



College of Medical
Laboratory Technologists
of Ontario

BOARD MEETING MATERIAL

Monday, December 8, 2025 / Time: 9:00 AM – 5:15 p.m. (EST)
Tuesday, December 9, 2025 / Time: 9:00 AM – 3:30 p.m. (EST)



College of Medical
Laboratory Technologists
of Ontario

CMLTO BOARD MEETING

Monday, December 8, 2025

DAY 1

AGENDA
CMLTO BOARD OF DIRECTORS MEETING
Hybrid Meeting

Monday, December 8, 2025 / Time: 9:00 a.m. – 5:15 p.m.

Chair: K. Persad, Board Chair – CMLTO Board of Directors

Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
1.0	WELCOME, INTRODUCTIONS AND CALL TO ORDER					9:00 am
1.1	Introductions and Roll Call	Board Attendance	K. Persad	N/A	N/A	9:00 am
1.2	Land Acknowledgement		K. Persad	N/A	N/A	9:05 am
1.3	Board Policy Manual Update	Board is Informed	J. Tzountzouris	Read Item 1.3	2	9:10 am
1.4	2025 Board Effectiveness Self-Evaluation: Meeting Evaluation Process	Board is Informed	K. Persad K. Fryday-Field, Meridian Edge	Read Item 1.4	3	9:12 am
2.0	APPROVAL OF MEETING AGENDA					9:20 am
2.1	Review and Approval of Meeting Agenda	Board Approval (<i>Motion</i>)	K. Persad	N/A	N/A	9:20 am
2.2	Declaration of Conflict of Interest	Declaration of Conflict of Interest	K. Persad	Declaration Forms	12	9:22 am
3.0	REQUIRED APPROVALS / CONSENT AGENDA					9:30 am
3.1	BOARD MINUTES AND ACTION ITEMS					
3.1.1	Approval of the Minutes of September 22 & 23, 2025 CMLTO Board Meetings	Board Approval (<i>Motion</i>)	K. Persad	Read Item 3.1.1	15	
3.1.2	Status of Action Items – September 22 & 23, 2025 CMLTO Board Meetings	Board is Informed	J. Tzountzouris	Read Item 3.1.2	49	
3.0	CONSENT AGENDA (ONE motion to approve agenda items (3.2 – 3.4))					
3.2	STATUTORY COMMITTEE MONITORING REPORTS					

Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
3.2.1	Executive Committee	Board Acceptance	K. Persad	Read Item 3.2.1	52	
3.2.2	Fitness to Practise Committee	Board Acceptance	G. Broukhanski	Read Item 3.2.2	54	
3.2.3	Inquiries, Complaints & Reports Committee	Board Acceptance	W. Hewus	Read Item 3.2.3	56	
3.2.4	Quality Assurance Committee	Board Acceptance	L. Bourne	Read Item 3.2.4	58	
3.2.5	Registration Committee	Board Acceptance	R. Soni	Read Item 3.2.5	60	
3.2.6	Patient Relations Committee	Board Acceptance	P. McLeman	Read Item 3.2.6	63	
3.3	INCIDENTAL BRIEFING REPORTS					
3.3.1	Board Chair's Incidental Briefing Report	Board Acceptance	K. Persad	Read Item 3.3.1	65	
3.3.2	Academic Member's Incidental Briefing Report	Board Acceptance	L. Bourne	Read Item 3.3.2	67	
3.4	CONSENT AGENDA REPORTS					
3.4.1	Board Governance Scorecard (Q3) 2025	Board Acceptance	K. Fryday-Field, Meridian Edge	Read Item 3.4.1	70	
3.4.2	Governance Modernization Plan: Board Update	Board is Informed	J. Tzountzouris	Read Item 3.4.2	75	
3.4.3	2025 CMLTO Board Elections Report	Board is Informed	M. Cakar	Read Item 3.4.3	84	
3.4.4	Updated Board Policy Champion Assignments for 2025 (Related Board Policy: GP IV-60 Board Policy Champion Assignments)	Board is Informed	J. Tzountzouris	Read Item 3.4.4	88	
3.4.5	Update on current strategies to achieve MLA/T regulation	Board is Informed	J. Tzountzouris	Read Item 3.4.5	94	
3.4.6	CAMLPR Integration/ Professional Standards Update	Board is Informed	J. Tzountzouris	Read Item 3.4.6	96	
3.4.7	CMLTO Health Human Resource Framework report	Board is Informed	J. Tzountzouris	Read Item 3.4.7	98	
3.4.8	2025 CMLTO Statutory Committee Evaluation report	Board is Informed	J. Tzountzouris	Read Item 3.4.8	105	
3.4.9	Incidental Reports from Board and Committee Members Attending External Events:	Board Acceptance	S. Cote Girard L. Lindner	Read Items 3.4.9.1 -3.4.9.4		

Agenda Item	Topic		Proposed Outcome	Lead	Report Type	Page Number	Start Time
	3.4.9.1	HPRO: Discipline Orientation Workshop Basic Session – S. Cote Girard		M. Basiri T. Garshowitz-Dong		109	
	3.4.9.2	HPRO: Discipline Orientation Workshop Basic Session – L. Lindner				110	
	3.4.9.3	HPRO: Discipline Orientation Workshop Basic Session – M. Basiri				111	
	3.4.9.4	HPRO: Discipline Orientation Workshop Advanced Session – T. Garshowitz-Dong				112	
4.0	GOVERNANCE PROCESS: POLICY IMPLEMENTATION						9:35 am
4.1	Nomination of Candidates for 2026 Board Officer Positions Report (CMLTO By-Law, S. 4.2.3 & Schedule 1)		2026 Board Chair is Elected (Motion)	J. Tzountzouris	Read Item 4.1	114	
4.2	Election of 2026 Board Officers						
4.2.1	Election of 2026 Board Chair		2026 Board Chair is Elected (Motion)	J. Tzountzouris	N/A	N/A	
4.2.2	Election of 2026 Board Vice Chair - Professional		2026 Board Vice Chair - Professional is Elected (Motion)	J. Tzountzouris	N/A	N/A	
4.2.3	Election of 2026 Board Vice Chair - Public		2026 Board Vice Chair - Public is Elected (Motion)	J. Tzountzouris	N/A	N/A	
	BREAK						10:05 am
5.0	GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING					125	10:20 am
5.1	CMLTO Governance Approach: Policy Governance Framework / System Module 5 – Board Role / Dynamics / Culture / Development		Board is Oriented	K. Fryday-Field, Meridian Edge	Presentation at Meeting	126	10:20 am
5.2	Review of 2025 Board Effectiveness Self-Evaluation & Individual Board Member Assessment: Analysis, Generative Discussion, and Potential Actions		Board Discussion	K. Fryday-Field, Meridian Edge	Presentation at Meeting	N/A	11:15 am
LUNCH							12:00 pm
6.0	BOARD MONITORING AGENDA – CMLTO ENDS POLICIES						12:45 pm

Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
6.1	High Level Ends Policy 1 – Public Trust in Health Professions Regulation	Board Approval (<i>Motion</i>)	J. Tzountzouris	Read Item 6.1	133	12:45 pm
6.2	High Level Ends Policy 2 – Accountable Professionals	Board Approval (<i>Motion</i>)	J. Tzountzouris	Read Item 6.2	144	1:00 pm
6.3	High Level Ends Policy 3 – Effective Regulation with the Health System: Updated from September Board Meeting	Board Approval (<i>Motion</i>)	J. Tzountzouris	Read Item 6.3	153	1:15 pm
7.0	BOARD MONITORING AGENDA – EXECUTIVE LIMITATIONS					1:30 pm
7.1	EL II-09 Investment Policy	Board Approval (<i>Motion</i>)	J. Tzountzouris	Read Item 7.1	162	1:30 pm
7.2	EL II-11 Financial Condition Policy	Board Approval (<i>Motion</i>)	J. Tzountzouris	Read Item 7.2	185	1:45 pm
7.3	EL II-20 Signing Authority / Authorization of Expenditures Policy	Board Approval (<i>Motion</i>)	J. Tzountzouris	Read Item 7.3	200	2:00 pm
7.4	EL II-45 Communication & Support to Board Policy	Board Approval (<i>Motion</i>)	J. Tzountzouris	Read Item 7.4	208	2:15 pm
BREAK						2:30 pm
8.0	MOTION TO CLOSE THE MEETING					2:45 pm
8.1	Motion to Close Meeting in accordance with RHPA s.7(2)(d) RE Personnel Matters	Board Approval (<i>Motion</i>)	K. Persad	N/A	N/A	2:45 pm
9.0	BOARD MONITORING AGENDA OF REGISTRAR & CEO – CMLTO ENDS & EXECUTIVE LIMITATIONS POLICIES					2:45 pm
9.1	Board Performance Feedback to Registrar & CEO Regarding Policies Monitored at the December Meeting	Board Approval (<i>Motions</i>)	K. Persad	N/A	N/A	2:45 pm
9.2	Registrar & CEO Incidental Briefing / Environmental Scan Report	Board Approval (<i>Motion</i>)	J. Tzountzouris	Read Item 9.2	219	2:55 pm
9.3	Cybersecurity Assessment Report	Board is Informed	J. Tzountzouris	Read Item 9.3	254	3:15 pm
9.4	Registrar & CEO Performance Tracking Through Monitoring Reports	Board is Informed	J. Tzountzouris	Read Item 9.4	256	3:20 pm
9.5	Registrar & CEO Performance Evaluation Self-Assessment Presentation to the Board	Board is Informed	J. Tzountzouris	Presentation at Meeting	N/A	3:25 pm
9.6	Registrar & CEO 2025 Performance Evaluation Planning	Board is Informed	K. Persad	Read Item 9.6	264	4:10 pm
10.0	MOTION TO REOPEN BOARD MEETING				N/A	4:15 pm

Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
10.1	Motion to Open Meeting to the Public	Board Approval (Motion)	K. Persad	N/A	N/A	4:15 pm
11.0	RISE AND REPORT				N/A	4:17 pm
11.1	Report on Matters Discussed in Closed Meeting	Public is Informed	K. Persad	N/A	N/A	4:17 pm
12.0	YEAR-END RECOGNITION				N/A	4:25 pm
12.1	Recognition of Departing Board Members: <ul style="list-style-type: none"> H. Meaney P. Curti S. Pant 	Recognition of Departing Board Members	K. Persad	N/A	N/A	4:25 pm
12.2	2025 CMLTO Year-End Virtual Reception	Recognition of Board and Staff	K. Persad J. Tzountzouris	N/A	N/A	4:40 pm
13.0	ADJOURNMENT					5:15 pm

Agenda Item 5.1 CMLTO Governance Approach: Policy Governance Framework / System Module 5 – Board Role / Dynamics / Culture / Development (Please watch the 15 min video prior to the Board meeting.)

[Video Link on Board Leader Character](#)

FOR INFORMATION:

2025 CMLTO YEAR-END VIRTUAL RECEPTION

We welcome everyone to stay online just before the end of the meeting while we invite the CMLTO staff into the Boardroom.

The Board Chair and Registrar & CEO would like to say a few words of appreciation for all that has been accomplished in 2025.

Proposed 2026 Board Meeting Dates

Thursday, February 12 & Friday, February 13, 2026

Monday, April 13, 2026

Monday, May 25 & Tuesday, May 26, 2026

Monday, September 14 & Tuesday, September 15, 2026

Monday, December 7 & Tuesday, December 8, 2026



AGENDA ITEM 1.0

1.0	WELCOME, INTRODUCTIONS AND CALL TO ORDER
1.1	Introductions and Roll Call
1.2	Land Acknowledgement
1.3	Board Policy Manual Update
1.4	2025 Board Effectiveness Self-Evaluation: Meeting Evaluation Process



MEMO

Date : October 31, 2025
To : CMLTO Board of Directors
Cc : John Tzountzouris, Registrar & CEO
From : Maggie Cakar, Governance Specialist
Subject : Updated Board Policies

Please find below a summary of amended documents in the Board of Directors Policy Manual after the 2025 September Board meeting.

Binder Section and Document	Action
Policy Review Schedule	Replaced
EL II-15 Asset Protection – Special Review	Replaced
EL II-16 Vendor Relations– Regular Review	Replaced
GP IV-60 Board Policy Champion Role <i>(Appendix updated)</i>	Replaced
GP IV-50.10 Board Monitoring System Policy <i>(Appendix updated after each Board meeting)</i>	Replaced
GP IV-70 Board Effectiveness Evaluation Policy <i>(Appendix updated after each Board meeting)</i>	Replaced



Briefing Report to Board of Directors

Date : November 2, 2025

From : Karen Fryday-Field, Governance Counsel
Meridian Edge Leadership & Governance Consulting

Subject : CMLTO Board Meeting Evaluation (Conducted by Two Board
Member Monitors/Evaluators)

Report Purpose:

- | | |
|--|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input checked="" type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input checked="" type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |
-

BACKGROUND

As part of its ongoing commitment to strong governance, the Board has instituted a formal process to evaluate two Board meetings each year. In keeping with this commitment, the Board conducted its first meeting evaluation of 2025 during the May 2025 meeting, and the resulting report was received with the September 2025 Board meeting package. The second evaluation for the year is scheduled to take place at the December 2025 Board meeting.

To support this process, two Board members will serve as Board Meeting Monitors/Evaluators for this designated meeting. In this role, they will observe and document aspects of the Board's meeting processes and outcomes and will provide a brief summary of their observations during the meeting's closing segment.

The areas of focus for assessing Board meeting effectiveness are outlined in Appendix 1. All Board members are encouraged to keep their own notes during the meeting and contribute additional feedback or insights during the concluding discussion.

See Appendix 1 – Board Meeting Self-Evaluation – Board Meeting Evaluation Tool

BOARD MEETING EVALUATION TOOL

[Board Meeting Self-Evaluation Conducted by Board Meeting Monitor(s)]

Meeting Date	Dec 8 & 9, 2025	Board Meeting Monitor/Evaluator Name:
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INTRODUCTION

The CMLTO Board is committed to evaluating its effectiveness in the pursuit of excellence in governance. The purpose of this Board Meeting Evaluation Tool is to assist Board Meeting Monitors/Evaluators in evaluating the effectiveness of a specific Board meeting. Each of the two Board Meeting Monitors/Evaluators is requested to complete this meeting evaluation throughout the Board meeting by observing and reflecting upon this particular meeting, as it progresses. At the end of the meeting, you will have the opportunity to provide feedback regarding your observations and you will be asked to submit your notes. The overall report will be circulated to the Board shortly following the December meeting.

1) PRE-MEETING

1a) Meeting Readiness	Scale				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The meeting location, time, agenda, and relevant materials were provided in sufficient time to prepare					
All Board Members appeared to be prepared for the meeting.					

2) MEETING PROCESS AND CONTENT

	Scale				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2a) The Board accomplished significant work at this meeting.					

Issues of the Greatest Governance Importance

2b) Important Issues Topics	Provide an example of how the Board focused on this area in this meeting
i. Vision/Strategic Thinking/Ends (Critical Outcomes) Policy Leadership	
ii. Encouraging and listening to diverse viewpoints and working to building consensus	
iii. Collective Board decisions (speaking with one voice) after exploring diverse perspectives	
iv. Pro-activity (i.e. future oriented discussions) rather than reactivity (i.e. discussing the past/present events/results)	
v. Governing risk through asking critical questions and evaluating Executive Limitations Monitoring Results on Operations (Prudence, Ethics, Equity)	

3) STRATEGIC LEADERSHIP THROUGH POLICY DIRECTION

The Board has committed to govern, direct, and inspire CMLTO through the careful establishment of broad written policies reflecting the Board's values and perspectives about Ends (Critical Outcomes) to be achieved. The Board's Ends (Critical Outcomes) Policies are the written vision for impact that CMLTO will have. These policies inspire the CMLTO to achieve specific results/impacts. The Board's has committed that its major policy focus/decisions will be on the intended long-term outcomes/impacts called the "Ends (Critical Outcomes)" of CMLTO, not on the administrative means of achieving these results/outcomes.

3a) There was sufficient time for strategic and generative discussions.	Scale				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

BOARD MEETING EVALUATION TOOL

[Board Meeting Self-Evaluation Conducted by Board Meeting Monitor(s)]

3b) Did the Board provide strategic leadership by spending at least one section of the meeting focusing on any of the concepts listed below? Please mark all that were addressed in the December 2025 Board meetings.

- ☐ The concepts related to the process for developing and for evaluating Ends (Critical Outcomes).
- ☐ External environmental scanning information.
- ☐ Registrar & CEO Interpretation of Ends (Critical Outcomes) Policies
- ☐ Monitoring Ends Policy Registrar & CEO Interpretation achievement

3c) The Board has committed to not prescribe how the Registrar & CEO should conduct operations. Are there any examples when the Board's discussion during the meeting touched on was focused on <u>prescribing how</u> the Registrar & CEO should conduct or perform operations?	Scale		
	Yes	Not Sure	No

If yes, please explain:

4) BOARD CAREHOLDERSHIP LINKAGE/ENGAGEMENT

4a) The Board considered Board Careholdership Linkage/Engagement with the broader public by either planning for linkage or reflecting on and applying learning from prior linkage work.	Scale		
	Yes	Not Sure	No

If yes, list brief specific examples:

BOARD MEETING EVALUATION TOOL

[Board Meeting Self-Evaluation Conducted by Board Meeting Monitor(s)]

4b) Did Board Members discuss policy issues with a public protection mindset?	Scale		
	Yes	Not Sure	No

If yes, please give an example:

5) MEETING DYNAMICS AND CULTURE

5a) Board discussion and debate was:	SCALE				
	Always	Usually	Not Always	Not Sure	Example:
i. Respectful					
ii. Inclusive					
iii. Honest, candid, and open					
iv. Focused on the topic at hand					

5b) Meeting Dynamics and Culture	SCALE				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
i. Board Members appeared to be satisfied with their opportunity to participate and engage in discussions.					
ii. Board Members appeared to feel valued and respected when speaking, even when sharing a dissenting position.					

BOARD MEETING EVALUATION TOOL

[Board Meeting Self-Evaluation Conducted by Board Meeting Monitor(s)]

5b) Meeting Dynamics and Culture	SCALE				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
iii. A diversity of opinions was expressed and considered.					

6) RESPECTFUL/EFFECTIVE STAFF AND CONSULTANT INPUT TO THE BOARD

6a) The Board welcomed staff and/or consultant input and cultivated a sense of teamwork with staff and/or consultants.	Scale				
	Always	Most of the Time	Some of the Time	Rarely	Strongly Disagree

6b) List specific examples:

6c) The staff, consultants, and advisors who presented to the Board or facilitated Board learning provided useful assistance to the Board.	Scale				
	Always	Most of the Time	Some of the Time	Rarely	Strongly Disagree

6d) List specific example:

7) MONITORING REPORTS

7a) Did the questions that Board Members asked about Registrar & CEO Monitoring Reports actually assist the Board in furthering its understanding.	Scale			
	Fully	Partially	Not Really	Not Sure

7b) List a specific example:

8) MEETING EFFECTIVENESS/CONCLUSIONS

8a) Overall what factors do you believe contributed to the effectiveness of the Board's governance at this meeting?

8b) Is there something important that the Board could/should do to improve the effectiveness of future meetings?

8c) Meeting Effectiveness Criteria	SCALE				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
i. Board Members appeared to be satisfied with the Board's overall meeting performance.					

BOARD MEETING EVALUATION TOOL

[Board Meeting Self-Evaluation Conducted by Board Meeting Monitor(s)]

8c) Meeting Effectiveness Criteria	SCALE				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
ii. The meeting started and ended on time.					
iii. Overall, as Board Meeting Monitor/Evaluator, I believe this meeting was a good use of Board Members' time.					

Thank you for serving as a Board Meeting Monitor/Evaluator.



AGENDA ITEM 2.0

2.0	APPROVAL OF MEETING AGENDA
2.1	Review and Approval of Meeting Agenda
2.2	Declaration of Conflict of Interest <i>(CMLTO Board Member Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Forms posted on CMLTO Board Portal as a stand-alone document)</i>



MEMO

Date : November 25, 2025
To : CMLTO Board of Directors
Cc : John Tzountzouris, Registrar & CEO
From : Maggie Cakar, Governance Specialist
Subject : Declaration of Conflict of Interest

PUBLIC INTEREST RATIONALE:

Ensuring that Board Members formally review, acknowledge, and declare any real or potential conflicts of interest supports the integrity, transparency, and accountability of the CMLTO's governance processes. By maintaining clear expectations for conflict disclosure and reinforcing these practices at each meeting, the Board upholds its statutory mandate to protect the public interest and ensures that all decisions are made objectively, fairly, and free from undue influence.

BACKGROUND:

CMLTO Board Members demonstrate their commitment to the public interest by complying with the CMLTO Code of Conduct as outlined in the [CMLTO By-Law](#) and act in a manner that is consistent with the statutory mandate of the College to regulate the profession in the public interest.

The CMLTO Code of Conduct, Confidentiality Agreement, and Conflict of Interest Declaration Form enables Board Members to recognize and declare any potential and/or real conflicts of interest, which serves the public interest by enhancing transparency of the CMLTO Board's decisions.

- This matter relates to CMLTO High Level Ends Policy 1 – Public Trust in Health
- Professions Regulation in meeting Strategic Objective 1.1.6 “The Public interest is reflected in CMLTO’s governance and regulatory processes”.
- The Ontario Ministry of Health College Performance Measurement Framework (CPMF) requires that:
 - “Council decisions are made in the public interest.
 - The College has a conflict-of-interest questionnaire that all Board members must complete annually.



The completed CMLTO Code of Conduct, Confidentiality Agreement, and Conflict of Interest Declaration Forms are uploaded to the CMLTO Board Portal as a stand-alone document as part of the December Board meeting material.

At this time, no conflicts of interest have been declared for the December Board meeting. The Board Chair will ask at the beginning of the meeting if any Board Members have any conflicts of interest to declare and will remind Board Members to declare any conflict that may arise during the meeting. Any conflicts declared at the meeting will be reflected in the Board meeting minutes.



AGENDA ITEM 3.0

3.0	REQUIRED APPROVALS / CONSENT AGENDA	
3.1	BOARD MINUTES AND ACTION ITEMS	
3.1.1	Approval of the Minutes of September 22 & 23, 2025 CMLTO Board Meetings	
3.1.2	Status of Action Items – September 22 & 23, 2025 CMLTO Board Meetings	
3.0	CONSENT AGENDA (ONE motion to approve agenda items (3.2 – 3.4))	
3.2	STATUTORY COMMITTEE MONITORING REPORTS	
3.2.1	Executive Committee	
3.2.2	Fitness to Practise Committee	
3.2.3	Inquiries, Complaints & Reports Committee	
3.2.4	Quality Assurance Committee	
3.2.5	Registration Committee	
3.2.6	Patient Relations Committee	
3.3	INCIDENTAL BRIEFING REPORTS	
3.3.1	Board Chair's Incidental Briefing Report	
3.3.2	Academic Member's Incidental Briefing Report	
3.4	CONSENT AGENDA REPORTS	
3.4.1	Board Governance Scorecard (Q3) 2025	
3.4.2	Governance Modernization Plan: Board Update	
3.4.3	2025 CMLTO Board Elections Report	
3.4.4	Updated Board Policy Champion Assignments for 2025 (Related Board Policy: GP IV-60 Board Policy Champion Assignments)	
3.4.5	Update on current strategies to achieve MLA/T regulation	
3.4.6	CAMLPR Integration/ Professional Standards Update	
3.4.7	CMLTO Health Human Resource Framework report	
3.4.8	2025 CMLTO Statutory Committee Evaluation report	
3.4.9	Incidental Reports from Board and Committee Members Attending External Events:	
	3.4.9.1	HPRO: Discipline Orientation Workshop Basic Session – S. Cote Girard
	3.4.9.2	HPRO: Discipline Orientation Workshop Basic Session – L. Lindner
	3.4.9.3	HPRO: Discipline Orientation Workshop Advanced Session – T. Garshowitz-Dong
	3.4.9.4	HPRO: Discipline Orientation Workshop Advanced Session – T. Garshowitz-Dong



Committee Monitoring Report to Board of Directors

Date : November 24, 2025

From : Karen Persad, Board Chair

Subject : Executive Committee (EC)

For the Period : September 8 – November 24, 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval
<input type="checkbox"/> Ends Policy
<input type="checkbox"/> Executive Limitations Policy
<input type="checkbox"/> Board-CEO Relationship Policy
<input type="checkbox"/> Governance Process
<input type="checkbox"/> Board Implementation of Policy
<input type="checkbox"/> Board-CEO Relationship Policy
<input type="checkbox"/> Governance Process | <input checked="" type="checkbox"/> Monitoring Report
<input type="checkbox"/> Ends
<input type="checkbox"/> Executive Limitations
<input checked="" type="checkbox"/> Statutory Committee
<input type="checkbox"/> Ownership Linkage Report
<input type="checkbox"/> Incidental Report
<input type="checkbox"/> Registrar & CEO
<input type="checkbox"/> Board Chair
<input type="checkbox"/> Other: |
|---|--|

PUBLIC INTEREST RATIONALE:

The Executive Committee contributes to the governance responsibilities of the CMLTO Board of Directors, which determines the strategic direction of the College to serve the public interest.

Committee Support of Governance Agenda

High Level End 1: Public Trust in Health Professions Regulation

The public of Ontario can rely on fair, transparent, timely, objective and effective regulatory processes related to medical laboratory technology professionals.

Statutory Mandate

Exercise of Board's Powers

Pursuant to the [Health Professions Procedural Code](#) / [Section 12.1 Executive Committee's exercise of Board's powers](#) the Executive Committee is established and can exercise all powers of the Board under certain conditions to ensure that all Objects and Ends (Critical Outcomes) Policies of the College are met.

Orders without Hearing

Pursuant to the [Health Professions Procedural Code](#) / [Section 74. Orders Without Hearing](#), the Executive Committee makes orders with respect to a person whose

certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings.

Evidence of Committee Results:

Outcomes/Outputs/Impacts

On September 23, 2025 the Executive Committee approved a motion by email to appoint the three (3) new Public Board members to the following Statutory Committees:

- Andrew Chan to the Discipline Committee,
- Lin (Victor) Lan to the Patient Relations Committee
- Nathan Clark to the Quality Assurance Committee

The Executive Committee met virtually on November 7, 2025, and considered the following:

- 2025 External Evaluation of Board Effectiveness Outcomes & Recommendations
- Learnings from the 2025 Govern for Impact Annual Learning Conference



Committee Monitoring Report to Board of Directors

Date : November 24, 2025

From : George Broukhanski, Fitness to Practise Committee Chair

Subject : Fitness to Practise Committee

For the Period : September 8 – November 24, 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval
<input type="checkbox"/> Ends Policy
<input type="checkbox"/> Executive Limitations Policy
<input type="checkbox"/> Board-Staff Relationship Policy
<input type="checkbox"/> Governance Process
<input type="checkbox"/> Board Implementation of Policy
<input type="checkbox"/> Board-Staff Relationship Policy
<input type="checkbox"/> Governance Process | <input checked="" type="checkbox"/> Monitoring Report
<input type="checkbox"/> Ends
<input type="checkbox"/> Executive Limitations
<input checked="" type="checkbox"/> Statutory Committee
<input type="checkbox"/> Ownership Linkage Report
<input type="checkbox"/> Incidental Report
<input type="checkbox"/> Registrar & CEO
<input type="checkbox"/> Board Chair
<input type="checkbox"/> Other: |
|---|--|

PUBLIC INTEREST RATIONALE:

The Fitness to Practise Committee serves the public interest by addressing and adjudicating allegations of physical and/or mental incapacity against a CMLTO registrant referred by the Inquiries, Complaints, and Reports Committee. Fitness to Practise Panels hold hearings to determine if a registrant is incapacitated within the meaning described in the Code, that being, a registrant is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the registrant's certificate of registration be subject to terms, conditions or limitations, or that the registrant no longer be permitted to practise.

Committee Support of Governance Agenda

Ends Policy 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Professionals practise safely, effectively, and collaboratively and consistent with current and evolving practice risks standards and professional obligations.

2.2 Medical laboratory professionals understand and comply with their practice obligations and risks, and they are answerable for their conduct if these are not met in an adequate manner.

Regulatory Mandate:



The regulatory mandate of the Fitness to Practise Committee is to appoint a Panel from its members to hold a hearing, based on a referral from the Inquiries, Complaints & Reports Committee, to determine if a registrant is incapacitated and determine the appropriate order to be imposed. Fitness to Practise panels issue a decision and reasons in each case they hear.

Evidence of Committee Results:

Outcomes/Outputs/Impacts

On **September 30, 2025**, the Fitness to Practise (“FTP”) Committee met and completed the following items:

- Three (3) FTP Committee members participated as Panel members in an FTP Hearing. The Panel directed the Registrar to impose specified terms, conditions and limitations on the Registrant’s certificate of registration for a specified period of time or indefinite period of time.

Committee Monitoring Report to Board of Directors

Date : November 24, 2025

From : Walter Hewus, ICRC Committee Chair

Subject : Inquiries, Complaints and Reports Committee (ICRC)

For the Period : September 8 – November 24, 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval
<input type="checkbox"/> Ends Policy
<input type="checkbox"/> Executive Limitations Policy
<input type="checkbox"/> Board-CEO Relationship Policy
<input type="checkbox"/> Governance Process
<input type="checkbox"/> Board Implementation of Policy
<input type="checkbox"/> Board-CEO Relationship Policy
<input type="checkbox"/> Governance Process | <input checked="" type="checkbox"/> Monitoring Report
<input type="checkbox"/> Ends
<input type="checkbox"/> Executive Limitations
<input checked="" type="checkbox"/> Statutory Committee
<input type="checkbox"/> Ownership Linkage Report
<input type="checkbox"/> Incidental Report
<input type="checkbox"/> Registrar & CEO
<input type="checkbox"/> Board Chair
<input type="checkbox"/> Other: |
|---|--|

PUBLIC INTEREST RATIONALE:

The Inquiries, Complaints and Reports Committee serves the public interest by considering complaints and reports related to MLT conduct, incompetence, incapacity, or sexual abuse to ensure the public receives services from competent and capable practitioners.

Committee Support of Governance Agenda

Ends Policy 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Professionals practise safely, effectively, and collaboratively and consistent with current and evolving practice risks standards and professional obligations.

