



Webinar Introduction (0:00)

Welcome to the CMLTO webinar this evening, an update on The Regulation of Medical Laboratory Assistants and Technicians in Ontario.

My name is John Tzountzouris and I'm the Registrar and CEO, and over the next 45 minutes to an hour or so, we'll be talking about the regulatory initiative from a variety of different perspectives.

If you do have questions, please feel free to put them into the question box throughout the meeting, and I will try to answer them. If not, there will be time at the end for additional questions.

Webinar Overview (0:42)

In terms of our accomplishments, or objectives for tonight, I want to give an overview of the regulatory initiatives, starting with the rationale for the regulatory initiatives. Talk a little bit about nomenclature, discuss the draft scope of practice that the CMLTO has developed, and then spend some time talking about the voluntary roster and some stakeholder engagement, followed by a discussion period. I will note that at the end of this session, there will be a follow up e-mail sent out to everybody, with a very, very brief survey, asking about your experiences with today's webinar, and your thoughts about the overall regulatory initiative. So, I do ask you to take a look at your inbox tomorrow and take a few minutes to provide us with some feedback.

Overview of Regulatory Initiatives (1:41)

So, with that, we'll start with an overview of the regulatory initiative. This initiative has really been going on since about 2009. This map or chart is what I'm going to be using through the rest of this presentation to demonstrate what we've accomplished and how we've accomplished it and highlight some of the key points. But, the first thing I want to start with is the fact that this actually is an initiative that has been endorsed by the CMLTO Board. In fact, it is the CMLTO Board who has directed the college to pursue the regulation of medical laboratory assistants and technicians. And this has appeared in four years. Now, actually, five, as of last week's board meetings, strategic priorities.

The CMLTO Board makes the regulatory initiative a strategic priority (2:31)

So, why did the board make this strategic priority and continues to make it a strategic priority? For the most part, this is coming from engagement with MLTs, through focus groups, surveys, feedback, and with many other stakeholders, including employers, with engagement with the general public, with discussion with government and professional associations, hospital labs, and educators. And the board uses all the information that it takes in as part of its regular linkage with our stakeholders, and informs its strategic direction. And based on the feedback received from registrants of the College and other stakeholders, the Board believes that the regulation of medical laboratory assistants and technicians is in the best interest of public safety.



In fact, so much so that in 2012, the board actually passed a resolution making, this initiative, a public interest activity under the regulated Health Professions Act, which is the legislation that defines the role of the College and all regulatory Colleges in Ontario. So let's dig in a little bit into the rationale for why the board would like us to pursue regulation and oversight of medical laboratory assistants and technicians in Ontario.

Overview of the CMLTO White Papers (3:46)

All of this information, and, in fact, most of the information that I'm presenting today, can be found on our website in greater detail. So, I'm going to touch upon the five big reasons in our position paper. That was originally released in 2009, and, in fact, the five reasons that I'm going to be going over today are just as important, if not even more important, as they were back when that position paper was originally released.

The impact of medical laboratory assistants and technicians on the healthcare system (4:13)

The first reason for pursuing the regulation of medical laboratory assistants and technicians is quite simply the impact that these folks have on the healthcare system. In most cases, in laboratories in Ontario, whether it be specimen collection centers or hospital laboratories, medical laboratory assistants and technicians, are the primary interface between patients and the laboratory. And as I'll talk to in a few moments, medical laboratory assistants and technicians perform phlebotomy, both in the labs as well as in long term care settings in the home more often than not now. And much, much more, in fact, the scope of individuals working as medical laboratory assistants and technicians has really exponentially increased in the past 5 to 10 years.

Standardization of educational preparation (5:00)

One of the things that the board had heard and the College continues to hear, mostly from employers, is the need for standardization of educational preparation of this group of health professionals. And that is not to say that one educational program in Ontario is better or worse than the other, but rather, there is inconsistency in terms of entry to practice standards based on the curriculum that's provided.

In most cases, educational institutions are approved by the Medical Laboratory Professional Association of Ontario. But, additionally, some programs have chosen to move forth with accreditation, much like the MLT programs are accredited by the HSO, so equal accreditation program. And those programs that are accredited are able to challenge students to graduate from those programs are able to challenge a CSMLS exam. So the educational preparation isn't necessarily benchmark to one standard. And as such, we hear from employers that there's great variability in the educational preparation of these individuals.

