecting of biological samples and involves conduct, touching, behaviour, or remarks of a clinical nature that may be misinterpreted to be of a sexual nature. [*Health Professions Act* section 1(1) (nn.3).]
    - a. An MLT must obtain consent including providing an explanation of the clinical nature and purpose of the health service prior to proceeding.
  10. If an MLT has reasonable grounds to believe that the conduct of another regulated member of the CMLTA or any other *Health Professions Act* regulatory college constitutes sexual abuse or sexual misconduct, the MLT must report that conduct to the appropriate Complaints Director [*Health Professions Act* section 127.2(1)].



## 11. Preventing Female Genital Mutilation

The Government of Alberta has banned the performance and procurement of female genital mutilation and as such MLTs:

1. Must not perform or procure female genital mutilation (FGM) as defined by the *Health Professions Act* Section 1(1)(m.1) as:

“the excision, infibulation or mutilation, in which whole or part, of the labia majora, labia minora, clitoral hood or clitoris of a person, except where valid consent is given, and

A surgical or other procedure is performed by a regulated member under this Act for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions normal sexual appearance or function, or

The person is at least 18 years of age and there is no resulting bodily harm”

2. Must promptly report the conduct of any health professional that they have reasonable grounds to believe is participating in the performance or procurement of FGM to the Complaints Director of that health professional’s college.
3. Are not required to report under section 2 of this Standard of Practice if information respecting the conduct of another regulated health professional was obtained while providing a health service to that individual.