- 2.1** Medical Laboratory Professionals with alternative credentials are regulated such that they practice safely, effectively, and collaboratively.

Regulatory Mandate:

The regulatory mandate of the Inquiries, Complaints and Reports Committee is to investigate all complaints filed with the Registrar & CEO regarding the conduct or actions of a member and consider all investigation reports received from the Registrar & CEO or referrals from the Quality Assurance Committee.



Evidence of Committee Results:

Outcomes/Outputs/Impacts

The Inquiries, Complaints and Reports Committee ("ICRC") met on **September 17, 2025** and took the following actions:

- Directed one (1) Registrant to complete a Specified Continuing Education or Remediation Program ("SCERP").
- Approved the appointment of an investigator in two (2) matters.
- Concluded one (1) matter with no further action required by the Registrant.
- Referred one (1) Registrant to the Discipline Committee.

The ICRC met on **October 7, 2025**, and took the following actions:

- Directed one (1) Registrant to complete a SCERP and appear before the Panel to be cautioned.
- Approved the appointment of an investigator in one (1) matter.
- Referred one (1) Registrant to the Discipline Committee.

The ICRC met on **October 23, 2025**, and took the following actions:

- Received the ICRC September 2025 monitoring report.
- Received the September 22 – 23, 2025 Board meeting highlights.
- Received a briefing report on Trauma Informed Regulation.
- Received an update on the progress of the 2025 ICRC Workplan and began discussions for the 2026 workplan;
- Approved the revised ICRC Policy 01 - Case Referral.
- Approved the revised ICRC Policy 02 - Investigator Appointment.
- Approved the new ICRC Policy 08 – Privacy Breach.

An ICRC Panel met on **October 23, 2025**, and took the following actions:

- Concluded one (1) matter with no further action required by the Registrant.
- Directed one (1) Registrant to participate in an Acknowledgement and Undertaking.
- Approved the appointment of an investigator in two (2) matters.

Committee Monitoring Report to Board of Directors

Date : November 24, 2025

From : Lavern Bourne, Quality Assurance Committee Chair

Subject : Quality Assurance Committee (QAC)

For the Period : September 8 – November 24, 2025

Report Purpose:

- | | |
|--|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input checked="" type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |

PUBLIC INTEREST RATIONALE:

The Quality Assurance Committee maintains a quality assurance program to ensure registrants maintain and continually enhance the quality of their practice which enables the public to receive accurate, reliable, and informed medical laboratory services.

Committee Support of Governance Agenda

Ends Policy 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Professionals practise safely, effectively, and collaboratively and consistent with current and evolving practice risks standards and professional obligations.

- 2.1** Medical Laboratory Professionals with alternative credentials are regulated such that they practice safely, effectively, and collaboratively.

Regulatory Mandate:

The regulatory mandate of the Quality Assurance Committee is to develop and maintain a quality assurance program to ensure the quality of practice for medical laboratory technologists and to promote continuing competence among Registrants.



Evidence of Committee Results:

Outcomes/Outputs/Impacts

The Quality Assurance Committee (QAC) met on October 9, 2025, and took the following actions:

- Received an update regarding the status of the 2025 Practice Review and Professional Portfolio audits;
- Received an update on the progress of the 2025 QAC workplan and began planning and discussions for the 2026 workplan;
- Received an update on the QAP since its initial update in 2021;
- Received a presentation on the Privacy, Confidentiality, and Security aspects of the QAP;

Approved the following revised QAC policy and case studies:

- QAC Policy 42 – QAP Audit Criteria
- IPC Case Study #1 -8

A Panel of the QAC met on October 9, 2025, to review two (2) cases, and took the following actions:

- In both cases the QAC disclosed the names of the Registrants and allegations against them to the Inquiries, Complaints and Reports Committee as they were of the opinion that the Registrants may have committed an act of professional misconduct, or may be incompetent or incapacitated.



Committee Monitoring Report to Board of Directors

Date : November 24, 2025

From : Rohini Soni, Registration Committee Chair

Subject : Registration Committee (RC)

For the Period : September 8 – November 24, 2025

Report Purpose:

- | | |
|--|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input checked="" type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |

PUBLIC INTEREST RATIONALE:

The Registration Committee develops, establishes, and maintains standards of qualification for persons to be issued certificates of registration which serves the public by ensuring those licensed as medical laboratory technologists have met essential practice and competence requirements.

Committee Support of Governance Agenda

Ends Policy 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Professionals practise safely, effectively, and collaboratively and consistent with current and evolving practice risks standards and professional obligations.

- 2.1 Medical Laboratory Professionals with alternative credentials are regulated such that they practice safely, effectively, and collaboratively.

Regulatory Mandate:

The regulatory mandate of the Registration Committee Panels is to register all qualified applicants in accordance with CMLTO regulation guidelines.



Evidence of Committee Results:

Outcomes/Outputs/Impacts

The Registration Committee (RC) Panel met on September 11, 2025, and took the following actions:

- The Panel directed the Registrar to issue two (2) Applicants a certificate of registration to practice in the specialty of Hematology, subject to terms, conditions, and limitations.
- The Panel directed the Registrar to issue one (1) Applicant a certificate of registration to practice in the specialty of Histology, subject to terms, conditions, and limitations.

The RC Panel met on September 12, 2025, and took the following actions:

- The Panel directed the Registrar to issue two (2) Applicants a certificate of registration to practice in the specialty of Biochemistry, subject to terms, conditions, and limitations.
- The Panel directed the Registrar to issue one (1) Applicant a certificate of registration to practice in the specialty of Hematology, subject to terms, conditions, and limitations.
- The Panel directed the Registrar to refuse to issue one (1) Applicant a certificate of registration in the specialty of Hematology.

The RC met on October 30, 2025, and took the following actions:

- Received the September 2025 Registration Committee monitoring report;
- Reviewed the September 22 - 23, 2025 Board Meeting Highlights;
- Received a briefing report on Compassionate Regulation;
- Participated in an orientation session presented by M. MacQuarrie on the CMLTO Voluntary Roster;
- Received an update on the progress of the 2025 Registration Committee Workplan and began discussions for the 2026 workplan;
- Approved the following revised RC Policies and Guidelines:
 - RC 08 - Refresher Courses
 - RC 13 - Active Engagement
 - RC 14 - Active Engagement Exemption



- RC 07 - Phlebotomy as a Specialty
 - Guidelines for Supervision
 - Guidelines for Clinical Supervision for Students
- Approved the revised Refresher Course lists:
 - CMLTO Medical Laboratory Science list
 - CMLTO Cytology list
 - CMLTO Genetics list
 - CMLTO Institutions list
- Reviewed and approved five (5) refresher courses from Saskatchewan Polytechnic.
- Requested further information related to a potential refresher course offered by Ontario Tech University.

An RC Panel met on October 30, 2025, and took the following actions:

- The Panel directed the Registrar to issue one (1) Applicant a certificate of registration to practice in the specialty of Molecular Genetics, subject to terms, conditions, and limitations.

Committee Monitoring Report to Board of Directors

Date : November 24, 2025

From : Peter McLeman, Patient Relations Committee Chair

Subject : Patient Relations Committee

For the Period : September 8 – November 24, 2025

Report Purpose:

- | | |
|--|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input checked="" type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |

PUBLIC INTEREST RATIONALE:

The Patient Relations Committee serves the public interest by monitoring and implementing the College's Patient Relations Program which provides educational and supportive resources for registrants and provides funding for therapy and counseling for persons who were sexual abuse by registrants of the College.

Committee Support of Governance Agenda

Ends Policy 1 – Effective Medical Laboratory Professions Regulation

Effective Medical Laboratory Professions Regulation. The public interest is at the forefront of effective CMLTO regulatory processes.

Regulatory Mandate:

The regulatory mandate of the Patient Relations Committee is to advise the Board with respect to the Patient Relations program. The Committee plans, implements, and monitors the Patient Relations program which must include measures for preventing or dealing with sexual abuse of patients including educational requirements for registrants, guidelines for the conduct of Registrants with their patients, training for the College staff, and the provision of information to the public. The Committee administers the program, established by the College, to provide

funding for therapy and counseling for persons who, while patients, were sexually abused by registrants.

Evidence of Committee Results:

Outcomes/Outputs/Impacts

The Patient Relations Committee (PRC) met on November 20, 2025 and took the following actions:

- Received a presentation from the College of Physiotherapists of Ontario (CPTO) titled “Supporting Victims of Sexual Abuse” which discussed CPTO’s application for funding for Therapy for Sexual Abuse process.
- Received the PRC May 2025 monitoring report.
- Received the May 26 – 27, 2025 Board meeting highlights.
- Received the September 22 – 23, 2025 Board meeting highlights.
- Received an update on the progress of the 2025 PRC Workplan and began discussions for the 2026 workplan.
- Approved the new policy PRC – 09 Eligibility Criteria for providers.
- Approved the new PRC policy– 10 Privacy Assurance Policy.

Briefing Report to Board of Directors

Date : November 24, 2025

From : Karen Persad, Board Chair

Subject : Board Chair's Incidental Briefing Report

For the Period : September 8 – November 24, 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval
<input type="checkbox"/> Ends Policy
<input type="checkbox"/> Executive Limitations Policy
<input type="checkbox"/> Board-CEO Relationship Policy
<input type="checkbox"/> Governance Process
<input type="checkbox"/> Board Implementation of Policy
<input type="checkbox"/> Board-CEO Relationship Policy
<input type="checkbox"/> Governance Process | <input type="checkbox"/> Monitoring Report
<input type="checkbox"/> Ends
<input type="checkbox"/> Executive Limitations
<input type="checkbox"/> Statutory Committee
<input type="checkbox"/> Ownership Linkage Report
<input checked="" type="checkbox"/> Incidental Report
<input type="checkbox"/> Registrar & CEO
<input checked="" type="checkbox"/> Board Chair
<input type="checkbox"/> Other: |
|---|--|

During the reporting period, the Board Chair, Karen Persad, completed the following:

- Chaired the Board meetings on September 22 & 23, 2025, and on November 21, 2025
- Participated in November 2025 Board meeting preparation session
- Chaired the Executive Committee meeting on November 7, 2025
- Prepared and participated in CMLTO New Board Member Orientation Session on September 18 alongside with the R/CEO for 3 new Board members
- Began mentorship program with new Board member
- Participated in Careholder linkage Focus group sessions on October 1 with the Public group, and on November 5 with the Registrant/Voluntary Roster Affiliate group
- Completed items related to the 2025 CMLTO External Assessment of Governance Effectiveness



- Worked on the Board Chair address for the FOCUS newsletter
- Signed wall certificates for new Registrants
- Provided support/consultation with R/CEO on Board matters
- Provided guidance/support/feedback to other Board Members as needed
- Began preparations for the R/CEO annual summative performance evaluation

Briefing Report to Board of Directors

Date : November 24, 2025

From : Dr. Lavern Bourne, Academic Member

Subject : Academic Member Incidental Briefing Report

For the Period : September 8 – November 24, 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval
<input type="checkbox"/> Ends Policy
<input type="checkbox"/> Executive Limitations Policy
<input type="checkbox"/> Board-CEO Relationship Policy
<input type="checkbox"/> Governance Process
<input type="checkbox"/> Board Implementation of Policy
<input type="checkbox"/> Board-CEO Relationship Policy
<input type="checkbox"/> Governance Process | <input type="checkbox"/> Monitoring Report
<input type="checkbox"/> Ends
<input type="checkbox"/> Executive Limitations
<input type="checkbox"/> Statutory Committee
<input type="checkbox"/> Ownership Linkage Report
<input checked="" type="checkbox"/> Incidental Report
<input type="checkbox"/> Registrar & CEO
<input type="checkbox"/> Board Chair
<input checked="" type="checkbox"/> Other: Academic Member |
|---|--|

PUBLIC INTEREST RATIONALE:

Representation from among the faculty ranks in the composition of the Board of Directors ensures that medical/laboratory technology academic/educator perspectives are reflected on the Board of Directors to inform Board dialogue and decision-making. Information on the issues and trends in MLT education in Ontario supports the Board in making informed decisions in the public interest

Ministry News: Nothing for this reporting period

CAMLPR News:

CAMLPR held its first exam session from September 8–12, 2025. This was an important milestone in supporting internationally educated applicants on their path to becoming Medical Laboratory Technologists in Canada.

Exams were offered in:

- Clinical Chemistry
- Hematology
- Transfusion Medicine (Science)
- Clinical Microbiology



- Histology

More information is available at their website using the link below

<https://camlpr.org/news/camlprs-first-exam-session-completed/>

CSMLS News:

At the Educator's committee meeting on November 7, 2025, information was shared regarding two initiatives to support MLT students' success:

1. Launch of two new scholarships from Roche
2. New versions of practice tests, courses to prepare for the exam, and digital flash cards were in the works for launch in 2026.

More information is available at their website using the link below

<https://csmls.org/wp-content/uploads/2025/11/Educators-Committee-Summary-Report-Nov-7-2025.pdf>

MLPAO News:

The MLPAO 2026 Pre-Budget Submission highlights the ongoing impact of MLT shortages across Ontario laboratories.

The MLPAO is looking for a one-time, time-limited investment of \$6 million over three years in the 2026 Ontario Budget to support preceptors, train 1,305 more students, and alleviate labour shortages in rural and remote labs.

More information is available at their website using the link below

https://www.mlpaio.org/files/ugd/054d07_29dd3008e20e46c88e43d1a32ba2b892.pdf

EQual Canada Accreditation News:

Canadian Medical Laboratory Technology (MLT) programs that are approved by CAMLPR will receive accreditation through the Health Standards Organization's (HSO) EQual™ Accreditation program. Programs may be granted full accreditation, accreditation with conditions, or be designated as admitted programs that are actively working toward achieving full EQual™ accreditation.

The chart below shows three programs that are admitted but not yet accredited.



Ontario

Accreditation client	City	Educational program	Status	Expiry
Anderson College of Health Business and Technology	North York	Medical Laboratory Technology	Accredited	2029/08/31
Cambrian College of Applied Arts and Technology	Sudbury	Medical Laboratory Technology	Accredited	2029/08/31
Conestoga College Institute of Technology and Advanced Learning	Kitchener	Medical Laboratory Technology	Admitted	
Georgian College of Applied Arts and Technology	Barrie	Medical Laboratory Technology	Admitted	
Humber Polytechnic	Etobicoke	Medical Laboratory Technologist	Admitted	2028/04/30
St. Clair College	Windsor	Medical Laboratory Science Program	Accredited	2031/08/31
St. Lawrence College	Kingston	Medical Laboratory Science	Accredited	2029/07/31
The Michener Institute of Education at UHN	Toronto	Medical Laboratory Science	Accredited	2028/08/31
The Michener Institute of Education at UHN	Toronto	Medical Laboratory Science, Nova Scotia	Admitted	
Ontario Tech University	Oshawa	Bachelor of Science (Honours) Medical Laboratory Science	Accredited	2026/04/30

More information is available at their website using the link below

<https://accreditation.ca/assessment-programs/health-education-accreditation/programs/>

MLT Programs: Heads of Health Science -Med Lab Subcommittee

The group met on November 20, 2025. The items discussed included:

CAMLPR Exams

Simulation

Clinical Placement

A REVIEW OF CMLTO GOVERNANCE EFFECTIVENESS SCORECARD FRAMEWORK (2025)

Agenda Item 3.4.1 V: NOV 2025

Indicator Title	Indicator/Measure Description	Target	Rationale	Measurement Method	Frequency	2022		2023				2024				2025		
						Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Public Interest	1) Key topics covered by Board with direct impact on Public Interest	Descriptive	Public interest is Board's foremost concern (shows focus of Board)	List of key topics which impact on public interest	Quarterly	CMLTO Overall Bylaw Alignment Update Governance Scorecard Board/Careholder Linkage Plan 2022, 2023 Diversity, Equity, Inclusion Principles (continued) Ends #3 Monitoring Effective Relation within the Health System	Ends Monitoring (year-end) Governance Scorecard Risk Register Development By-Law Refresh Public Interest Framework Board Linkage Board Social Media	Governance Scorecard Board Strategic Agenda/ Work Plan 2023 CMLTO Strategic Direction and Organization Structure Roles, Responsibilities of Board Member CMLTO Board Governance Approach EDIJ Community Circle Ends (Critical Outcomes) Strategic Development	Governance Scorecard Careholder Linkage – Registrants and Applicants and Employers – Part 2 Governance Modernization Plan CMLTO Annual Report EDIJ Policy Reviews Ends Results Monitoring – Accountable Professionals Update	Governance Scorecard Completion of 2022 and 2023 Careholder Linkage Plan Diversity, Equity, Inclusion Principles Policy (continued) Governance Modernization Update Completion of Ends (Critical Outcomes) Policy Refresh Ends #3 Monitoring Effective Regulation within the Health System – Public Interest Update	Governance Scorecard 2024 R/CEO Ends (Critical Outcomes) Interpretation 2023 Ends Results Monitoring (E-1, 2, 3) EDIJ Policy Review Assessment of Quality of Alternative Education Programs Bylaw – Emergency Registration	Governance Scorecard Board Strategic Agenda/ Work Plan 2024 CMLTO Strategic Direction and Organization Structure - Orientation Roles, Responsibilities of Board Member Ends (Critical Outcomes) CEO Interpretation Board Competency Framework/Profile EDIJ Progress Board Linkage	Governance Scorecard Perpetual Careholder-ship Linkage Governance Modernization Plan CMLTO Annual Report EDIJ Policy Reviews Ends Results Monitoring – Accountable Professionals Update Update on Rationale and Current Strategies to Achieve MLA/T Regulation	Governance Scorecard Perpetual 2024 & 2025 Careholder Linkage Plan Updated Governance Modernization Plan End #3 (Critical Outcomes) Monitoring/ Results Report – Regulation within the Health Systems Ends (Critical Outcomes) Interpretation Continued Relevance Discussion	Governance Scorecard 2025 R/CEO Ends (Critical Outcomes) Interpretation 2024 Ends Results Monitoring (E-1, 2, 3) Rationale and Current Strategies on MLAT Regulation Orientation on Board Monitoring R/CEO	Governance Scorecard Board Strategic Agenda/ Work Plan 2025 CMLTO Strategic Direction and Organization Structure - Orientation Governance Modernization Status Report External Governance Review	Governance Scorecard Perpetual Careholdership Linkage Governance Modernization Plan CMLTO Annual Report and Financial Audit EDIJ-Global Assessment (GBEIB) Ends Results Monitoring – Accountable Professionals Update Update on Rationale and Current Strategies to Achieve MLA/T Regulation External Governance Assessment Update	Governance Scorecard Perpetual 2025 Careholder Linkage Plan progress Governance Modernization Plan End #3 (Critical Outcomes) Monitoring/ Results Report – Effective Regulation within the Health Systems Update on Rationale and Current Strategies to Achieve MLA/T Regulation External Governance Assessment Update
Member Impact	2) Key topics discussed by Board with direct impact on enhancing member competence, ethical behaviours, and professionalism	Descriptive	Stimulating member professionalism (shows Board's work on developing competent professional MLTs)	List of key topics which impact on member interest	Quarterly	Board Member Education Reports 2022 CMLTO Board Election Report Governance of Risk Assessment Financial Planning and Budget	Board Effectiveness Self-Evaluation and Meeting Evaluation Board Strategic Agenda Planning 2022 – Part 1 Board Officer Elections Ends Monitoring Governance Modernization DEIJ Board Plan	CMLTO's Governance Approach (Principles of Policy Governance) Overview of Regional / Provincial Political and Health System Landscape Board 2023 Agenda/ Goals finalized /Work Plan 2023 Ends Interpretation History of MLT Regulation 2022 Registrar & CEO Performance Evaluation Summary The Concept of Ends Policies (video)	Future Thinking / Strategic Direction / Board Generative Thinking – Ends Refresh Registrant Relations R/CEO Position Description CMLTO 2022 CPMF Submission	2023 Board Meeting Effectiveness Report Board Member Financial Skills Development Board Review of IBSA Progress June Board Meeting Evaluation Results	Board Effectiveness Self-Evaluation and Meeting Evaluation Board Strategic Agenda Planning 2023 – Part 1 Board Officer Elections Ends Monitoring CAMLPR Gateway Project Governance Modernization EDIJ Board Plan EDIJ Policy Review Board Competency Profile Board Leader Character/ Culture of Board Orientation	CMLTO's Governance Approach (Principles of Policy Governance) Board 2024 Agenda/ Goals finalized /Work Plan 2024 Ends Interpretation History of MLT Regulation/ Rostering 2023 Registrar & CEO Performance Evaluation Summary Trauma Informed Regulation Board/Ownership Linkage Plan	Board Role in Government Relations Human Resources Parameters Ends Results Monitoring – Accountable Professionals History of MLT Regulation/ Rostering 2024 Registrar & CEO Performance Evaluation Summary	2024 May Board Meeting Effectiveness Report Voluntary Roster Committee Terms Board Review of IBSA Progress Financial Literacy for Board Members Learning Session Board Member Reports on EDI-J Learning Board Member Education Event Learning Summaries	Board Effectiveness Self-Evaluation and Meeting Evaluation Board Strategic Agenda Planning 2025 – Part 1 Board Officer Elections Ends Monitoring CAMLPR Gateway Project • Competency Profiles AI in the Board Room (Session #1) Governance Scorecard Refresh Recognition of Outgoing Board Members	CMLTO's Governance Approach (Principles of Policy Governance) Board 2025 Agenda/ Goals finalized /Work Plan 2025 Ends Interpretation Overview 2024 Registrar & CEO Performance Evaluation Summary CAMLPR Integration	Board Monitoring CEO/Organizational Performance Tutorial Ends Results Monitoring – Accountable Professionals 2025 Registrar & CEO Mid-Year Performance Evaluation – Notice of Provincial Policy Direction and Impacts on Health Regulation	2026 Budget Assumptions and Plan May 2025 Board Meeting Effectiveness Report Board Review of IBSA Progress Financial Literacy for Board Members Learning Session Board Competency and Characteristics – Criteria for Assessment CAMLPR Integration/ Professional Standards Completion of Governance of Risk Register and Action Plan
Policy Making (Review)	3) % of policies reviewed, refreshed, or new <ul style="list-style-type: none">Ends (strategic outcomes)Executive LimitationsBoard/Staff RelationshipGovernance Process	Approx 25% per quarter except Q1	Board is committed to relevant, wise, effective policy direction and refreshing 100% of policies every three to four years (=66 policies)	Identify # of policies reviewed divided by total # of policies to be reviewed in year (beginning in 2016)	Quarterly	$\frac{2}{20}$	$\frac{4}{20}$	$\frac{4}{20}$	$\frac{11}{20}$	$\frac{7}{20}$	$\frac{4}{20}$	$\frac{8}{20}$	$\frac{14}{20}$	$\frac{18}{20}$	$\frac{3}{20}$	$\frac{5}{20}$	$\frac{2}{20}$	$\frac{3}{20}$
		Need approx. 50% by Q2 and 100% by Q4			Cumulative	$\frac{10}{20}$	$\frac{20}{20}$	$\frac{20}{20}$	$\frac{55}{20}$	$\frac{35}{20}$	$\frac{20}{20}$	$\frac{40}{20}$	$\frac{70}{20}$	$\frac{90}{20}$	$\frac{15}{20}$	$\frac{25}{20}$	$\frac{10}{20}$	$\frac{15}{20}$
						65% of average policy review	85% of average policy review	20% of average policy review	75% of average yearly policy review	110%	130%	40%	110%	200%	215%	25%	35%	50%

	Yellow = shows need enhanced tools to assess		Purple = possible public indicator		Tan = is indicator still needed?
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A REVIEW OF CMLTO GOVERNANCE EFFECTIVENESS SCORECARD FRAMEWORK (2025)

Agenda Item 3.4.1 V: NOV 2025

Indicator Title	Indicator/Measure Description	Target	Rationale	Measurement Method	Frequency	2022		2023				2024				2025		
						Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Linkage with the Ownership (Members)	4) Description of Board linkages with the Ownership completed in period	Regular Agenda Item	Board is committed to informing its decisions by understanding member ideas and values	Description of Board Linkages completed in period	Quarterly	2022/2023 Plan and Topics developed and approved	Board updated on Nov/Dec 22 Board Linkage	Report on Registrant Linkage	Employer Input Part 2 Registrant and Applicant Input	Completion of the 2022 and 2023 Linkage Plan Report	Plan to build ongoing linkage plan 24/25	Develop 24/25 Perpetual Linkage Plan	Finalized 24/25 Perpetual Linkage Plan	Finalize steps in 24 & 25 Board Careholder-ship Perpetual Linkage	---	Overview of Process as Part of Board Annual Orientation	Updated Plan and Progress to Plan and Tutorial Results	Update on Careholder Linkage Progress
Board Orientation	5) # [and ratio] of new Board Members who complete the full New Board Member Mentor Program	100%	Full orientation critical to new Board Members' capacity and success	Identify # of new Board Members completing the New Board Member Mentor Program over total new Board Members in the period [used the quarter they started in]	Annual (Feb)	$\frac{1}{1}$ V. Ufodiike	$\frac{1}{1}$ J. Kurvink	In progress	$\frac{2}{5}$ 3 in progress	$\frac{1}{3}$ 2 in progress	$\frac{1}{2}$ 1 in progress P. McLeman	$\frac{0}{0}$ Some in progress	$\frac{1}{1}$	$\frac{3}{3}$ S. Pant J. McBane J. Aaltonen	---	---	$\frac{0}{0}$ Some in progress	$\frac{1}{1}$
	6) # and % of Board Members completing the full Annual Board orientation • New Board Member • Continuing Board Member [Full Board >70 - <88% orange]	100%	Full orientation critical to new Board Members' capacity and success	Count # of Board Members completing the full annual orientation over total # Board Members (new and experienced)	Annual New	---	---	$\frac{1}{1}$ 100% Imaya Vithana	---	---	---	$\frac{3}{3}$ 100%	---	---	---	$\frac{2}{2}$ 100%	---	---
		88%	Experienced members are further developed		Continuing	---	---	$\frac{15}{16}$ 94%	---	---	---	$\frac{14}{17}$ 82%	---	---	---	$\frac{15.5}{17}$ 91%	---	---
	7) %Board Members who completed Annual Orientation who can answer key governance and organization questions • New Board Member • Continuing Board Member	50% 80%	Board is committed to annual re-orientation and development of Board Members	Count # of Board Members who completed annual orientation and who can score above 80% on post session follow-up questionnaire over total # of Board Member	Annual	---	---	$\frac{1}{1}$ = 100% $\frac{13}{15}$ = 87%	---	---	---	$\frac{3}{3}$ = 100% $\frac{13}{14}$ = 92%	---	---	---	$\frac{2}{2}$ = 100% $\frac{15}{15}$ = 100%	---	---
	8) % Board Members who ranked Annual Orientation as useful • New Board Member • Continuing Board Member	90%		Count # of Board Members who ranked annual orientation as useful over total # of Board Members in post session questionnaire	Annual	---	---	$\frac{1}{1}$ 100% Very useful	---	---	---	$\frac{3}{3}$ 100% Very useful	---	---	---	$\frac{2}{2}$ 100% Very useful	---	---
		90%				---	---	$\frac{15}{15}$ 100% very useful	---	---	---	$\frac{14}{14}$ 100% Very useful	---	---	---	$\frac{15}{15}$ 100% Very useful	---	---

A REVIEW OF CMLTO GOVERNANCE EFFECTIVENESS SCORECARD FRAMEWORK (2025)

