



**CMLTO  
ANNUAL REPORT  
2006**



## MEGA ENDS POLICY (MISSION STATEMENT)

CMLTO exists so that, in Ontario, the public's right to quality medical laboratory services is protected by providing self-regulation and leadership to the practice of medical laboratory technologists. Further, the CMLTO exists to ensure such services are provided by ethical and competent practitioners to maximize health outcomes.

### HIGH LEVEL POLICY 1

Medical laboratory technologists (MLTs) are ethical and competent to practice.

### HIGH LEVEL POLICY 2

The public is aware of its right to quality medical laboratory services.

### HIGH LEVEL POLICY 3

The medical laboratory profession is further advanced by self-regulation through the CMLTO.

### HIGH LEVEL POLICY 4

CMLTO has positive and cooperative relationships with other regulatory colleges, health care workers, employers, governments, professional organizations, and the public in order to advance protection of the public in health care.

## 2006 COUNCIL

**PRESIDENT**  
Pat Mercuri  
Professional

**VICE PRESIDENT**  
Tony Wong  
Professional

**VICE PRESIDENT**  
Terrence Biggs  
Public

### COUNCIL MEMBERS

Hisham Abu-Abed  
Betty Anne Clark  
Jennifer English  
Manminder Kandola  
Kelly McPherson  
Dolly Mehra  
Bernadette Lee-Yaw  
Rita Luty  
Anne McCauley  
Debora McKay  
Shirley Nan  
Jim O'Leary  
Mary Rozmanc  
Ben Shayan  
Robert Warren

**REGISTRAR & EXECUTIVE DIRECTOR**  
Kathy Wilkie

### EXECUTIVE COMMITTEE

Pat Mercuri (Chair/President) - Prof  
Tony Wong (Vice-President) - Prof  
Terrence Biggs (Vice-President) - Public  
Kelly McPherson - Prof  
Bernadette Lee-Yaw - Prof  
Robert Warren - Public

### COMPLAINTS COMMITTEE

Jennifer English (Chair) - Prof  
Dolly Mehra - Public  
Rita Luty - Public  
Susan Leask - NCCM  
Geeta Seochan - NCCM  
John Tarbush - NCCM

### DISCIPLINE COMMITTEE

Betty Anne Clark (Chair) - Prof  
Jim O'Leary - Prof  
Manminder Kandola - Public  
Ben Shayan - Public  
Hisham Abu-Abed - Public  
Gini Bourner - NCCM  
Suniti Sharma - NCCM  
Heather Graham - NCCM  
Jay Hockley - NCCM  
Arundhati Kolhatkar - NCCM

### FITNESS TO PRACTISE COMMITTEE

Shirley Nan (Chair) - Prof  
Mary Rozmanc - Prof  
Ben Shayan - Public  
Rita Luty - Public  
Stephen Bland - NCCM  
Michael McConnell - NCCM  
Margot French - NCCM

### PATIENT RELATIONS COMMITTEE

Terrence Biggs (Chair) - Public  
Bernadette Lee-Yaw - Prof  
Mary Rozmanc - Prof  
Dolly Mehra - Public  
Michael McConnell - NCCM

### QUALITY ASSURANCE COMMITTEE

Debora McKay (Chair) - Prof  
Manminder Kandola - Public  
Hisham Abu-Abed - Public  
Paula Curti - NCCM  
Susie Davies - NCCM  
Shaker Farhat - NCCM  
Marion McChesney - NCCM

### REGISTRATION COMMITTEE

Tony Wong (Chair) - Prof  
Shirley Nan - Prof  
Jim O'Leary - Prof  
Robert Warren - Public  
Terrence Biggs - Public  
Keith Hutcheson - NCCM  
Margaret Grabowski - NCCM  
Helen Meaney - NCCM

### NOMINATION COMMITTEE

Kelly McPherson (Chair) - Prof  
Betty Anne Clark - Prof  
Tony Wong - Prof  
Ben Shayan - Public  
Manminder Kandola - Public

### LEGEND:

Prof = Professional Member  
Public = Public Member  
NCCM = Non-Council Member





## PRESIDENT'S MESSAGE

### PRINCIPLED RESULTS

With the passage of the *Fair Access to Regulated Professions Act, 2006*, fairness, objectivity, impartiality and transparency became four additional responsibilities each Ontario regulatory body must safeguard in the regulation of members and the consideration of registrant applications. The Act is designed to facilitate registration of qualified foreign-trained individuals in the professions of their choice.

The CMLTO has long subscribed to these principles in all its operations and has delivered on its commitment through support of programs for the internationally trained and involvement with the educational institutions teaching and training prospective MLTs. These principles are also entrenched in our complaints and discipline procedures.

