

Annual Report 2007





President's Message

EXPLORING MISSION AND VISION

REACH. That's what we did throughout 2007. Your College and its Council took the essence of CMLTTO's mission statement and pulled and prodded and pushed as we honoured the promise to ensure the public's right to quality medical laboratory services through self-regulation and leadership. It was truly a year in which we lived the College's commitment to excellence, accountability and pride.

As College President, I take pride in reporting some of the accomplishments and gains achieved by exploring the mission and vision to its full scope. Scope is a term most *Regulated Health Professions Act, 1991* (RHPA) Colleges and registrants equate with their own professional reach.

During 2007, we witnessed many new professions gaining recognition under

the RHPA and were reminded of the passionate pursuit of self-regulation and what it meant to MLTs. The medical laboratory is not an isolated place anymore. It is home to discovery, detection and direction on treatment protocols and decisions.

As SARS, pandemic flu planning and concerns about the rise of super bugs and MRSA gain priority attention on the public health agenda, there is a renewed focus on the role of the lab and its professionals. Given 80% of a patient's health record and equally as many treatment decisions are based on lab test results, there can be no question that medical lab professionals are a valuable, front line resource.

2007 saw a slight increase in registration and a greater proportion of internationally trained MLTs applying for, and achieving, registration. Professional development, new assessment tools, additional courses, and quality assur-

ance aligned to meet knowledge management objectives. We reached out to the profession. I benefited from traveling throughout the province to meet with registrants and listen to feedback and fresh ideas. Together we explored priorities, challenges and opportunities important to growth and reach.

I was proud to work with dedicated Council members prepared to test the vision and mission of the organization as we serve the public and advance the profession through adherence to quality and practice standards.

Staff rose to the occasion as Council demanded more and the Ministry requested full engagement of the CMLTO in a myriad of legislative and policy initiatives.

The annual report should pay tribute to the stalwart efforts of the College's staff, the volunteers who gave of their time, energy and ideas and the Council members – professional and public – who marched on with us as the desired became possible and then finally achieved.

There are many proverbs that reflect on the fact that each journey begins with one step forward. This past year, we made several strides in advancing the strategic plan and achieving the mission. It has been a journey dotted with several landmark decisions and accomplishments.

New frontiers await us in the coming year.

Pat Mercuri,
MBA, MLT, ART
President



Registrar's Message

A YEAR OF TREMENDOUS MOMENTUM

Status quo. We have been advancing the College's strategic plan and I am proud to report that status quo thinking has not been driving the process. Complacency is not the prevailing attitude at the CMLTO. In fact, complacency isn't tolerated. The momentum achieved throughout 2007 was, in large part, a result of the direction in our strategic plan to engage registrants in an open dialogue about the profession, self-regulation and the future focus of the Council's strategic initiatives. Sessions were held throughout the province during 2007 and more are planned for the coming year. We're listening. We're advancing numerous timely issues including exploration of the proposed regulation of medical laboratory assistants/technicians (MLA/Ts).

There was a new energy and a greater sense of the possible that emerged in 2007. It was a year marked by an understanding of and appreciation for new opportunities, new realities affecting practice and a renewed sense of the importance of MLTs on health care's front line.

The College stepped up and out to participate in numerous legislative initiatives engaging with stakeholders, the Ministry and our regulated health professional peer organizations. Council Highlights, in this annual report, capture the host of activities and actions conducted and completed during 2007.

Significant advances were made in ensuring improved communications, enhanced outreach to registrants, stakeholders and policy makers honouring the College's ongoing promise of increased transparency and accountability. It was a year of moving the goal post further. Again, the strategic plan helped us navigate the path ahead. The gains were both

internal and external, developed through collaboration and governance.

The planning and advancing of the strategic plan continues. The bigger issues around human resources challenges, best practices for fair access to regulated professions for the internationally trained, the evolving role of the medical lab and its professionals in infectious disease control and management--on and on the issues and activities rolled out making 2007 most productive.

Regulation, as we were reminded in 2007, remains a desirable goal for health care professionals. This is a way for the health care system to best serve the public through enforceable practice standards and guidelines. A number of new transitional Colleges were announced during 2007. Change and advances were under way for many.

The Council's activities stretched beyond provincial borders as we worked with MLT regulators across Canada on matters of importance to MLTs everywhere.