Agenda Item 3.4.1 V: NOV 2025

Indicator Title	Indicator/Measure Description	Target	Rationale	Measurement Method	Frequency	2022		2023				2024				2025		
						Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Board Continuing Education and Development ✳	9) # of Board Member hours dedicated to Board continuous education / Board development sessions	20-30 hrs/yr		Count # Board hours dedicated to continuous education/learning sessions (regulatory sector, environmental scanning, organizational structure/process, governance process learning topics)	Quarterly	5 hrs	3.5 hrs	6.5 hrs Feb 3 hrs Mar YTD = 9.5 hrs	2.5 hrs	3 hrs	5 hrs	6.5 Feb 2 Mar YTD = 8.5 hrs	2.25 hrs *	3.25 hrs	2.75 hrs	7.25 hrs	2.25	3.5
						YTD = 16.75 hrs	YTD = 20.25 hrs	YTD = 12 hrs	YTD = 15 hrs	YTD = 20 hrs	YTD = 10.75 hrs	YTD = 14 hrs	YTD = 16.75 hrs	Note: Does not include external education	Note: Does not include external education	Note: Does not include external education	Note: Does not include external education	YTD = 12 hrs
Effectiveness of Board's Monitoring Process	11) % Monitoring Reports [Ends and High Impact EL Policies] where Board provided feedback (beyond approval) to R/ED (see note 1)	50%	Board is committed to review Monitoring Reports to ensure R/ED and operational organization accountability	Track # of monitoring reports where there were comments / feedback provided (from the minutes)	Quarterly	<u>6</u> 6 100%	<u>6</u> 6 100%	<u>2</u> 2 100%	<u>6</u> 7 86%	<u>5</u> 6 83%	<u>8</u> 9 89%	<u>2</u> 2 100%	<u>5</u> 6 83%	<u>7</u> 8 87%	<u>6</u> 8 75%	<u>1</u> 1 100%	<u>6</u> 6 100%	<u>7</u> 7 =100%
						(1 Ends, 5 EL)	(3 Ends, 3 EL)	(1 Ends Interp, 1 EL)	(1 Ends, 6 EL)	(1 End, 5 EL)	(E 1,2, 3 CEO Int., EL x5)	(EL x2)	(EL x5, E#2)	(EL x7 End #2=1)	(EL x5, Ends x3)	(EL x1)	(EL x6)	(ELx6, Ends x3)
Committee and Board Participation	12) # Board meeting days attended divided by # Board meeting days in period and % [75% to 80% orange]	80%	Board Member involvement critical to context and continuity of the Board and committee work	Count # Board meeting days in period and # by each member of Board from attendance list (measured in ¼ days to Q2 2015 – then ½ days)	Quarterly	<u>30</u> 34 Board Days	<u>32</u> 34 Board Days	<u>47</u> 51 Board Days	<u>31</u> 34 Board Days	<u>31</u> 36 Board Days	<u>30</u> 34 Board Days	<u>50</u> 60 Board Days	<u>37</u> 40 Board Days	<u>38</u> 40 Board Days	<u>36.25</u> 38 Board Days	<u>35</u> 38 Board Days	<u>47</u> 55 Board Days	<u>39</u> 40 Board Days
						88%	94%	92%	91%	86%	88%	83%	93%	95%	95%	92%	85%	97.5%
	# of Board Members present Day 1	80%	Board Member involvement critical to context and continuity of the Board and committee work	Day 1	Quarterly	<u>15</u> 17 Board Members -Day 1 88%	<u>16</u> 17 Board Member s Day 1 94%	<u>16</u> 17 Board Members Day 1 94%	<u>15</u> 17 Board Members -Day 1 88%	<u>15</u> 18 Board Member s-Day 1 83%	<u>16</u> 17 Board Members Day 1 94%	<u>17</u> 20 Board Members Day 1 85%	<u>18</u> 20 Board Members Day 1 90%	<u>18.5</u> 20 Board Mem-bers Day 1 92.5%	<u>19</u> 19 Board Members Day 1 100%	<u>17</u> 19 Board Members Day 1 89%	<u>16</u> 18 Board Members Day 1 89%	<u>20</u> 20 Board Members Present Day 1 100%
					Quarterly	<u>15</u> 17 Board Members -Day 2 88%	<u>16</u> 17 Board Member s Day 2 94%	<u>16</u> 17 Board Members Day 2 94%	<u>16</u> 17 Board Members Day 2 94%	<u>16</u> 18 Board Member s Day 2 89%	<u>14</u> 17 Board Members – Day 2 82%	<u>17</u> 20 Board Members Day 2 85%	<u>19</u> 20 Board Members Day 2 95%	<u>19.5</u> 20 Board Mem-bers Day 2 97.5%	<u>18</u> 19 Board Members Day 2 95%	<u>18</u> 19 Board Members Day 2 95%	<u>15</u> 18 Board Members Day 2 83%	<u>19</u> 18 Board Members Present Day 2 95%
	13) # Statutory Committee and Panel meeting days attended divided by Total # of Statutory Committee and Panel meeting days in period	87% [79-87% orange]		# Statutory Committee days attended measures in ¼ days divided by total # of committee days scheduled		<u>10.5</u> 12.5 committe e/panel days	<u>18.5</u> 23.75 committe e/panel days	<u>3.38</u> 3.5 committee/ panel days	<u>15.75</u> 19.25 committee /panel days	<u>12.25</u> 12.42 committee /panel days	<u>10.5</u> 14.25 committee/ panel days	<u>7</u> 7.5 committee/ panel days	<u>20</u> 28.3 committee/ panel days	<u>17</u> 19.5 committee / panel days	<u>14</u> 15.5 committee / panel days	<u>12.45</u> 12.75 committee / panel days	<u>17</u> 18.5 committee / panel days	<u>26.75</u> 47.25 committee/ panel days
						84%	78%	97%	82%	98.5%	74%	93%	71%	87%	90%	98%	92%	57%
	# of committee members present	80%				<u>33</u> 41 committee members present = 80%	<u>53</u> 61 committee members present = 87%	<u>13</u> 14 committee members present = 93%	<u>34</u> 41 committee members present = 83%	<u>26</u> 26 committee members present = 100%	<u>30</u> 38 committee members present = 79%	<u>22</u> 24 committee members present = 92%	<u>45</u> 58 committee members present = 78%	<u>30</u> 34 committee members present = 88%	<u>39</u> 49 committee members present = 80%	<u>19</u> 21 committee members present = 90%	<u>36</u> 39 committee members present = 92%	<u>59</u> 97 committee members present = 61%
						100%	100%	100%		100%	100%	92%	100%	100%	100%	100%	100%	100%

A REVIEW OF CMLTO GOVERNANCE EFFECTIVENESS SCORECARD FRAMEWORK (2025)

Agenda Item 3.4.1 V: NOV 2025

Indicator Title	Indicator/Measure Description	Target	Rationale	Measurement Method	Frequency	2022		2023				2024				2025		
						Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Committee and Board Participation (con't)	14) % of Board Members responding to requests for input by deadline (in applicable quarters) <i>Note: All requests to Board for feedback go through R/CEO's desk]</i>	85%	The Board job includes providing needed input to various policy issues	Count # of responders for each request to Board for feedback and list topics for which feedback as requested	Quarterly	N/A	N/A	<u>16</u> 17 =94% Submission to Standing Committee on Social Policy re: Bill 60	<u>17</u> 17 =100% 2024 Key Budget Assumptions	N/A	N/A	N/A	<u>18</u> 20 = 90%	N/A	3 policy reviews (new process) <u>6</u> 19 <u>7</u> 19 <u>7</u> 19	N/A	N/A	<u>18</u> 18 =100% 2026 Key Budget Assumptions
	15) # and nature of issues identified to President and/or Registrar related to Board Code of Conduct	0	Board holds a very high standard of conduct for themselves	# issues and nature from Incidental Briefing Notes to Board by R/CEO or President	Quarterly	0	0	0	0	0	0	0	0	1	0	1	0	0
Governance Process and Board Code of Conduct	16) Annual Board Code of Conduct Index (conflict declared)	5	Ethical Board behaviours are demonstrated	Average ranking on Board self-evaluation on Code of Conduct	Annual	---	4.5	---	---	---	4.8	---	---	---	4.7	---	---	---
	17) Registrar & CEO Performance Appraisal completed on time	Yes No	Board committed to constructive feedback to Registrar & CEO	Record of completed from motion in minutes	Annual	---	✓	---	Mid-year Update completed	Mid-year update report to Board by Chair	Year End Eval Completed ✓	---	---	Mid-year update report to Board by Chair	Year End Eval Completed ✓	---	---	---
Board / Registrar Relationship	18) # and % Board Members who contributed to Registrar & CEO performance evaluation survey	100%		Count response rate for R/CEO PA report data	Annual	---	<u>17</u> 17	---	---	---	<u>13</u> 17	---	---	---	<u>19</u> 19	---	---	---
						---	100%	---	---	---	76%	---	---	---	100%	---	---	---
	19) # matters between Board and Staff that required attention of the President and/or R/CEO	0	Monitoring compliance with policy areas on roles and potential areas of risk	Count # of matters recorded in CEO/Chair reports in period	Quarterly	0	0	0	0	0	0	0	0	0	0	1	0	0
Board Effectiveness	20) # and % of Board Members completing Board Effectiveness Self Evaluation • Full Board • Individual Self Evaluation [>85% <95% orange]	95% 95%	Board is committed to self- evaluation in order to direct its improvement	Count response rate for Board Effectiveness Evaluation – see report	Annual	---	<u>17</u> 17 100%	---	---	---	<u>16</u> 17 94%	---	---	---	<u>17</u> 19 90%	---	---	---
						---	<u>17</u> 17 100%	---	---	---	<u>16</u> 17 94%	---	---	---	<u>17</u> 19 90%	---	---	---
	21) Average overall score on Annual Board Effectiveness Self Evaluation (✓ = record when meeting evaluation done)	>4.4		Board Effectiveness Evaluation Report index of 8 key indicators (5 point scale)	Annual	---	<u>4.8</u> 5	---	---	---	<u>4.9</u> 5	---	---	---	<u>4.85</u> 5	---	---	---

Indicator Title	Indicator/Measure Description	Target	Rationale	Measurement Method	Frequency	2022		2023				2024				2025		
						Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Board Effectiveness (con't)	22) # and % of Board Policies monitored which demonstrated Board compliance	90%	Board's self-evaluation of its achievement of the policy standards it has set for itself	Current # of policies renewed and result per Board meeting	Quarterly	1	2.5	No Monitoring in Feb	No Monitoring in May and June	4	4	No Monitoring in February	2	3	0	3	3	7
						2	3			4	4			3	3			
						50% GP IV-15✓ GP IV-45.05✖	83% GP IV-45, GP IV-80, GP IV-150			100%	100%			100%	Deferred due to Board full agenda			
										GP IV-35.10 IV-70 IV-130 IV-150	GP IV-16 IV-80 BSR III-25 III-25.05					(1 partial compliance)	compliance	compliance

Notes
1: High Impact Executive Limitations Policies
2: Board not constituted for long enough in 2013 to true measure meaningful – N/A - insufficient meetings
3: 2025 Year End Committee performance not evaluated – tool under review.

- II-09 Investment

II-10 Financial Planning/Budgeting/Budget Cycle

II-11 Financial Condition

II-15 Asset Protection

II-16 Vendor Relations

II-17 Summary of Financial Numerical Limitations Policy

II-20 Signing Authority Policy

II-25 Employee Relations

II-30 Staff Compensation and Benefits (old # EL #2h)

II-35 Staff Conduct and Transparency

II-40 Member Relations

II-45 Communication and Support to the Board

II-50 Corporate Identity and Use of the Corporate Seal

II-70 Intellectual Property

II-80 Emergency Executive Succession Plan

Q3 2025 Scorecard Notes
CMLTO supported three Board Members, the Registrar & CEO, and the Governance Specialist in adding 2.5 days governance education and development conference – “Transforming Your Organization’s Impact: Governance and Leadership in Action”



Briefing Report to Board of Directors

Date : October 31, 2025
From : Maggie Cakar, Governance Specialist
Subject : CMLTO Governance Modernization Plan: Board Update

- | | |
|---|---|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input checked="" type="checkbox"/> Other: Governance Specialist |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST:

The CMLTO Governance Modernization Plan serves the public interest by ensuring that effective governance has and continues to be an evolving CMLTO commitment, guided by research, contemporary thinking, and evidence-informed practices. Effective governance is recognized as a foundational component of the CMLTO's ability to deliver on its public protection mandate.

BACKGROUND:

This report is being submitted to the Board as a regular update on the CMLTO Governance Modernization Plan.

The status update report has been enriched to incorporate the updates on the following two initiatives which are integral components of the CMLTO's governance modernization strategy:

- CMLTO By-Law – Board Policies Gap Analysis - Update
- 2025 CMLTO Public Interest Framework Implementation Plan

Additional information on the CMLTO Governance Modernization Plan will be presented to the Board of Directors as part of the ongoing Ends Policy monitoring process and schedule.



APPENDICES:

Appendix 1 – CMLTO Governance Modernization Plan / Status Update

Appendix 2 – CMLTO By-Law – Board Policies Gap Analysis - Update

Appendix 3 – 2025 CMLTO Public Interest Framework Implementation Plan

APPENDIX 1 **CMLTO GOVERNANCE MODERNIZATION PLAN / STATUS UPDATE** **(as of October 31, 2025)**

Principle 1: Effective Board Composition

The CMLTO Board of Directors will maximize its effectiveness in fulfilling its governance and regulatory mandates through structural evolution

Principle	Status Update	Status
Maintaining equal professional and public representation on the Board.	While this principle continues to guide Board composition, achieving perfect parity is not feasible under the current legislative framework, which mandates a minimum of seven Professional Members, seven Public Members, and one Academic Member. The Board remains committed to balanced representation and will revisit this objective if legislative changes are pursued.	Pending on legislative change
Having a Board with fourteen (14) members.	<p>The objective of establishing a 14-member Board was explored as part of broader governance modernization efforts. A Board structure composed of seven Professional and seven Public Members aligns with the principle of equal representation and supports effective governance.</p> <p>However, under the Medical Laboratory Technology Act, 1991, the Board must include a minimum of:</p> <ul style="list-style-type: none"> Seven elected Professional Members, Seven Public Members appointed by the Lieutenant Governor in Council, and One Academic Member. <p>This establishes a legislative minimum of 15 Board Members. A 14-member Board cannot meet all statutory requirements and would risk becoming unconstituted in the event of a vacancy. This structural change would require legislative amendment.</p> <p>Accordingly, the Board will revisit this structural option if and when changes to the legislation become possible.</p>	<p>Not Feasible Under Current Legislation</p> <p>To be revisited</p>

Principle 1: Effective Board Composition The CMLTO Board of Directors will maximize its effectiveness in fulfilling its governance and regulatory mandates through structural evolution		
Principle	Status Update	Status
Ensuring continuity in governance through staggered Board member term limits.	CMLTO By-Law / Section 4.4.3 Timing of Elections sets forth staggered Board elections, thereby instituting staggered term limits for Board Members.	COMPLETED

Principle 2: Inclusion of Voices The CMLTO Board of Directors will listen to and hear the voices of the public, registrants, employers, and stakeholders congruent with an approach grounded in an appreciation for diversity, equity and inclusion.		
Principle	Status Update	Status
Maintaining current Electoral Districts, as defined in the CMLTO Consolidated Bylaws to ensure widespread geographic perspectives remain at the Board table.	CMLTO By-Law / Section 4.4.1 Electoral Districts establishes eight electoral districts for the purpose of the election of Registrants to the Board of Directors.	COMPLETED
Having a publicly accessible Diversity, Equity, Inclusion and Decolonization Plan.	Governance Process Policy GP IV-01.05 CMLTO Board Equity, Diversity, Inclusion, and Justice Principles and Values articulates the CMLTO Board of Director's principles and values related to incorporating equity, diversity, inclusion, and justice in the Board's philosophy, approach, and structure as well as within CMLTO as an organization.	COMPLETED
Having established processes in place to gather information from all geographic areas of Ontario, as a whole Board, versus as individual representatives of any geographic area.	GP IV-45 Board Linkage with Ownership/Careholdership Policy ensures that the Board establishes active linkage with the ownership/careholdership.	COMPLETED

Principle 3: Ongoing Education and Linkage The CMLTO Board of Directors commits to the ongoing education of Board members and linkage with registrants and the public		
Principle	Status Update	Status
Implementing a competency-based process for the nomination of Board members.	The CMLTO Competency Framework Implementation Plan is progressing as planned. The revised GP IV-40 Recruitment, Nominations and Appointment Selection Criteria policy—now titled GP IV-40 CMLTO Board Composition and Leadership Continuity Policy —was approved by the Board of Directors on February 21, 2025.	ONGOING
Ongoing linkage with the public as the careholders of the organization.	The CMLTO 2024 and 2025 Ongoing Perpetual Board/Careholdership Linkage and Engagement Plan is progressing as planned. An update was presented to the Board in May, with another update scheduled for presentation to the Board of Directors in September.	ONGOING
Educating registrants on processes for engagement in Board decision-making processes.	Registrant education continues through the CMLTO Board Careholdership Linkage Plan, the CMLTO website, open Board meetings, and mandatory candidate orientation sessions for Board and Statutory Committee nominees.	ONGOING

APPENDIX 2
ANALYSIS OF CURRENT COMPLIANCE:
NEW CMLTO BY-LAW AND CMLTO BOARD POLICIES
(as of October 31, 2025)

# of Policies Reviewed Internally for Compliance	# of Policies in compliance with CMLTO By-Law	# of Policies NOT in compliance with CMLTO By-Law	% of Policy Compliance with CMLTO By-Law	Risk Analysis of Current Policy Incompliance	Date Full Compliance is Anticipated
1 Ends Policy	1	0	100 %	No Risk	Completed
15 Executive Limitations Policies	13	2	86.7 %	No Risk – Low Risk	Nov 25
11 Board-Staff Relationship Policies	11	0	100 % (was 91 % in May 2024)	No Risk – Low Risk	Completed (Dec 2026)
32 Governance Process Policies	31	1	96.9 %	No Risk – Low Risk	Dec 2027

OVERALL COMPLIANCE AS OF OCTOBER 31, 2025:

94.9 %

(56 out of 59 policies are in compliance with the CMLTO By-Law)

NEW BOARD POLICIES TO BE DEVELOPED

NEW BOARD POLICY	RELEVANT BY-LAW ARTICLE	PURPOSE OF THE POLICY	TIMELINE	STATUS
Financial Audit and Evaluation of Financial Auditors	3.8.2.1 Appointment of Auditor	To evaluate the performance of the auditor annually	Policy to be developed in 2024	COMPLETED Policy approved by the Board of Directors in September 2023
Appointment of the Registrar & CEO	2.5 Registrar & CEO	To outline the appointment process and bring further clarification: filling Registrar & CEO position vacancies etc.	Policy to be developed in 2024	COMPLETED Instead of creating a new policy, proposed revisions to BSR III-01 (the umbrella Board-Staff Relationship Policy) addressed the appointment process and vacancy management for the Registrar & CEO. These revisions were presented to the Board at the May meeting.
Legal Review of Contracts and Agreements	2.6.3 Signature Authority	<i>To address the types of contracts requiring legal review, exemptions from legal review, the process for requesting legal review, and the requirements for internal approval and execution.</i>	Policy to be developed in 2024	COMPLETED Policy to be developed in September 2025 Instead of creating a new policy, proposed revisions to EL II-15 Asset Protection addressed the appointment process and vacancy management for the Registrar & CEO. These revisions were presented to the Board at the May meeting.

2025 CMLTO PUBLIC INTEREST FRAMEWORK IMPLEMENTATION PLAN 2025 Consolidated Operational Performance Plan / 1.2.6.1 – Section - CMLTO's Public Interest Assessment Framework (PIAF) is implemented		
PIAF #	STRATEGIC INITIATIVES/ PROCESSES/ PROJECTS TO ACHIEVE DESIRED OUTCOMES	UPDATE
1.0	DOMAIN 1 - DEFINITION OF PUBLIC INTEREST	
1.1	DEFINING PUBLIC INTEREST	
1.1.1	Public Consultation on definition of "public interest" (input from the careholdership)	Completed
1.1.2	Board Consultation / Discussion on the definition of "public interest"	TBD
1.2	BOARD AND COMMITTEE MEMBER TRAINING ON UNDERSTANDING OF THE TERM "PUBLIC INTEREST"	
1.2.1	Board Member Training on "Understanding of the term "Public Interest"	2026
1.2.2	Committee Member Training on "Understanding of the term "Public Interest"	2026
2.0	DOMAIN 2 - EFFECTIVE GOVERNANCE TO MEET THE PUBLIC INTEREST MANDATE	
2.1	COMPETENCY BASED COMPOSITION OF THE CMLTO BOARD OF DIRECTORS AND THE STATUTORY COMMITTEES	
2.1.1	COMPETENCY BASED COMPOSITION OF THE BOARD OF DIRECTORS	
2.1.1.1	Identifying Explicit Board Member Competencies	Completed
2.1.1.a	Implementatin of The CMLTO Board Competency Framework Implementation Plan (NEW SECTION)	On Track
2.1.1.2	Reviewing Board Member Competencies on a Regular Basis	To start in 2027
2.1.1.3	Competency Based Election of the Board Members (Professional and Academic Board Members)	To start in 2026
2.1.1.4	Competency Based Appointment of the Board Members (Public Board Members)	To start in 2026
2.1.2	COMPETENCY BASED COMPOSITION OF THE STATUTORY COMMITTEES	
2.1.2.1	Identifying Explicit Committee Member Competencies for Each Committee Preliminary work to be conducted for identification of explicit Committee Member competencies: Survey to Board Members asking them to identify specific qualifications that they think members of each Statutory Committee should have.	To start upon implementation of CMLTO Board Competency Framework
2.1.2.2	Reviewing Committee Member Competencies on a Regular Basis	To start upon implementation of CMLTO Board Competency Framework
2.1.2.3	Competency Based Appointment of Committee Members	To start upon implementation of CMLTO Board Competency Framework
2.2	EFFECTIVE GOVERNANCE TO MEET THE PUBLIC INTEREST MANDATE	
2.2.1	A framework to regularly evaluate the effectiveness of the Board and Board meetings exists and is implemented	In Place / On Track
2.2.2	Third party assessment of Board effectiveness (at a minimum every 3 years)	In Place / On Track
2.2.3	Ongoing training provided to Board and Committee Members as a result of (1) the outcome of relevant evaluations,	TBD
2.2.3	Ongoing training provided to Board and Committee Members as a result of (2) the needs identified by the Board and Committee Members	TBD
2.3	BOARD AND COMMITTEE MEMBER ORIENTATION	
2.3.1	CMLTO Board Member Orientation (Internal and External)	
	90 % of the CMLTO Board Members are trained and oriented to their roles and responsibilities, which demonstrates that all individuals involved in governance and regulatory decision-making processes are appropriately oriented and trained to their roles and responsibilities.	In Place / On Track
2.3.2	CMLTO Committee Member Orientation	
	90 % of the CMLTO Committee Members are trained and oriented to their roles and responsibilities, which demonstrates that all individuals involved in governance and regulatory decision-making processes are appropriately oriented and trained to their roles and responsibilities.	In Place / On Track
2.3.3	CMLTO Board and Committee Member Candidate Orientation	
2.3.3.1	CMLTO Board of Directors Candidate Training (required by the CMLTO By-Law) (in place)	
	100 % of the CMLTO Board Member Candidates successfully complete the CMLTO Board of Directors Candidate Training relating to CMLTO's governance approach and the duties, roles and responsibilities of Board Members prior to being elected or appointed to the Board.	In Place / On Track
2.3.3.2	CMLTO Statutory Committee Candidate Training (required by the CMLTO By-Law) (in place)	
	100 % of the CMLTO Non-Board Committee Member (NBCM) Candidates successfully complete the CMLTO NBCM Candidate Training relating to CMLTO's governance approach and the duties, roles and responsibilities of Committee Members prior to being appointed to a Statutory Committee.	In Place / On Track
2.3.3.3	CMLTO Staff Member Orientation (NEW ADDITION TO PIAF IN 2024)	
	100 % of the CMLTO staff members involved in supporting governance and regulatory processes are trained and oriented to their roles and responsibilities.	In Place / On Track
3.0	DOMAIN 3 - DECISIONS ARE MADE IN THE PUBLIC INTEREST	
3.1	DECISIONS ARE IMPARTIAL	
3.1.1	CMLTO Code of Conduct is accessible to the public	
3.1.1.1	CMLTO's expectations concerning conduct and conflicts of interest to be captured in the CMLTO By-Law.	Completed
3.1.1.2	CMLTO's Code of Conduct is accessible to the public via CMLTO website	Completed
3.1.1.3	Disqualification Sections in the CMLTO By-Law to be enhanced (e.g. Disqualification of Board Members, Committee Members, and Board and Committee Member Candidates.)	Completed
3.1.1.3.a	Disqualification Sections in the CMLTO By-Law to be implemented.	In Place / On Track
3.1.2	CMLTO Conflict of Interest Policy is accessible to the public	

3.1.2.1	CMLTO Board Elections – Nomination Process: 100 % of the Candidates to complete the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form expressing understanding of the public protection mandate of the College and a commitment to comply with the Code of Conduct of the College.	In Place / On Track
3.1.2.1	Appointment of Academic Board Member Process: 100 % of the Candidates to complete the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form expressing understanding of the public protection mandate of the College and a commitment to comply with the Code of Conduct of the College.	N/A in 2025
3.1.2.2	100 % of the CMLTO Board Members to complete the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form annually.	Completed
3.1.2.2	100 % of the CMLTO Statutory Committee Members to complete the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form annually. This ensures that all Statutory case decisions reflect the assessment of conflict of interest and its outcomes.	Completed
3.1.2.3	CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Forms signed by the Board Members to be made available to the public.	In Place / On Track
3.1.2.4	100 % of the Board meetings have a standing item for declarations of conflicts of interest where Board Members can declare any conflict of interest specific to the meeting agenda at the beginning of each meeting.	In Place / On Track
3.1.2.4	100 % of all Committee meetings have a standing item for declarations of conflicts of interest where Committee Members to declare any conflict of interest specific to the meeting agenda at the beginning of each meeting. This ensures that all Statutory case decisions reflect the assessment of conflict of interest and its outcomes.	In Place / On Track
3.1.3	Cooling-off Period Requirements are enhanced and enforced	
3.1.3.1	Cooling-off period requirements are more clear in the CMLTO By-Law	Completed
3.1.3.2	Cooling-off period requirements are enforced	In Place / On Track
3.1.4	The Board to identify areas of risk for conflict of interest which are specific to the profession and/or CMLTO	In Place / On Track
3.2	THE BOARD AND COMMITTEES MAKE INFORMED AND GOOD DECISIONS	
3.2.1	The Board Makes Informed Decisions	
3.2.1.1	Board meeting materials are received in a timely manner.	
	100 % of Board meeting materials are sent to Board Members: •seven (7) days before a regular Board meeting •three (3) days before a special Board meeting	In Place / On Track
3.2.1.2	Appropriate Information is available in advance or at the meeting to support the Board to make informed decisions.	
	The reports in the meeting material are clear and contain the required information for the Board Members to make informed decisions.	TBD
3.2.1.3	Increasing Diversity and Representation on the Board and Committees	TBD
	New ways to promote opportunities and encourage applications from traditionally under-represented groups to enhance diversity and representation on the Board and Committees to be explored.	TBD
3.2.2	The Committees Make Informed Decisions	
3.2.2.1	Committee meeting materials are received in a timely manner.	
	100 % of Committee meeting materials are sent to Committee Members: •seven (7) days before a regular Committee meeting •three (3) days before a special Committee meeting	In Place / On Track
3.2.2.2	Appropriate Information is available in advance or at the meeting to support the Committees to make informed decisions.	
	The reports in the meeting material are clear and contain the required information for the Committee Members to make informed decisions.	In Place / On Track
3.2.3	Improving Board and Committee Discussions for Better Decisions	
3.2.3.1	Improving Board Discussions for Better Decisions (TBD)	TBD
3.2.3.2	Improving Committee Discussions for Better Decisions (TBD)	TBD
3.3	BOARD AND COMMITTEE MEETING MATERIALS DEMONSTRATE THE PUBLIC INTEREST RATIONALE	
3.3.1	Board Meeting Materials Demonstrate the Public Interest Rationale	
3.3.1.1	Board meeting materials are publicly available on the CMLTO website 100 % of the Board meeting materials are publicly available on the CMLTO website.	In Place / On Track
3.3.1.2	Board meeting materials clearly identify the public interest rationale and evidence supporting each topic brought to the Board of Directors	In Place / On Track
3.3.1.2.a	100 % of briefing and monitoring reports in Board meeting materials contain a "public interest rationale" section making concrete links to the CMLTO's public interest mandate, strategic priorities	In Place / On Track
3.3.1.2.b	Minutes to have links to publicly available reports etc.	TBD
3.3.1.3	Regulatory impact assessment to be conducted that identifies risks and assesses potential impacts and regulatory options to mitigate those risks.	TBD
3.3.2	Committee Meeting Materials Demonstrate the Public Interest Rationale	
3.3.2.1	Committee meeting materials clearly identify the public interest rationale and evidence supporting each topic brought to the Committees	In Place / On Track
3.3.2.1.a	Goal in 2025: 100 % of briefing reports in Committee meeting materials contain a "public interest rationale" section making concrete links to the CMLTO's public interest mandate, strategic priorities	In Place / On Track
3.4	BOARD AND COMMITTEE POLICIES DEMONSTRATE THE PUBLIC INTEREST RATIONALE	
3.4.1	BOARD POLICIES DEMONSTRATE THE PUBLIC INTEREST RATIONALE	
3.4.1.1	Board Policies clearly identify the public interest rationale	In Place / On Track
3.4.1.2	Board Policies are publicly available on the CMLTO website	Completed
3.4.2	COMMITTEE POLICIES DEMONSTRATE THE PUBLIC INTEREST RATIONALE	
3.4.2.1	Committee Policies clearly identify the public interest rationale (TBD)	TBD
3.4.2.2	Committee Policies are publicly available on the CMLTO website	Completed
4.0	Domain 4 - BOARD AND COMMITTEE DECISIONS ARE IMPLEMENTED (DEMONSTRATED BY EVIDENCE) Board and Committee	
4.1	STATUS UPDATES REGARDING THE IMPLEMENTATION OF THE BOARD DECISIONS	
4.1.1	Action Items and Motions	
	All action items identified at a Board meeting are completed, and status updates reported to the Board at the next Board meeting.	In Place / On Track
4.2	STATUS UPDATES REGARDING THE IMPLEMENTATION OF THE COMMITTEE DECISIONS	
4.2.1	Action Items and Motions	
	All action items identified at a committee meeting are completed, and status updates reported to the Committee at the next committee meeting.	In Place / On Track

Briefing Report to the Board of Directors

Date : October 30, 2025

From : Maggie Cakar, Governance Specialist

Subject : 2025 CMLTO Board Elections Update

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input checked="" type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: Governance Specialist |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST RATIONALE:

This matter pertains to the public interest as it concerns the composition of the CMLTO Board of Directors, which optimally serves the public interest when the perspectives of all medical laboratory technologists, hence the public, in Ontario are heard and reflected on the Board of Directors.

BACKGROUND

In accordance with CMLTO By-Law / Section 4.4 Election of Board Members, a call for nominations for election to the CMLTO Board was published in Issue 1 of FOCUS and posted on our website for the following Districts:

REGULAR ELECTION:

- District 2 – Central West Region

District 3 – Metropolitan Toronto Region

District 4 – Central East Region

District 8 – Registrant-at-Large
- Term: January 1, 2026 – December 31, 2028

Term: January 1, 2026 – December 31, 2028

Term: January 1, 2026 – December 31, 2028

Term: January 1, 2026 – December 31, 2028

I am also pleased to announce that, as a result of the Refreshed CMLTO Board Elections Approach adopted by our College in 2023—designed to proactively prevent and address vacancies across all electoral districts—all upcoming Professional Board Member vacancies on the CMLTO Board of Directors have been successfully filled.


The CMLTO will have a full complement of Professional Board Members in 2026, marking the third consecutive year.

