

2019 - Issue 4

Message from the President, Robin Thompson-McAvoy, MLT



For the last ten years, the CMLTO has produced the Health Human Resources (HHR) Report which details MLT practice, employment status, MLT specialties, and the provision of MLT education gleaned from membership renewal data. This year, in addition to the HHR report, four infographics were developed looking at various trends over the past 10 years. You can learn more information about the HHR report and the infographics later in this issue.

While the HHR data points to an aging demographic of MLTs, it is difficult to quantify how this may affect the supply and demand of MLTs in Ontario, in line with medical laboratory testing volumes in the province. The risk of a health human resource gap can be affected by a wide variety of factors including:

- the age demographic of the MLT population
- clinical testing volumes
- the need for a specialty within clinical practice
- the ability for cross-training or retraining of MLTs
- the availability of educational opportunities to fill any potential gaps
- the geographical location of the clinical laboratory studied
- the skill mix of laboratory professionals within a given laboratory.

The CMLTO Council and the College believe that discussions regarding medical laboratory human resources issues should be based on quantitative and qualitative evidence. Further, we believe that the med lab sector stakeholders should collaborate to develop strategies to identify and, if required, address evidence-based issues in accordance with our respective mandates.

The College also believes that dialogue related to HHR in the medical laboratory science sector must include the role of medical laboratory assistants and technicians in Ontario, how they potentially factor into the skill mix required to adequately provide medical laboratory technology services, and the necessary oversight mechanisms to ensure this cadre of medical laboratory practitioners are working safely in the healthcare system.

The CMLTO's mandate is public protection. That means ensuring that Ontarians receive competent, ethical, professional care from regulated



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practitioners so that they can rely on their test results to manage their health and well-being.

The Council identified the regulation of medical laboratory assistants and medical laboratory technicians as one of its strategic priorities, as stated in the *Regulation of Medical Laboratory Assistants & Medical Laboratory Technicians position paper* (PDF) in 2010. The position paper was informed by member surveys and 'linkage sessions' with MLTs, assistants and technicians, and sector stakeholders. Based largely on member feedback, CMLTO Council made the regulation of medical laboratory assistants and medical laboratory technicians one of its priorities in the 2009-2011 Strategic Plan.

The CMLTO believes that increased access to a broader range of regulated health professionals in the clinical laboratory is in the public's best interest. In September 2012, the CMLTO Council passed a motion identifying the importance of the initiative as a public interest activity under the *Regulated Health Professions Act, 1991*. On October 1, 2015, the CMLTO launched the Voluntary Roster of Registered Medical Laboratory Technicians to inform the public and employers that the Voluntary Roster affiliates have voluntarily met a certain level of education and professional practice criteria.

Be assured that the CMLTO recognizes the complexity of the sector, and the need for constructive ongoing dialogue with stakeholders (government, educational institutes, associations, and accreditation bodies) to identify real issues and implement real systemic changes, where the evidence indicates a need to do so. The College views such collaboration as essential to ensuring the public receives safe and effective medical laboratory services from competent professionals.

Message from the Registrar & CEO, Kathy Wilkie, BHA, MLT



The CMLTO continues to pursue the regulation of medical laboratory assistants and technicians in Ontario at the Council's direction, which it considers to be a public interest initiative. The College continues to hear about the expanding role of medical laboratory assistants and technicians in the clinical laboratory, along with numerous other changes in the laboratory sector, supporting the information presented the CMLTO Position Paper, which can be accessed [here](#).

This year, Registered Medical Laboratory Technicians on the CMLTO Voluntary Roster received access to an online Professional Portfolio, similar to the online tool provided to MLTs. Supporting medical laboratory assistants and technicians to engage in the pursuit of continued competence, through a similar process undertaken by MLTs enables a mindset of ongoing self-reflection.

The CMLTO is also actively involved in discussion with various levels of government to support the necessary changes to introduce comprehensive oversight mechanisms for medical laboratory assistants and technicians in Ontario. Involvement and support of the government is key to move this initiative forward.

This fall, CMLTO will be hosting a [webinar for employers](#) to discuss recent advances in this regulatory initiative and to explore their roles in supporting its advancement. Information relating to this webinar will be sent out in the next issue of the CMLTO employer newsletter. If you are an employer and have not signed up to receive the newsletter, please [click here](#) to ensure that you are kept abreast of CMLTO information that relates directly to your role as an employer of medical laboratory professionals.