This past year, we put the College to the test in terms of meeting the priorities of the strategic plan, consistently applying the principles of new legislation and keeping our promise to ensure public safety by setting high practice standards for CMLTO members.

I believe the results we've achieved stand up to scrutiny.



Pat Mercuri  
President

## REGISTRAR'S MESSAGE

### RESULTS DRIVEN

Results don't happen without well-defined goals and objectives. 2006 saw Council move forward on the strategic plan focused on a number of set deliverables. Our commitment to excellence, accountability and pride was implemented through numerous undertakings within CMLTO's mandate.

Public protection and public education were effectively paired as we worked to raise the bar for practice standards. At the same time, we raised awareness of the College and the MLT profession.

As a profession, we are responsible for accurate and timely medical laboratory test results. These results provide physicians and other health professionals with critical information for making treatment and patient care decisions.

Throughout 2006, the CMLTO served the health care delivery system as its alert and vigilant regulator of MLTs. Our profession makes a difference to quality health care.

Results do matter.



Kathy Wilkie  
Registrar & Executive Director



## COLLEGE & COUNCIL HIGHLIGHTS

The CMLTO Council held its course and continued to develop its governance policy structure throughout 2006. New and revised policies focused on the strategic positioning of the College and the profession, with the mandate of public protection underpinning all decisions.

At the beginning of the year, discussions were held regarding the proposed 2006 budget. A special meeting was set to review the financial sustainability of the College and it was agreed that to ensure adequate resources for public protection, College operations, and ongoing strategic growth, a fee increase was necessary. The proposed amendment to the CMLTO fee bylaw was circulated to members. Member feedback to the proposed amendment was reviewed and, in September, a 2007 registration fee increase was approved.

Government and health care agencies were also making strategic changes to address the future. At the end of 2005, the Ministry of Health and Long-Term Care (MOHLTC) announced the establishment of Local Health Integration Networks (LHINs) and Family Health Teams, with the goal of improving primary health care through interdisciplinary teams and integrated services. Throughout

2006, the College explored and addressed the implications and legislation of LHINs.

### **The mandate of public protection underpins all decisions.**

With objectives of establishing awareness and connecting with the public and stakeholders, the College exhibited at the annual Women's Health Matters Forum for a third consecutive year. CMLTO staff and volunteers spoke with the public about the College, the profession, health care and much more. CMLTO booth visitors were surveyed on their experiences to assess knowledge of MLTs, self-regulation, and the College so, in turn, the College can continue to improve its outreach.

Recognizing that everyone benefits from information, the CMLTO electronic quarterly newsletter for laboratory employers was developed and successfully launched in January.

In April 2006, the Health Professions Regulatory Advisory Council delivered its *Regulation of Health Professions in Ontario: New Directions* report to the Minister of Health and Long-Term Care.

This report incorporated many recommendations regarding the *Regulated Health Professions Act, 1991* (RHPA). The CMLTO's request for the MOHLTC to review whether medical laboratory assistants/technicians (MLA/Ts) should become a regulated profession and more specifically whether MLA/Ts should be regulated as a separate class of members by the CMLTO prompted action.

### **The College continues to improve its public outreach.**

The report proposed to "*conduct a review of whether scopes of practice are current in the health professions' diagnostic and technological sectors and whether new classes within these professions are appropriate to meet current and future needs*". The College developed a strategy to ensure the voices of MLA/Ts were heard and established a communication sign-up on the website.

Council continued to link with stakeholders by hosting an MPP Reception at Queen's Park in May. This was the third CMLTO MPP reception held at the legislature and the theme was "Duty to Protect". More than 35

MPPs, representing all three political parties, met with Council members to gain a better appreciation of the important role of medical laboratory test results in critical health care decision-making.

To encourage ongoing continuing education for select health care professionals, the HealthForceOntario Allied Health Professional Development Fund (AHPDF) was launched in June. MLTs were included in the select group of recipients and \$270,000 was made available for reimbursement of eligible courses. The CMLTO was proud to participate on the AHPDF Steering Committee.

October found the College making another government submission, this time to the Ministry of Citizenship and Immigration regarding Bill 124. The Bill, known as the *Fair Access to Regulated Professions Act, 2006* affects the registration and regulation of MLTs in Ontario. The stated purpose of the Act is to help ensure regulated professions are governed by registration practices that are transparent, objective, fair and impartial. The CMLTO already achieves these goals and conveyed concerns with proposed amendments to the RHPA.