RESULTS OF 2025 CMLTO BOARD ELECTIONS

ELECTORAL DISTRICT	TERM	NEW BOARD MEMBER	ELECTED / ACCLAIMED
District 2 – Central West Region	Jan 1, 2026 – Dec 31, 2028	Krista Unruh	Elected
District 3 – <i>Metropolitan Toronto Region</i>	Jan 1, 2026 – Dec 31, 2028	James Jose	Acclaimed
District 4 – Central East Region	Jan 1, 2026 – Dec 31, 2028	Matthew Wong-Fung	Elected
District 8 – Registrant-at-Large	Jan 1, 2026 – Dec 31, 2028	Imaya Vithana	Acclaimed

COMPOSITION OF THE 2026 CMLTO BOARD OF DIRECTORS
PROFESSIONAL MEMBERS

#	ELECTORAL DISTRICT	2025	2026	TERM OF OFFICE
1	Electoral District 1: South-West	Lucia Di Pietro	Lucia Di Pietro	Jan 1, 2025 - Dec 31, 2027
2	Electoral District 2: Central West	Shweta Pant	Krista Unruh	Jan 1, 2026 – Dec 31, 2028
3	Electoral District 2: Central West	Mary Costantino	Mary Costantino	Jan 1, 2024 – Dec 31, 2026
4	Electoral District 3: Metropolitan Toronto	Helen Meaney	Vacant	Jan 1, 2025 – Dec 31, 2027
5	Electoral District 3: Metropolitan Toronto	Vacant (<i>Rino Bonsignore</i>)	James Jose	Jan 1, 2026 – Dec 31, 2028
6	Electoral District 4: Central East	Paula Curti	Matthew Wong-Fung	Jan 1, 2026 – Dec 31, 2028
7	Electoral District 4: Central East	George Broukhanski	George Broukhanski	Jan 1, 2024 – Dec 31, 2026
8	Electoral District 5: East	Karen Persad	Karen Persad	Jan 1, 2025 – Dec 31, 2027
9	Electoral District 6: North-East	Jessica McBane	Jessica McBane	Jan 1, 2025 – Dec 31, 2027
10	Electoral District 7: North-West	Janette Aaltonen	Janette Aaltonen	Jan 1, 2025 – Dec 31, 2027
11	Electoral District 8: Registrant-at-Large	Imaya Vithana	Imaya Vithana	Jan 1, 2026 – Dec 31, 2028
12	Academic	Lavern Bourne	Lavern Bourne	Jan 1, 2024 – Dec 31, 2026

 Board Election in 2025

PUBLIC MEMBERS

#	Name	1 st Appointed	Re-Appointed
1	Andrew Chan	Aug 14, 2025 – Aug 13, 2028	
2	Rohini Soni	Aug 29, 2019 - Aug 28, 2022	Aug 29, 2022 – Aug 28, 2025 Aug 29, 2025 – Aug 28, 2028
3	Tammie Rix	Dec 20, 2018 – Dec 19, 2019	Dec 20, 2019 – Dec 19, 2022 Dec 20, 2022 – Dec 19, 2025
4	Walter Hewus	Jan 31, 2020 - Jan 30, 2023	Jan 31, 2023 – Jan 30, 2026
5	Jennifer Pilzecker	Oct 26, 2020 - Oct 25, 2021	Oct 26, 2021 - Oct 25, 2024 Oct 26, 2024 – Oct 25, 2027
6	Vivian Ufodike	Jan 6 – 2022 - Jan 5, 2025	Jan 6, 2025 – Jan 5, 2027
7	Peter McLeman	Mar 23, 2023 – Mar 22, 2024	Mar 23, 2024 – Mar 22, 2025 Mar 23, 2025 – Mar 22, 2028
8	Lin (Victor) Lan	Jun 11, 2025 – Jun 10, 2028	
9	Nathan Clark	Sep 4, 2025 – Sep 3, 2028	

Term expires in 2025

REGULATED HEALTH PROFESSIONS ACT, S.O. 1991, C. 18, SCHED. 2; MEDICAL LABORATORY TECHNOLOGY ACT, S.O. 1991, C. 28, S. 6

Membership: Between **seven** and **eleven** members are elected in accordance with the by-laws by the members of the college. Between **seven** and **ten** members are appointed by the Lieutenant Governor in Council who are not members of the college, members of a college as defined in the Regulated Health Professions Act, 1991 or members of a council as defined in the Regulated Health Professions Act, 1991. One member is selected, in accordance with a by-law made under section 12, from among members who are faculty members of an educational institution in Ontario that is authorized to grant diplomas in medical laboratory sciences. The council elects annually a president and a vice-president from among the members.



Briefing Report to Board of Directors

Date : February 8, 2025
From : John Tzountzouris, Registrar & CEO
Subject : Board Policy Champion Assignments for 2025

Report Purpose:

- | | |
|---|---|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input checked="" type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> Governance Process | |

In accordance with Governance Process Policy GP-IV-60: Board Policy Champion Role:

"Each Board Member will fulfill the role of Policy Champion and serve as the Board's resource person on the specific policies to which they are assigned (approximately 2 or 3 policies each year). The Board will ensure that there is a specific Board Member assigned to each policy in the Executive Limitations, Governance Process, and Board-Staff Relationship Policy Categories.

This role includes having a clear knowledge of the background and content of the policy such that the Board Member can alert the Board to situations where the policy should be considered or applied and/or where the policy is not being followed appropriately. Generally, Policy Champions will also be consulted as part of the regular Board policy review process."

The Board Policy Champion assignments for 2026 have been updated to include all returning and new Board Members and are attached as Appendix 1.



APPENDICES:

Appendix 1 –Board Policy Champion Assignments for 2026

**APPENDIX TO
BOARD POLICY CHAMPION ROLE
POLICY NO: IV 60
GOVERNANCE PROCESS**

V4: November 23, 2025

POLICY NO.	CATEGORY	BOARD MEMBERS' NAME
I	Category I: ENDS	
I-01	Ends (Critical Outcomes) Policies for 2024 to 2026-2027	All Board Members
II	Category II: EXECUTIVE LIMITATIONS	
II-01	General Executive Constraint	R. Sen M. Wong-Fung
II-09	Investment	L. Lan
II-10	Financial Health	L. Lan
II-12	Financial Audit and External Auditors	A. Chan
II-15	Asset Protection	P. McLeman J. Jose
II-16	Vendor Relations	I. Vithana
II-17	Summary of Financial Numerical Limitations	N/A
II-20	Signing Authority/Authorization of Expenditures	V. Ufodike
II-25	Human Resources Parameters Policy	V. Ufodike
II-35	Staff Conduct and Transparency	V. Ufodike
II-40	Registrant Relations	J. McBane
II-45	Communication and Support to the Board	J. Aaltonen
II-50	Corporate Identity and Public Image	M. Costantino
II-70	Intellectual Property	J. McBane K. Unruh
II-80	Executive Succession Plan	S. Pant M. Wong-Fung



POLICY NO.	CATEGORY	BOARD MEMBERS' NAME
III	Category III: BOARD-CEO RELATIONSHIP	
III-01	Overview of Board-CEO Relationship	H. Meaney R. Soni
III-02	Delegation to the Registrar & CEO	H. Meaney P. McLeman
III-03	Accountability of Registrar & CEO	H. Meaney R. Soni
III-04	Registrar & CEO Position Description	T. Rix
III-05	Registrar & CEO Job Products	T. Rix
III-07	Unity of Control	K. Persad
III-10	Registrar & CEO Annual Summative Performance Evaluation	K. Persad
III-20	Board Support of the Registrar & CEO	W. Hewus
III-25	Registrar & CEO Compensation Program and Principles Policy	J. Pilzecker
III-25.05	Registrar & CEO Compensation Program: Structure and Administration	J. Pilzecker
III-26	Use of Registrar & CEO Employment Letter Template	J. Pilzecker
IV	Category IV: GOVERNANCE PROCESS	
IV-01	Governance Philosophy/ Approach	T. Rix
IV-01.05	Board Equity, Diversity, Inclusion, and Justice Principles and Values	R. Soni K. Unruh
IV-05	Board of Directors Terms of Reference	W. Hewus
IV-10	Board Member Job Description	P. Gurti J. McBane
IV-15	Role of Board Officers	P. Gurti G. Broukhanski
IV-16	Guidelines for Academic Member/Role Description	L. Bourne
IV-20	Statutory and Board Committee Principles	M. Costantino
IV-20.05	Executive Committee Terms of Reference	K. Persad
IV-20.06	Inquiries, Complaints and Reports Committee Terms of Reference	W. Hewus
IV-20.07	Discipline Committee Terms of Reference	T. Rix
IV-20.08	Fitness to Practice Committee Terms of Reference	G. Broukhanski
IV-20.10	Patient Relations Committee Terms of Reference	P. McLeman
IV-20.11	Quality Assurance Committee Terms of Reference	L. Bourne
IV-20.12	Registration Committee Terms of Reference	R. Soni



POLICY NO.	CATEGORY	BOARD MEMBERS' NAME
IV-20.13	Voluntary Roster Registration Committee Terms of Reference	R. Soni
IV-20.14	Voluntary Roster Quality Assurance Committee Terms of Reference	L. Bourne
IV-20.15	Voluntary Roster Inquiries, Complaints and Reports Committee Terms of Reference	W. Hewus
IV-20.16	Voluntary Roster Discipline Committee Terms of Reference	T. Rix
IV-20.17	Voluntary Roster Fitness to Practise Committee Terms of Reference	G. Broukhanski
IV-22	Role of Committee Chair	N. Clark
IV-25	Board Policy Decision Process	A. Chan
IV-30	Annual Planning Cycle & Annual Integrated Board Strategic Agenda/Work Plan Policy	P. Gurti J. Jose
IV-35.01	Board Meeting Agenda Development and Structure	L. Di Pietro
IV-35.02	Board & Committee Member Honoraria and Expenses	A. Chan
IV-35.10	Developing and Maintaining Board Policies	L. Di Pietro
IV-40	CMLTO Board Composition and Leadership Continuity Policy	L. Lan
IV-45	Board Linkage with Ownership/ Careholdership	I. Vithana
IV-45.05	Board Meeting Process and Minutes	N. Clark
IV-50.05	Board Information System	M. Costantino
IV-50.10	Board Monitoring System	J. Aaltonen
IV-60	Board Policy Champion Role	L. Di Pietro
IV-70	CMLTO Board Effectiveness Evaluation Policy	I. Vithana
IV-80	Board Code of Conduct, Confidentiality and Conflict of Interest Policy	K. Persad
IV-120	Board/Committee Member Attendance at External Events and Learning Opportunities	G. Broukhanski
IV-130	Board Mentor Program	S. Pant J. Jose
IV-135	Disclosure of Information	J. Aaltonen
IV-141	Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration	L. Bourne
IV-150	Board Member Use of Social Media	J. McBane
IV-166	Government Relations	P. McLeman
IV-170	Emergency Class of Registration	S. Pant K. Unruh



POLICY NO.	CATEGORY	BOARD MEMBERS' NAME
IV-180	Board Use of Generative Artificial Intelligence	G. Bróukhanski M. Wong-Fung



Briefing Report to Board of Directors

Date : November 23, 2025

From : John Tzountzouris, Registrar & CEO

Subject : Update on rationale and current strategies to achieve the regulation of medical laboratory assistants and technicians in Ontario

For the Period : September 6 – November 23, 2025

Report Purpose:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Board Policy | |
| <input type="checkbox"/> Development/Enhancement | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST:

The regulation of medical laboratory assistants and technicians in Ontario has been designated as a public interest initiative by the Board under paragraph 3 (1),11 of the Procedural Code of the *Regulated Health Professions Act, 1991*.

An update on the rationale and current strategies to achieve the regulation of medical laboratory assistants and technicians in Ontario is being provided to the Board to keep the Board informed of key events that have contributed to, or have affected, the achievement of the overall regulatory initiative. This report is for information only, and the strategic outcomes related to this initiative will be reported to the Board formally through the High-Level Ends Policy monitoring process.



During the reporting period, the following occurred which advanced the regulation of medical laboratory assistants and technicians in Ontario:

- J. Tzountzouris met with the following to discuss the regulatory initiative:
 - A representative from the Premier's Office;
 - The Ontario Fairness Commissioners and OFC staff;
 - Leaders from the private community laboratory sector.
- J. Tzountzouris participated in bi-weekly with Strategy Corp. staff to discuss strategic approaches to raising the issue of regulation with political staff. Outcomes of the CMLTO Public Careholder Linkage session were discussed for consideration to advance the regulatory initiative.
- J. Tzountzouris submitted information pertaining to the initiative to the Health Workforce Regulatory Oversight Branch, at their request.



Briefing Report to Board of Directors

Date	: November 23, 2025
From	: John Tzountzouris, Registrar & CEO
Subject	: CAMLPR Integration / Professional Standards Update
Reporting Period	: September 6 – November 23, 2025

Report Purpose:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Board Policy | |
| <input type="checkbox"/> Development/Enhancement | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

During the reporting period, updates regarding the Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR) Integration & Professional Standards are as follows:

- The CAMLPR Board met three times during the reporting period:
- On September 10th the Board met virtually, and discussed a revised CAMLPR By-Law, the MOU between CAMLPR and the member organizations and the PLA and examination services agreements.
- On October 20th the Board met in person in Calgary (in advance of the CNAR Conference) and received a presentation on the implementation of Policy Governance, which led to the drafting of the CAMLPR Ends Policies, and a comprehensive set of Executive Limitations Policies.
- On November 26th the Board met virtually and received updates from the Executive Director, reviewed the revised CAMLPR By-Law, approved the 2026 Budget, Ends Policies and the Investment Executive Limitations Policy.



- CAMLPR regulatory processes (PLA and examination services) are fully operational. The first CAMLPR examinations were held the week of November 24th.

Further information regarding the outcomes of CAMLPR processes will be presented to the Board in greater detail starting in 2026, in line with 2026 CMLTO Operating Plan.



Briefing Report to Board of Directors

Date : November 26, 2025

From : John Tzountzouris, Registrar & CEO

Subject : CMLTO Health Human Resource Framework Report

For the Period : September 6 – November 26, 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input checked="" type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input checked="" type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST:

Monitoring emerging and evolving health human resource issues known to the CMLTO enables the CMLTO to effectively assess risk, and address the risk considering the issue, its risk and our role. This approach directly supports the public interest by addressing the “Duty of the College” as defined in Section 2.1 of the Health Professions Procedural Code, being Schedule 2 of the *Regulated Health Professions Act, 1991*.

The CMLTO Health Human Resource Framework outlines an approach to being informed of emerging and evolving trends and system issues related to the supply and demand of MLTs in Ontario, followed by an assessment of risk, and the development of actionable outcomes, as appropriate to the CMLTO’s role and mandate.

This quarterly briefing report catalogues these emerging and evolving trends and system issues related to the supply and demand of MLTs in Ontario to ensure that the Board is fully informed of the issues, and the CMLTO’s plan for risk mitigation.



In addition to this quarterly report, specific presentations and briefings will be made to the Board, relevant Statutory Committees, and/or CMLTO staff to provide updates and seek feedback, where appropriate, to support CMLTO's actionable outcomes.

Specific outcomes, where appropriate, are also integrated into the Registrar & CEO Ends Interpretation, in support of the CMLTO Ends (Critical Outcomes) Policies, and are reported to the Board through the Ends (Critical Outcomes) Policies Monitoring Reports.

CMLTO Health Human Resource Framework

Issue	Risk Assessment	Trending Information & Analysis	Actionable Outcomes
Supply & Demand			
Registration Trends	Low	CMLTO actively monitors registration trends including number of new applicants and resignations. The trend over the last three years has been a net increase in the number of Registrants.	Continue to monitor and report to the Board and Registration Committee through scheduled reporting.
Educational Outputs	Low	The number of educational programs offering MLT programs has increased in the last two years. Additionally, certain programs have increased the number of seats they offer. This will add to the overall supply of MLTs in Ontario.	Continue to monitor and report to the Board and Registration Committee through scheduled reporting.
Educational Quality	Low	CMLTO is actively involved in educational program accreditation and monitoring. There are currently no quality issues with any educational program.	Continue to monitor and report to the Board and Registration Committee through scheduled reporting.
Registration Pathways			
CAMLPR – Provision of PLA and examination services	High	CAMLPR is fully operational now with the provision of PLA and examination services. However, no outcome data is currently available for either service.	This is being actively monitored and is included in the 2026 Registrar & CEO Ends Interpretation



Issue	Risk Assessment	Trending Information & Analysis	Actionable Outcomes
			and Operating Plan, with quarterly reporting to the Board. Continue to monitor and report to the Board and Registration Committee through scheduled reporting.
Single Specialty Registration	Low	CMLTO has had extensive experience dealing with single specialty registration requests through referrals to a Panel of the Registration Committee. Further, with the introduction of the CAMLPR fields-of-practice examinations, processes are now in place to allow applicants to directly meet the “examination” requirement in the Registration Regulations.	Continue to monitor and report to the Board and Registration Committee through scheduled reporting.
Ministry of Health Directives	Low	CMLTO was one of the first four Colleges required to implement “As of Right” registration processes. The next iteration of this initiative, based on the work of other Colleges (CPSO & CNO), may be to consider direct equivalency with American educated MLTs,	Continue to monitor and report to the Board and Registration Committee through scheduled reporting.



Issue	Risk Assessment	Trending Information & Analysis	Actionable Outcomes
		<p>however, it has not been signalled that this will become a requirement for all Colleges at the current time.</p> <p>Additional MOH requirements for Colleges could be introduced, however, we are not aware of any on the horizon currently.</p>	
Professional Practice Changes			
Professional Conduct Trends	Medium	Professional Conduct trends are actively monitored. In 2025 there has been a notable increase in privacy and confidentiality breaches by MLTs.	A campaign to directly address privacy and confidentiality breaches by MLTs is being developed for launch by the end of 2025. Trends will continue to be monitored to determine if this action has an impact on this issue.
Regulation of medical laboratory assistants and technicians	High	The regulation of medical laboratory assistants and technicians (MLA/T) continues to be a high level risk initiative with MLA/Ts taking on more responsibility in laboratories, and providing phlebotomy services in private settings with direct one-on-one contact with patients.	<p>This initiative is actively being addressed.</p> <p>The Board receives quarterly updates on progress.</p>



Issue	Risk Assessment	Trending Information & Analysis	Actionable Outcomes
Microcredentialing	Low	<p>CMLTO has had extensive experience dealing with single specialty registration requests, as a result of educational pathways that offer microcredentials, through referrals to a Panel of the Registration Committee.</p> <p>Further, with the introduction of the CAMLPR fields-of-practice examinations, processes are now in place to allow applicants to directly meet the “examination” requirement in the Registration Regulations.</p>	Continue to monitor and report to the Board and Registration Committee through scheduled reporting.
HPV testing	Low	<p>The Ontario Cervical Screening Program through Cancer Care Ontario revised its standard of care such that molecular HPV testing has replaced the Pap test.</p> <p>Communications between the MOH Laboratories and Diagnostics Branch has occurred and it was suggested that a joint communication be released, however that has not come to fruition.</p> <p>The potential issue is that MLTs currently practising in Cytology, with</p>	Continue to monitor deal with any requests for the added authorization to practice in Histology on a case-by-case basis through referral to a Panel of the Registration Committee.



Issue	Risk Assessment	Trending Information & Analysis	Actionable Outcomes
		<p>authorization to only practice in Cytology, may need to be redeployed to another area of the laboratory, mostly Histology. The question of how these individuals can add authorization of practice in Histology to their certificate of registration is the key regulatory issue. The CMLTO has dealt with this situation in the past through referrals to a Panel of the Registration Committee.</p> <p>At the onset of this initiative, there were a few inquiries from employers and MLTs, however, we have not had any further inquiries in over nine months.</p>	

Briefing Report to Board of Directors

Date : November 26, 2025

From : John Tzountzouris, Registrar & CEO

Subject : Outcomes of the 2025 Statutory Committee Surveys

Report Purpose:

- | | |
|---|---|
| <input type="checkbox"/> Board Policy Development, Review, and Approval
<input type="checkbox"/> Ends Policy
<input type="checkbox"/> Executive Limitations Policy
<input type="checkbox"/> Board-Staff Relationship Policy
<input type="checkbox"/> Governance Process
<input type="checkbox"/> Board Implementation of Policy
<input type="checkbox"/> Board-Staff Relationship Policy
<input type="checkbox"/> Governance Process | <input type="checkbox"/> Monitoring Report
<input type="checkbox"/> Ends
<input type="checkbox"/> Executive Limitations
<input type="checkbox"/> Statutory Committee
<input type="checkbox"/> Ownership Linkage Report
<input checked="" type="checkbox"/> Incidental Report
<input checked="" type="checkbox"/> Registrar & CEO
<input type="checkbox"/> Board Chair
<input type="checkbox"/> Other |
|---|---|

PUBLIC INTEREST RATIONALE:

Effectiveness of CMLTO Statutory Committee processes and outcomes are paramount to the public interest as it demonstrates transparency, objectivity and fairness. The public relies on Statutory Committee processes and outcomes to ensure that the CMLTO's regulatory mandates have been effectively discharged.

The annual CMLTO Statutory Committee Effectiveness Survey was deployed to all fifty (50) Statutory Committee members in November 2025, including Professional Board Members, Public Board Members, and Non-Board Committee Members.

Twenty-nine (29) of fifty (50) individuals responded to the survey. However, some Committee Members sit on multiple Committees, so the total number of responses expected is sixty-two (62). Thirty-one (31) expected responses were received, which represents fifty percent (50%) of Statutory Committee members.

A summary of the survey results are presented below. Additionally, the results for each Statutory Committee will be shared with CMLTO staff directly involved in the management and administration of Statutory Committees to identify any areas for improvement in 2026.

Statutory Committee Survey Results

Survey Statement	Committee Member Responses					
	N/A (Committee did not meet)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was aware of the Committee's Governance and Regulatory Mandates.	5.7%	40.0%	51.4%	2.9%	0.0%	0.0%
I received adequate training to fulfil my responsibilities on the Committee in line with the Committee's Governance and Regulatory Mandates.	0.0%	50.0%	41.2%	8.8%	0.0%	0.0%
I felt prepared to fulfil my responsibilities on the Committee in advance of any meeting.	0.0%	48.5%	42.4%	9.1%	0.0%	0.0%
The Committee Chair was effective in supporting the work of the Committee.	8.6%	54.3%	34.3%	2.9%	0.0%	0.0%
Discussion / deliberation at the Committee was respectful and	10.3%	62.1%	27.6%	0.0%	0.0%	0.0%

Survey Statement	Committee Member Responses					
	N/A (Committee did not meet)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
welcomed a diverse set of viewpoints.						
The Committee was effective in fulfilling their Governance and Regulatory Mandates.	8.8%	52.9%	38.2%	0.0%	0.0%	0.0%
The public's best interest was at the forefront of all Committee discussions.	8.6%	68.6%	22.9%	0.0%	0.0%	0.0%

Panel Survey Results

Survey Statement	Committee Member Responses					
	N/A (committee did not meet)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The decisions reached by the Panel of the Committee mitigated risks to the public.	0.0%	69.6%	30.4%	0.0%	0.0%	0.0%

Overall Conclusions

Over the past year, Statutory Committee members described their experience as generally positive, highlighting strong support from CMLTO staff and an open, inclusive environment led by a Chair who welcomed diverse perspectives.

Statutory Committees members appreciated that meeting materials were provided well in advance and found the orientation and training, particularly the HPRO and CAMLPR-related sessions, to be highly valuable. Case studies and risk-assessment training were noted as especially effective in helping members adapt to evolving mandates and understand new applicant pathways.

Public protection remained firmly at the center of all deliberations. Members felt that decisions were careful, thorough, and grounded in the Risk-Based Framework. Panels typically reached consensus efficiently and with thoughtful debate.

A few practical challenges surfaced, including occasional confusion with agenda links and surprise at the growing number of non-MLT applicants. Overall, the feedback reflects a committed, collaborative group working diligently to uphold public safety and adapt to a changing regulatory landscape.

APPENDIX 2

BOARD/COMMITTEE MEMBER CONFERENCE/COURSE/EVENT REPORT

Please provide all of the information requested below within 30 days of the event. A copy of this report should be submitted by email to both the Board Chair and the Registrar & CEO.

Board Member Name:		Stephanie Côté Girard	
Name of Conference/Course/Event:		HPRO Discipline Orientation Workshop - Basic	
Location:		Virtual	
Dates (mm/dd/yy)	Start Date: 10/30/25	End Date: 10/30/25	# of days: 1

Purpose for Attending Conference/Course/Event:

- To provide professional regulators with a comprehensive orientation to the discipline process.

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board:

- At the conclusion of the session, participants will understand:
 - Relevant principles of administrative law
 - Roles of various participants in the hearings process
 - Activities that occur prior to a hearing
 - Procedures associated with the process, including hearings held electronically
 - Responsibilities of panel members

Any Other Relevant Feedback: N/A

Would You Recommend this Conference/Course/Event for Other CMLTO Board Members to Attend in Future? ☒ Yes ☐ No ☐ Not Sure

Please Explain:

- Learning the Legislation and Nature of a Hearing was very well demonstrated during the Mock Discipline Hearings. It format and style made for a very comprehension learning experience.

Date Report Completed: 11/14/2025

APPENDIX 2

BOARD/COMMITTEE MEMBER CONFERENCE/COURSE/EVENT REPORT

Please provide all of the information requested below within 30 days of the event. A copy of this report should be submitted by email to both the Board Chair and the Registrar & CEO.

Board Member Name:		Lisa Lindner	
Name of Conference/Course/Event:		HPRO Discipline Orientation	
Location:		Teleconference	
Dates (mm/dd/yy)	Start Date: Oct 30, 2025	End Date: Oct 30, 2025	# of days: 1

Purpose for Attending Conference/Course/Event: To become oriented to the role of Discipline Committee member.

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board:
We had an overview of the 8 key concepts of the Discipline Committee. I now have a better understanding of the following elements: Legal basis, confidentiality, public interest, how cases are referred to discipline, interim restrictions, disclosure of evidence, allegations, penalties and costs orders.

Any Other Relevant Feedback: The course was very well organized and delivered by excellent presenters. They kept the audience engaged with live polls, and mock scenarios.

Would You Recommend this Conference/Course/Event for Other CMLTO Board Members to Attend in Future? ☒ Yes ☐ No ☐ Not Sure

Please Explain: For anyone who is new on the Discipline Committee, I would highly recommend this course. It gave a really good overview of what to expect at a hearing, what your role is, and gave mock scenarios to prepare you for what an actual hearing might be like. I wouldn't want to go to a hearing without having all of this background knowledge.

Date Report Completed: 2025NOV14



APPENDIX 2
BOARD/COMMITTEE MEMBER CONFERENCE/COURSE/EVENT REPORT

Please provide all of the information requested below within 30 days of the event. A copy of this report should be submitted by email to both the Board Chair and the Registrar & CEO.

Board Member Name:		Masi Basiri	
Name of Conference/Course/Event:		Basic Training Session	
Location:		Virtual	
Dates (mm/dd/yy)	Start Date: Oct 30, 2025	End Date: Oct 30, 2025	# of days:1

Purpose for Attending Conference/Course/Event:
Training session

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board:

Learning key aspects of Discipline Committee fundamentals and tribunal procedures

Any Other Relevant Feedback: N/A

Would You Recommend this Conference/Course/Event for Other CMLTO Board Members to Attend in Future? ☒ Yes ☐ No ☐ Not Sure

Please Explain: N/A

Date Report Completed: Nov 24, 2025

APPENDIX 2

BOARD/COMMITTEE MEMBER CONFERENCE/COURSE/EVENT REPORT

Please provide all of the information requested below within 30 days of the event. A copy of this report should be submitted by email to both the Board Chair and the Registrar & CEO.

Board Member Name:		Tania Garshowitz-Dong	
Name of Conference/Course/Event:		HPRO Advanced Discipline Orientation Workshop	
Location:		online	
Dates (mm/dd/yy)	Start Date: Nov 6, 2025	End Date: Nov 6, 2025	# of days: 1

Purpose for Attending Conference/Course/Event: To enhance my knowledge regarding discipline hearings - the players, their roles, and the process.

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board: I learned more in-depth regarding the roles of everyone involved in a discipline hearing, and who certain issues/questions should be referred to. (and when there are issues one may not think of!)

Any Other Relevant Feedback:

Would You Recommend this Conference/Course/Event for Other CMLTO Board Members to Attend in Future? ☒ Yes ☐ No ☐ Not Sure

Please Explain: I actually found the sessions quite interesting and informative, but even moreso, it gave me an opportunity to learn from committee members from other colleges who have significantly more experience with actual discipline cases.

Date Report Completed: Nov 12, 2025



AGENDA ITEM 4.0

4.0	GOVERNANCE PROCESS: POLICY IMPLEMENTATION
4.1	Nomination of Candidates for 2026 Board Officer Positions Report (CMLTO By-Law, S. 4.2.3 & Schedule 1)
4.2	Election of 2026 Board Officers
4.2.1	Election of 2026 Board Chair
4.2.2	Election of 2026 Board Vice Chair - Professional
4.2.3	Election of 2026 Board Vice Chair - Public



Briefing Report to Board

Date : November 28, 2025

From : John Tzountzouris, Registrar & CEO
Maggie Cakar, Governance Specialist

Subject : Nominations for Election of 2026 Board Officers
(CMLTO By-Law / Section 4.2.3 Election of Board Officers)

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input checked="" type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input checked="" type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Other: Ends Briefing Report |
| <input type="checkbox"/> Governance Process | |

In accordance with the CMLTO By-Law, Section 4.2.3 (Election of Board Officers), an election of Board Officers for 2026 has been scheduled to be held at the December Board meeting.

A memo was sent to Board Members on October 17, 2025, requesting that nominations for the 2026 Board Officer positions be submitted to the College by a deadline of **November 8, 2025**.

Given that no nominations were received for the Board Chair position by the deadline, nominations for all 2026 CMLTO Board Officer positions were reopened, with a new deadline of **November 23, 2025**, in accordance with Schedule 1 of the CMLTO By-Law, which provides that nominations shall be received not less than fifteen (15) days prior to the last regular Board meeting.

Nominations received by the extended deadline were as follows:

- No nominations were received for the position of **Board Chair**.
- One nomination was received for the position of **Vice-Chair, Professional**.
- One nomination was received for the position of **Vice-Chair, Public**.



The processes pertaining to the nomination of the Chair and Vice-Chairs have been completed in compliance with the CMLTO By-Law / Section 4.2.3 Election of Board Officers.

NOMINATION FORMS RECEIVED BY THE DEADLINE DATE (November 23, 2025):

FOR THE POSITION OF BOARD CHAIR:

Nominee : N/A

Nominated by : N/A

Seconded by : N/A

Nomination Result:

No nominations were received by the extended deadline for the **2026 Board Chair** position.