Clarity of cope, role, and scope of practice (6:03)

Probably the most frequent question that we get at the College as it relates to medical laboratory assistants and technicians relates to clarity of scope, clarity of role and scope of practice. So the question is, can a medical lab assistant technician do X. Back in the day, let's say, 15 years ago, labs used to use this concept of judgement. We'll talk more about that when we talk about scope of practice. But judgement is very, very difficult to really quantify.



And what we have seen are medical laboratory assistants and technicians working in much greater depths in the laboratory than ever before in the pre analytical phase. But regulating this group of individuals will provide us with greater clarity of role in a defined scope of practice.

Further to that, as I mentioned, there are health human resource pressures that laboratories feel, of course.

Health human resource needs (6:54)

And I'm sure most of you working in the laboratories are feeling this on a daily basis, whether it be workload issues, or staffing issues, health human resource planning issues. The reality is that medical laboratory assistants and technicians role and scope in the laboratories is greater than ever before.

We hear of laboratories where medical laboratory assistants and technicians are cutting histology slides, issuing blood products, doing all sorts of things that moons ago would be completely unheard of. And they're all completely legal to be done, assuming that the knowledge skill and judgement is there, but it is kind of a bit of an uncharted territory in terms of regulating these individuals and their professional practice in the public interest.

Impact on assistants and technicians on MLT practice (7:41)

The final thing that we here at the College relates to is impact of MLT practice. And this is one of those things where we typically hear from MLTs about how competent assistants and technicians are in the laboratory. And then the natural question is, well, who is responsible for their professional practice and for supervising them? And there is a shared responsibility between the employer and the MLTs that are supervising these individuals in terms of their professional practice. And MLTs will say to us, well, if these folks are competent, then why do I need to supervise them and take on the responsibility and liability for their professional practice? They should be regulated by the College and have the same responsibilities of themselves as a self regulated health professional, as we do. So, for all of these reasons, as I mentioned, the, the board continues to drive the College to pursue the regulation of medical laboratory assistants and technicians in Ontario.

Now, at this point, in the presentation, I'm going to change my nomenclature a bit. Up to now, I've been talking about assistants and technicians as interchangeable terminology, and in fact, that is the case across most of Ontario, through my travels to laboratories across Ontario. I have met people that are called assistant technicians, attendants, even. And, in fact, their scope of practice and their responsibilities within the laboratories are very, very similar, independent of their name.

Overview of CMLTO advisory group methodologies (9:08)

So, many years ago, there was an advisory working group that was put together in 2010 that looked at a whole bunch of things, including the position paper, the scope of practice, and standards, and Code of Ethics, which I'll talk about in a moment. But one of the things that came out of this discussion is what we call individuals as they move on to the voluntary roster. We'll talk more about the voluntary roster in a moment. So what the College did, was it applied to the government of Canada for official marks to be granted.



So some of the questions were, that were posed at the time are, what are the options? What are the risks of calling folks? Assistants versus technicians? What was happening in other professions, for example, in the pharmacy profession, where medical laboratory, or sorry, pharmacy assistants and technicians, were again used interchangeably, but when pharmacy technicians were regulated, the protected title, it became pharmacy technician. So the, the recommended approach at the time was to use the terminology, registered medical laboratory technician, and that is the terminology that we use in terms of individuals coming onto the voluntary roster. So, what does this mean? It's not a regulated protected title in much the same way MLT or doctor is but it is an official marks at the CMLTO holds, that is provided access to individuals who meet the criteria for the CMLTO voluntary roster. So, for much the rest of this presentation, I'll be referring to registered medical laboratory technicians.

Scope of Practice for medical laboratory assistants and technicians (10:40)

And I just wanted to pause to let you know why I'm changing that nomenclature as we go forward.

One of the key things that a regulatory body looks at when it's looking at a profession is the scope of practice. And, of course, the Advisory Working Group was then charged with looking at what could the scope of practice be defined as for registered medical laboratory technicians?

And so in 2011, a draft Scope of Practice was released as kind of a foundational document for this group of health practitioners. And subsequent to that, forms the basis for the draft Standards of Practice and the Draft Code of Ethics, both of which are provided to medical laboratory assistants and technicians that successfully applied to bureau, Voluntary roster affiliate with the CMLTO.