Reaching across the country to establish national portability for MLTs, the College chaired a consortium of MLT regulators in November. With the support of Human Resources and Social Development Canada, the group gathered to review the Mutual Recognition Agreement and bring recently regulated provinces under the agreement. Discussions will continue through 2007.

The College Registrar and representatives contributed to the Canadian Institute for Health Information Health Human Resources Database project; presented to the International Policy Governance Association; and, attended the Ontario Society for Medical Technologists' Convention in Niagara Falls. The CMLTO Deputy Registrar was acclaimed Chair of

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**The Fair Access to Regulated Professions Act, 2006 will help ensure regulated professions are governed by registration practices that are transparent, objective, fair and impartial.**

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The CMLTO strengthened relationships with a wide swath of stakeholders: Registrar & Executive Director Kathy Wilkie concluded her term as Federation of Health Regulatory Colleges of Ontario President; involvement with the QMP-LS Point-of-Care Testing Advisory Committee continued as the Committee worked to develop laboratory guidelines on point-of-care testing for the MOHLTC's consideration; presentations were made to Council by Barbara Sullivan, Chair & Chief Executive Officer, HPRAC; Cathy Fooks, Executive Director, Health Council of Canada; and, the late Dr. Harry Richardson, former Managing Director, QMP-LS.

the Assembly of Health Sciences Professions of the Canadian Medical Association; contributions were made to The National Regulatory Council / National Advisory Council of the Canadian Society for Medical Laboratory Science; and, close to 20 presentations were delivered to more than 600 members and students.

With many of the challenges of 2006, the College Council stepped forward and set the agenda, ensuring the voices of our members and stakeholders were heard. We will continue to do so as we face the coming years.

### **EXECUTIVE COMMITTEE**

*The Executive Committee has the authority to make referrals to the Discipline or Fitness to Practise Committees and has all the powers of Council, except the power to make, amend or revoke a regulation or bylaw.*

Over the course of 2006, the Committee held four meetings and dealt with thirty-three cases, twenty-four of which were new, and nine of which were carried forward from 2005. Outcomes of the cases were as follows: twelve were concluded, three were concluded with reminders to the members, and two were referred to the Discipline Committee as they involved allegations of professional misconduct. In two of the cases the member agreed to sign an Acknowledgement and Undertaking. Investigations are ongoing in the fourteen remaining cases.

During 2006, the Committee also:

- prepared the draft integrated strategic planning agenda for Council and established a review schedule;
- assigned Council members to champion governance policies;
- reviewed and put forth recommendations to improve the Council orientation program;
- established an Advertising Review Working Group and reviewed the draft Advertising Policy;
- reviewed and accepted the 2005 Auditor's Report;
- reviewed the 2006 Committee composition and approved changes to the composition to ensure effective representation;
- reviewed and approved the CMLTO position statement regarding the regulation of medical laboratory technicians/assistants;
- worked with Committee Chairs to ensure the preparation of effective and efficient Council meeting agendas;
- reviewed the Executive Committee Terms of Reference;
- reviewed the 2007 budget.



### **FITNESS TO PRACTISE COMMITTEE**

*The Fitness to Practise Committee meets to hear allegations of mental or physical incapacity, to determine the appropriate order, and to issue written decisions and reasons. Under the mandate of the Committee, incapacitated means a member is suffering from a physical or mental condition or disorder that, in the public interest, makes it desirable for the member to no longer be permitted to practise or for the member's practice to be restricted. Matters are referred to the Fitness to Practise Committee by the Executive Committee after a confidential investigation.*

In 2006, the Fitness to Practise did not meet as there were no referrals from the Executive Committee.

### **QUALITY ASSURANCE COMMITTEE**

*The Quality Assurance Committee's mandate is to ensure the quality of professional practice by developing programs to promote continuing competence among members.*

Five meetings were held during the year. Over the course of 2006, the Committee:

- reviewed and commented on more than 25 documents from the Clinical Laboratory Standards Institute (CLSI) and the Canadian Standards Association (CSA);
- set and monitored Quality Assurance indicators for the Professional Portfolio audit process;
- finalized the revision of the Code of Ethics;
- drafted a revision of the Standards of Practice;
- randomly selected and audited 225 members' Professional Portfolios, of which 216 were completed, 9 changed registration status and none remain outstanding;
- conducted follow-up on three of the audited members' Professional Portfolios.

### **NOMINATION COMMITTEE**

*The Nomination Committee recommends, to Council, the names of Council members for appointment to Committees and the names of members who wish to act as Non-Council Committee members.*

The Nomination Committee met three times in 2006. During the course of the year, the Committee:

- completed the proposed slate of members for each statutory committee;
- developed and implemented a new nomination template;
- reviewed applications to fill an impending Council vacancy and put forth recommendations to Council.