The current Board Chair, Karen Persad's second consecutive term concludes on December 31, 2025. In accordance with the CMLTO By-Law Section 4.2.2 (Term of Office of Board Officers): *"The Chair may serve a maximum of two consecutive one-year terms."*

Under Section 4.2.3 (Election of Board Officers) and Schedule 1 – Process for Election of Board Officers, the election of Board Officers is to take place at the last regular Board meeting of the year. However, Schedule 1 provides that: *"If such an election of Board Officers is not held, the Chair and two Vice-Chairs shall continue in office until their successors are elected."*

Because no nominations were received by the extended deadline for the 2026 Board Chair position, an election for the Board Chair position cannot be held at the December 2025 Board meeting.

In such circumstances, CMLTO By-Law Schedule 1 contemplates that the Chair will continue in office until a successor is elected, to ensure continuity of Board leadership and the orderly functioning of meetings.

Interpretation and Governance Context

Section 4.2.2 establishes a term limit of two consecutive one-year terms. Schedule 1 provides a continuity clause for situations where elections are not (or cannot be) held, in which case existing officers remain in office until successors are elected. However, it does not waive or override the term limit.

The continuity clause is intended to be used in exceptional circumstances to prevent a vacancy and ensure that essential Board functions may continue.



After completing two consecutive terms, the Chair is not eligible for re-election to a third term. However, if no successor is elected, the current Chair continues to act as Chair under Schedule 1 until a successor is elected.

This continuation is considered a holdover arrangement for continuity purposes and is not treated as a third term under Section 4.2.2. In the absence of any nominations for the role, the CMLTO Board of Directors must still function, and the current Chair may therefore continue as a caretaker to preserve stability until a successor is elected.

As indicated, this should be regarded as an exceptional circumstance, not a standing governance practice.

Analysis

The continuation clause in Schedule 1 is a temporary holdover provision allowing the Chair to remain in office until a successor is elected. The clause prevents a leadership vacancy and ensures the CMLTO Board can continue to operate effectively.

Since no nominations for Chair were received, per Schedule 1, the existing Chair is permitted to continue acting as Chair until a successor is elected. Per section 4.2.3 of the CMLTO By-Law, Board Officers, including the Chair, are to be elected at the last regular Board meeting of the year.

In these circumstances, the Chair's continuation until a successor is elected would not constitute a nomination or election for the Chair position. Similarly, it would not constitute a third consecutive term as Chair. Rather, continuation is required as an interim measure to ensure continued governance.

Recommended Course of Action

To address the absence of nominations for the 2026 Board Chair position and to ensure continuity of governance while supporting future leadership renewal, it is recommended that the current Chair remain in office under the continuity clause (Schedule 1) until the next election of Board Officers at the last Board meeting of 2026.

This approach upholds organizational stability while the CMLTO Board continues efforts to identify and encourage potential candidates for the Chair position. It represents the most practical measure and aligns with the continuity intent in Schedule 1 and the process for Board Officer elections in section 4.2.3 of the CMLTO By-Law.



The current Chair, Karen Persad, has confirmed that she is willing and able to continue acting as Chair until a successor is elected. (Please see Appendix 1.)

Recommended Motion:

Be it resolved that:

In the absence of nominations for the position of 2026 CMLTO Board Chair, the election of the Board Chair cannot be held; and

In accordance with Schedule 1 of the CMLTO By-Law, the current Chair continue in office effective January 1, 2026, until a successor is elected, and that such continuation does not constitute a third consecutive term under Section 4.2.2 of the CMLTO By-Law.

FOR THE POSITION OF VICE-CHAIR, PROFESSIONAL:

Nominee : George Broukhanski
Nominated by : Jen Pilzecker (November 4, 2025)
Seconded by : Tammie Rix (November 5, 2025)
Imaya Vithana (November 7, 2025)

Nomination Result:

There being no other nominations, George Broukhanski will be declared elected 2026 CMLTO Board Vice-Chair, Professional by acclamation at the December Board meeting.

Recommended Motion:

Be it resolved that:

The Board moves to accept the election of George Broukhanski as Vice-Chair, Professional for 2026, by acclamation.

FOR THE POSITION OF VICE-CHAIR, PUBLIC:

Nominee : Tammie Rix
Nominated by : Rohini Soni (November 4, 2025)
Seconded by : George Broukhanski (November 5, 2025)

Nomination Result:

There being no other nominations, Tammie Rix will be declared elected 2026 CMLTO Board Vice-Chair, Public by acclamation at the December Board meeting.

Recommended Motion:

Be it resolved that:

The Board moves to accept the election of Tammie Rix as Vice-Chair, Public for 2026, by acclamation.



APPENDICES:

Appendix 1 – Karen Persad - Chair Continuity Confirmation

Appendix 2 – 2026 Board Officer Nomination Forms



KAREN PERSAD - CHAIR CONTINUITY CONFIRMATION

From: Karen Persad <karen.persad@cmlto.com>
Sent: November 27, 2025 9:40 PM
To: John Tzountzouris <john.tzountzouris@cmlto.com>
Cc: Maggie Cakar <maggie.cakar@cmlto.com>
Subject: Re: CMLTO Board Office Elections - 2026

Thank you John for the update on the status of the Board Officers election, and in particular the status of the Board Chair nominations. The due diligence of consulting the By-Law and legal counsel for best steps forward in this situation has been appreciated.

With consideration of Schedule 1 to the By-Law, and the given that the CMLTO did not receive any nominations for Board Chair within this election process, I am willing to continue acting as Board Chair on an interim basis to ensure continued governance until the next regular Board Officer election in December 2026.

Sincerely,

Karen Persad
Board Chair
College of Medical Laboratory Technologists of Ontario

www.cmlto.com

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From: John Tzountzouris <john.tzountzouris@cmlto.com>
Sent: November 27, 2025 10:50 AM
To: Karen Persad <karen.persad@cmlto.com>
Cc: Maggie Cakar <maggie.cakar@cmlto.com>
Subject: CMLTO Board Office Elections - 2026

Dear Karen,

As you know, an election of Board Officers is scheduled to be held on December 8, 2025. The CMLTO requested nominations for Board Chair, Vice-Chair, Professional and Vice-Chair, Public by a deadline of November 23, 2025. Pursuant to Schedule 1 to the By-Law, this is the date by which nominations had to be received.

The CMLTO did not receive any nominations for Board Chair. As a result, the election for Board Chair cannot occur.

As you know, your second consecutive term as Board Chair will conclude on December 31, 2025. The CMLTO By-Law states that the Chair may serve a maximum of two consecutive one-year terms. However, Schedule 1 to the By-Law also provides that if an election of Board Officers is not held, the Chair and Vice-Chairs will continue in office until their successors are elected.

Since the 2026 Board Chair election cannot take place on December 8, 2025, Schedule 1 contemplates that you will continue in office as Board Chair until a successor is elected. Further, we are suggesting that the best process is to hold the next Board Chair election during the next regular Board Officer election in December 2026.

Please confirm, by responding to this email at your earliest convenience, whether you are willing to continue acting as Board Chair until such time. This information will be shared with the Board at the December 8th meeting.

Please note, your continuation as Board Chair would be on an interim basis to ensure continued governance until a Board Chair is elected. Your continuation would not be considered an election for the 2026 Board Chair position.

The CMLTO will also inform the Board about this issue and provide a recommendation prior to the December 8, 2025 Board meeting.

Thank you for your consideration of this issue.

Sincerely,

John Tzountzouris (he, him, his), MA, BSc, BHA, MLT, GSP
Registrar & CEO
College of Medical Laboratory Technologists of Ontario
[Suite 2100 - 25 Adelaide Street East](#)
[Toronto, Ontario M5C 3A1](#)
T. 416.861.9605 X 228
TF. 1.800.323.9672
F. 416.861.0934

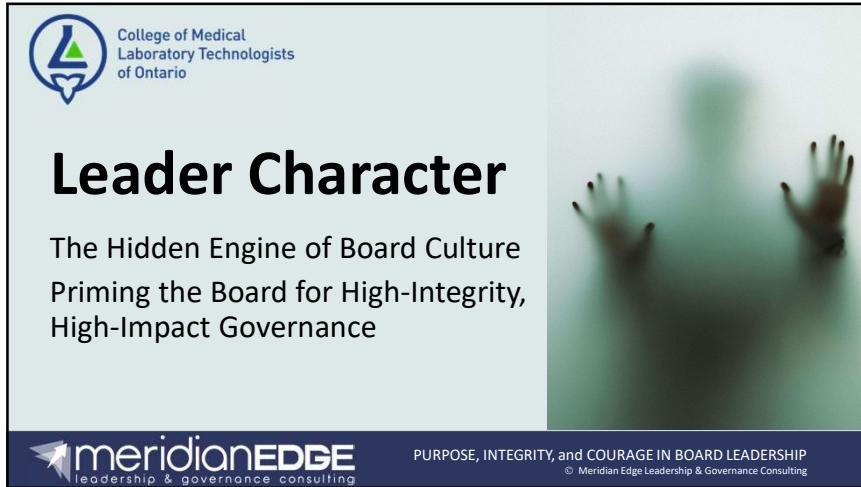
www.cmlto.com



AGENDA ITEM 5.0

5.0	GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING
5.1	CMLTO Governance Approach: Policy Governance Framework / System Module 5 – Board Role / Dynamics / Culture / Development <i>(Presentation at meeting)</i>
5.2	Review of 2025 Board Effectiveness Self-Evaluation & Individual Board Member Assessment: Analysis, Generative Discussion, and Potential Actions <i>(Presentation at meeting)</i>

The Hidden Engine of Board Culture -Priming the Board for High-Integrity, High-Impact Governance



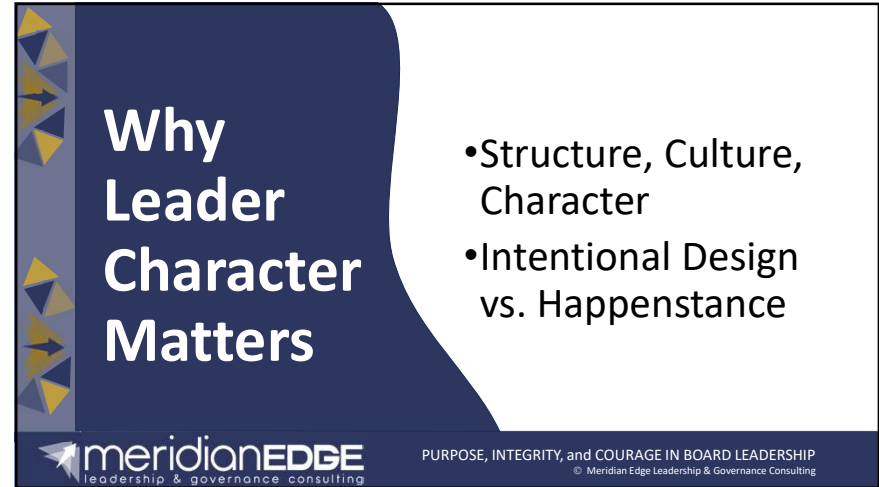
College of Medical Laboratory Technologists of Ontario

Leader Character

The Hidden Engine of Board Culture
Priming the Board for High-Integrity,
High-Impact Governance

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Why Leader Character Matters

- Structure, Culture, Character
- Intentional Design vs. Happenstance

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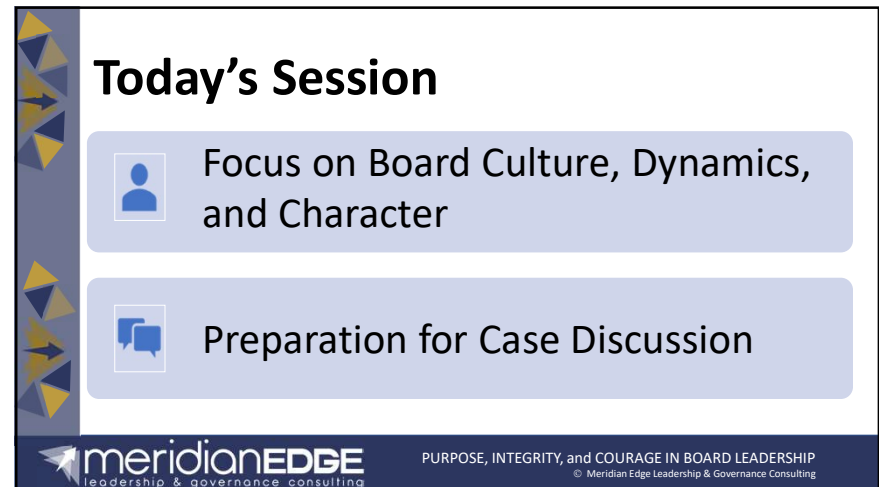


Elements Shaping Board Effectiveness



- Structure
- Dynamics
- Character
- Governance Philosophy

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Today's Session

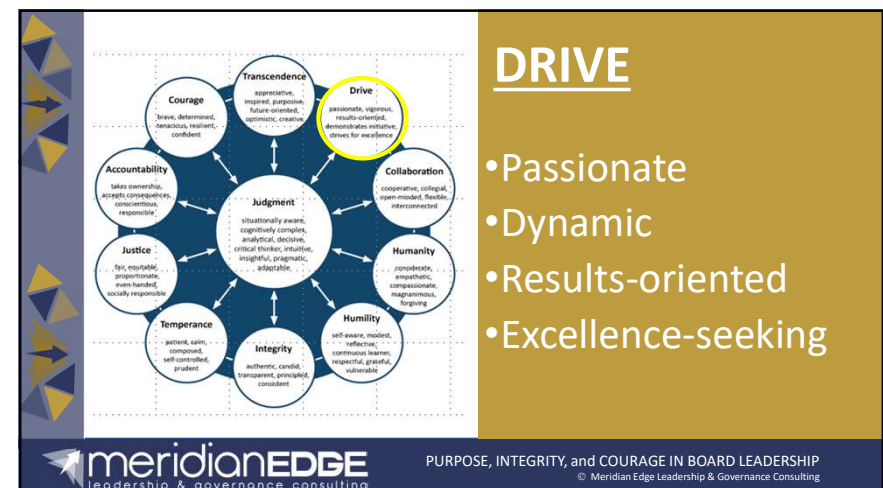
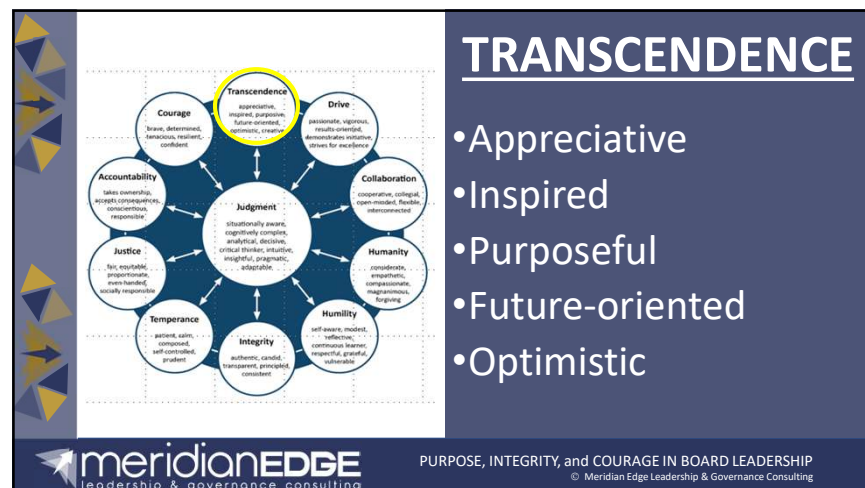
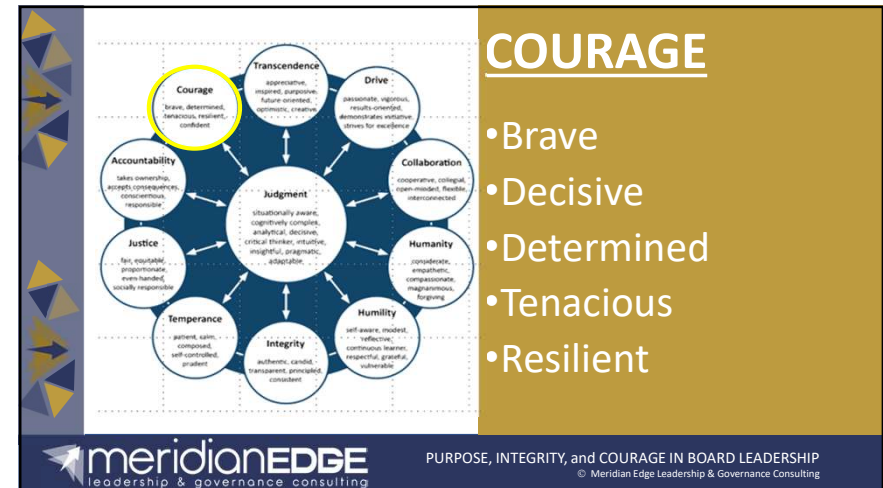
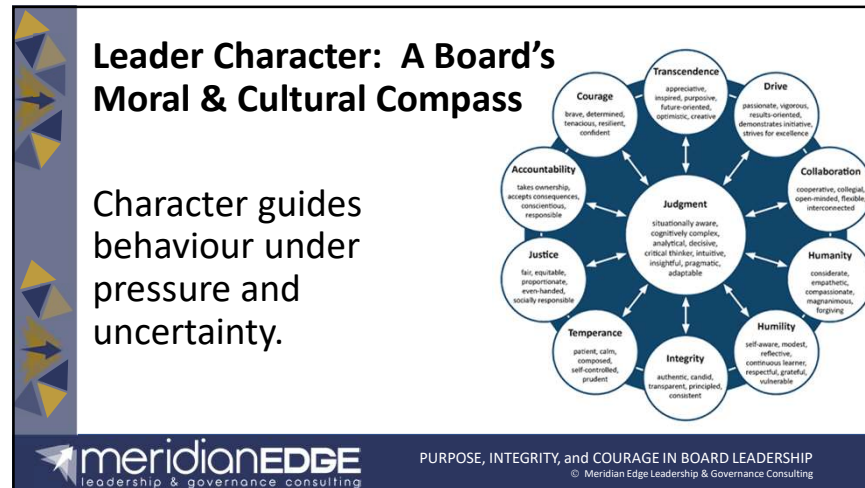
-  Focus on Board Culture, Dynamics, and Character
-  Preparation for Case Discussion

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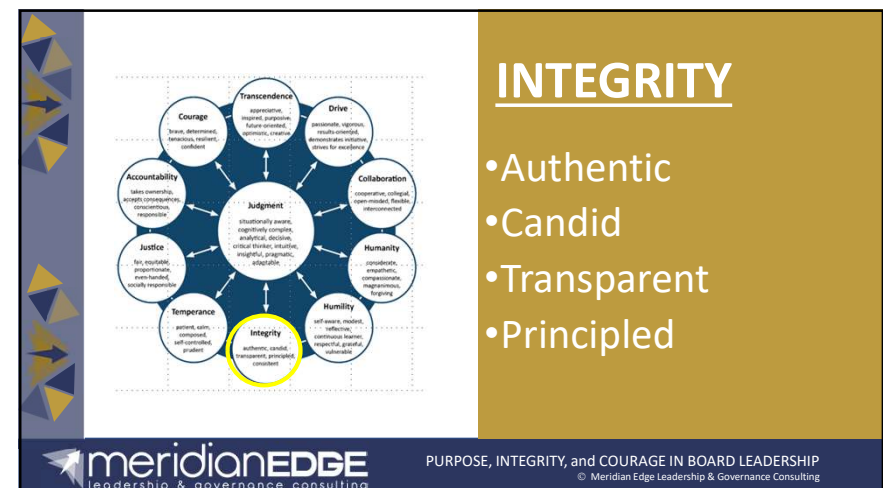
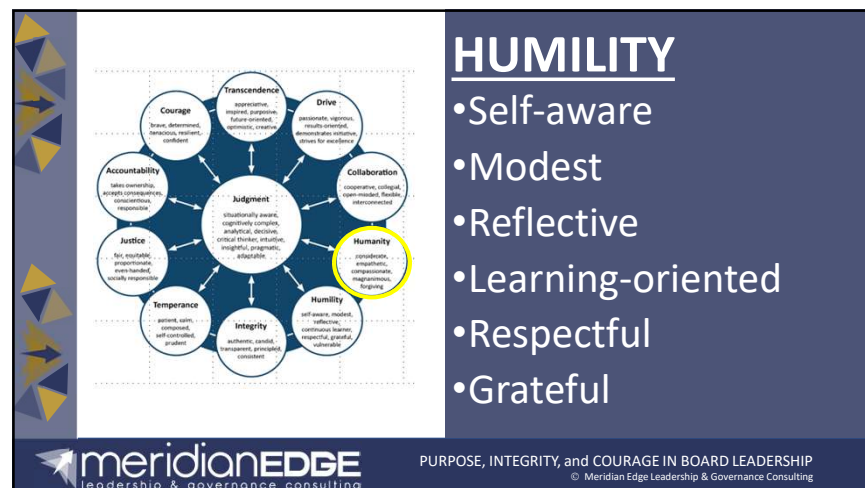
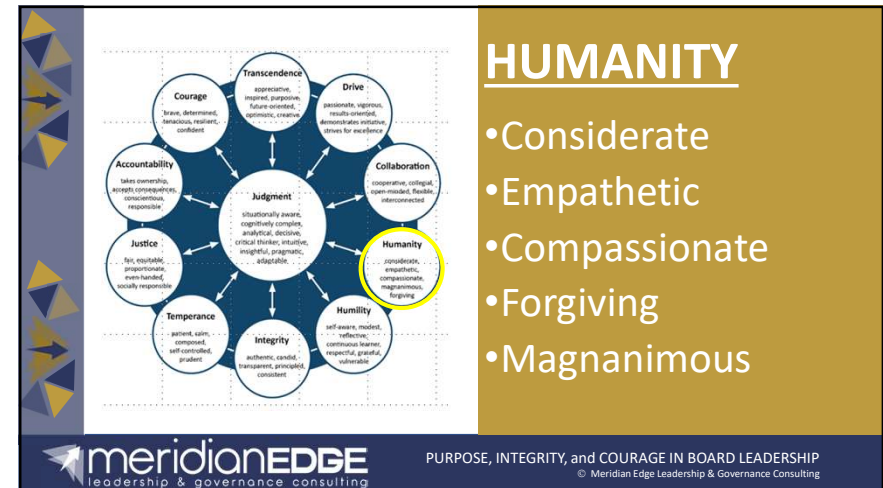
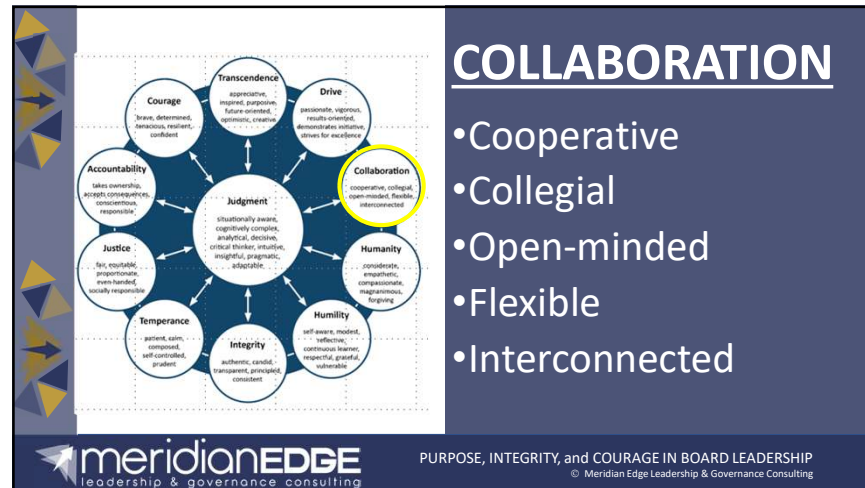
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The Hidden Engine of Board Culture -Priming the Board for High-Integrity, High-Impact Governance




TEMPERANCE

- Patient
- Calm
- Composed
- Self-controlled
- Prudent



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JUSTICE

- Fair
- Equitable
- Proportionate
- Even-handed




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ACCOUNTABILITY

- Responsible
- Conscientious
- Accepts consequences




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WISDOM

- Context-aware
- Analytical
- Intuitive
- Adaptive



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The Hidden Engine of Board Culture -Priming the Board for High-Integrity, High-Impact Governance

Communication Lines

- Board ↔ CEO
- Chair ↔ CEO
- Members ↔ Chair
- Members ↔ CEO
- Members ↔ Staff (limited)



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What Undermines Character

- Side conversations
- Lobbying
- Parking-lot negotiations



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Healthy Board Culture



- Psychological safety
- Respectful dissent
- Collective accountability
- Continuous learning
- Role clarity



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Reflection Questions

- Where are we strong?
- Where do we need growth?
- How do we act under pressure?



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The Hidden Engine of Board Culture -Priming the Board for High-Integrity, High-Impact Governance

Preparing for Case Discussion

- Bring competence/expertise
- Bring commitment/curiosity
- Bring character



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CLOSING

Board leader character and strong Board culture = foundation of trusted governance



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THANK YOU!

Karen Fryday-Field, MBA

Senior Consultant
469 Waterloo St., Unit 0
London, ON, N6B 2P4
Tel: 519-439-7503 • Fax: 519-963-2962
E: kfryday-field@meridianedgeconsulting.com
www.meridianedgeconsulting.com



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AGENDA ITEM 6.0

6.0	BOARD MONITORING AGENDA – CMLTO ENDS POLICIES
6.1	High Level Ends Policy 1 – Public Trust in Health Professions Regulation
6.2	High Level Ends Policy 2 – Accountable Professionals
6.3	High Level Ends Policy 3 – Effective Regulation with the Health System: Updated from September Board Meeting



High-Level Ends Policy Monitoring Report to Board of Directors

Date : November 26, 2025

From : John Tzountzouris, Registrar & CEO

Subject : HIGH LEVEL ENDS POLICY 1 - Public Trust in Health Professions Regulation

For the Period : January 1 – November 26, 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input checked="" type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST RATIONALE:

The CMLTO serves the public interest through achievement of the CMLTO Critical Outcomes/Ends Policies, which are developed by the Board of Directors to ensure safe medical laboratory technology practice and high-quality healthcare in Ontario. The Board regularly monitors the achievement of its Ends (Critical Outcomes) Policies through the monitoring reports presented to the Board of Directors by the Registrar and CEO.

Ends Policy 1 – Public Trust in Health Professions Regulation is intended to provide the Board of Directors with data/evidence to demonstrate progress toward achievement of Ends Policy 1 in pursuit of public interest.

Recommended Motion:

Be it resolved that:

- The Board understands the High Level Ends Policy 1 – Public Trust in Health Professions Regulation Monitoring Report; and
- The data provided gives sufficient evidence to demonstrate that the High Level Ends Policy 1 – Public Trust in Health Professions Regulation is being achieved.

Monitoring Report Analysis:

All High Level Ends Policy 1 outcomes are reported in the attached document which describes the actual results achieved in 2025, year to date, a graphical representation of achievement and residual risk, and a variance and risk description, as required.

The data provided clearly demonstrates that CMLTO has supported and positively influenced the health regulatory sector and policy decisions. The greatest impacts, year to date have been:

- CMLTO Staff have continued to implement exemplary regulatory processes, programs, and services along with ongoing process improvements in all areas. These outcomes have been achieved in 2025 against a backdrop of a high volume of complex registration and professional conduct cases, and an ongoing increased case load of new registrants.
- The public interest is clearly represented in regulatory processes as evidenced by the tremendous progress that has been made this year in relation to governance modernization and achievement of many aspects of the Public Interest Assessment Framework.
- Public access to information about how CMLTO uses effective regulatory processes to meet their needs has been advanced substantially in 2025 through the implementation and delivery of the comprehensive Board Careholder Linkage Plan, the ongoing effectiveness of the CMLTO social media channels, and the provision of CMLTO information in French.



Overall Conclusions:

I believe that the evidence presented demonstrates excellent progress on High Level Ends Policy 1 outcomes. I believe that the outcomes presented for 2025 demonstrate trustworthiness of CMLTO's processes to effectively regulate medical laboratory professionals and that effective CMLTO regulatory processes, programs and services exist.

Respectfully submitted by John Tzountzouris, Registrar & CEO, November 26, 2025.

HIGH LEVEL ENDS POLICY
The public received safe, high quality medical laboratory services provided by CMLTO registrants.
Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

HIGH LEVEL ENDS POLICY 1 – Effective Medical Laboratory Professions Regulation
The public interest is at the forefront of effective CMLTO regulatory processes.

Definitions
Effective regulatory processes are defined as being fair, transparent, timely, objective, evidence-informed, and right-touch.

REGISTRAR & CEO INTERPRETATION:
I interpret the “public” to include users and potential users of medical laboratory professionals’ services (i.e., the general public), as well as employers of medical laboratory professionals, and applicants for registration with the CMLTO.
I interpret “the public interest” to mean that all regulatory processes protect the public by ensuring they meet the requirements defined in law(s) and regulation(s), they include relevant best practices or standards, and they are responsive to public need.
I further interpret “right-touch” to mean that the level of regulation is proportionate to the level of risk to the public, in line with the definition and principles provided by the Professional Standards Authority, UK.

Conceptual Outcomes

- 1.1Effective CMLTO regulatory processes exist.
- 1.2The public interest is represented in regulatory processes that are responsive to their needs.
- 1.3The public has access to information about how CMLTO uses effective regulatory processes to meet their needs.