2007 was a year of initiating, responding, exploring, advancing and accomplishing numerous undertakings within the parameters of a well-defined strategic plan.

Complacency doesn't move anyone forward. Consider running for election to Council, joining a Committee or attending one of the upcoming sessions in the year ahead. Come be part of the breakthrough thinking!

Kathy Wilkie, BHA, MLT
Registrar &
Executive Director



ollege & Council Highlights

We listened, assessed and took action. As a result, 2007 was a year of forward momentum for the College. Internally and externally, objectives were taken to the next level: linkage sessions were conducted, guidelines developed, inter-professional collaboration furthered, and governance enhanced.

On January 9, 2007, the SARS final report was made public. We needed no greater reminder of the importance of the MLT on the front lines of health care and the high standards set and maintained through self-regulation.

Legislation reinforced the importance of the regulator's role and the College acted swiftly to ensure its voice was heard. Bill 124, the *Fair Access to Regulated Professions Act, 2006* was proclaimed in December 2006. Under the act, the Honourable Dr. Jean Augustine was appointed Fairness Commissioner with the mandate of ensuring fair, open, transparent practices in the registration

of internationally educated professionals. The College clearly demonstrated its alignment with this initiative and welcomed the opportunity to collaborate with the Commissioner and other regulatory bodies. Similarly, the College worked with the Ontario Regulators for Access Consortium (ORAC) and the Canadian Society for Medical Laboratory Science (CSMLS) on projects to manage cultural differences that may exist between regulatory organizations and internationally educated applicants for licensure.

Bill 171, the *Health System Improvements Act, 2006*, received Royal Assent in June and was considered the most important piece of health care legislation tabled in Ontario since 1991. The Bill established the Ontario Agency for Health Protection and Promotion and brought a number of new professions, with their own regulatory colleges, into the regulatory framework of the RHPA. The Bill also made a number of conse-

quential amendments to the *Laboratory and Specimen Collection Centre Licensing Act*. Through College communications and interactions, members were encouraged to embrace transparency and accountability as part of their professional responsibilities as members of a regulated health care profession. Planning and implementation of the Bill continued, and will continue through to 2009.

The College continued its work with the Federation of Health Regulatory Colleges of Ontario (FHRCO), participating in its multi-year public education strategy, the Pandemic Flu Working Group, and many other collaborative efforts. As interprofessional care became the focus for the future of health care, FHRCO announced the launch of *An Interprofessional Guide on the Use of Orders, Directives and Delegation for the Regulated Health Professionals in Ontario* which was promoted through the CMLTO website.

In the same vein, the CMLTO continued to work with colleagues in health care, responding to requests for feedback to

proposed amendments to bylaws and regulations from among others, the College of Nurses of Ontario, the College of Physicians and Surgeons of Ontario, the College of Physiotherapists of Ontario, the Canadian Medical Association, Health Canada and the Ministry of Community and Correctional Services. Issues of common interest relating to the implementation and impact of new legislation added consistency to the way the *Regulated Health Professions Act, 1991* (RHPA) was administered across all Colleges.

As the CMLTO participated in planning and development programs, the website served as the vehicle for providing updates from the Ontario Health Plan for an Influenza Pandemic (OHPIP), the Provincial Infectious Diseases Advisory Committee (PIDAC), the Quality Management Program – Laboratory Services (QMP-LS), HealthForceOntario, the Information and Privacy Commissioner/Ontario and the Local Health Integration Networks (LHINs).

Extending its electronic reach, the College collaborated with stakeholders to

promote related continuing education opportunities and government funding options (through the Allied Health Professional Development Fund) via website postings and e-blasts. CMLTO publications such as FOCUS magazine and the electronic newsletter for employers furthered communications initiatives, as did the development and posting of online learning modules.

Throughout the year the College worked with other MLT regulators across the country and collaborated with Human Resources and Social Development Canada on projects such as the Mutual Recognition Act for inter-provincial portability of MLTs.

Education and outreach were taken to a new level in 2007, as Council acted on its strategic plan to engage members in dialogue about the profession, self-regulation and the future focus of Council strategic initiatives. Members were encouraged to express their opinions and did so. Five sessions were held across the province (from Kenora to Oakville) and more are planned for 2008.