Where we started with the scope of practice was to look at it from a conceptual lens. If we look at all the clinical laboratory services provided in Ontario, and we assume that medical laboratory technologists scope of practice, covers some part of that clinical laboratory service. The idea is that registered medical laboratory technicians, scope of practice falls within that of a technologist. So, in other words, everything that a technician can do, for the most part, technologists can do, and a subset of what a technologists can do, a technician can do. The idea here, being very similar to other health professions, like pharmacy and pharmacy technicians. The various groups of registrants with the College and Nurses of Ontario, and even more, recently, physician assistants regulated by the College of Physicians and Surgeons of Ontario.

So, when the working group looked at this, they started with the scope of practice for Medical Laboratory Technologists.

Overview of non complex processes (12:26)

And, what we came up with was the following: that in the practice of medical laboratory technology: registered medical laboratory technicians, collect, process, and evaluate the adequacy of specimens taken on and from the human body, and perform non complex processes for the purpose of laboratory investigations. I want to pause and just break one



part of this down, which was a really important conversation with the advisory working group, and this is this concept of non complex processes. What that's interpreted to mean, and again, we have a scope of practice document on our website that goes into much more detail than this. Was this concept of, as I mentioned earlier, judgement. Many years ago, this concept of judgement was applied to what can a technician do within the laboratory? And one of the technicians on the advisory working group said, that's not adequate. We cannot quantify judgement, because there's judgement involved in everything that we do as health professionals.

And so, the advisory working group broke it down and became a little bit more precise in its definition by talking about processes that an individual can do in line with their education and work experience. So that's what's meant to be interpreted here by non complex processes.

Overview and discussion of the CMLTO Voluntary Roster Initiative (13:39)

I'm going to turn my attention now to the CMLTO voluntary roster.

The voluntary roster was an idea that was presented to the Board first in 2011, and the original criteria and concept was approved by the Board at the time and from their internal processes were conceptualized and drafted. In and around this time, the Government of Ontario, from a political perspective, was not demonstrating a tremendous amount of interest in regulating new health professions, and at the same time, the professional standards or authority from the United Kingdom had come out with professional standards related to professional registries, which is the same kind of concept. And the Board approved the movement forward with a Voluntary Roster as essentially a way to move towards eventual regulation.

From there, the voluntary roster fees and professional obligations that I'll talk about in a moment were approved by the Board, and the roster was launched in fall of 2015.

Self-assessment of the CMLTO Voluntary Roster Initiative (14:40)

After that, we did a self assessment of our voluntary roster against the Professional Standards Association in UK's standards of registries. And that enabled us to kind of get an idea of any gap analysis that might be present from what we currently have with the voluntary roster, and what a registry might look like. And from there, we have had ongoing renewal processes since 2015. We actually have put together a voluntary roster registration committee, which I'll talk about in a moment, and the criteria have been refreshed a few times. In fact, not only have the criteria been refreshed a few times, but the entire roster initiative has been improved and evolving ever since its launch in 2015.

Detailed discussion of the concept of a voluntary roster (15:29)

A voluntary roster is a list of individuals who have chosen to apply and meet certain criteria to be recognized as having a certain set of skills or knowledge.

When we were first developing the roster criteria, we were trying to think to ourselves, what is the ultimate aim of what we're trying to accomplish? And ultimately, the aim is standardization of entry to practice, and application of statutory regulatory programs in the public interest. And the voluntary roster will facilitate this process by identifying those who may be interested in applying for registration as a regulated health professional, and assess



their level of preparedness to meet entry to practice standards, and potential bridging options towards this criteria.

Some additional benefits that the Board felt were important as we move forward with the voluntary roster were, of course, being open and transparent about decision making processes related to the evolution of the regulation of a new health professional.

As I mentioned, identifying individuals that might be interested in applying for registration down the road, defining basic skills and competencies required to practice in the best interests of the public, and, really, preparing for the standardization of entry to practice credentials of a heterogeneous group of health practitioners. And I'll take a pause here to just explain this in a bit more detail. We know through our engagement with laboratories, with MLTs, with employers, and of course, with medical laboratory assistants and technicians that it really is a heterogeneous group of health practitioners. There are individuals who have been trained on the job and might not have formal education. There might be individuals who have completed the 36 week approved program and our and our working in the laboratory right now after clinical placement.