Ensuring that all medical laboratory functions are conducted safely by competent and ethical professionals is the CMLTO's first priority.

Council news

Vice-President, Public Mohammed Jeewa's term of office ended on July 16, 2019. On behalf of the CMLTO, the Council thanks Mohammed for his years of service and commitment to public protection.



The provincial government's Public Appointment Secretariat appointed three new Public Council Members this summer. The Council welcomed Ariel Lo-Wong, appointed in June; Matthew Mackenzie, appointed in July; and Rohini Soni, appointed in August.

As announced in the last issue of FOCUS, an election for a Professional Member vacancy on Council is being held this year. Members eligible to vote in the election being held in District 3 were notified by email and sent instructions for casting their votes electronically. Members in those districts who believe they are eligible to vote yet who have not received a notification, should email executiveoffice@cmlto.com. Electronic voting ends at 11:59 pm on September 27, 2019.

Call for Non-Council Committee Members



The CMLTO is calling for members in good standing to apply to serve on its statutory committees.

The *Regulated Health Professions Act, 1991* (RHPA) stipulates the specific functions of the CMLTO's Committees. Committees include professional and public Council Members and non-Council professional members. Learn more about the Committee mandates [here](#).

As noted in the Code of Ethics, each MLT has obligations to the profession: *Medical laboratory technologists contribute to the profession's development through collaboration, mentorship, self-development, and support of its institutions. MLTs strive for excellence in their professional practice, and professional and personal conduct through life-long learning. Medical laboratory technologists recognize, disclose, and resolve conflicts of interest to safeguard patient care.*

Whether you serve on Council or a Statutory Committee, participate in a CMLTO volunteer initiative, or vote in an election, you are fulfilling your obligation to the profession by supporting one of its institutions, namely the CMLTO!

To apply, please email corporateservices@cmlto.com stating your interest and attaching your resume, by 4:30 pm, on November 15, 2019.

Your obligations as a regulated health professional

At the end of July, the "Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System" report was presented to Ontario's Attorney General. Known in the media as the 'Wettlaufer report' it was authored by the Honourable Eileen E. Gillese, Commissioner of the inquiry that was struck to determine how and why Elizabeth Wettlaufer, a registered nurse, could commit eight counts of first-degree murder, four counts of attempted murder, and two counts of aggravated assault without detection.



The report contains 91 recommendations aimed at a variety of stakeholders, including:

- Ministry of Health
- Ministry of Long-Term Care
- Ministry of the Attorney General
- Long-term care home licensees
- Agency nurses in long-term care homes
- Home care service providers
- Ontario LHINs and CCACs
- The College of Nurses of Ontario
- The Office of the Chief Coroner and the Ontario Forensic Pathology Service
- Allied health professionals
- Other health regulatory Colleges

Chapter 16, “Building Awareness of the Healthcare Serial Killer Phenomenon,” containing recommendations 63-73, directs the Government of Ontario to develop and enact a strategic plan to build awareness of the healthcare serial killer phenomenon.

Standardized information on the phenomenon is to be “provided to organizations and institutions responsible for the delivery of education and training to students, professionals, and staff in the healthcare system and in allied programs and fields.”

It’s important for MLTs to note that they have professional obligations to report unsafe practice or professional misconduct that they observe in all practice settings, as outlined in the RHPA, the CMLTO Code of Ethics, and the CMLTO Standards of Practice. Relevant excerpts below.

RHPA:

Reporting of Health Professionals

Reporting by members

85.1 (1) A member shall file a report in accordance with section 85.3 if the member has reasonable grounds, obtained in the course of practising the profession, to believe that another member of the same or a different College has sexually abused a patient.

CMLTO Code of Ethics:

Accountability / Responsibility

Medical laboratory technologists shall:

- *Exercise independent judgment, accept responsibility for their actions and the foreseeable consequences of their actions, and recognize their accountability for the services they provide.*
- *Practice within the scope of their professional competence, recognize the competence of others and seek their assistance as required.*
- *Take appropriate action in responding to situations which may jeopardize patient care or harm the profession, including reporting impaired, incompetent, and/or unethical colleagues.*

CMLTO Standards of Practice:

Medical laboratory technologists shall:

Protect the public, above all other considerations, by promoting and maintaining high standards in professional practice, and reporting unsafe practice or professional misconduct.