### **PATIENT RELATIONS COMMITTEE**

*The Patient Relations Committee develops and implements the College's sexual abuse prevention program. The Committee also monitors the College's Patient Relations program, as required by the RHPA, and offers information to members to assist in the fostering of excellent patient relations skills.*

The Committee held two meetings over the past year. During 2006, the Committee:

- developed a work plan and aligned it with the ends policies of the CMLTO Council and the regulatory mandate of the Committee;
- reviewed the MLT Boundaries of Practice Guidebook (2001) and confirmed its relevance to MLT practice;
- published a self-assessment case study in FOCUS that was based on the principles of ethical behaviour;
- reviewed the reserve level of the Sexual Abuse Therapy Fund at the direction of CMLTO Council. The outcome of the review was a recommendation to Council to reduce the level to efficiently utilize resources while maintaining a more than adequate reserve.



**REGISTRATION COMMITTEE**

*The Registration Committee sets and maintains the standards for registration with the College. The Committee also makes recommendations, and amends entry to practice standards, in response to changes in medical laboratory technology.*

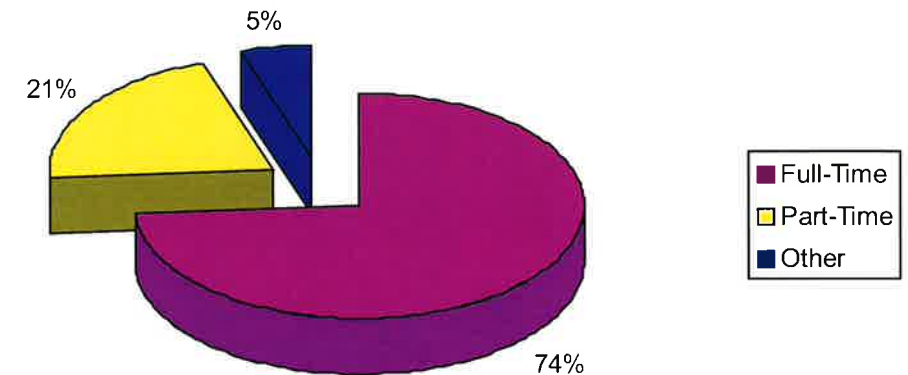
In 2006, 19% of CMLTO applicants were internationally educated medical laboratory technologists. The 22% decrease in these applications is attributed to the October 2005 registration regulation amendment that requires all applicants to meet all registration requirements (including successful completion of the CSMLS certification examination) before applying to the College.

Over the past year, the Committee held 10 meetings, including a comprehensive Committee orientation.

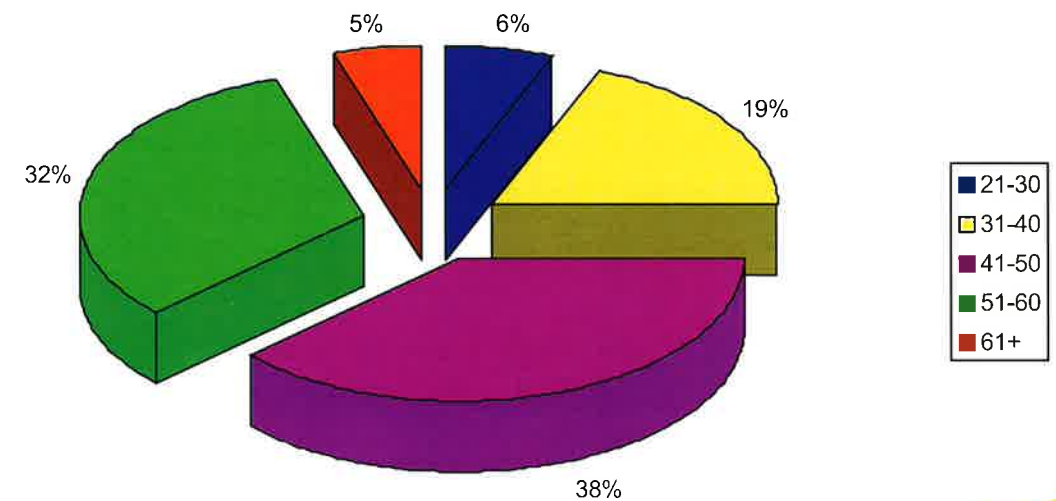
During 2006, the Committee:

- reviewed 24 applications for assessment of which 3 were denied registration;
- developed an emergency registration policy and a guideline for former specialties and subspecialties policy;
- declared four policies obsolete due to registration regulation amendments in 2005;
- added 13 courses to the list of approved refresher courses;
- considered options for individual examinations in the specialties of cytogenetics or molecular genetics and decided not to pursue the initiative;
- approved minimum scores on the Internet-based TOEFL language assessment test;
- approved World Education Services (WES) as an alternate to International Credential Evaluation Services (ICES) for credential evaluation.