Criteria versus competence (17:13)

The idea is less about those criteria and more about competence. And I would offer that competence can be defined in many, many different ways. In much the same way that when MLTs were first regulated in the early nineties, there was a grandparenting process to bring all MLTs that were practicing in the field into the fold of regulation.

And ultimately, the voluntary roster will lay the groundwork for statutory regulation.

Voluntary Roster criteria (17:39)

When we were first looking at the criteria, we were guided by a couple of things, and essentially three different aspects of criteria for eventual registration, but in this case, criteria for a voluntary roster, and they are certification, educational preparation, and work experience.

And I'm going to go through each of the voluntary roster criteria at this time.

Criteria related to work experience

So when an individual applies to become a voluntary roster affiliate, they would have to meet one of the following three criteria. The first is 1950 hours of General Clinical Laboratory, and or phlebotomy work experience acceptable to the Voluntary Roster Registration Committee within five years prior to application. And all that that means is ultimately, we have internal policies that speak to what general clinical laboratory and/or phlebotomy work experience look like. I should note that when we talk about general clinical laboratory experience, that includes all the current disciplines in the laboratory. So that doesn't mean core lab that could mean cytology, or that could mean genetics. So this is the work experience criteria 1950: hours within the five years prior to the application.

Educational criteria (18:49)

Alternatively, you can apply to the voluntary roster under the educational criteria, which is completion of essentially an approved medical laboratory assistant or technician



educational program from a Canadian institution. In this case, we're talking about those that are either approved by the MLPAO and or accredited, by the HSO.

Sub-criteria (19:11)

In addition to this criteria, however, to ensure that there's recency of knowledge and continued competence, there's a sub to this. And that a sub, sub criteria to this, and that is that if the individual had graduated more than five years prior to the date of application, there needs to be some demonstration of work experience in the three years prior to, which is 900 hours.

Certification criteria (19:34)

And finally, we have the certification criteria. As you may be aware, there are two certification exams available to graduates of educational programs in Ontario, and in fact, in other parts of Canada, as well, and that is certification by the Canadian Society for Medical Laboratory Science, or the CSMLS, or the Medical Laboratory Professionals Association of Ontario, the MLPAO, and, again, from a recency perspective, to ensure competence: if certification was granted more than five years prior, 900 hours of work experience needs to be demonstrated in the previous three years.

Updates made to Voluntary Roster criteria (20:09)

A few years ago, as we continue to use the roster to move closer and closer to mirroring what statutory regulatory processes look like, we updated the criteria with additional pieces that are found in the criteria to become registered as an MLT in Ontario.

Such as this criteria, which is all about the legality of working in Canada.

The language fluency requirement was added.

And, of course, there were professional conduct pieces, as well, to ensure that there was no past or present conduct that might inhibit the ability of an individual to practice safely and effectively in the health care system. And finally, the criteria that all MLT is also sign off on an annual basis, that we have not lied in, in our declarations very standard.

Voluntary Roster application criteria (21:01)

So, what does the application process look like? Well, to apply to the voluntary roster, individuals complete an online form (I'll talk more about that in a moment), submit an application assessment fee of \$100 plus HST, and submit their supporting documentation.

Once CMLTO receives the application form payment and supporting documentation, the application is processed. And individuals are notified, if they meet the criteria, that they will have to pay the annual voluntary roster fee of \$50 plus HST. And that \$50 plus HST is renewed every single year in April on an ongoing basis.

Graphically, this is a little bit more detail on what this looks like. Individuals applying to the voluntary roster first, fill in some demographics, and pay the application assessment fee indicating that they want to move forward.

In phase two, further demographics are provided, including information about professional practice, and supporting information documentation is provided.



The application is reviewed by CMLTO staff, and 1 of 2 things happen. If the applicant meets all the criteria, then they are notified that they've met the criteria for inclusion on the roster. They pay their roster fee, and they are accepted as a registered medical laboratory technician on the CMLTO voluntary roster.

Voluntary Roster public register (22:20)

We should note that the CMLTO also has a public facing roster. Meaning if you are on the voluntary roster, your name and professional practice information does appear on the CMLTO website in much the same way that there is a public facing register for all regulated health professionals in Ontario.