I interpret this policy will have been achieved in 2025 when:

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION											
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE	TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT	ANNUAL OUTCOME HEALTH / RISK MONITOR	
1.1 Effective CMLTO regulatory processes exist.	INTERNAL AND EXTERNAL INDICATORS OF REGULATORY PROCESS EFFECTIVENESS										
	General										
	1.1.1	1.1.1.1	Users of CMLTO regulatory processes (registration, quality assurance, professional conduct) report effectiveness.	1.1.1.1.a	Percent of users engaged in CMLTO regulatory processes state they are effective.	90% of users reported that regulatory processes demonstrate that the processes were effective.	11/14 (79%) of respondents to surveys found that the processes were effective.	Assessment of the effectiveness of regulatory processes as they relate to the public, registrants, employers and complainants.	Although there has been a low response rate, I believe that this outcome has been achieved.	100%	
		1.1.1.2	Regulatory processes are evidence informed.	1.1.1.2.a	Initiatives are planned that include regulatory trending information into regulatory processes, and/or regulatory processes demonstrate process improvements.	100% of planned initiatives to improve the regulatory processes are completed.	Research has been undertaken to improve the following regulatory processes: · Improvements to the Practice Review questions; · Inter-jurisdictional comparison of how phlebotomy is dealt with as a speciality; · Inter-jurisdictional comparison of how active engagement is dealt with by other regulators; · Implementing supports for a compassionate regulation approach in professional conduct. In all four cases, research and implementation of improvements were completed in 2025.	Regulatory initiatives must be informed by evidence to ensure effective regulation of the profession.	N/A	100%	
		1.1.1.3	Regulatory program employ risk-based approaches (i.e., "Right-touch").	1.1.1.3.a	Risk-based decision making frameworks and policies employ current Right Touch regulation principles and concepts.	100% of decision making frameworks and policies are reviewed to ensure current risk-based decision-making principles are included.	All relevant Statutory Committees were provided with orientation regarding "right touch regulation" and risk-based decision making frameworks.	Risk-based approaches embed concepts of Right Touch regulation, which is considered a best practice in effective regulation.	N/A	100%	
		1.1.1.4	CMLTO regulatory processes are effective as confirmed by the absence of any successful legal actions against CMLTO related to its regulatory processes.	1.1.1.4.a	Percent of legal actions taken against CMLTO related to its regulatory processes / outcomes which were successful.	None of the legal actions taken against the CMLTO related to its regulatory processes were successful.	There were no legal actions taken against CMLTO related to its regulatory processes / outcomes.	Tracking the legal actions taken against CMLTO related to its regulatory processes and analyzing the case outcomes and success ratios.	N/A	100%	
		1.1.1.5	The quality of third party providers and services to the CMLTO is evaluated and reported on publicly.	1.1.1.5.a	Providers of third party services are evaluated to determine their ability to meet CMLTO's strategic and legislative requirements.	100% of the planned third party services provided to CMLTO are evaluated. Where gaps or deficits exist, plans are developed to mitigate risks.	The evaluation of the services provided by CAMLPR is currently on hold pending the completion of service agreement between CAMLPR and the CMLTO for PLA and examination services.	Demonstrated ability of providers of third party services to meet CMLTO's strategic and legislative requirements.	Draft services agreements exist, and will be implemented in early 2026 after the completion of the Memorandum of Understanding between CAMLPR and CMLTO.	50%	
0											

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT	ANNUAL OUTCOME HEALTH / RISK MONITOR
	1.1.2	1.1.2.1	Application processes for registration are effective.	1.1.2.1.a	Percent of applicants that reported the application process to be effective, and outcomes of process improvement initiatives.	75% of applicants reported that the application processes for registration were effective.	91% (43/47) of applicants reported that the application processes for registration were effective.	Assessment of the effectiveness of the application processes for registration, and demonstration of ongoing process improvement.	N/A	100%	
		1.1.2.2	Application processes for registration are accurate.	1.1.2.2.a	Percent of new applications for registration that are confirmed to be accurate by internal audit.	100% of new registration applications are processed accurately. Where < 100%, list types of inaccuracies found in audit.	392 applications were processed, year to date. 7/392 (1.8%) of applications had inaccuracies upon review, and were corrected prior to release of the registration decision. Therefore, 100% of new registration applications were processed accurately.	Internal audit demonstrates that new applications are processed accurately.	N/A	100%	
		1.1.2.3	Application processes for registration are timely.	1.1.2.3.a	Percent of new applications for registration that are processed within prescribed turn around times.	100% of new applications for registration are processed within prescribed turn around times.	357/392 (91.1%) of the new applications processed year to date, were processed within the prescribed turnaround time of 21 calendar days. The average turnaround time 3.0 calendar days.	Demonstrated timeliness of application processes for registration.	Although the goal has not been met, it was due to a delay on the part of the applicant in providing supporting documentation, not on the part of the Registration Team, therefore the risk of the stated goal not being achieve is low.	91%	
		1.1.2.4	Appeal processes for registration are responded to and handled as required by legislation.	1.1.2.4.a	Internal and HPARB appeals for registration are responded to and handled within the required legislated timeframes, as confirmed by internal audit.	100% of internal and HPARB appeals for registration are responded to and handled within the required legislated timeframes.	There were zero (0) Registration case decisions appealed to HPARB, and two (8) appealed internally. Four (4) internal appeals were completed within internal turn around time goals, and four (4) are awaiting review by a Panel of the Registration Committee in 2025/26.	Demonstrated timeliness of registration appeal processes.	N/A	100%	
		1.1.2.5	Registration case decision appeals are upheld by the Health Professions Appeal and Review Board (HPARB) or Internal Appeals Panel.	1.1.2.5.a	Percent of Registration case decision appeals upheld by HPARB.	100% of Registration case decision appeals to HPARB upheld.	There were zero (0) Registration case decisions appealed to HPARB.	Demonstrated effectiveness of Registration case decision-making processes.	N/A	100%	
				1.1.2.5.b	Percent of Registration case decision appeals upheld by Internal Appeals Panel.	100% of Registration case decision appeals to Internal Appeals Panel upheld.	There were four (4) Registration case decisions appealed internally that were completed. One (1) of the appeals upheld the original decision and three (3) decisions were modified as a result of the internal appeal process and Registration Committee Panel decisions.	Demonstrated effectiveness of Registration case decision-making processes.	I consider this outcome achieved as the original decisions were upheld, with modifications based on new information provided to the Registration Committee Panel.	100%	
		1.1.2.6	Registration records on the Register are current and accurate.	1.1.2.6.a	Percent of registration records on the Public Register that are confirmed to be accurate by internal audit.	100% of registration records audited are accurately recorded on the Public Register.	90% of MLT records audited were accurate. Inaccurate records identified and discussed, and updated.	Internal audit demonstrates the accuracy of registration related data, and if required, identify and address any issues.	Although the target of 100% accuracy for information at the time of the audit was not met, the risk is low as any inaccuracies were addressed.	90%	
				1.1.2.6.b	Percent of registration records in the CMLTO registrant database that are confirmed to be accurate by internal audit.	100% of registration records audited are accurately recorded in the new CMLTO registrant database.	87.5% of MLT records audited were accurate. Inaccurate records identified and discussed, and updated.		Although the target of 100% accuracy for information at the time of the audit was not met, the risk is low as any inaccuracies were addressed, and improvements have been identified for implementation next year.	87.5%	
		1.1.2.7	Registration renewal processes are accurate.	1.1.2.7.a	Percent of registration renewals that are confirmed to be accurate by internal audit.	100% of registration renewals are processed accurately. Where < 100%, list types of inaccuracies found in audit.	A report delivered to the Registrar & CEO in March demonstrated that 100% of registration renewals were processed accurately.	Internal audit demonstrates that all registration renewals have been processed accurately.	N/A	100%	
		1.1.2.8	Registration processes demonstrate data collection compliance with the Ministry of Health (MOH) reporting requirements.	1.1.2.8	Quarterly reports to the MOH are submitted on time.	Quarterly MOH reports is submitted on time.	3/3 (100%) of quarterly MOH registration reports were submitted on time.	Demonstrated compliance with the MOH reporting requirements.	N/A	100%	
		1.1.2.9	Registration processes comply with the Ontario Office of the Fairness Commissioner (OFC) requirements and best practices.	1.1.2.9.a	Annual OFC fair registration practices report is submitted on time.	Annual OFC fair registration practices report is submitted on time, and released publicly.	The Annual OFC fair registration practices report was submitted on time, and released publicly.	Demonstrated compliance with the Ontario Office of the Fairness Commissioner (OFC) requirements and best practices.	N/A	100%	

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION											
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT	ANNUAL OUTCOME HEALTH / RISK MONITOR
		1.1.2.10	MLT Education Programs meet CMLTO requirements for MLT registration. Note: Accountability for education accreditation decision lies with the Health Standards Organization (HSO) EQual Program.	1.1.2.10.a	# of programs reviewed in year by HSO / EQual Program	# of programs reviewed in year by HSO / EQual Program.	Three (3) programs were reviewed this year, with CMLTO representation: · St. Clair College · Cambrian College · The Michener Institute for Education at UHN	CMLTO, as an HSO EQual Program Client, participates in oversight of EQual policies and processes, and the accreditation process of Ontario MLS Programs.	N/A	100%	
				1.1.2.10.b	# of programs receiving full or partial accreditation	# of programs receiving full or partial accreditation.	Three (3) accreditation decisions were rendered this year: · Anderson College - full accreditation received · St. Clair College - full accreditation received · Cambrian College - full accreditation received		N/A	100%	
Quality Assurance Processes											
1.1.3	1.1.3.1	Professional Portfolio Audit processes are reliable.	1.1.3.1.a	Percent of QA Professional Portfolio audits that are confirmed to be reliable by internal audit and outcomes of process improvement initiatives.	100% of QA Professional Portfolio post submission review is reliable. Where < 100%, list types of inaccuracies found in audit.	QAP staff conducted an internal Stage 2 audit for the audit cycle started in 2024 and completed in 2025 and the Stage 1 audit in 2025. Staff aligned in 96% of instances for the Stage 2 audit and 96% for the Stage 1 audit. Staff met and conducted a consensus session to align on discrepant results. Staff were able to reach consensus on 100% after group discussion.	Internal audit process to ensure that Professional Portfolio reports are accurate.	N/A	100%		
	1.1.3.2	Professional Portfolio processes are timely.	1.1.3.2.a	Percent of Professional Portfolios that are processed within prescribed turn around times (60 days).	100% of Professional Portfolios are processed within prescribed turn around times.	Stage 2 Professional Portfolio audit is currently underway and closes on December 31, 2025.	Demonstrated timeliness of quality assurance processes.	Fulsome data regarding the outcomes of the Stage II Professional Portfolio audit process will not be available until April 2026. A report will be provided to the Board at that time to update the achievement of these observable conditions.	10%		
	1.1.3.3	Practice Review processes are timely.	1.1.3.3.a	Percent of Practice Review audits that are processed within prescribed turn around times (30 days).	100% of Practice Review audits are processed within prescribed turn around times.	1139/1139 (100% of Practice Review audits were processed within the prescribed turn around time of 60 days.		N/A	100%		
	1.1.3.4	Competence Evaluation processes are timely.	1.1.3.4.a	Percent of Competence Evaluations that are processed within prescribed turn around times. Percent of Assessor Competence Evaluation reports are received within 10 days after the assessment.	100% of Competence Evaluations are processed within prescribed turn around times.	There were zero (0) Competence Evaluations that were required in 2025.		N/A	100%		
	1.1.3.5	Quality Assurance records are current and accurate.	1.1.3.5.a	Percent of QA records on the Public Register that are confirmed to be accurate by internal audit.	100% of QA records audited are accurately recorded on the Public Register.	100% of QA records audited were accurate.	Internal audit demonstrates the accuracy of QA related data, and if required, identify and address any issues.	N/A	100%		
			1.1.3.5.b	Percent of QA Registrant records that are confirmed to be accurate by internal audit.	100% of QA records audited are accurately recorded in the CMLTO registrant database.	76% of QA MLT records audited were accurate. Inaccurate records identified, discussed, and updated.		Although the target of 100% accuracy for information at the time of the audit was not met, the risk is low as any inaccuracies were addressed, and improvements have been identified for implementation next year.	76%		
	1.1.3.6	Professional Practice resources and process are improved.	1.1.3.6.a	Resources/Processes that are planned are implemented and demonstrate improvements in the College's regulatory requirement to support MLT practice.	100% of planned initiatives to improve the Professional Practice program are completed.	During the reporting period, the following Professional Practice resources were created and/or updated to support MLT practice: · Infographic on skill mix / scope of practice; · Updated Learning Goal resources; · 2026 PRISM module.	Testing best practices require ongoing analysis to facilitate continuous improvements.	N/A	100%		
Professional Conduct Processes											

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION												
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT	ANNUAL OUTCOME HEALTH / RISK MONITOR	
	1.1.4	1.1.4.1	Professional conduct processes are effective.	1.1.4.1.a	Percent of ICRC case decision appeals upheld by HPARB.	100% of ICRC case decision appeals to HPARB upheld.	There were zero (0) Discipline decisions appealed to HPARB.	Demonstrated effectiveness of ICRC case decision-making processes.	N/A	100%		
				1.1.4.1.b	Percent of Discipline committee decision appeals upheld by Divisional Court.	100% of Discipline committee appeals to Divisional Court upheld.	There were zero (0) Discipline decisions appealed to the Divisional Court.	Demonstrated effectiveness of Discipline committee case decision-making processes.	N/A	100%		
				1.1.4.1.c	Percent of Fitness to Practise (FTP) committee decision appeals upheld by Divisional Court	100% of appeals to Divisional Court upheld.	There were zero (0) Discipline decisions appealed to the Divisional Court.	Demonstrated effectiveness of Fitness to Practise (FTP) committee case decision-making processes.	N/A	100%		
				1.1.4.1.d	# and % of registrants who stated their mentorship sessions benefitted their MLT practice.	85% of registrants who engaged with a mentor identify the session(s) as having a positive influence on their MLT practice.	2/2 (100%)of registrants who engaged with a mentor identify the session(s) as having a positive influence on their MLT practice.	Demonstrated effectiveness of CMLTO mentors influencing MLT professional practice.	N/A	100%		
				1.1.4.1.e	# and % of cases or complaints received about an MLT with a prior case.	# of cases of MLTs with multiple cases in which decisions were issued and their outcomes	Three (3) of thirty-eight (38) Professional Conduct cases received this year (8%) had prior cases disposed of by Professional Conduct processes. In 100% of these cases, this information was considered in the disposition of these cases by the Registrar and/or by Statutory Committee.	Continued engagement with the Professional Conduct department may demonstrate improvements to create effective processes.	N/A	100%		
		1.1.4.2	Professional Conduct processes are timely.	1.1.4.2	# and % of complaints which have met statutory notice and disposition requirements	100% of registrants are notified within 14 days about a complaint made against them 100% of complaints are disposed of within 150 or 210 days	There were zero (0) complaints made against MLTs in 2025.	Demonstrated compliance with legislative requirements.	N/A	100%		
					# and % of investigator appointments are made within required timeframes	100% of investigator appointments are completed within 5 days of the approval	12/14 (77%) of investigator appointments are completed within five (5) days of the approval.		2/14 (23%) of investigator appointments are completed within six (6) days of the approval.	77%		
					# and % of investigator reports or health inquiry reports are provided to the registrant within required timeframes	100% of investigator reports are provided to the registrant within 14 days	10/10 (100%) of investigator reports were provided to the registrant within 14 days.		N/A	100%		
					# and % requests for sexual abuse funding for counselling or therapy are processed within required timeframes.	100% of requests for funding counselling or therapy are processed within 14 days in alignment with eligibility criteria.	There were zero (0) requests for funding counselling or therapy made in 2025.		N/A	100%		
		1.1.4.3	Professional Conduct records are current and accurate.	1.1.4.3.a	Percent of PC records on the Public Register that are confirmed to be accurate by internal audit.	100% of PC records audited are accurately recorded on the Public Register.	One hundred and sixty-two (162) MLT records are being analyzed to ensure all relevant information is accurately recorded on the Public Register. The audit is currently underway and will be completed in December.	Internal audit demonstrates the accuracy of PC related data, and if required, identify and address any issues.	The audit is currently underway and will be completed in December.	80%		
	1.1.4.3.b			Percent of PC records in the CMLTO Registrant database that are confirmed to be accurate by internal audit.	100% of PC records audited are accurately recorded in the CMLTO Registrant database.	One hundred and sixty-two (162) MLT records are being analyzed to ensure all relevant information is accurately recorded and correlates across Sharepoint and in iMIS. The audit is currently underway and will be completed in December.	The audit is currently underway and will be completed in December.		80%			
	1.2 The public interest is represented in regulatory processes that are responsive to their needs.	REGULATORY & GOVERNANCE PROCESSES EXIST & EVOLVE TO SUPPORT THE PUBLIC NEED										
		1.2.1	1.2.1.1	In-year governance and/or regulatory changes to legislation and regulation(s) are addressed.	1.2.1.1.a	Required in-year governance and/or regulatory process changes are implemented.	100% of required in-year governance and/or regulatory process changes are implemented.	1/1 (100%) of required in-year governance and/or regulatory process changes was implemented: · Updated applicant process for 'As of Right' registration, as required by regulation.	Demonstrated responsiveness to any in-year, unplanned legislative and regulatory changes.	N/A	100%	

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE	TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT	ANNUAL OUTCOME HEALTH / RISK MONITOR
	1.2.2	1.2.2.1	Governance and regulatory changes required to support the CMLTO By-Law are developed and/or implemented.	1.2.2.1.a	Required governance and regulatory changes to support the CMLTO By-Law are developed and/or implemented.	<p>100% of required governance and regulatory changes to support the CMLTO By-Law are developed and/or implemented.</p> <p>Policy Compliance with CMLTO By-Law 56/59 (94.9%) of Board Policies are in compliance with the CMLTO By-Law. The remaining three (3) Board Policies are on schedule to be reviewed and to be brought into compliance, and a risk assessment has been completed and presented to the Board.</p> <p>Policy Developments Planned for 2025 2/2 (100%) of planned policy objectives were completed through updates to existing policies.</p> <p>Although the 2025 work plan proposed developing two new policies—Appointment of the Registrar & CEO and Legal Review of Contracts and Agreements—the Board addressed these matters through targeted revisions to existing policies instead. The intended objectives were fully achieved without creating new standalone policies.</p> <p>Appointment of the Registrar & CEO The revised BSR III-01 (the umbrella Board-CEO Relationship Policy), which addressed the appointment process and vacancy management for the Registrar & CEO, was approved at the May Board meeting.</p> <p>Legal Review of Contracts and Agreements The revised EL II-15 Asset Protection Policy and EL II-16 Vendor Relations addressing the absence of provisions related to the legal review of contracts and agreements were approved at the September Board meeting.</p>	Governance and regulatory policies and processes are aligned with the CMLTO By-Law.	N/A	95%	
	1.2.3	1.2.3.1	Governance and regulatory changes required to support governance modernization are developed and/or implemented.	1.2.3.1.a	Required governance and regulatory changes to support governance modernization are developed and/or implemented.	<p>100% of required governance and regulatory changes to support governance modernization are developed and/or implemented.</p> <p>CMLTO Board Competency Framework Implementation Plan In 2025, Step 2 of the CMLTO Board Competency Framework Implementation Plan has been completed as planned:</p> <ul style="list-style-type: none"> February 2025 - The new GP IV-40 CMLTO Board Composition and Leadership Continuity Policy was approved. In September 2025, Contrasting Board Behaviours Connected with Desired Board Competencies and Characteristics were approved. For December 2025 – the following items will be presented to the Board: <ul style="list-style-type: none"> Competency-based election criteria for inclusion in the CMLTO By-Law, Proposed revisions to By-Law requirements related to Board eligibility, nomination, and election processes. <p>2025 External Evaluation of Board Effectiveness: Outcomes & Recommendations</p> <ul style="list-style-type: none"> An independent external evaluation of Board effectiveness was conducted by Governance Solutions Inc. (GSI) in 2025. The outcomes and recommendations from this evaluation were presented to the Board in November 2025. <p>Recommendations from the 2025 Govern for Impact Annual Learning Conference</p> <ul style="list-style-type: none"> To complement the external evaluation, a series of governance modernization recommendations from the 2025 Govern for Impact Annual Learning Conference were also presented to the Board in November 2025 for consideration. 	Governance and regulatory policies and processes are aligned with the Board's principles for governance modernization.	N/A	100%	
	1.2.4	1.2.4.1	Governance and regulatory changes required to support equity, diversity, inclusion, and justice are developed and/or implemented.	1.2.4.1.a	Required governance and regulatory changes to support equity, diversity, inclusion, and justice are developed and/or implemented.	<p>100% of required governance and regulatory changes to support equity, diversity, inclusion, and justice are developed and/or implemented.</p> <p>At its May meeting, the Board was introduced to the Global Diversity, Equity & Inclusion Benchmark (GDEIB) Framework, which will form the basis for any required governance and regulatory changes to support equity, diversity, inclusion, and justice in 2026 and beyond.</p>	Governance and regulatory policies and processes are in alignment with the Board's principles for equity, diversity, inclusion, and justice .	N/A	100%	

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE	TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT	ANNUAL OUTCOME HEALTH / RISK MONITOR
	1.2.5	1.2.5.1	CMLTO's Public Interest Assessment Framework (PIAF) is implemented.	1.2.5.1.a	Planned components of the CMLTO's Public Interest Assessment Framework are implemented.	100% of planned components of the CMLTO's Public Interest Assessment Framework were implemented, including: · Public consultations on the definition of the "Public Interest"; · Advancement of the Board Competency Framework Implementation Plan; · Independant evaluation of Board effectiveness.	Integrates a distinct focus on the public interest into governance and regulatory processes.	N/A	100%	
1.3 The public has access to information about how CMLTO uses effective regulatory processes to meet their needs.	1.3.1	The public has access to information related to governance and regulatory processes: • Board Governance • Registration • Quality Assurance • Professional Conduct • Patient Relations		1.3.1.1	Percent of planned governance and regulatory information accessible to the public: • Board Governance • Registration • Quality Assurance • Professional Conduct • Patient Relations	100% of planned governance and regulatory information are accessible to the public: • Board Governance • Registration • Quality Assurance • Professional Conduct • Patient Relations	A comprehensive approach for scheduling and executing social media content along with blog posts for 2025 was developed and implemented on a biweekly basis which shared topic areas to ensure all regulatory and governance information is being conveyed.	Demonstrates transparency of goverance and regulatory information.	N/A	100%
	1.3.2	Publicly available information is understandable.		1.3.2.1	The public confirms that information shared with them is understandable.	The public confirms that available information is understandable, and areas of improvement are identified and addressed.	The Public (the general Public and Employers) confirmed that information shared with them is understandable through engagement initiatives including the Public and Employer Focus Groups as part of the Board's 2025 Careholder Linkage Plan.	Demonstrates accessibility and understandability of publicly available information.	N/A	100%
	1.3.3	CMLTO's social media presence is effective.		1.3.3.1	Social media metrics demonstrate effectiveness of posts by way of subscriber activity. CMLTO X/Twitter account to post 3 times per week with a target engagement rate of 0.029% as per healthcare industry standards. CMLTO LinkedIn account to post 3 times per week with a target engagement rate of 2.2% as per healthcare industry standards. 200 total website users acquired organically through social media channels per month.	CMLTO X/Twitter account to post 3 times per week with a target engagement rate of 0.029% as per healthcare industry standards. CMLTO LinkedIn account to post 3 times per week with a target engagement rate of 2.2% as per healthcare industry standards. 200 total website users acquired organically through social media channels per month.	Target engagement rates for CMLTO's X/Twitter and LinkedIn channels were above target for every month in 2025. Eight hundred and seventy-seven (877) total website users were acquired organically through social media channelsis year to date. This amounts to seventy-nine (79) users acquired organically through social media channels per month.	Demonstrates effectiveness of CMLTO's social media presence and platforms as tools for directing traffic to the website.	Target engagement rates for the CMLTO social media channels are above target, indicating effectiveness of the channels on their own, however, this did not amount to achievement of the annual goal for driving traffic to the CMLTO website. The target for traffic to the website as a result of social media engagement rates will be adjusted in 2026 to reflect the current CMLTO experience.	100%

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES	MEASURE		TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT	ANNUAL OUTCOME HEALTH / RISK MONITOR
	1.3.4	CMLTO's website is effective.	1.3.4.1	Specific areas of the CMLTO website demonstrate active engagement, as evidenced by conversation rates and engagement times. Conversion rates are calculated by dividing active users by total views per targeted webpage and multiplying the total by 100. "Active users" is defined by unique users who engaged with the webpage. "Engaged sessions" are defined by a user spending more than 10 seconds on a page or viewing more than one page linked within.	Target conversion rates per user stream are as follows: Members of the public: 8% Applicants: 46% MLTs: 8% Employers: 6% Target engagement times (based on 2024 averages and industry standards) per user stream are as follows: Members of the public: between 15-25 seconds per landing page Applicants: between 15-20 seconds MLTs: between 20-30 seconds Employers: between 10-15 seconds	Target conversion rates per user stream were on or above target for all user streams for every month in 2025, with the exception of two months where the conversation rates for the employer stream was below target.	Demonstrates effectiveness of CMLTO's website through engagement from user groups.	N/A	95%	
	1.3.5	The public and registrants have access to French language services.	1.3.5.1	Percent of documents planned to be translated into French which are available publicly, and are accurate.	100% of planned requests for translation into French are addressed. The sample of these projects selected for audit are 100% accurate.	23/23 (100%) of planned translations are available publicly including: · Registration and Quality Assurance Committee policies · As of Right Attestation Form · 2023 Annual Report · 2023 Fair Registration Practices Report · IPC Case Studies	The public and registrants are entitled to receive services in French language, as defined in legislation.	N/A	100%	
			1.3.5.2	Percent of ad hoc requests for French language services that were addressed	100% of ad hoc requests for French language services were addressed.	13/13 (100%) of ad hoc requests for French translations are available publicly including: · Registrant letter templates · Voluntary Roster Guarantor Verification Form · All new CMLTO website pages		N/A	100%	
	1.3.6	All applicable statutory case decisions are available publicly.	1.3.6.1	Percent of statutory case decisions that are required to be posted on the Public Register are available publicly. · Registration · Quality Assurance · Inquiries, Complaints & Reports · Discipline · Fitness to Practice	100% of statutory case decisions that are required to be posted on the Public Register are available publicly, as confirmed by audit.	26/26 cases (100%) of cases are required to have Public Register entries. The audit is currently underway and will be completed in December.	Demonstrates compliance with regulatory requirements regarding statutory case decisions on the Public Register.	The audit is currently underway and will be completed in December.	80%	
			1.3.6.2	Percent of statutory case decisions, which are not available publicly, are available and reported in aggregate. · Registration · Quality Assurance · Inquiries, Complaints & Reports	100% of statutory case decisions, not available publicly, are available and reported in aggregate in the Annual Report.	100% of statutory cases decisions from 2024, not publicly available, were reported in aggregate in the 2024 Annual Report, published in 2025, as confirmed by internal audit.	Demonstrates transparency by reporting statutory case decisions, which are not available publicly, in aggregate in the Annual Report.	N/A	100%	

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES	MEASURE		TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT	ANNUAL OUTCOME HEALTH / RISK MONITOR
	1.3.7	Information provided to the Ontario laboratory employers is useful.	1.3.7.1	Percent of the Ontario laboratory employers who received CMLTO information indicated that the information provided to them was useful.	80% of the Ontario laboratory employers who received CMLTO information indicated that the information provided to them was useful.	Across the three employer newsletter issues distributed in 2025, twenty-seven (27) employers responded to an embedded survey. 17/27 (63%) of respondents indicated that the information provided was useful.	Demonstrates engagement from CMLTO Employer subgroup with push-communication strategies.	While the majority of Employers who responded to a survey indicated that the information provided to them was useful, the response rate was low, and additional or alternative feedback mechanisms will be investigated in the coming year to more accurately measure employer satisfaction with CMLTO information.	79%	

LEGEND: LEVEL OF ACHIEVEMENT (Interim Report) The level of achievement is graphically represented by two separate and distinct indicators. The first is the percentage of achievement to date and the second is the likelihood of the outcome being achieved, or the risk of the outcome not being achieved by the end of the current calendar year.	
Ends Achievement To-Date	The numerical representation of achievement demonstrates the percentage of the specific initiative that has been achieved as of the report date.
Annual Outcome Health Monitor	GREEN = Completed or on track for completion within the calendar year. YELLOW = In progress and will likely be completed within the calendar year. RED = Very little progress and/or unlikely to be completed within the calendar year.



High-Level Ends Policy Monitoring Report to Board of Directors

Date : November 26, 2025
From : John Tzountzouris, Registrar & CEO
Subject : HIGH LEVEL ENDS POLICY 2 - Accountable Professionals
For the Period : January 1 – November 26, 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input checked="" type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST RATIONALE:

The CMLTO serves the public interest through achievement of the CMLTO Critical Outcomes/Ends Policies, which are developed by the Board of Directors to ensure safe medical laboratory technology practice and high-quality healthcare in Ontario. The Board regularly monitors the achievement of its Ends (Critical Outcomes) Policies through the monitoring reports presented to the Board of Directors by the Registrar and CEO.

Ends Policy 2 – Accountable Professionals is intended to provide the Board of Directors with data/evidence to demonstrate progress toward achievement of Ends Policy 2 in pursuit of public interest.



Recommended Motion:

Be it resolved that:

- The Board understands the High Level Ends Policy 2 – Accountable Professionals Monitoring Report; and
- The data provided gives sufficient evidence to demonstrate that the High Level Ends Policy 2 – Accountable Professionals is being achieved.

Monitoring Report Analysis:

All High Level Ends Policy 2 outcomes are reported in the attached document which describes the actual results achieved in 2025, year to date, a graphical representation of achievement and residual risk, and a variance and risk description, as required.

The data provided clearly demonstrates that CMLTO has supported and positively influenced the health regulatory sector and policy decisions. The greatest impacts, year to date have been:

- All High Level Ends Policy 2 outcomes have been fully or partially achieved, with the exception of a fulsome review of our implementation of best practices related to Professional Practice, which has been deferred to 2025, as well as the completion of the full cycle of Stage 2 Professional Portfolio audits, which, in the same manner as previous year, will be completed in April 2026, and the specific outcomes will be presented to the Board at their second full meeting of 2026.
- CMLTO has effectively dealt with applications for authorization to practice in a single specialty, ensuring that the public interest is first and foremost in those decisions and outcomes. With the implementation of field-of-practice prior learning assessment and examinations by CAMLPR in 2025, these pathways to registration will continue to be more transparent in the coming years.
- Achievement of the High Level Ends Policy 2 observable conditions and outcomes in 2025 have been realized while the number of applications for registration continue to trend higher by 30% over the previous ten-year trend, the volume and complexity of both registration and professional conduct cases have increased, and the CMLTO migrated to a new Registrant database.