**EMPLOYMENT STATUS OF MLTs (7,069)**

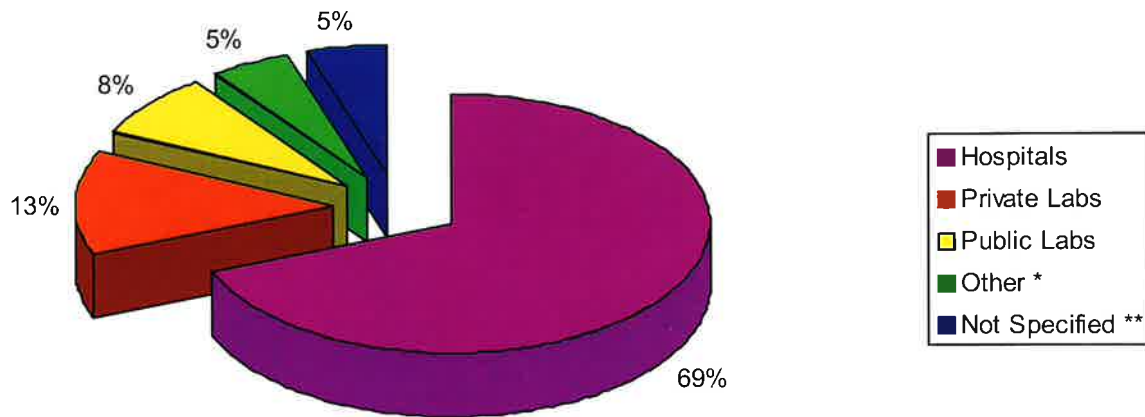


**AGE DISTRIBUTION OF MLTs FOR THE YEAR 2006**





**REGISTRATION BY FACILITY (7,069)**



\* e.g., education, specimen collection centre, commercial company, research, infertility lab, short/long term care, psychiatric care

\*\* e.g., working outside Ontario or Canada, not working, self-employed, maternity/paternity leave

College Registration History	2006	2005	2004	2003	2002	2001	2000
<b>MLTs Registered with the College</b>	<b>7591</b>	<b>7727</b>	<b>7757</b>	<b>7764</b>	<b>7692</b>	<b>7497</b>	<b>7630</b>
<b>Practising *</b>	<b>7069</b>	<b>7053</b>	<b>7033</b>	<b>6964</b>	<b>6934</b>	<b>6846</b>	<b>7023</b>
<b>Temporary</b>	--	164	213	251	236	106	62
<b>Non-Practising</b>	522	510	511	549	522	545	545
<b>New Applicants **</b>	250	309	327	279	293	264	189

\* 2006 numbers include Temporary members.

\*\* Most new applicants are included in the calculation of Practising and Non-Practising members.

**COMPLAINTS COMMITTEE**

*The Complaints Committee investigates all complaints filed with the Registrar and determines the appropriate disposition.*

In 2006, the Complaints Committee held two meetings. The first meeting focused on orienting Committee members to the Committee mandate and the policies and procedures used to fulfill that mandate. At the second meeting, the Committee reviewed a complaint filed against four MLTs and the responses received from the MLTs. The Committee then directed further investigation.

The College opened five new complaints files in 2006 and investigation of all five matters continued into 2007.

**DISCIPLINE COMMITTEE**

*The mandate of the Discipline Committee is to hold hearings to determine whether members are incompetent or have committed acts of professional misconduct, to determine appropriate penalties, and to issue written decisions and reasons.*

*Matters are referred to the Discipline Committee from the Executive Committee or the Complaints Committee.*

In 2006, the Discipline Committee held an orientation meeting for the entire Committee. In addition, several members participated in the Federation of Health Regulatory Colleges of Ontario's discipline orientation session.

Two matters were referred to the Discipline Committee in 2006 and in both cases, hearings were held and decisions were issued. The provisions of the Health Professions Procedural Code require the publication of all discipline outcomes. This requirement ensures members of the public have access to information and also provides an educational opportunity for members. Summaries of the hearings are set out in the following pages.