Exploration of the proposed regulation of medical laboratory assistants/technicians (MLA/Ts) continued, though the College's request for a referral to the Health Professions Regulatory Advisory Council (HPRAC) was not included in the Minister of Health and Long-Term Care's June 28th referral. Conversations with the Ontario Society of Medical Technologists (OSMT) were ongoing as the society conducted its own research into the issue. In late spring the College was advised of the Canadian Medical Association's decision to approve the inclusion of MLA/Ts as the fifteenth health science profession in the conjoint accreditation process. This addition was expected to make medical laboratory sciences programs the largest group participating in conjoint accreditation.

In preparation for HPRAC's Patient Relations Program 2007 Performance Monitoring report to the Minister of Health and Long-Term Care, CMLTO achievements in patient relations since 2001 were submitted. Meetings were held with HPRAC, which provided an excellent opportunity to highlight

the College's programs, services and progress over the years in the growth, development and implementation of the CMLTO patient relations program.

Knowledge management and data collection practices were implemented in conjunction with the development of the national Minimum Data Set for MLTs, led by the Canadian Institute for Health Information (CIHI). Established by Canada's health ministers in 1994, CIHI develops and coordinates a common approach for health information in Canada. CMLTO incorporated additional data elements into its registration process to ensure delivery of comprehensive human resource planning information.

The momentum of 2007 will continue as the College and the profession evolve. We look forward to applying the learning and energy of our members to our strategic and operational initiatives for the future.

**“We listened,
assessed and
took action.
2007 was
a year
of forward
momentum.”**

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 2007, the Committee held three meetings and two teleconferences and dealt with thirty-one cases, seventeen of which were new, and fourteen of which were carried forward from 2006. Outcomes of the cases were as follows: eight were concluded, three were concluded with reminders to the members, one was referred back to quality assurance, and in one of the cases specific allegations of professional misconduct were referred to the Discipline Committee for a hearing. In four of the cases, the members agreed to sign an Acknowledgement and Undertaking. The investigation of four other matters was interrupted as the individuals in question ceased to be members of the College. These investigations will

resume if the individuals involved re-apply for membership with the College. Investigations are ongoing in the ten remaining cases.

During 2007, the Committee also:

- reviewed and accepted the 2006 Auditor's Report;
- worked with Committee Chairs to develop Council meeting agendas;
- reviewed the 2008 budget.

Complaints Committee

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

In 2007, the Complaints Committee held an annual orientation meeting focused on the Committee mandate and the policies and procedures used to fulfill that mandate. During 2007, the Committee dealt with five complaint files that were carried over from 2006 and issued decisions and reasons in all five cases. There was one new complaint filed at the end of 2007 and the investigation is ongoing.

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 the appropriate penalty to be imposed and to issue written decisions and reasons. Matters are referred to the Discipline Committee from the Executive Committee or the Complaints Committee.

In 2007, the Discipline Committee held an orientation meeting for the entire Committee.

The Discipline Committee held one hearing in 2007 on a matter referred by the Executive Committee. A decision and reasons were issued. A summary of the hearing is set out on the next page.

Mr. Michael Brunetta
Hearing date: September 7, 2007

Allegations

It was alleged that from on or about December 1, 2005, to on or about January 31, 2006, Mr. Brunetta used his employer's Internet server during working hours to access inappropriate, non-work related material.

It was alleged that from on or about December 1, 2005, to on or about January 31, 2006, Mr. Brunetta used his employer's Internet server during working hours to access adult pornography.

It was alleged that from on or about December 1, 2005, to on or about January 31, 2006, Mr. Brunetta used his employer's Internet server during working hours to attempt to access child pornography. It was alleged that the conduct described above constitutes professional misconduct pursuant to paragraph 2 (contravening a federal law or hospital rule) and/or paragraph 20 (disgraceful, dishonourable or unprofessional conduct) of section 1 of O. Reg. 752/93 under the *Medical Laboratory Technology Act, 1991* (MLT Act).

Summary of Evidence

The Discipline panel was provided with an Agreed Statement of Facts which set out as follows:

1. Michael Brunetta is a medical laboratory technologist duly registered in Ontario.
2. At all material times Mr. Brunetta was employed by a hospital.
3. In or about 2005, hospital laboratory employees became entitled to use the Internet during their working hours. It was hospital policy that employees were not to use the Internet for personal use. Mr. Brunetta confirmed in writing on or about October 20, 2005, that he had read the rule on Internet use and that he agreed to abide by it.
4. Between on or about December 1, 2005, to on or about January 31, 2006, Mr. Brunetta used the hospital's Internet server during working hours to access adult pornography.
5. Between on or about December 1, 2005, to on or about January 31, 2006, Mr. Brunetta entered search terms into the hospital's Internet server during working hours that can

reasonably be interpreted as attempts to access child pornography. The parties agree that there is no evidence that Mr. Brunetta actually accessed any child pornography.