The CMLTO will share the information and resources developed by the government to address the healthcare serial killer phenomenon once they have been developed. Until that time, it is important for MLTs to contribute to public protection by practising to the highest standards and acknowledging their shared accountability for delivering safe care collaboratively via interprofessional health teams.

The College is conducting an in-depth review of the report to determine how the recommendations may inform CMLTO policies and practices to ensure public protection for all Ontarians.

More information about the inquiry and final report is available:

<https://longtermcareinquiry.ca/en/>
<https://longtermcareinquiry.ca/en/final-report/>

Do you plan to read the report?

Yes

Select

No

Select

Medical Laboratory Technologist Health Human Resource infographics released

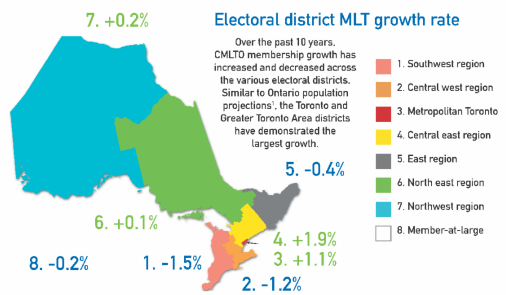
The CMLTO's health human resource report is an analysis of the 2018 CMLTO membership data that examines MLT practice, employment status, MLT specialties, and the provision of MLT education. The CMLTO, as part of its mandate and as required by legislation, captures this information during initial registration and the annual renewal process. The report provides insights into relevant demographic and practice changes in the MLT profession. [Click here](#) to read or download the PDF report.

In addition to the report, the College released the following four infographics which illustrate trends over the last decade. Click on the images to read or download a PDF.

CMLTO electoral districts

2009 to 2018... Then and now

The CMLTO is committed to supporting Health Human Resource (HHR) planning for MLTs across Ontario to ensure the public receives high-quality care from qualified medical laboratory professionals. This year is the 10th year of publishing the CMLTO's HHR Report. To celebrate this milestone, CMLTO has developed a series of infographics focussed on the profession's changes from 2009 to 2018.



USA, UK, and across Canada

CMLTO is global! Approximately 2% of our membership resides outside of Ontario. We have members in USA, UK, and across Canada

Since 2009, these three districts consistently demonstrated the highest provision of clinical education percentages.

Central east region consistently has the highest number of Practising members with 26 to 28%



¹ Ontario, "Report on the Economic Update, 2017-2021," Ministry of Finance, <https://www150.com.ca/finance/~/media/finance/updates/2017/04/2017-2021-economic-update.pdf>

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Changes in the medical laboratory profession

2009 to 2018... Then and now

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The legislation and regulation governing MLT practice has continued to change over the past 10 years.

For example:

- 2009** Professional liability insurance requirement – Bill 179
- 2015** Naturopaths able to order lab tests – Regulated Health Professions Act, 1997 amendment
- 2017** Changes to the requirements for mandatory reporting by employers and public register – Bill 87
- 2018** Changes in obtaining blood samples from alleged impaired drivers – Bill C-46

Over the past 10 years, the laboratory sector and its services have continued to innovate and develop.

- Increased demand and use of point of care and testing¹
- Simulated MLT education² and virtual continuing education
- Molecular techniques in various disciplines
- Computerized order entry and order sets³

In 2018, a new Canadian educational accreditation program for allied health professions including MLTs was introduced.

Canadian Medical Association
Invested as of January 31, 2018

Health Standards Organization
EdQual program launched February 1, 2018

In the past 10 years, interprofessional collaboration (IPC) has become essential for the delivery of high-quality patient care. Approximately 65% of MLTs use IPC within their practice.⁴ Activities may include:

- Communicating critical results
- Case discussions
- Research projects
- Training new staff

The majority of MLTs, 83%, agree that medical laboratory assistant/technician responsibilities have increased over the past 5 years.¹ MLTs believe skill mix is beneficial for:

- Cost containment: 33%
- Increasing efficiency: 28%
- Mitigating staff shortages: 21%



¹ <https://www150.com.ca/finance/~/media/finance/updates/2017/04/2017-2021-economic-update.pdf>

² <https://www150.com.ca/finance/~/media/finance/updates/2017/04/2017-2021-economic-update.pdf>

