




Policy Title: PATIENT RELATIONS COMMITTEE TERMS OF REFERENCE		Policy Section: IV Governance Process	Policy Number: IV-20.10
Approved By:	Date Approved:	Last Revision Date:	Board Chair's Signature:
Board of Directors	Date Approved: May 29, 2009 Effective: Jun 4, 2009	Date Reviewed/ Revised: May 7, 2012 Sept 18, 2014 May 15, 2017 Dec 1, 2020 May 28, 2024 Next Revision Date: May 2027	

BACKGROUND

The Patient Relations Committee's purpose, mandate, and authority is derived from the [Regulated Health Professions Act, 1991](#), CMLTO By-Law, CMLTO Board Policies, and the Patient Relations Committee Terms of Reference.

PURPOSE

This policy outlines the CMLTO Patient Relations Committee Terms of Reference, including the purpose, responsibilities, authority, and structure of this Committee.

The Patient Relations Committee (the "Committee") is established as a Statutory Committee pursuant to the [Health Professions Procedural Code](#), Schedule 2 to the [Regulated Health Professions Act, 1991](#). Relevant Board Policy and/or section(s) of the CMLTO By-Law are referenced at the end of policy statements, as required.

POLICY

1.0 PURPOSE AND MANDATE OF THE PATIENT RELATIONS COMMITTEE

The Patient Relations Committee develops, implements, and monitors the CMLTO Patient Relations Program with the overarching goal of preventing and dealing with sexual abuse of patients by CMLTO registrants.

2.0 MANDATE OF THE PATIENT RELATIONS COMMITTEE

2.1. Statutory Mandate

The Patient Relations Committee upholds the public interest as outlined in the [Health Professions Procedural Code](#) by providing guidelines and education



for registrants about their conduct with patients and by providing information to the public.

The Committee also administers the CMLTO's program for funding therapy and counselling for eligible persons in accordance with the Code.

2.2. Governance Mandate

The Patient Relations Committee supports the Board of Directors by providing input, as necessary, in the development of the CMLTO Ends, Executive Limitations, and Governance Process Policies on matters identified by this Committee and providing guidance on matters related to patient relations.

The Committee, in its decision-making process, will examine all relevant legal or regulatory requirements and evidence-informed guidance while considering the public interest and practice risks. Further, the Committee will make recommendations to the Board of Directors, as required.

The Committee conducts its activities through the lens of and with a commitment to equity, diversity, inclusion, and justice principles of the CMLTO.

3.0 DUTIES AND RESPONSIBILITIES

3.1. Duties

In fulfilling its responsibilities, the Patient Relations Committee will collaborate with the Board of Directors, its committees, and the Registrar and CEO in order to:

- Administer and monitor the CMLTO Patient Relations Program which includes measures for preventing or dealing with sexual abuse of patients, such as:
 - educational requirements for members,
 - guidelines for the conduct of members with their patients,
 - training for the CMLTO staff, and
 - the provision of information to the public.
- Review and decide upon requests for funding of therapy and counseling by persons who, while patients, allege they were sexually abused by registrants.

Preparation of Committee Work Plan



- An annual Committee work plan is established by the outgoing Committee, prior to the end of the business year. This supports the budgeting process.
- The incoming Committee will review the draft work plan and only fine-tune as needed.
- The annual Committee work plan for the Patient Relations Committee is approved by the Registrar and CEO and reported to the Board.

4.0 AUTHORITY

4.1. Reporting Relationships

The Patient Relations Committee collectively reports to the Board of Directors through the Committee Chair.

5.0 COMPOSITION

5.1. Membership

5.1.1. Committee Membership

The Patient Relations Committee shall be composed of:

- At least two (2) Professional Board Members,
- At least two (2) Public Board Members, and
- At least one (1) Registrant who is not a Board Member.

5.1.2. Panel Membership

Panel members of the Patient Relations Committee shall be appointed by the Committee Chair to perform statute-specific functions.

Pursuant to the Code, Panels must be composed of at least three (3) Committee members, at least one (1) of whom shall be a Public Member.

The Chair of the Patient Relations Committee, when appointing a Panel, may designate one member as the Panel Chair.

5.2 Term of Office

The term of office of a Statutory Committee member is one (1) year commencing immediately after the appointment at the first regular Board meeting of the year and expiring when a new Committee member's term of office begins. (By-Law Section 5.4.1)



5.3 Committee Chair

The Board of Directors, after considering the committee compositions proposed by the Executive Committee, appoints the members and Chairs of the Committees at its first regular meeting of the year in accordance with the CMLTO By-Law.

6.0 MEETINGS

The Committee meetings are governed by the provisions of the CMLTO By-Law Section - 5.8 Committee Meetings.

6.1. Frequency of Meetings

There will be approximately three regular Patient Relations Committee meetings in any one year. Additional meetings can be called by the Committee Chair (CMLTO By-Law / Section - 5.8 Committee Meetings.)

6.2. Quorum

A majority of the members of the Committee, at least one of whom is a Public Board Member, constitute a quorum for any meeting of the Committee.

Three members of a panel constitute a quorum pursuant to the Code.

7.0 MONITORING AND REPORTING

The Patient Relations Committee:

- Reports its regular actions to the Board of Directors at regular Board meetings or more frequently if required,
- Keeps the Board of Directors updated on all achievements related to the mandate of the Committee, and
- Prepares reports and other documents to enable the Board of Directors to carry out its duties.

The Committee Chair, on behalf of the Committee, is required to keep the Registrar and CEO updated on all achievements related to any regulatory mandate held by the committee.

If a specific Board motion is required on an issue or topic, the Board Chair or Committee Chair will submit a request to the Registrar and CEO that the issue or topic be included on the regular Board agenda.

8.0 RESOURCES AND BUDGET



Operations of the Patient Relations Committee are conducted within an allocated annual budget.

9.0 ADMINISTRATIVE SUPPORT

Administrative support is provided to the Patient Relations Committee by:

- Registrar and CEO
- Senior Director, Regulatory Programs
- Coordinator, Professional Conduct
- Associate, Professional Conduct
- Other advisors, as requested

10.0 REFERENCES

The Patient Relations Committee Terms of Reference are in line with the values outlined throughout the CMLTO By-Law and the Board Policies, and must be reviewed and implemented in conjunction with:

- [Regulated Health Professions Act, 1991](#)
- [Health Professions Procedural Code](#) / Schedule 2 to the [Regulated Health Professions Act, 1991](#)
- [Medical Laboratory Technology Act, 1991](#)
- [Ontario Regulation 207/94](#)
- CMLTO By-Law:
 - Article 5 – Committees
 - Article 6 – Code of Conduct
 - Article 7 – Conflict of Interest
 - Article 8 – Confidentiality
- CMLTO Board Policies
 - GP IV-20 Statutory and Board Committee Principles Policy
 - GP IV-22 Role of Committee Chair Policy