6. The Hospital contacted the local police to investigate the matter. The police investigated but did not lay charges against Mr. Brunetta with regards to the possession of child pornography, accessing child pornography or any other provision of the Criminal Code with respect to Mr. Brunetta's conduct at the hospital.
7. The parties agree that the conduct described above constitutes professional misconduct pursuant to paragraph 2 (contravening a federal law or hospital rule) and paragraph 20 (disgraceful, dishonourable or unprofessional conduct) of section 1 of O. Reg. 752/93 under the *Medical Laboratory Technology Act, 1991*.

Member's Plea

In the agreed statement of facts Mr. Brunetta admitted the allegations set out in the Notice of Hearing. The panel conducted a plea inquiry and was satisfied that the Member's 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 paragraphs 2 and 20 of section 1 of Regulation 752/93 under the MLT Act, in that Mr. Brunetta contravened a hospital rule and engaged in conduct that, having regard to all circumstances, would reasonably be regarded by the members as disgraceful, dishonourable or unprofessional.

Penalty

After hearing submissions regarding penalty from counsel for the College and counsel for the member, the panel ordered the following penalty:

- 1 Mr. Brunetta shall appear before a panel of the Discipline Committee to receive an oral reprimand, the fact of which shall be recorded on the public register.

- 2 The Registrar shall impose a four (4) month suspension of Mr. Brunetta's Certificate of Registration, to be served on a date to be named by the Registrar and to begin within thirty (30) days of Mr. Brunetta upgrading his Certificate of Registration to Practising status.
- 3 The Registrar shall impose a term, condition and limitation on Mr. Brunetta's Certificate of Registration requiring him to attend upon a psychologist or psychiatrist approved by the Registrar for the purposes of being assessed, with a report being provided by the psychologist or psychiatrist to the Registrar as to whether he or she believes there is any risk of harm to the public from Mr. Brunetta practising medical laboratory technology. This assessment shall be completed and the report provided to the Registrar prior to Mr. Brunetta's Certificate being upgraded to Practising status.
- 4 The Registrar shall impose a term, condition and limitation on Mr. Brunetta's Certificate of Registration requiring that he regularly attend for treatment as scheduled by the psychiatrist or psychologist approved

by the Registrar for a minimum period of one (1) year.

- 5 The Registrar shall impose a term, condition and limitation that Mr. Brunetta is not permitted to be alone with anyone under 16 years of age when he is practicing medical laboratory technology for a period of three (3) years to begin upon upgrading his Certificate of Registration to Practising status.
6. The Registrar shall impose a term, condition and limitation that Mr. Brunetta provide a copy of the decision and reasons from this discipline hearing to all future medical laboratory technology employers for a period of three (3) years to begin upon upgrading his Certificate of Registration to Practising status.

In reaching a decision regarding the appropriate penalty, the Panel considered the submissions of counsel, the serious nature of these allegations as well as the mitigating and aggravating factors in the case.

Costs

After considering the submissions of counsel on the issue of costs, the panel concluded that it was appropriate to make the following order as to costs:

1. Mr. Brunetta shall 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 \$1500.00. These costs are to be paid in full in the first three years after his Certificate of Registration is upgraded to Practising.

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 2007, the Fitness to Practise Committee did not meet as there were no referrals from the Executive Committee.

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 twice in 2007. During the course of the year, the Committee:

- completed the proposed slate of members for each statutory Committee;
- proposed a bylaw change regarding the timing of elections for Council Officers;
- reviewed and amended the CMLTO Nomination Committee Process Guideline.

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.

In 2007 the Committee:

- added a patient relations page with general information about patient relations and links to relevant guidelines to the public tab of the CMLTO website;
- published a case study in FOCUS regarding professional boundaries;
- developed an article on the employer's role in reporting sexual abuse that was electronically published in the CMLTO employer newsletter;

- created an information package and application form for the fund for therapy and counselling of patients who have been sexually abused by a member;
- reviewed and revised the guideline for dealing with incapable persons to address those sections of the *Health Care Consent Act* that apply to MLTs and to provide guidance to members in this area. The revised guideline has been circulated to members for comment.