Ms. Jo Ann Martell  
Apple Hill  
Hearing held October 23, 2006

**ALLEGATIONS**

There were two Notices of Hearing which set out allegations. It was alleged in a Notice of Hearing dated March 23, 2000 that Ms. Martell is guilty of professional misconduct as defined in paragraph 16 (failing to maintain the standards of practice of the profession) and 20 (unprofessional conduct) of section 1 of Regulation 752/93 under the *Medical Laboratory Technology Act, 1991* (MLT Act) in that Ms. Martell made a number of errors, as set out in the Agreed Statement of Facts.

It was alleged in a Notice of Hearing dated July 24, 2006 that Ms. Martell is guilty of professional misconduct as defined in Paragraph 20 (unprofessional conduct) of section 1 of Regulation 752/93 under the MLT Act in that Ms. Martell breached her undertaking with the College.

**SUMMARY OF EVIDENCE**

The Discipline panel was given an Agreed Statement of Facts, signed by Ms. Martell, which related to the Notice of Hearing dated March 23, 2000, which set out the following facts:

- Jo Ann Martell is a medical laboratory technologist registered to practise in the province of Ontario.
- At all relevant times Ms. Martell worked at Glengarry Memorial Hospital in Alexandria, Ontario.
- Ms. Martell failed to maintain the standard of practice of the profession as set out in Schedule 1 herein.

**Schedule 1**

DATE	CONDUCT
In or about 1995	Ms. Martell made errors in the LPTP survey for vials 7 and 10. Ms. Martell recorded a blood group that was AB as being A on the work sheet. She also recorded the Rh group on vial 10 as being positive on the worksheet.
In or about 1995	Ms. Martell made errors in the LPTP survey. She failed to transcribe the ABO and Rh interpretations from the worksheet for vials 7-10. Also Ms. Martell's interpretation for vial 7 was incorrect.
In or about 1996	Ms. Martell made a transcription error in the LPTP survey. She wrote 1004 instead of 10004.
In or about 1996	Ms. Martell made a transcription error in the LPTP survey. The error occurred in antibiotic reporting and led to a report of an inappropriate antibiotic for an E. Coli
June 20, 1996	Ms. Martell mislabelled 2 units of blood that she issued to a patient. The patient's blood type was O+. Ms. Martell actually issued 2 units of O- blood to him but she incorrectly labelled the units as being O+.
In or about 1996	Ms. Martell made an error in the LPTP survey. Ms. Martell reported a result as being A+ for vial 10 when the antisera either indicated or should have indicated that it was A-.
From in or about 1996 to in or about August 1998	<ol style="list-style-type: none"> <li>1. In hematology, a visiting pathologist writes comments on a weekly basis on abnormal smears.</li> <li>2. The comments can contain important diagnostic and therapeutic information and must be reported.</li> <li>3. Ms. Martell failed to report 46 of these written comments in hematology.</li> </ol>
In or about 1997	Ms. Martell made an error in the LPTP survey. Ms. Martell made an error in recording the ABO group for the cells in vial 9.
In or about 1998	Ms. Martell made an error in the LPTP survey. Ms. Martell inverted the ABO-Rh group results in vials 8 and 10, which led to an error in the decision about whether or not blood units were compatible for transfusion.



DATE	CONDUCT
February 22 to March 26, 1999	Ms. Martell did not notice that the flags were not operative on the hematology instrument, the Coulter JT, and failed to perform the manual review as outlined in the procedure. Ms. Martell failed to refer any abnormal results to the pathologist and 720 complete blood count results had to be reviewed.
March 18 to March 23	Ms. Martell failed to refer smears with flags to the pathologist and as a result a diagnosis of chronic lymphomic leukemia on a patient was delayed by six days.

The Discipline panel was given an Agreed Statement of Facts, signed by Ms. Martell, which related to the Notice of Hearing dated July 24, 2006 which set out the following facts:

- Jo Ann Martell is a medical laboratory technologist registered with the College of Medical Laboratory Technologists of Ontario (the "College") in the non-practising category.
- In or about March 2000, allegations of professional misconduct and incompetence against Ms. Martell were referred to the Discipline Committee of the College.
- Ms. Martell signed an undertaking with the College, dated July 25, 2000, in which she resigned her registration with the College and agreed to never reapply for registration.
- In light of Ms. Martell signing that undertaking, the discipline hearing against her was adjourned on or about November 1, 2000, to be brought back for prosecution of both the original allegations and the allegation of breach of the undertaking if Ms. Martell ever breached the undertaking.
- Ms. Martell reapplied for registration with the College on or about March 6, 2006.
- As a result, Ms. Martell has breached her undertaking to the College.