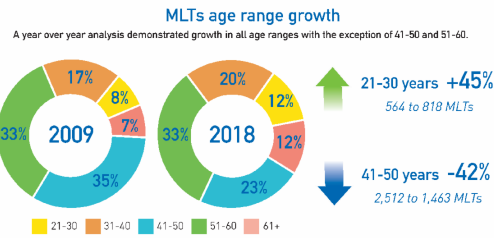
³ <https://www150.com.ca/finance/~/media/finance/updates/2017/04/2017-2021-economic-update.pdf>

⁴ CMLTO Annual Report 2018 and CMLTO's HHR Report 2018

CMLTO membership demographics

2009 to 2018... Then and now

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The average MLT age has remained consistent over the past 10 years.

47.5 +/- 0.1%

Other health professions have similar average ages:
Nurses – 45 (2018) (vs. 46 in 2011)
Medical Radiation Technologists – 43 (2018)
Dentists – 50 (2018)
Psychologists – 53 (2018)

The number of MLT applicants has steadily increased over the past 10 years.

+16.5%

Despite a steady increase in the amount of applicants, the number of Practising MLTs has decreased from 7193 to 6371 over the same period.



Quick stats

The number of MLTs in the following categories has remained constant over the past 10 years.

Male **20.6%** Female **79.4%**

77.9% Canadian-educated

22.1% Internationally-educated

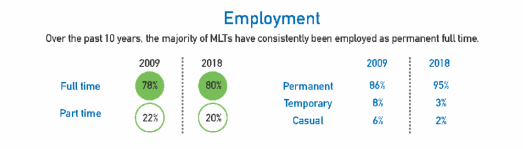
1. All data is based on the 2018 HHR Report.
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Areas of practice & employment

2009 to 2018... Then and now

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Practice area growth

The following practice areas have seen the greatest increases and decreases over the past ten years.

- 1. Sales
- 2. Infection control
- 3. Point-of-care testing

- 1. Specimen procurement
- 2. Phlebotomy
- 3. Bacteriology

The role of the MLT

The majority of MLTs, 80%, are employed as a "staff MLT". However, the number of members working in various MLT roles has increased and decreased over the past 10 years.

- Manager (i.e., quality, supervisors, administrators) **+112%**
- Researcher **-82%**
- Educator **+7%**
- Pathology assistant **-14%**



1. All data is based on the 2018 HHR Report.
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Updated CMLTO Guidelines released

Two CMLTO Guidelines underwent a content review and revision through the summer, and were approved by the Registration Committee.

The CMLTO **Guidelines for the supervision of medical laboratory science program students in clinical placements** apply to CMLTO members involved in directing, guiding, instructing, training or mentoring students in clinical settings. The updated guideline clarifies, within Ontario's professional regulatory framework, the general expectations for MLTs supervising students' clinical placements in accredited medical laboratory science programs.

The CMLTO **Retraining Guidelines for medical laboratory technologists** apply to MLTs currently authorized to practice in a given specialty, and who self-identify a need for retraining. When engaging in retraining, MLTs must ensure the public is protected from harm. The updated guideline helps to ensure MLTs involved in retraining activities can practise competently, safely, and ethically, minimizing the risk of harm to patients.

Access the [Guidelines for the supervision of medical laboratory science program students in clinical placements](#) (PDF) and the [Retraining Guidelines for medical laboratory technologists](#) (PDF), along with other CMLTO [professional practice resources](#).

Revised: Sexual abuse prevention resources

Sexual abuse has no place in the delivery of healthcare services. MLTs are among the professionals who have declared a zero tolerance for sexual abuse. The following practice guidelines and supporting resource materials (PDFs) have been reviewed and approved by the Patient Relations Committee.

- [Guidelines for the prevention of sexual abuse](#)



- [Prevention of sexual abuse of patients - Instructor's guide](#)
- [Fact sheet](#) for funding for therapy or counselling (For a patient who has been sexually abused by an MLT.)

Do you find the updated guidelines useful?

Yes **Select**

No **Select**

I never review guidelines **Select**

Do you find the revised sexual abuse prevention resources useful?

Yes **Select**

No **Select**

I never review these resources **Select**

CMLTO 2018 Annual Report

The CMLTO is pleased to announce the publication of the 2018 Annual Report in [English](#) (PDF) and in [French](#) (PDF).