Quality Assurance Committee

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

Five meetings were held during the year. Over the course of 2007, the Committee:

- randomly selected and audited 400 members' Professional Portfolios, of which 393 were completed and 7 changed registration status;
- conducted follow-up on one audited member's Professional Portfolio;
- set and monitored Quality Assurance indicators for the Professional Portfolio audit process;
- finalized the 2007 revision of the Professional Portfolio;
- reviewed and approved for circulation three Practice Guidelines (Practice Guideline for MLTs Practising in Cytology, Practice Guideline for MLTs Practising in Histology, Practice Guideline for MLTs Practising in Transfusion Science);
- proposed revisions to the CMLTO Quality Assurance Regulation (O. Reg. 207/94 – Part IV);
- reviewed and commented on more than 37 documents from the Clinical Laboratory Standards Institute (CLSI) and the Canadian Standards Association (CSA).

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 2007, there were 302 new applicants to the CMLTO. Of the 222 applicants educated in Canada, 8% were educated in provinces outside Ontario. The number of internationally educated applicants increased to 26%, up from 19% of applicants in 2006.

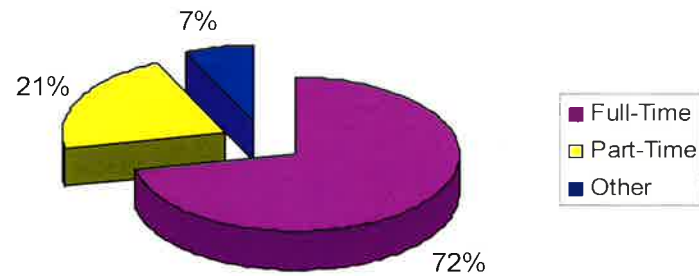
During the year, the Committee held seven meetings, including a comprehensive Committee orientation.

In 2007, the Committee:

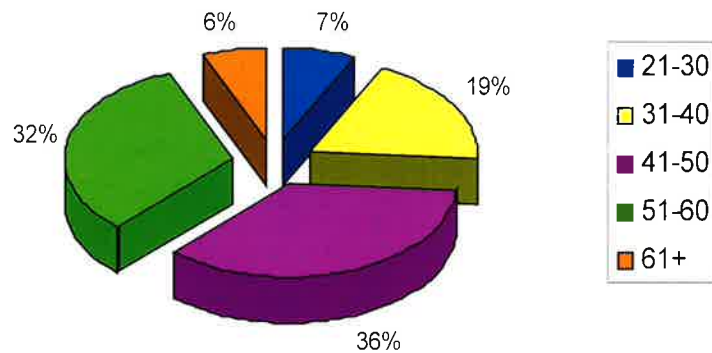
- reviewed 13 applications for assessment, none of which were denied registration;

- developed two new policies: a guarantor policy and a policy for alternative documents for registration;
- declared four policies obsolete due to registration regulation amendments in 2005;
- made extensive revisions to the tool for assessing applications for registration in genetics;
- added 27 courses to the list of approved refresher courses;
- reviewed member files to ensure approved specialties and areas of responsibility were aligned. As a result of this internal quality process, seven files were referred to the Executive Committee.

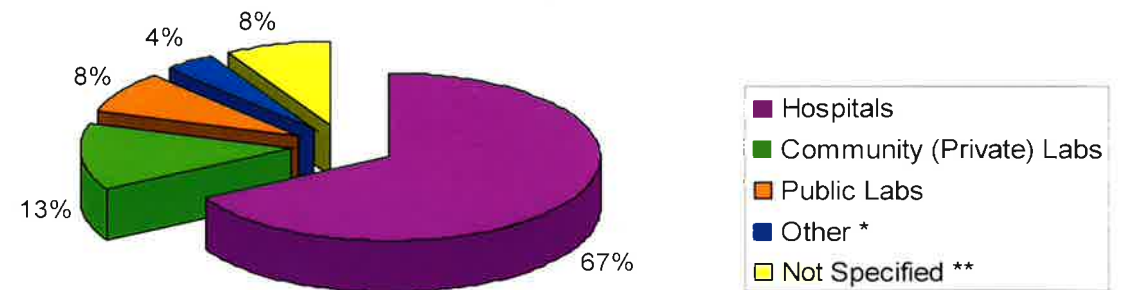
EMPLOYMENT STATUS OF MLTs



AGE DISTRIBUTION OF MLTs FOR THE YEAR 2007



REGISTRATION BY FACILITY



* 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	2007	2006	2005	2004	2003	2002	2001
MLTs Registered with the College	7657	7591	7727	7757	7764	7692	7497
Practising	7128	7069	7053	7033	6964	6934	6846
Non-Practising	529	522	510	511	549	522	545
New Applicants*	302	250	309	327	279	293	264

* New applicants are included in the calculation of Practising and Non-Practising members.