### MEMBER'S PLEA

In the Agreed Statement of Facts related to the 2000 Notice of Hearing, Ms. Martell agreed that the conduct admitted constitutes professional misconduct as defined in paragraph 16 (failure to maintain the standards of practice) of section 1 of Regulation 752/93 under the MLT Act. In the Agreed Statement of Facts related to the 2006 Notice of Hearing, Ms. Martell agreed that the conduct admitted constitutes professional misconduct as defined in paragraph 20 (unprofessional conduct) of section 1 of Regulation 752/93 under the MLT Act.

The Discipline panel conducted a plea inquiry and was satisfied that Ms. Martell's admissions were voluntary, informed and unequivocal.

### DECISION AND REASONS

The panel considered the two Agreed Statements of Facts and found that the facts supported a finding of professional misconduct, as defined in paragraphs 16 and 20 of section 1 of Regulation 752/93 under the MLT Act in that Ms. Martell failed to maintain the standards of practice of the profession and engaged in unprofessional conduct.

### PENALTY

The panel received a joint submission on penalty and costs signed by Ms. Martell and the College. Counsel for the College advised the panel that Ms. Martell currently holds a non-practising certificate of registration and has no immediate plans to return to active practice in Ontario as she is currently employed in the United States. Counsel for the College also provided the panel with an Undertaking signed by Ms. Martell wherein the Member agreed to undergo a specialty by specialty assessment of her skills at The Michener Institute at her own expense and to successfully complete any remediation ordered as a result of that assessment prior to applying to upgrade her registration status to practising. In the Undertaking, the Member also agreed to have her practice monitored by the College for a period of one year after her status is upgraded.



The panel accepted the joint submission as to penalty and costs and ordered that:

1. Ms. Martell appear before a panel of the Discipline Committee to receive an oral reprimand on a date to be set by the Registrar. The fact that the reprimand was ordered will be recorded on the public register.
2. Pursuant to Ms. Martell's request, her name be included in any copy of the decision and reasons in this matter, or summary thereof, that is published by the College.
3. Ms. Martell pay to the College in contribution towards the College's legal costs and expense and its costs and expenses of investigating the matter and conducting the hearing, the amount of \$3000.00, to be paid in twenty-four (24) equal monthly instalments of \$125.00, the first instalment to be paid no later than the 15th day of the first month after the Discipline panel's order becomes final. Ms. Martell will not be entitled to upgrade her certificate of registration to "Practising" until these costs are paid in full.

Ms. Alison Hamilton  
Elliot Lake

Written hearing held October 23, 2006

**ALLEGATIONS**

It was alleged that Ms. Alison Hamilton is guilty of professional misconduct as defined in paragraph 16 (failing to maintain the standards of practice of the profession) and 20 (disgraceful, dishonourable or unprofessional conduct) of section 1 of Regulation 752/93 under the *Medical Laboratory Technology Act, 1991* (MLT Act) in that Ms. Hamilton made a number of errors, as set out in the Agreed Statement of Facts.

**SUMMARY OF EVIDENCE**

The Discipline panel was given an Agreed Statement of Facts signed by Ms. Hamilton which set out the following facts:

DATE	CONDUCT
	Ms. Alison Hamilton was at all material times a medical laboratory technologist registered to practise in Ontario.
	At all material times Ms. Hamilton worked at the St. Joseph's General Hospital in Elliot Lake, Ontario.
On or about March 1, 2005	Ms. Hamilton collected blood samples from a patient for compatibility testing and failed to label the tubes with the TYPNEX bracelet numbers. Ms. Hamilton later discovered the tags in her pockets but failed to follow-up in relation to the blood samples.
On or about March 28, 2005	Ms. Hamilton did not adequately mix a CBC sample before testing it. Ms. Hamilton did not check the results against previous results and she reported erroneous results.
On or about May 11, 2005	Ms. Hamilton failed to properly mix samples resulting in an error flag and the reporting of inaccurate results.
On or about May 18, 2005	Ms. Hamilton made a transcription error and Rh negative results were reported as Rh positive.
On or about June 8, 2005	Ms. Hamilton tested a sample using a manual method and the HDL result was flagged as out of range. Repeat testing by another technologist resulted in accurate results.
On or about August 10, 2005	Ms. Hamilton ran the survey on a sample without first running controls and using out-of-date reagents despite having received re-instruction on the proper procedures.