Involvement of the CMLTO application committee (22:41)

On the other hand, if the application is reviewed by CMLTO staff, and myself, as the registrar and CEO has reasonable doubts that the applicant meets the criteria, the file is sent to the Voluntary Roster Registration Committee. So, again, this mirrors the processes used for MLTs by which an MLT will apply for registration, and if they do not meet all the registration criteria, are referred to a registration committee for deliberation on their file, and there's a process for that checklist process and discussion around what's in the best interests of the public. To allow this individual to come onto the roster, or for MLTs choose to become registered as an MLT or not.

Professional obligations of Voluntary Roster affiliates (23:25)

Once coming onto the roster, voluntary roster affiliates do have certain obligations, and, again, this is meant to mirror more closely the statutory regulatory processes we have in place for MLTs. The first of the quality assurance, our obligations, we do recognize that unlike MLTs, medical laboratory assistants and technicians, are not required at the current time to practice continued competence in it through the Quality Assurance Program in much the same way MLTs are. And, therefore, the first thing that's done is that we send a Quality Assurance Guide to all voluntary roster affiliates that speaks about the concepts of quality of professional practice, self reflection, self assessment of professional competency to enable safe, high quality, professional practice.

Four years ago, we launched an online professional portfolio, much the same as what is offered to MLTs. And in 2024, we're going to be starting an audit process of the professional portfolios for voluntary roster affiliates much the same way as we do for MLTs. So, as you can see, we continue to move closer and closer to mirroring what statutory regulation looks like for individuals on the voluntary roster.

We also send new roster affiliates a professional conduct guide.

This professional conduct guide discusses the concepts of professional conduct, as well as the processes that we use to respond to complaints relating to the professional practice of medical laboratory assistants or technicians and voluntary roster affiliates.

Public complaints process for Voluntary Roster affiliates (25:04)

Currently, we work with agencies external to the CMLTO to address any public complaints about voluntary roster affiliates. But, of course, we're developing this further, and more information will be coming in 2024 around a more similar professional conduct process, with voluntary roster affiliates that what we see for MLTs.



Current state of the CMLTO Voluntary Roster initiative (25:28)

I'm going to talk a little bit about current state next steps and then wrap up, so we can have some time for questions.

One of the very frequent questions that the CMLTO receives as it relates to this initiative, is: Why is it taking so long, and when is it going to happen? And quite simply, that's a very difficult question to answer. The CMLTO does continue to take a measured proactive approach to this regulatory initiative. But ultimately, this requires changes from legislation or regulation to enable the regulation of a new profession. So we have to have the Ministry of Health intervene. And essentially support the change in legislation and regulation. The Ministry is aware of our initiative and recognizes our complex accomplishments to date, but, ultimately, it will require the political will of the, of the government and the Ministry of Health to move forward legislative and regulatory change. And further, it will require further public awareness of these issues that we talked about during this presentation today.

The CMLTO has reached out to the public on this topic. And, the members of the public that we have spoken to have said that they are very surprised to hear that medical laboratory assistants and technicians that draw their blood when they go into specimen collection centers are not regulated.

In fact, most members of the public I would offer when they think about laboratory services in the laboratory sector, assume, or hope, that when they receive that requisition from their primary care practitioner, and the time in between that and when they receive the result (which is really a black box for most of the public) is that there are enough quality processes in-between those two phases to ensure that they're getting high quality laboratory testing services and the right results.

Of course, one of the big things that we do is provide ongoing information on the status of this initiative to variety of stakeholders, and this webinar today, and the other webinar earlier, today are perfect examples of that, but we also continually put information out, either on our website, or through our publication focus, or more recently on our social media.

Future directions (27:45)

Stakeholder support is really, really important for this initiative.

Touching base with MLTs is on a regular basis to figure out where the temperature is, in terms of their support for this regulatory initiative, is something that the college does from time to time. And invariably, there has been a lot of support from MLTs.

We also have been working with employers to get support for this regulatory initiative. And the way the way that looks is 1 of 2 things: the first is, we have asked employers to put inclusion on the voluntary roster as a preferred hiring asset. And there are a handful of employers that have been putting that on their job postings, and in fact, there's one employer in Ontario who has made it mandatory for a subset of their technicians to be on the voluntary roster.

As I already mentioned, until we get regulation to move forward under the RHPA, we will continue to evolve the various pieces of the regulatory initiative, such as the professional



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portfolio. And as I mentioned, there is a professional portfolio that is available to voluntary roster affiliates. And in the coming year, there'll be an audit process that will be added on top of that, in much the same way that MLT has experience in their professional practice.