Overall Conclusions:

I believe that the evidence presented demonstrates excellent progress on High Level Ends Policy 2 outcomes. CMLTO staff has continued to provide exemplary regulatory programs, which have had a direct impact on accountable, competent and ethical Medical Laboratory Technologists' ability to practise safely, effectively and collaboratively consistent with current and evolving practice standards.

Respectfully submitted by John Tzountzouris, Registrar & CEO, November 26, 2025.

CMLTO REGISTRAR & CEO 2025 ENDS INTERPRETATION
CONSOLIDATED OPERATIONAL PERFORMANCE PLAN
(V2: January 9, 2025)

HIGH LEVEL ENDS POLICY
The public received safe, high quality medical laboratory services provided by CMLTO registrants.
Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

HIGH LEVEL ENDS POLICY 2 – Accountable Professionals
Accountable, competent and ethical Medical Laboratory Professionals practise safely, effectively, and collaboratively and consistent with current and evolving practice risks, standards, and professional obligations.

REGISTRAR & CEO INTERPRETATION:
I interpret “Medical Laboratory Professionals” to include CMLTO registrants, Voluntary Roster affiliates, and applicants of the College.

I interpret ‘accountable’ to mean that medical laboratory professionals understand and comply with their obligations and they are answerable for their conduct if these are not met in an adequate manner.

I interpret ‘competent’ to mean:

1.Entry to practice Competence – Applicants for registration with the CMLTO have met the requirements described in Ontario Regulation 207/94, Part I or have been approved by the Registration Committee, and
2.Continuing Competence – MLTs adhere to the requirements of the CMLTO Quality Assurance Program described in Ontario Regulation 207/94, Part IV and the CMLTO Standards of Practice.
3.Capacity – MLTs ensure they are mentally and physically capable of providing safe practice to the public of Ontario.

I interpret ‘ethical’ to mean that medical laboratory professionals conduct themselves in a way that is compliant the CMLTO Code of Ethics.
I interpret ‘evolving practice standards’ as the influence of medical laboratory professionals’ practice on the current CMLTO Standards of Practice.
I interpret ‘professional obligations’ as all requirements set out in law(s), legislation(s), CMLTO By-Law, CMLTO Standards of Practice, and documents relevant to medical laboratory professionals’ practice (i.e. CMLTO Practice Guidelines, Statutory Committee and internal policies), in alignment with sector and industry trends.

Conceptual Outcomes

2.1 Qualified applicants meet entry to practice requirements.
2.2 Medical laboratory professionals understand and comply with their practice obligations and risks, and they are answerable for their conduct if these are not met in an adequate manner.
2.3 Medical laboratory professionals’ evolving practice standards and professional risk profiles are supported in alignment with the CMLTO’s mandate.

I interpret this policy will have been achieved in 2025 when:

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS												
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT	ANNUAL OUTCOME HEALTH / RISK MONITOR	
2.1 Qualified applicants meet entry to practice requirements.	2.1.1	REGISTRATION PROGRAM OUTCOMES										
		2.1.1.1	MLT applicants are registered in accordance with registration regulations (O. Reg.207/94).	2.1.1.1.a	# and % of MLT applicants registered in accordance with registration regulations (O. Reg.207/94).	100% of MLT applicants registered in accordance with registration regulations (O. Reg.207/94).	355/355 (100%) of new applicants for registration were registered in accordance with the Registration Regulations.	Demonstration of compliance with registration processes defined in statute or bylaw.	N/A	100%		
		2.1.1.2	MLT applicants who do not meet registration requirements are referred to the Registration Committee.	2.1.1.2.a	# and % of MLT applicants who did not meet registration requirements and were referred to the Registration Committee.	100% of MLT applicants who did not meet registration requirements and were referred to the Registration Committee.	Twenty-six (26) cases were referred to the Registration Committee in 2025.		N/A	100%		
		2.1.1.3	MLT applicants are registered with terms, conditions and limitations, as required.	2.1.1.3.a	# of MLTs applicants registered with terms, conditions and limitations.	100% of MLT applicants are registered with terms, conditions and limitations, as required.	Ten (10) MLT applicants were registered with terms, conditions and limitations in 2025.		N/A	100%		
		2.1.1.4	MLT applicants are denied registration, as required.	2.1.1.4.a	# of MLT applicants who were denied registration .	100% of relevant MLT applicants are denied registration, as required.	Eight (8) applicants were denied registration in 2025.		N/A	100%		

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS											
		2.1.1.5	MLT applicants who decided not to pursue registration.	2.1.1.5.a	# of MLT applicants who decided not to pursue registration.	# of MLT applicants who decided not to pursue registration. - # not eligible - # lapsed - # withdrawn	Seven (7) applicants decided not to pursue registration in 2025.		N/A	100%	
		2.1.1.6	MLT applicants are registered in accordance with emergency registration processes.	2.1.1.6.a	# and % of MLT applicants registered in accordance with emergency registration processes. For those that were not registered, outline the reasons.	# and % of MLT applicants registered in accordance with emergency registration processes.	Zero (0) applicants registered in accordance with emergency registration processes.		N/A	100%	
		2.1.1.7	MLT applicants are registered in accordance with "As of Right" registration processes.	2.1.1.7.a	# and % of MLT applicants registered in accordance with "As of Right" registration processes. For those that were not registered, outline the reasons.	# and % of MLT applicants registered in accordance with "As of Right" registration processes.	Zero (0) applicants registered in accordance with "As of Right" registration processes.		N/A	100%	
		2.1.1.8	Practising MLTs, who are audited, demonstrate compliance with their Professional Liability Insurance By-Law requirements.	2.1.1.8.a	# and % of Practising MLTs, who are audited, demonstrate compliance with their Professional Liability Insurance By-Law requirements. # of Practising MLTs referred to the Registrar for non-compliance, and the outcomes of those decisions.	100% of Practising MLTs, who are audited, successfully demonstrate compliance with their Professional Liability Insurance By-Law requirements.	100/100 (100%) of audited Practising MLTs complied with the Professional Liability Insurance requirements defined in the CMLTO By-Law.		N/A	100%	
2.2 Medical laboratory professionals understand and comply with their practice obligations and risks, and they are answerable for their conduct if these are not met in an adequate manner.	2.2.1	QUALITY ASSURANCE PROGRAM OUTCOMES									
		Professional Portfolio									
		2.2.1.1	Practising MLTs are compliant with their Professional Portfolio obligations, and demonstrate learning.	2.2.1.1.a	# and % of Practising MLTs, who are audited for Stage 2, and successfully complete the audit, or are referred to the QAC.	100 % of Practising MLTs, who are audited, successfully complete Stage 2 of the Professional Portfolio. # of Practising MLTs referred to the QAC, and the outcomes of the QAC decisions.	One thousand, four hundred and thirty-five (1435) Practising MLTs were randomly selected for Stage 2 Professional Portfolio audit in 2025. The audit process is underway and the submission deadline is December 31, 2025.	Monitoring of Practising registrants' completion of the their QA obligations.	Fulsome data regarding the outcomes of the Stage II Professional Portfolio audit process will not be available until April 2026. A report will be provided to the Board at that time to update the achievement of these observable conditions.	10%	
				2.2.1.1.b	# and % of Practising MLTs, who are required to participate in the Professional Portfolio Support Program, and successfully complete the program, or are referred to the QAC.	100 % of Practising MLTs, who are required to participate in the Professional Portfolio Support Program successfully complete the program. # of Practising MLTs referred to the QAC, and the outcomes of the QAC decisions.				10%	
				2.2.1.1.c	# and % of Practising MLTs who require QAP support for their Professional Portfolio, and the outcomes of the intervention.	# and % of initial Stage 1 submissions which are approved upon resubmission. # and % of MLTs that required Stage 1 coaching sessions, and the outcomes of the sessions. # and % of initial Stage 2 submissions which are approved upon resubmission. # and % of MLTs that required Stage 2 coaching sessions, and the outcomes of the sessions.	758/758 (100%) of initial Stage 1 submissions which required resubmission were approved. Twelve (12) MLTs required coaching sessions for their Stage 1 submissions, and 12/12 (100%) submitted approved Stage 1 submission after coaching. The Stage 2 audit process is underway and the submission deadline is December 31, 2025.	Monitoring of the effectiveness of QAP staff support for Practising registrants in meeting their QA obligations.	Fulsome data regarding the outcomes of the Stage II Professional Portfolio audit process will not be available until April 2026. A report will be provided to the Board at that time to update the achievement of these observable conditions.	50%	
				2.2.1.1.d	# and % of Practising MLTs, who report that the PRISM topic was relevant to their professional practice.	75% of Practising MLTs, who report that the PRISM topic was relevant to their professional practice.	397/516 (77%) of Registrants felt that the PRISM topic was relevant to their professional practice.	Monitoring of the effectiveness of the for Practising registrants in meeting their QA obligations.	N/A	100%	
				2.2.1.1.e	# and % of Practising MLTs, who report that the Professional Portfolio enhanced the quality of their professional practice.	75% of Practising MLTs, who report that the Professional Portfolio enhanced the quality of their professional practice.	6/14 (43%) agreed or strongly agreed that the Professional Portfolio enhanced the quality of their professional practice.	Monitoring of the effectiveness of the for Practising registrants in meeting their QA obligations.	The Professional Portfolio was integrated into iMIS, and it being a new system may have led to confusion using the system and in turn, poor experience. Additionally, low number of the survey participants (14) which could bias the results.	43%	

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS											
		Practice Review									
		2.2.1.2	Practising MLTs, who are audited, that successfully complete the Practice Review.	2.2.1.2.a	# and % MLTs who demonstrate continued competence via the Practice Review.	100 % of audited Practising MLTs successfully meet the Practice Review criteria.	1139/1140 (99%) of audited Practising MLTs successfully met the Practice Review criteria. 1/1140 (0.08%) are outstanding and in the process of completing the required follow-up actions.	Monitoring of Practising registrants' completion of the their QA obligations.	N/A	99%	
				2.2.1.2.b	# and % of MLTs who do not successfully complete the Practice Review and are referred to QA Committee.	100 % of audited Practising MLTs, who fail their Practice Review are referred to QAC. Outcome of QAC reviews.	There were no referrals to the QAC as a result of MLTs not successfully completing the Practice Review in 2025.		N/A	100%	
		Competence Evaluation									
		2.2.1.3	Competence Evaluation processes provide an assessment of a registrant's competence in relation to the Standards of Practice.	2.2.1.3.a	Competence Evaluation Assessor's competence is maintained.	Annual Competence Evaluation Assessor Training sessions completed.	5/5 of Competence Evaluation Assessors successfully completed the summer Online Training session in August 2025. Planning is underway to schedule the winter orientation and training session for December 2025.	Evidence that Competence Evaluation Assessor's competence is maintained.	N/A	90%	
				2.2.1.3.c	# of Competence Evaluations conducted in year.	100 % of registrants who underwent a Competence Evaluation, as required.	There were zero (0) Registrants who were required to undergo a Competency Evaluation in 2025.	Monitoring of Practising registrants' completion of their QA obligations.	N/A	100%	
				2.2.1.3.d	# and % of MLTs who demonstrate competency in relation to the Standards of Practice via a Competence Evaluation.	100 % of registrants who underwent a Competence Evaluation, as required, demonstrated competency.	There were zero (0) Registrants who were required to undergo a Competency Evaluation in 2025.		N/A	100%	
				2.2.1.3.e	# and % of MLTs who do not demonstrate competence via the Competence Evaluation who: a) Achieve competence through remediation (or) b) Need alternate regulatory mechanisms applied.	100 % of registrants who underwent a Competence Evaluation, as required, who do not demonstrate competency, who achieved competence through remediation, or have alternate regulatory mechanisms applied.	There were zero (0) Registrants who were required to undergo a Competency Evaluation in 2025.		N/A	100%	
		PROFESSIONAL CONDUCT PROGRAM OUTCOMES									
		Conduct Cases									
		2.2.1.4	Medical laboratory professionals are answerable for their competence and conduct. Where applicable, decisions are made and monitored for these matters.	2.2.1.4.a	# of complaints received about MLTs	100% of complaints received by the College are responded to, as required.	Zero (0) complaints were received which were in the CMLTO's jurisdiction to address.	Demonstrated compliance with legislative requirements.	N/A	100%	
				2.2.1.4.b	# of reports received about MLTs	100% of reports received by the College are responded to, as required.	Thirty-one (31) reports were received which were in the CMLTO's jurisdiction to address.				
				2.2.1.4.c	# of self-disclosures & other inquiries	100% of self-disclosures & other inquiries are responded to as required.	One (1) self-disclosure was received which was in the CMLTO's jurisdiction to address.				
				2.2.1.4.d	# and type of ICRC case decisions and their outcomes	# of cases concluded with no further action and a summary of their decision	Five (5) cases concluded with no further action.				
						# of cautions issued and a summary of its content	One (1) caution administered.				
						# of Specified Continuing Education or Remediation Programs required and a summary of the requirements	Six (6) SCERPs ordered, all related to supporting ongoing competence.				
						# of cases with Terms, Conditions, or Limitations imposed.	One (1) cases with Terms, Conditions, or Limitations imposed.				
						# of case referrals to the Fitness to Practise Committee	Zero (0) referrals to the Fitness to Practice Committee.				
				# of case referrals to the Discipline Committee	Two (2) referrals to the Discipline Committee.						
		Capacity Matters									
		2.2.1.5	Medical laboratory professionals are answerable for their capacity. Where applicable, decisions are made and monitored for these matters.	2.2.1.5.a	# of self-disclosures related to incapacity made through annual renewal or throughout the year.	# of self-disclosures related to incapacity.	One (1) self-disclosure related to incapacity.	Demonstrated compliance with legislative requirements.	N/A	100%	
				2.2.1.5.b	# and general type of incapacity cases decisions and their outcomes	# of Inquiry Panel referrals and a summary of the reasons for the referral	Two (2) Inquiry Panel referrals related to incapacity.				

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS											
						# of Independent Medical Examination requests and a summary of the proposed monitoring requirements	Two (2) Independent Medical Examination requests related to incapacity.				
	2.2.2	PROFESSIONAL OBLIGATIONS									
	2.2.2.1	MLTs understand their professional obligations.	2.2.2.1.a	Registration - # and % of Practising MLTs who self-report that they hold professional liability insurance during annual registration renewal.	100% of Practising registrants who self-report non-compliance at renewal are contacted and issues are resolved or referred to Registrar & CEO, as appropriate.	10/6807 (0.15%) Practising Registrants self-reported non-compliance with their PLI obligations during annual registration renewal. The individuals were contacted, and confirmed that they reported this in error, and that they were in fact compliant with their PLI obligations.	Monitoring of Practising registrants' compliance with their professional obligations, as outlined in the CMLTO By-Law.	N/A	100%		
			2.2.2.1.b	Quality Assurance - # and % of Practising MLTs who self-report they understand their QA obligations during annual registration renewal.	100% of Practising registrants who self-report non-compliance at renewal are coached to achieve compliance or referred to QAC. Outcomes of QAC review.	19/6223 (0.31%) Practising Registrants self-reported non-compliance with the QA obligations. 100% of noncompliances resolved through contact with the Registrants.	Monitoring of Practising registrants' compliance with their QA obligations.	N/A	100%		
			2.2.2.1.c	Professional Conduct - # and % of MLTs who self-report unexpected responses to Professional Conduct declarations during annual registration renewal.	100% of MLTs who provide unexpected responses to Professional Conduct declarations at renewal are followed up by Professional Conduct staff. Conduct issue(s) that are identified are reviewed by the Registrar & CEO, as appropriate.	3/6807 (0.04%) of Registrants provided unexpected responses to Professional Conduct declarations at renewal. The individuals were followed up with by Professional Conduct staff and 100% of noncompliances resolved.	Monitoring of Practising registrants' compliance with their Professional Conduct obligations.	N/A	100%		
	2.2.2.2	MLTs renew their registration.	2.2.2.2.a	# and % of MLTs who renewed their registration.	# and % of MLTs who renewed their registration. For those that did not renew their registration, # and % in each category of reasons for non-renewal.	6807/7049 (96.5%) renewed registration 191/7049 (2.7%) resigned 51/7049 (0.7%) suspended	Monitoring of annual registration renewal process outcomes.	N/A	100%		
2.3 Medical laboratory professionals' evolving practice standards and professional risk profiles are supported in alignment with the CMLTO's mandate.	2.3.1	PRACTICE RISK FACTORS									
	2.3.1.1	Themes related to areas of risk in MLT practice are identified and registrants and key stakeholders are informed.	2.3.1.1.a	Description of risk profiles identified over the past 5-years (Using individual program and across-program review)	Report of risk profiles in MLT practice completed and findings shared with: • Registrar & CEO • Annual Report • Board • Registrants • Government, as appropriate	A report outlining themes of risk in MLT professional practice will be delivered to the R/CEO by mid-December and will be used to inform risk-informed regulatory initiatives in 2026.	Identify and report themes of risk in MLT practice to R/CEO: • Registration • Quality Assurance • Professional Conduct • Communications • Governance	N/A	100%		
	2.3.1.2	MLTs demonstrate compliance with RC decisions.	2.3.1.2.a	# and % of MLTs who successfully complied with their RC decision.	100% of MLTs who complied with their RC decision.	Twenty-four (24) cases were reviewed by a Registration Committee Panel, where compliance is required with the Panel's Decisions & Reasons. Sixteen (16) cases are still active, and eight (8) have met their requirements. There are currently zero (0) cases of non-compliance with a Registration Committee Panel decision.	Assessment of MLT professional practice risk.	N/A	100%		
	2.3.1.3	MLTs demonstrate compliance with QAC decisions.	2.3.1.3.a	# and % of MLTs who successfully complied with their QAC decision.	100% of MLTs who complied with their QAC decision.	Four (4) QAC cases with a decision required further regulatory intervention. 2/4 (50%) of the cases were referred to ICRC and are still in progress. 2/4 (50%) of the cases are in progress of completing the requirements of the QAC decision.	Assessment of MLT professional practice risk.	N/A	100%		
	2.3.1.4	MLTs demonstrate compliance with ICRC decisions.	2.3.1.4.a	# and % of MLTs who successfully complied with their ICRC decision.	100% of MLTs who complied with their ICRC decision.	Five (5) cases requiring compliance with an ICRC are ongoing and being monitored, but are yet to be resolved.	Assessment of MLT professional practice risk.		100%		
	2.3.1.5	MLTs demonstrate compliance with Acknowledgements & Undertakings (A & U).	2.3.1.5.a	# and % of MLTs who successfully complied with their A & Us.	100% of MLTs who complied with their A & Us.	1/2 (50%) of MLTs who have signed Acknowledgements & Undertakings (A & U) are compliant with the requirements. The other MLT is being monitored.	Assessment of MLT professional practice risk.	N/A	100%		
	2.3.1.6	MLTs demonstrate compliance with FTP decisions.	2.3.1.6.a	# and % of MLTs who successfully complied with their FTP decision.	100% of MLTs who complied with their FTP decision.	1/1 (100%) of MLTs have complied with their FTP decision.	Assessment of MLT professional practice risk.	N/A	100%		
	2.3.1.7	MLTs demonstrate compliance with Discipline decisions.	2.3.1.7.a	# and % of MLTs who successfully complied with their Discipline hearing decision.	100% of MLTs complied with their Discipline hearing decision.	1/1 (100%) of MLTs have complied with their Discipline hearing decision.	Assessment of MLT professional practice risk.	N/A	100%		

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS												
	2.3.2	PROFESSIONAL PRACTICE										
		2.3.2.1	Practice risk factors are better understood and investigated through the Professional Practice department.	2.3.2.1.a	An options analysis is completed to identify best practices related to Professional Practice inquiries.	A report is provided to the Registrar & CEO to describe potential improvements to the Professional Practice department.	A comprehensive set of professional practice resources, supported by a communications plan will be rolled out in December to address the increase in professional conduct cases related to breaches of privacy and confidentiality by MLTs.	Assessment of possible tools or resources to identify, analyze, and report on professional practice risks.	This outcome is being reported as 50% accomplished as a fulsome review of Professional Practice resources was not completed in 2025, as planned. However, one very important initiative, directly addresseing an emerging professional conduct trend has been completed this year.	50%		
	2.3.3	PRACTICE GUIDELINES										
		2.3.3.1	CMLTO's professional practice resources address contemporary professional practice issues, are congruent with the CMLTO's mandate, and are current, relevant and evidence-based.	2.3.3.1.a	The Guidelines for Supervision and Guidelines for Clinical Supervision of Students will undergo the professional practice resource review process and subsequently are updated or rescinded.	Guidelines for Supervision and Guidelines for Clinical Supervision of Students are updated or rescinded.	Retraining Guidelines for MLTs was revised, approved by the RC, and will be released publicly in December in English and French.	Professional Practice resources for MLTs reflect current practice and are aligned with the CMLTO's mandate.	N/A	100%		
				2.3.3.1.b	The Retraining Guidelines for MLTs will undergo the professional practice resource review process and subsequently are updated or rescinded.	Retraining Guidelines for MLTs are updated or rescinded.	Guidelines for Supervision and Guidelines for Clinical Supervision of Students was revised, approved by the RC, and will be released publicly in December in English and French.		N/A	100%		
				2.3.3.1.c	The IPC case studies will undergo the professional practice resource review process and subsequently are updated or rescinded.	The IPC case studies are updated or rescinded.	The IPC case studies were revised, approved by the QAC, and will be released publicly in December in English and French.		N/A	100%		

HIGH LEVEL ENDS POLICY 2 - Accountable Professionals 2.1 Medical Laboratory Professionals with alternative credentials are regulated such that they practice safely, effectively, and collaboratively. REGISTRAR & CEO INTERPRETATION: I interpret "alternative credentials" to mean applicants for registration who do not meet Ontario Regulation 207/94, Sections 2(1)1 through 8, as explicitly written, but are deemed equivalent by the Registration Committee, or approved by the Registrar. I interpret "are regulated" to mean that these applicants become CMLTO registrants through defined processes described in regulation and CMLTO policies, in support of the health human resource needs of the public. Conceptual Outcomes 2.1.1 Applicants demonstrate substantial equivalence to entry to practice competencies. I interpret this policy will have been achieved in 2025 when:										
HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS										
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES	MEASURE	TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT	ANNUAL OUTCOME HEALTH / RISK MONITOR	
2.1.1 Applicants demonstrate substantial equivalence to entry to practice competencies.	2.1.1.1	REGISTRATION PROGRAM OUTCOMES								
		2.1.1.1.1	A pathway for single specialty registration exists, and is publicly available.	2.1.1.1.1.a	A plan exists for creating a single specialty pathway for registration, in alignment with CMLTO's mandate, based on CAMLPR and internal initiatives.	A report outlining CMLTO's recommended approach for single specialty registration is provided to the Registrar & CEO, Board, and applicable Statutory Committees.	A report was presented to the Board at the February meeting. The Board was also kept up to date on CAMLPR progress throughout the year. A fulsome health human resource framework was presented to the Board at the September meeting which also addressed this initiative. The Registration Committee and Panels of the Registration Committee were kept up to date on CAMLPR progress, which influenced Panel decision making outcomes.	Demonstration of compliance with registration processes defined in statute or By-Law.	N/A	100%

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS											
		2.1.1.1.2	MLT applicants are registered in accordance with registration regulations (O. Reg.207/94).	2.1.1.1.2.a	# and % of MLT applicants registered in accordance with registration regulations (O. Reg.207/94).	100% of MLT applicants registered in accordance with registration regulations (O. Reg.207/94).	Eighteen (18) MLT applicants registered in single specialties accordance with registration regulations (O. Reg.207/94).		N/A	100%	
		2.1.1.1.3	MLT applicants are registered with terms, conditions and limitations, as required.	2.1.1.1.3.a	# of MLTs applicants registered with terms, conditions and limitations.	100% of MLT applicants are registered with terms, conditions and limitations, as required.	Eleven (11) MLT applicants registered in single specialties with terms, conditions and limitations.		N/A	100%	
		2.1.1.1.4	MLT applicants are denied registration, as required.	2.1.1.1.4.a	# of MLT applicants who were denied registration .	100% of relevant MLT applicants are denied registration, as required.	Six (6) MLT applicants requesting registration in a single specialty were denied registration.		N/A	100%	
		2.1.1.1.5	MLT applicants who decided not to pursue registration.	2.1.1.1.5.a	# of MLT applicants who decided not to pursue registration.	# of MLT applicants who decided not to pursue registration. - # not eligible - # lapsed - # withdrawn	One (1) MLT applicants requesting registration in a single specialty decided not to pursue registration. The applicant withdrew their application.		N/A	100%	

LEGEND: LEVEL OF ACHIEVEMENT (Interim Report) The level of achievement is graphically represented by two separate and distinct indicators. The first is the percentage of achievement to date and the second is the likelihood of the outcome being achieved, or the risk of the outcome not being achieved by the end of the current calendar year.	
Ends Achievement To-Date	The numerical representation of achievement demonstrates the percentage of the specific initiative that has been achieved as of the report date.
Annual Outcome Health Monitor	GREEN = Completed or on track for completion within the calendar year. YELLOW = In progress and will likely be completed within the calendar year. RED = Very little progress and/or unlikely to be completed within the calendar year.



High-Level Ends Policy Interim Monitoring Report to Board of Directors

Date : November 26, 2025

From : John Tzountzouris, Registrar & CEO

Subject : HIGH LEVEL ENDS POLICY 3 - Effective Regulation with the Health System

For the Period : January 1 – November 26, 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input checked="" type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST RATIONALE:

The CMLTO serves the public interest through achievement of the CMLTO Critical Outcomes/Ends Policies, which are developed by the Board of Directors to ensure safe medical laboratory technology practice and high-quality healthcare in Ontario. The Board regularly monitors the achievement of its Ends (Critical Outcomes) Policies through the monitoring reports presented to the Board of Directors by the Registrar and CEO.

Ends Policy 3 – Effective Regulation with the Health System is intended to provide the Board of Directors with data/evidence to demonstrate progress toward achievement of Ends Policy 3 in pursuit of public interest.



Since this Board received an interim report on this High Level Ends Policy in September, new information is presented in red font.

Recommended Motion:

Be it resolved that:

- The Board understands the High Level Ends Policy 3 – Effective Regulation with the Health System Monitoring Report; and
- The data provided gives sufficient evidence to demonstrate that the High Level Ends Policy 3 – Effective Regulation with the Health System is being achieved.

Monitoring Report Analysis:

All High Level Ends Policy 3 outcomes are reported in the attached document which describes the actual results achieved in 2025, year to date, a graphical representation of achievement and residual risk, and a variance and risk description, as required.

The data provided clearly demonstrates that CMLTO has supported and positively influenced the health regulatory sector and policy decisions. The greatest impacts, year to date have been:

- CMLTO's impact on and support of the CAMLPR initiatives in 2025 which will transform the medical laboratory technology sector into 2026.
- Comprehensive oversight of medical laboratory assistants and technicians has advanced during 2025, supported by an increased understanding of the importance of the regulatory initiative as evidenced by outcomes from discussions with the MOH, employers and professional associations.
- The launch of the mandatory Professional Portfolio for Voluntary Roster Affiliates.
- The establishment of foundational elements to advance new conceptual outcomes included in the Board's 2024-2026/27 Ends Policies will ensure that improvements to regulatory approaches and processes are planned and implemented, based on emerging health human resource and health system trends in the coming years.



Overall Conclusions:

I believe that the evidence presented demonstrates excellent progress on High Level Ends Policy 3 outcomes. CMLTO has positively influenced the health regulatory sector and policy decisions through collaborative relationships with key stakeholders, and advanced key proactive regulatory initiatives.

Respectfully submitted by John Tzountzouris, Registrar & CEO, November 26, 2025.