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, 2007 and for the year then ended on which we expressed an opinion without reservation in our report dated March 24, 2008. 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.

"CLARKE HENNING LLP"
CHARTERED ACCOUNTANTS
Licensed Public Accountants

Toronto, Ontario
March 24, 2008

**SUMMARIZED BALANCE SHEET
AS AT DECEMBER 31, 2007**

	2007	2006
ASSETS		
Current assets		
Cash	\$1,808,154	\$1,860,981
Prepaid expenses and accounts receivable	33,934	66,446
	<u>1,842,088</u>	<u>1,927,427</u>
Investments	1,352,422	1,295,337
Property and equipment	175,417	194,431
	<u>3,369,927</u>	<u>3,417,195</u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	171,373	200,149
HRSDC - MRA project	-	40,590
Unearned dues	842,138	1,078,220
	<u>1,013,511</u>	<u>1,278,369</u>
Deferred lease inducement	149,134	152,978
	<u>1,162,645</u>	<u>1,431,347</u>
NET ASSETS		
Invested in property and equipment	175,417	194,431
Unappropriated	1,971,865	1,731,417
Abuse therapy fund	60,000	60,000
	<u>2,207,282</u>	<u>1,985,848</u>
	<u>3,369,927</u>	<u>3,417,195</u>

**SUMMARIZED STATEMENT OF REVENUE AND EXPENSE
YEAR ENDED DECEMBER 31, 2007**

	2007	2006
Revenue		
Membership dues	1,852,108	1,472,998
Registration fees	45,750	37,500
Investment income	102,681	82,420
Other income	25,313	14,521
	2,025,852	1,607,439
Expenses		
Council and committee meetings	146,035	139,559
Salaries and benefits	721,085	676,833
Communications and public relations	194,708	208,225
Professional fees	198,463	215,515
Office	106,729	83,543
Computer expenses	87,845	71,457
Rent	172,635	158,572
Consulting	45,891	43,322
Depreciation	46,764	48,095
Travel	36,870	38,739
Dues and seminars	33,374	35,311
Bank charges and interest	30,097	20,905
	1,820,496	1,740,076
Excess (deficiency) of revenue over expense for the year	\$ 205,356	\$ (132,637)

* 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.

Mega End Policy
Mission Statement

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.

2 007 CMLTO
Council Members

PROFESSIONAL

Pat Mercuri, President
Debora McKay, Vice President
Betty Anne Clark
Samantha Kimball
Bill Kocmarek
Kelly Ann McPherson
Shirley Nan
Jim O'Leary
Anna Robinson
Mary Rozmanc
Tony Wong

PUBLIC

Robert Warren, Vice President
Hisham Abu-Abed
Syed Akhtar
Jill Chalmers
Manminder Kandola
Rita Luty
Dolly Mehra
Cindy Paskey
Ben Shayan
Celia Williams
Tom Cava

NON-COUNCIL COMMITTEE MEMBERS

Paula Curti
Crystal Chow
Jennifer English
Shaker Farhat
Margo French
Heather Graham
Neerjha Hockley
Keith Hutcheson
Aruna Kolhatkar
Susan Leask
Bernadette Lee-Yaw
Michael McConnell
Marion McChesney
Helen Meaney
Gaman Modi
Sean Normore
Suniti Sharma
Geeta Seocharan
John Tarbush



**EXCELLENCE
ACCOUNTABILITY
PRIDE**

COLLEGE OF
MEDICAL LABORATORY
TECHNOLOGISTS
OF ONTARIO

36 Toronto Street, Suite 950

Toronto, ON M5C 2C5

Phone: 416-861-9605

Toll Free: 1-800-323-9672

Fax: 416-861-0934

www.cmlto.com