DATE	CONDUCT
On or about June 13, 2005, on or about August 28, 2005, and on or about September 29, 2005	Ms. Hamilton ordered IGIV products incorrectly for the same chemotherapy patient despite written instructions and in-servicing.
On or about July 19, 2005	Ms. Hamilton accessioned blood work for a patient but failed to collect it. Ms. Hamilton failed to check the status list and in-patient testing was not done.
On or about August 29, 2005	Ms. Hamilton manually ran the wrong blood sample and checked and released incorrect results.
On or about September 8, 2005	Ms. Hamilton ran a CBC on a specimen that showed a significant Eosinophilia. Ms. Hamilton did not re-run the sample, did not perform a manual differential and did not check or record the checking of previous results, contrary to previous instructions to do so in the case of abnormal results.
On or about August, 2005	Ms. Hamilton failed to initial six blood samples that she collected, contrary to hospital policy.
	Transfusion Medicine maintenance records from on or about December 2004, to on or about June 2005, for which Ms. Hamilton was responsible, were missing.

### MEMBER'S PLEA

In the Agreed Statement of Facts, Ms. Hamilton agreed that the conduct admitted constitutes professional misconduct as defined in paragraph 16 (failure to maintain the standards of practice) of section 1 of Regulation 752/93 under the MLT Act. The Discipline panel received a Plea Inquiry Questionnaire signed by Ms. Hamilton and was satisfied that her admission was voluntary, informed and unequivocal.

### DECISION AND REASONS

The panel considered the Agreed Statement of Facts and found that the facts supported a finding of professional misconduct, as defined in paragraph 16 of section 1 of Regulation 752/93 under the MLT Act, in that the member failed to maintain the standards of practice.

### PENALTY

The panel received a Joint Submission as to Penalty signed by Ms. Hamilton and the College. In addition, the panel received a copy of the Decision and Reasons of a panel of the Discipline Committee dated July 2, 2002 wherein Ms. Hamilton was found to have failed to maintain the standards of practice of the profession in that she made several laboratory errors and was ordered to take remedial education.

The panel accepted the Joint Submission as to Penalty and accordingly ordered that Ms. Hamilton's certificate of registration be revoked immediately.



## AUDITORS' REPORT

TO THE MEMBERS AND COUNCIL OF THE COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO

The accompanying summarized balance sheet and statement of revenue and expense are derived from the complete financial statements of the College of Medical Laboratory Technologists of Ontario as at December 31, 2006 and for the year then ended on which we expressed an opinion without reservation in our report dated March 23, 2007. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying summarized financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

The summarized financial statements do not contain all disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may be not appropriate for their purposes. For more information on the College's financial position and results of operations, reference should be made to the related complete financial statements.

Toronto, Ontario  
March 23, 2007

CLARKE HENNING LLP  
CHARTERED ACCOUNTANTS  
Licensed Public Accountants

## SUMMARIZED BALANCE SHEET AS AT DECEMBER 31, 2006

	2006	2005
<b>ASSETS</b>		
Current assets		
Cash	\$ 1,860,981	\$ 1,811,682
Prepaid expenses and accounts receivable	66,446	62,457
	<b>1,927,427</b>	1,874,139
Investments	1,295,337	1,256,302
Property and equipment	194,431	230,172
	<b>3,417,195</b>	3,360,613
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	200,149	183,210
HRSDC - MRA project	40,590	-
Unearned dues	1,037,630	897,326
	<b>1,278,369</b>	1,080,536
Deferred lease inducement	152,978	161,592
	<b>1,431,347</b>	1,242,128
<b>NET ASSETS</b>		
Invested in property and equipment	194,431	230,172
Unappropriated	1,731,417	1,788,313
Abuse therapy fund	60,000	100,000
	<b>1,985,848</b>	2,118,485
	<b>3,417,195</b>	3,360,613

**SUMMARIZED STATEMENT OF REVENUE AND EXPENSE  
YEAR ENDED DECEMBER 31, 2006**

	2006	2005
Revenue		
Membership dues	1,472,998	1,508,703
Registration fees	37,500	50,400
Investment income	82,420	61,647
Other income	14,521	16,831
	<b>1,607,439</b>	<b>1,637,581</b>
Expenses		
Council and committee meetings	123,816	147,403
Salaries and benefits	676,832	721,290
Communications and public relations	208,225	391,894
Professional fees	215,515	208,084
Office	83,544	85,962
Computer expenses	71,457	67,577
Rent	158,572	148,750
Consulting	59,065	47,493
Depreciation	48,095	56,047
Travel	38,739	32,913
Dues and seminars	35,311	32,416
Bank charges and interest	20,905	21,491
Loss (gain) on disposal of property and equipment	-	(461)
	<b>1,740,076</b>	<b>1,960,859</b>
Deficiency of revenue over expense for the year	\$ (132,637)	\$ (323,278)

\* Approved on behalf of the Council: Patrick Mercuri, President; Debora McKay, Vice President; Robert Warren, Vice President.

\*\* Complete audited financial statements are available upon request from the Office of the Registrar.