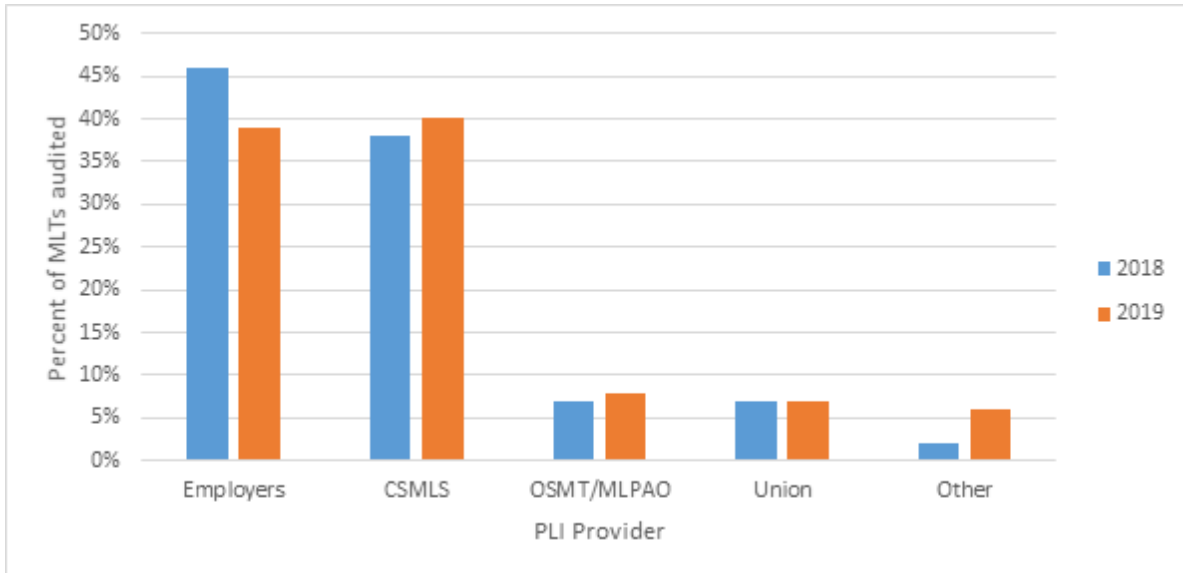


2019 Professional Liability Insurance (PLI) audit

In June 2019, 100 Practising CMLTO members were randomly selected to complete the 2019 Professional Liability Insurance (PLI) Audit. The requirements for all Practising members to hold PLI in all employment settings are set out in Section 10 of the CMLTO Consolidated Bylaws, which can be accessed [here](#).

All members audited in 2019 were compliant with the PLI requirements defined by the CMLTO Consolidated Bylaws.

The chart below shows which organizations provided audited MLTs with their PLI coverage over the last two years.



FOCUS feedback from the last issue of the newsletter

Do you believe it is important to uphold the Patient Declaration of Values?

Yes - 98.9%

No - 1.1%

Did you find this issue of FOCUS informative?

Yes - 92.4%

No - 7.6%

Free evidence-based practice resources for allied health professionals!

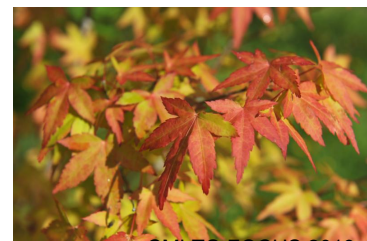
MLTs holding Practising certificates of registration may apply to the [Allied Health Professional Development Fund](#) for education grants for professional development activities that enhance the quality of care and services they provide to Ontarians.



Allied health professionals who are eligible for AHPDF education grants are also able to create an account at www.ahpdf.ca to access its extensive, practice-focused Electronic Health Library powered by EBSCO Health. These evidence-based resources can help allied health professionals grow their professional knowledge and expertise in the care of Ontarians: [DynaMed Plus®](#) (PDF), [MEDLINE®](#) (PDF), and [CINAHL® Complete](#) (PDF).

CMLTO office closed for Thanksgiving

The CMLTO office will be closed on October 14, 2019, for the Thanksgiving statutory holiday. Regular office hours resume at 8:30 am on October 15th.



Please tell us what you think!

Did you find this issue of FOCUS informative?

Yes

Select

No

Select

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