CMLTO REGISTRAR & CEO 2025 ENDS INTERPRETATION CONSOLIDATED OPERATIONAL PERFORMANCE PLAN (V2: January 9, 2025)											
<div>HIGH LEVEL ENDS POLICY</div> <div>The public received safe, high quality medical laboratory services provided by CMLTO registrants. Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):</div> <div>HIGH LEVEL ENDS POLICY 3 - Effective Regulation with the Health System</div> <div>Effective regulation and health care policy decisions are positively influenced through collaboration, relationship building, and partnerships.</div> <div>REGISTRAR & CEO INTERPRETATION:</div> <div>I interpret "Effective regulation and health care policy decisions are positively influenced" to mean that, based on its corporate knowledge, information, expertise, and values, CMLTO shapes the healthcare sector, as appropriate within its mandate, in the interest of public wellbeing.</div> <div>I interpret "collaboration, relationship building, and partnerships" to mean that CMLTO builds, maintains, and facilitates relationships, to enable positive influence on health profession regulation and policy decisions, between the following stakeholder groups:</div> <div>•CMLTO and the public, government, employers of medical laboratory professionals, and medical laboratory professional organizations;</div> <div>•CMLTO and its registrants;</div> <div>•CMLTO and other health regulatory Colleges;</div> <div>•Medical laboratory professionals and other health professionals.</div> <div>Conceptual Outcomes</div> <div>3.1 The CMLTO shares information to support and positively influence the health regulatory sector and policy decisions.</div> <div>I interpret this policy will have been achieved in 2025 when:</div>											
HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM											
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE	TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT (TO-DATE)	ANNUAL OUTCOME HEALTH MONITOR	
3.1 The CMLTO shares information to support and positively influence the health regulatory sector and policy decisions.	3.1.1	OVERALL									
		3.1.1.a	Requests for consultations on key regulatory topics are responded to, where appropriate.	3.1.1.a	Relevant requests are responded to within consultation timelines	100% of relevant requests are responded to within consultation timelines.	6/6 (100%) of relevant requests were responded to within consultation timelines. This includes three (2) requests from the OFC and CIHI, one (1) request from an employer, one (1) request from HPRO, and one (1) request from another regulatory College in Ontario.	Demonstrates CMLTO's responsiveness to relevant consultations.	N/A	100%	
		3.1.1.b	CMLTO influences MLT health human resource planning and policy development.	3.1.1.b-i	CMLTO Health Human Resources (HHR) Report exists by April 30, 2025.	CMLTO HHR Report is shared publicly by April 30, 2025.	The CMLTO publicly released its fourteenth annual Medical Laboratory Technologist Health Human Resource Exploration report in English and French on May 1, 2024.	Demonstrates CMLTO sharing knowledge with the health care sector.	N/A	100%	
				3.1.1.b-ii	CMLTO submits HPDB data on time.	CMLTO submits HPDB data on time.	The CMLTO submitted its 2025 Health Professions Database (HPDB) submission on July 6, 2025.		N/A	100%	
				3.1.1.b-iii	CMLTO submits CIHI data on time.	CMLTO submits CIHI data on time.	The CMLTO submitted its 2025 CIHI Health Workforce Data Collection submission on July 9, 2025.		N/A	100%	
				3.1.1.b-iv	CMLTO responds to requests for HHR data within timelines, as required.	100% of relevant requests for HHR data are responded to within timelines.	There were three (3) requests for HHR data, which involves a quarterly reporting requirement to the MOH. The data was submitted on time in all cases.		N/A	100%	
	MINISTRY OF HEALTH										
	3.1.2	3.1.2.a	CMLTO's College Performance Measurement Framework (CPMF) Report is publicly available and the requirements are addressed.	3.1.2.a-i	CMLTO College Performance Measurement Framework (CPMF) Report is submitted to MOH.	CMLTO College Performance Measurement Framework (CPMF) Report to be submitted to MOH by March 31, 2025, and made publicly available.	The CMLTO College Performance Measurement Framework (CPMF) Report was submitted to MOH, and made publicly available, on March 27, 2025.	Regulatory requirement from the MOH.	N/A	100%	
				3.1.2.a-ii	An analysis of CMLTO's ability to meet the CPMF requirements exists.	A report of CMLTO's ability to meet the CPMF requirements, including a plan to address any gaps, is provided to the Board.	A report of CMLTO's ability to meet the CPMF requirements, including a plan to address any gaps, was provided to the Board at the May 2025 meeting.	Demonstrates compliance with the CPMF requirements.	N/A	100%	
		3.1.2.b	Ontario Ministries' initiatives / directives are responded to in a timely manner.	3.1.2.b	# and type of Ministry initiatives/directives responded to on time.	Ministry initiatives / directives are addressed within required timelines.	There were three (3) requests for HHR data, which involves a quarterly reporting requirement to the MOH. The data was submitted on time in all cases. CMLTO responded to the MOH directive related to "As of Right" regulatory changes, and made public an attestation form, as required by the revised regulations.	Demonstrates CMLTO's responsiveness to relevant initiatives / directives.	N/A	100%	
3.1.3	CANADIAN ALLIANCE OF MEDICAL LABORATORY PROFESSIONAL REGULATORS (CAMLPR)										

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM											
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT (TO-DATE)	ANNUAL OUTCOME HEALTH MONITOR
		3.1.3.a	National regulatory policies and practices are influenced through CMLTO's participation in CAMLPR.	3.1.3.a	Quarterly Incidental Reports by Registrar & CEO.	Quarterly Incidental Reports by Registrar & CEO.	Quarterly Incidental Reports have been provided to the Board by the Registrar & CEO. Key accomplishments to date include: · CAMLPR hired an Executive Director, and key support staff. · The Board of Directors adopted a formal governance approach and is in the process of finalizing an MOU with CAMLPR. · The "Flexible Pathways" project was launched in June. · Changes to the provision of the national competency profiles, prior learning assessment processes and certification examinations was communicated to all key partners.	CMLTO contributes to national regulatory policies and practices.	N/A	100%	
	3.1.4	EMPLOYERS									
	3.1.4.a	The CMLTO Board's planned linkage with Employers are completed and outcomes are reported.	3.1.4.a	Planned linkages with Employer Careholder group are in line with 2025 Board Careholder Linkage Plan and outcomes are reported.	100% of planned linkages with Employers as part of 2025 Board Careholder Linkage Plan are complete.	100% of planned linkages with Employers as part of 2025 Board Careholder Linkage Plan are complete, including: · An employer survey was launched and the results evaluated. · An employer Focus Group was held on July 23, 2025 and the results were presented to the Board at the September meeting.	Demonstrates that the CMLTO 2025 Board Careholder Linkage Plan with Employer group is completed.	N/A	100%		
	3.1.5	PUBLIC									
	3.1.5.a	The public has an understanding of key aspects of the medical laboratory technology sector.	3.1.5.a	Information is shared with the public, in accordance with the the 2025 Board Careholder Linkage Plan and outcomes are reported.	100% of planned linkages with the public, as prescribed by the Board Careholder Linkage Plan, are completed.	100% of planned linkages with the Public as part of 2025 Board Careholder Linkage Plan are complete or underway, including: · Launch and completion of a public engagement strategy. · Launch and completion of survey targetted at members of the public. Three hundred and seventy (370) responses were received. The outcomes were presented to the Board at the September meeting. · A Public Focus Group was held on October 1, 2025 with participation from the CMLTO Board of Directors.	Demonstrates completion of the 2025 Board Careholder Linkage Plan.	N/A	100%		
	3.1.6	PROFESSIONAL ASSOCIATIONS									
	3.1.6.a	CMLTO monitors and addresses Professional Association programs and activities which intersect or potentially impact CMLTO's regulatory mandate.	3.1.6.a	Professional Association programs and/or initiatives that intersect or potentially impact CMLTO's regulatory mandate are addressed.	100 % of Professional Association programs and/or initiatives that intersect or potentially impact CMLTO's regulatory mandate are addressed.	All CSMLS and MLP AO initiatives that intersect with CMLTO's regulatory mandate have been addressed, to date including advocacy efforts RE: regulation of medical laboratory assistants & technicians in Ontario, the transition to the CAMLPR national competency profiles, prior learning assessment processes and certification examinations, and one (1) professional conduct case in progress that required collaboration with the CSMLS.	Demonstrates leadership in line with the CMLTO mandate.	N/A	100%		

3.1 Regulation for Medical Laboratory Technicians and Assistants exists for the protection and safety of the public.

REGISTRAR & CEO INTERPRETATION:

I interpret "Regulation" to mean that mechanism(s) exist which assures the public that:

•Only qualified medical laboratory assistants and technicians are authorized to practice;

•Medical laboratory assistants and technicians are required to maintain their competence; and

•Medical laboratory assistants and technicians are accountable for their conduct.

I interpret 'medical laboratory assistants and technicians' to mean individuals working in licensed laboratories as 'technicians' in Ontario, as defined by Ontario Regulation 45/22 under the *Laboratory and Specimen Collection Centre Licensing Act, 1991* , and/or those included as Affiliates on the CMLTO Voluntary Roster.

I interpret the advancement of this regulatory initiative to be for the protection and safety of the public through sharing of information about the public's interest and engaging relevant parties, and moving processes closer to those of statutory regulation.

Conceptual Outcomes

3.1.1 Regulation of medical laboratory assistants and technicians is advanced.

I interpret this policy will have been achieved in 2025 when:

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM

CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES	MEASURE	TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT (TO-DATE)	ANNUAL OUTCOME HEALTH MONITOR
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HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM										
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE	TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT (TO-DATE)	ANNUAL OUTCOME HEALTH MONITOR
3.1.1 Regulation of medical laboratory assistants and technicians is advanced.	3.1.1.1	ADVANCING THE REGULATORY INITIATIVE								
		3.1.1.1.1	Stakeholders support the need to have regulation of medical laboratory assistants and technicians.	3.2.1.1.1.a	Key stakeholders understand the importance of regulation.	Outcomes of engagements with key stakeholders. · Engaged in meetings with the MOH and employers (hospital and community laboratories) regarding the regulatory initiative. · Provided an updated rationale for the regulatory initiative to the Minister of Health's office, and senior staff within the Ministry of Health. · Discussed the regulatory initiative with professional associations. · Worked regularly with a Government Relations firm to advance the initiative.	Demonstrates support for the regulatory initiative, as an important strategic lever. Also demonstrates that CMLTO seizes relevant opportunities to provide information about the regulation of medical laboratory assistants and technicians to external organizations.	N/A	100%	
				3.2.1.1.1.b	Employers include medical laboratory assistants and technicians on the Voluntary Roster as a preferred qualification of employment.	Increase in number of employers supporting MLA/T regulation year over year. · Launched and completed a survey of employers regarding the regulatory initiative which demonstrated that eight (8) employers currently have "inclusion on the CMLTO Voluntary Roster" as a preferred asset for new hires, that 97% of employers who responded to the survey (30/31) supported the regulation of medical laboratory assistants and technicians in Ontario. · Held an employer Focus Group as part of the Board's Careholder linkage plan in which 100% of employers reported support for the regulatory initiative. · Held a follow up meeting with a subset of eleven (11) employers interested in further supporting the regulatory initiative.	Employer support for the regulatory initiative is an important strategic lever. Year over year increase in that support is the goal.	N/A	100%	
				3.2.1.1.1.c	Information is provided to MLTs and medical laboratory assistants and technicians to highlight the importance of regulation.	Outcomes of opportunities to provide information to MLTs and medical laboratory assistants and technicians. · Refreshed and revamped the webpage on the CMLTO website related to the regulation of medical laboratory assistants and technicians in Ontario. · Developed and shared an infographic on the regulatory initiative through the CMLTO website, email communications and social media channels.	MLT and MLA/T support for the regulatory initiative is an important strategic lever.	N/A	100%	
				3.2.1.1.1.d	Information is provided to the public of Ontario about medical laboratory assistants and technicians and the importance of regulating these professionals is highlighted.	Outcome of public engagement initiatives demonstrates support for the regulation of MLA/Ts. Public survey launched through BlogTO, Zoomer Media, and CMLTO social media channels. Of the three hundred and sixty-four (364) survey responses in May 2025, 90% of public respondents supported the regulation of MLA/Ts.	Increase public awareness and education about MLA/Ts and the current state of regulation of these professionals.	N/A	100%	
		3.1.1.1.2	Evidence exists to support the case for comprehensive oversight of medical laboratory assistants and technicians.	3.1.1.1.2.a	Non-MLT reports and complaints submitted to CMLTO are tracked and analyzed. A summary of this information is included in the Annual Report.	# and % of non-MLT reports and complaints submitted to CMLTO are summarized. The themes from non-MLT expressed concerns are analyzed and included in the Annual Report.	Support for the regulation of MLA/T is critical to public confidence in the health care system .	N/A	100%	
	3.1.1.2	VOLUNTARY ROSTER								
		3.1.1.2.1	All qualified applicants are rostered in accordance with CMLTO Voluntary Roster criteria.	3.1.1.2.1.a	# and % new medical laboratory assistants and technicians applicants rostered in accordance with CMLTO Voluntary Roster criteria.	100% of qualified applicants are rostered in accordance with CMLTO Voluntary Roster criteria. Five (5) new Voluntary Roster Affiliates met the criteria in 2025, to date.	Demonstration of compliance with Voluntary Roster registration processes.	N/A	100%	
		3.1.1.2.2	Application processes for registration are timely.	3.1.1.2.2.a	Percent of new VR applications that are processed within required turn around times.	100% of new VR applications are processed within prescribed turn around times. 100% of new VR applications have been processed within the prescribed turn around time of twenty-one (21) days, year to date.	Demonstrated timeliness of VR application processes for registration.	N/A	100%	
		3.1.1.2.3	Application processes for registration are accurate.	3.1.1.2.3.a	Percent of registration records on the Public Register that are confirmed to be accurate by internal audit.	100% of registration records audited are accurately recorded on the Public Register. 82% of VR affiliate records on the Public Register were accurate by internal audit. All discrepant results were discussed and updated (where applicable).	Internal audit demonstrates the accuracy of registration related data, and if required, identify and address any issues.	N/A	100%	

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM											
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT (TO-DATE)	ANNUAL OUTCOME HEALTH MONITOR
			VR records on the Register are current and accurate.	3.1.1.2.3.b	Percent of registration records in the CMLTO registrant database that are confirmed to be accurate by internal audit.	100% of registration records audited are accurately recorded in the new CMLTO registrant database.	87.5% of MLT records audited were accurate. Inaccurate records identified and discussed, and updated.		Although the target of 100% accuracy for information at the time of the audit was not met, the risk is low as any inaccuracies were addressed.	88%	
		3.1.1.2.4	VR affiliates renew their registration and renewal processes are determined to be accurate.	3.1.1.2.4.a	# and % of VR affiliates who renewed their VR registration	100% of VR affiliates who renew do so successfully 100% of audited renewals are processed accurately	The 2025 Voluntary Roster renewal period was aligned with that of MLTs after the implementation of iMIS in 2024. Of the sixty-six (66) Voluntary Roster Affiliates who were eligible to renew, fifty-eight (58) renewed, one (1) resigned, and seven (7) were suspended. The accuracy of renewal processing was reviewed internally which confirmed that 100% of audited renewals were processed accurately.	Monitoring of annual registration renewal process outcomes and Internal audit demonstrates that all VR renewals have been processed accurately. Report provided to R/CEO.	N/A	100%	
		3.1.1.2.5	Support is provided for the Voluntary Roster Professional Portfolio	3.1.1.2.5.a	# and % of VR Affiliates who require QA support for their Professional Portfolio, and the outcomes of the intervention.	# and % of VR Affiliates that required coaching sessions, and the outcomes of the sessions.	Fifty-eight (58) Stage 1 Professional Portfolio audit notices were provided to Voluntary Roster Affiliates. Fifty-five (55) completed an adequate Stage 1 submission initially. Three (3) required support, and 2/3 have completed their Stage 1 requirements.	Monitoring of the effectiveness of QA staff support for VR affiliates.	N/A	200%	
		3.1.1.2.6	VR Professional Portfolio processes are timely.	3.1.1.2.6.a	Percent of VR Professional Portfolios that are processed within prescribed turn around times (60 days).	100% of VR Professional Portfolios are processed within prescribed turn around times.	Eleven (11) Voluntary Roster Affiliates were selected and notified of a Stage 2 audit. The audit process is underway, and therefore, no turn around time data is available as of the date of this report.	Demonstrated timeliness of quality assurance processes.	The achievement of this outcome is reported at 75% as the audit process is currently underway. Full achievement expected within the calendar year.	75%	
		3.1.1.2.7	VR Professional Portfolio Audit processes are reliable.	3.1.1.2.7.a	Percent of VR Professional Portfolio audits that are confirmed to be reliable by internal audit and outcomes of process improvement initiatives.	100% of VR Professional Portfolio post submission review is reliable. Where < 100%, list types of inaccuracies found in audit.	Eleven (11) Voluntary Roster Affiliates were selected and notified of a Stage 2 audit. The audit process is underway, and therefore, no reliability data is available as of the date of this report.	Internal audit process to ensure that Professional Portfolio reports are accurate.	The achievement of this outcome is reported at 75% as the audit process is currently underway. Full achievement expected within the calendar year.	75%	
		3.1.1.2.8	Professional Conduct Inquiries, Complaints and Reports cases regarding VR Affiliate practice are disposed of in a fair, objective, effective, and timely manner.	3.1.1.2.8.a	Number of Professional Conduct VR Affiliate matters	100% of cases are followed through in alignment with VR processes.	Zero (0) cases of Professional Conduct for Voluntary Roster Affiliates were received, year to date.	Demonstrated actions in alignment with the VR program requirements for affiliate conduct.	N/A	100%	
		3.1.1.2.9	Regulatory processes for the Voluntary Roster Affiliates mirror those of the MLTs, as appropriate.	3.1.1.2.9.a	Reference documents which support the Voluntary Roster and Roster Affiliates are updated.	100% of reference documents which support the Voluntary Roster and Roster Affiliates are updated.	During the reporting period, the CMLTO: · Refreshed and revamped the webpage on the CMLTO website related to the regulation of medical laboratory assistants and technicians in Ontario. · Developed and shared an infographic on the regulatory initiative through the CMLTO website, email communications and social media channels.	Ongoing alignment of registration, QA, and PC resources and processes between the Voluntary Roster and MLT regulatory processes.	N/A	100%	
				3.1.1.2.9.b	A registration framework exists to inform draft registration requirements that outlines the practice differences between MLTs, MLATs, and Phlebotomists.	A framework exists that identifies similarities and differences in the application of the controlled act between MLTs, MLATs, and Phlebotomists which is used to inform proposed registration requirements.	The Ministry of Health released a guidance document in June 2025 related to the duties and responsibilities of laboratory technicians, which clarified the respective roles of laboratory professionals.		N/A	100%	
				3.1.1.2.9.c	Updated Professional Conduct processes and declarations are implemented.	Updated Professional Conduct processes are implemented.	The Professional Conduct application and annual renewal declarations were reviewed and reported to R/CEO. The processes for monitoring Professional Conduct compliance were implemented in alignment with MLT statutory requirements. No non-compliant Voluntary Roster Affiliates have been identified, year to date.		N/A	100%	

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM											
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT (TO-DATE)	ANNUAL OUTCOME HEALTH MONITOR
3.2 Emerging health human resource trends impact future planning.											
REGISTRAR & CEO INTERPRETATION: I interpret “Emerging health human resource trends” to mean current and future needs of the public, employers, and the health care system related to the professional practice of CMLTO registrants. I interpret “future planning” to mean improvements to regulatory approaches and processes, implemented in a proactive manner, based on emerging health human resource and health system trends.											
Conceptual Outcomes											
3.2.1 Improvements to regulatory approaches and processes are planned and implemented, based on emerging health human resource and health system trends.											
I interpret this policy will have been achieved in 2025 when:											
HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM											
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT (TO-DATE)	ANNUAL OUTCOME HEALTH MONITOR
3.2.1 Improvements to regulatory approaches and processes are planned and implemented, based on emerging health human resource and health system trends.	3.2.1.1	3.2.1.1.1	Engagement strategy that determines HHR trends / approaches within the College’s regulatory mandate	3.2.1.1.1.a	The CMLTO’s and other relevant parties roles and responsibilities are investigated and defined to establish boundaries for implementing change based on HHR and health system trends.	A plan exists to identify, engage, and assess the insights of other relevant parties to inform CMLTO’s approach for implementing regulatory changes based on HHR and health system trends.	During the reporting period, insights of other relevant parties to inform CMLTO’s approach for implementing regulatory changes based on HHR and health system trends were received through: · Engagement with employers through targetted communications (e.g. the Employer Newsletter) and the implementation of the Board’s Careholder Linkage Plan. · One-to-one discussion with employers regarding health human resource challenges they are experiencing, and the College’s role in addressing those challenges. · Presentation to laboratory leaders at the annual MLPAO conference in June 2025.	Its important to establish boundaries related to CMLTO’s role and responsibilities when investigating HHR and health system trends. The College must continue to operate within its mandate to protect the public.	In the second year of this iteration of the Board’s Ends Policies, foundational work to advance these outcomes further in the coming years has continued, including the development of a comprehensive framework, presented to the Board at the September meeting. These strategic outcomes will continue to develop into the third and fourth years of the Board’s current Ends Policies.	80%	
		3.2.1.1.2	A plan that supports health human resource planning in the medical laboratory sciences sector exists.	3.2.1.1.2.a	Initiatives within CMLTO’s defined roles and responsibilities are identified and investigated to mitigate HHR and health system trends.	A plan is provided to the Registrar & CEO detailing various methods CMLTO can support HHR planning in the medical laboratory sciences sector.	A presentation was made to the Board at the May 2025 meeting outlining a conceptual approach to the College’s role in health human resources and health system trends. A comprehensive framework, build upon the May presentation, was presented to the Board at the September 2025 meeting, including an implementation plan.	Addresses the health human resource needs of Ontario laboratories and the public.		100%	
		3.2.1.1.3	Regulatory approach improvements are made based on HHR and health system trends	3.2.1.1.3.a	Planned regulatory improvements based on HHR and health system trends are successfully implemented.	100% of planned initiatives are implemented.	The following planned regulatory improvements based on health human resource needs and health system trends were completed during the reporting period: · Support for CAMLPR’s Flexible Pathways, including the launch of Field-of-Practice prior learning assessments and examinations. · Collection of health human resource needs and health system trend data from employers through the implementation of the Board’s Careholder Linkage Plan. · Responsiveness to MOH directives, including the expansion of “As of Right” regulations.	Evidence-based approaches and processes are implemented in regulatory improvements based on the needs of the sector.		80%	

<p>LEGEND: LEVEL OF ACHIEVEMENT (Interim Report)</p> <p>The level of achievement is graphically represented by two separate and distinct indicators. The first is the percentage of achievement to date and the second is the likelihood of the outcome being achieved, or the risk of the outcome not being achieved by the end of the current calendar year.</p>	
Ends Achievement To-Date	The numerical representation of achievement demonstrates the percentage of the specific initiative that has been achieved as of the report date.
Annual Outcome Health Monitor	<p>GREEN = Completed or on track for completion within the calendar year.</p> <p>YELLOW = In progress and will likely be completed within the calendar year.</p> <p>RED = Very little progress and/or unlikely to be completed within the calendar year.</p>



AGENDA ITEM 7.0

7.0	BOARD MONITORING AGENDA – EXECUTIVE LIMITATIONS
7.1	EL II-09 Investment Policy
7.2	EL II-11 Financial Condition Policy
7.3	EL II-20 Signing Authority / Authorization of Expenditures Policy
7.4	EL II-45 Communication & Support to Board Policy



Executive Limitations Annual Monitoring Report to Board of Directors

Date : November 23, 2025
From : John Tzountzouris, Registrar & CEO
Subject : Executive Limitations Investment Policy (EL II-09)
For the Period : November 27, 2024 – November 23, 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input checked="" type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

LEGEND: Level of Achievement



**Compliance
Fully
Achieved**



**Compliance
Partially Achieved**



**Compliance Not
Achieved**

PUBLIC INTEREST RATIONALE:

The Board of Directors establishes the CMLTO's strategic direction and outcomes that will lead self-regulation of medical laboratory technologists forward in the public interest by using the Policy Governance® model. The Policy Governance® model allows the Board of Directors to form policy direction, influence strategy and operations, and monitor results and progress on policy achievement and compliance in pursuit of public interest.

The Board regularly monitors compliance with its Executive Limitations Policies through the monitoring reports presented to the Board of Directors by the Registrar and CEO. This EL II-09 Investment Monitoring Report is intended to provide the Board of Directors with data and evidence to assist it with monitoring compliance with the Board's Executive Limitation Policy EL II-09 Investment Policy for the period: November 27, 2024 – November 23, 2025 in pursuit of public interest.



LEGEND: Level of Achievement



**Compliance
Fully
Achieved**



**Compliance
Partially Achieved**



**Compliance Not
Achieved**

Recommended Motion:

Be it resolved that:

The Board moves to approve:

- The Monitoring Report as understandable and that the data/provided gives sufficient evidence to demonstrate full compliance with the EL II-09 Investment Policy for the period of November 27, 2024 – November 23, 2025.
 - The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-09 Investment Policy is reasonable, and that the data/evidence provided demonstrate reasonable achievement of the Registrar & CEO Interpretation. The Board confirms this is evidence of successful Registrar & CEO performance in this area.
-

BACKGROUND

The objectives of the Board's Investment Executive Limitations Policy are to ensure the prudent management and stewardship of the financial resources of the College. This includes reasonable safeguarding of the College's invested assets and reasonable expectations for growth. The capital reserves, held within CMLTO's investments, exist to ensure CMLTO's long-term operating stability and to provide a source of internal funds for organizational priorities such as capital improvements and strategic initiatives.

Investment Objectives and Risk Tolerances

The CMLTO Board's objectives and risk tolerances include:

1. Preservation and protection of principle through investment and guaranteed instruments.
2. Maintenance of appropriate liquidity.
3. Reasonable growth of the value of the investments based on prudent investments.

POLICY

1.0 Investment Funds Management

Accordingly, the Registrar & CEO will not:

- 1.1 Manage the CMLTO investments without the services of an Independent Investment Consultant and a Fund Manager to provide expertise in the operational investment approach and investment portfolio.



Registrar & CEO Interpretation:

No further interpretation is required.

Evidence:

CMLTO uses the independent investment advice and expertise of ScotiaMcLeod and Scotiabank for its operational investment approach and investment portfolio monitoring. J. Tzountzouris and Brent Hourd, Director & Senior Wealth Advisor communicate regularly to review the portfolio and discuss ongoing management of current investments.

Conclusion:

✓ The evidence provided demonstrates compliance with the policy.

- 1.2 Develop and update the investment approach without addressing the responsibilities of various parties, the allowable and prohibited investments, risk controls and monitoring and evaluation procedures.

Registrar & CEO Interpretation:

No further interpretation is required.

Evidence:

B. Hourd is aware of the Executive Limitations Policy EL II-09: Investment which includes a focus on equity, diversity, inclusion and justice. There have been no additional changes in the College's investment approach (e.g. allowable and prohibited investments, risk controls and tolerances) in the reporting period.

Conclusion:

✓ The evidence provided demonstrates compliance with the policy.

2.0 Investment Parameters

In determining what are allowable and prohibited investments, the Registrar & CEO will not operate without:

- 2.1 Ensuring all investments are aligned with CMLTO's purpose, vision, and Ends Policies.

Registrar & CEO Interpretation:

I interpret this policy to mean that CMLTO investments are not causing any harm in the world which would be contrary to CMLTO's purpose, critical outcomes, and values. Further, that CMLTO investments are not left unreasonably unprotected, and that they are making the best financial return possible for CMLTO within the above constraints.



Evidence:

- ScotiaBank operates under an Environmental, Social, and Governance (ESG) framework, which can be accessed [here](#).
- All investments are reasonably protected by being fully insured by Canada Deposit Insurance Corp (CDIC).
- The CMLTO's investment portfolio is monitored regularly to ensure that the best financial returns are gained.

Conclusion:



The evidence provided demonstrates compliance with the policy.

2.2 Ensure all investments are aligned with CMLTO's values, are socially responsible, and aligned with the Board's direction regarding equity, diversity, inclusion and justice.

Registrar & CEO Interpretation:

I interpret this policy to mean that investment vehicles used by CMLTO will be socially responsible investing vehicles that not only aim for financial returns but also prioritize ethical, social, and environmental considerations.

Evidence:

ScotiaBank operates under an Environmental, Social, and Governance (ESG) framework, which can be accessed [here](#). In terms of ScotiaBank's governance, the framework indicates that:

"Integrity, transparency and accountability are vital to Scotiabank's success. We seek out best practices, embed a robust risk culture and encourage the highest ethical standards and conduct. Our principled approach to corporate governance is the foundation that helps us to instill trust, protect the interests of shareholders and maintain the confidence of our employees, customers and communities."

Further, CMLTO engages in debt securities, and as such take no ownership in any company, unlike stock or ETF investing. Debt securities are financial assets that define the terms of a loan between an issuer (borrower) and an investor (lender). Equity securities are financial assets that represent shares of a corporation.

Conclusion:



The evidence provided demonstrates compliance with the policy.



- 2.3 Meeting the Board's expectations to meet reasonable liquidity, achieve regular income, and ensure preservation and appreciation of capital (except where the Board has approved the use of invested capital to cover deficit budgets and/or capital or strategic investments).

Registrar & CEO Interpretation:

I interpret "reasonable liquidity" to mean that the College has immediate access to sufficient operating funds (cash) so that it can meet its financial operating obligations as they come due.

I interpret "achieve regular income" to mean the maximum amount of College funds possible are held in instruments that generate interest income.

I interpret "ensure preservation and appreciation of capital" to mean that CMLTO financial resources are held in conservative, secure instruments so as not to place CMLTO capital at risk and further, that these instruments generate interest income and capital appreciation of the investments.

Evidence:

CMLTO registration renewal for registrants occurs in November-December, annually. CMLTO acquires most of its yearly operating revenue during this period (\$2-3M) when revenue from registrant payments is deposited into CMLTO's chequing account. The approximately \$2.0 M represents the approximate past requirements over the course of the operating year; hence these funds are not placed in long-term investments.

CMLTO's cash funds are broken into two separate interest-bearing Scotiabank Momentum Savings Accounts, which generates more interest than if they were kept in one account.

Conclusion:



The evidence provided demonstrates compliance with the policy.

- 2.4 Reducing the organization's risk profile by diversifying the organization's investment portfolio.

Registrar & CEO Interpretation:

I interpret the 'organization's risk profile' to mean that CMLTO seeks to maximize its rate of return on investments, while ensuring minimum risk to the organization's short and long-term financial security.

I interpret 'diversify' in this context to mean varied investment products.



I interpret the “organization’s investment portfolio” to mean those funds not required by the College to meet its financial operating obligations as they come due.

Evidence:

The CMLTO obtains investment portfolio advice and strategy through the services of ScotiaMcLeod and ScotiaBank. The College’s investment advisors, Brent Hourd and Rashi Mahant, have been advised of the CMLTO’s Investment Policy and risk profile. CMLTO has twenty-nine 29 different GIC’s with ScotiaMcLeod with a total value of \$2,993,188 as of October 31, 2025, and four (4) different GIC’s with ScotiaBank with total value of \$330,816 as of September 30, 2025. (Appendix 1) Individual financial instruments are valued at \$100,000 or less and thus fully insured by Canada Deposit Insurance Corp (CDIC).

Conclusion:



The evidence provided demonstrates compliance with the policy.

2.5 Investing funds that are not immediately required to meet operational obligations including cash flow.

Registrar & CEO Interpretation:

No further interpretation is required.

Evidence:

Funds that are not immediately required for monthly cash flow purposes are invested in GICs (Appendix 1).

Funds required for monthly cash flow purposes are held in three interest-bearing Scotiabank Momentum Savings Accounts. Ongoing financial obligations are met from the operating account (accessible to the Registrar & CEO, Accounting Consultant, and Senior Director, Regulatory Programs). The remainder of the funds are held in one of two savings accounts, accessible to the Registrar & CEO and Senior Director, Regulatory Programs. Funds are transferred from the savings to the operating account on a regular basis to ensure that there are always sufficient funds to address any and all financial obligations.

Conclusion:



The evidence provided demonstrates compliance with the policy.



- 2.6 Investing capital in funds that have a demonstrated track record of achieving a competitive return on investment.

Registrar & CEO Interpretation:

No further interpretation is required.

Evidence:

CMLTO uses the investment expertise and advice provided by ScotiaMcLeod and ScotiaBank regarding the performance of investment options. CMLTO's funds are invested in secure instruments such as GICs with known interest rates and maturation terms. As investments mature, the Registrar & CEO discusses options with B. Hourd and R. Mahant to ensure that funds continue to be invested in such a manner to ensure a competitive return on investment, while meeting the other executive limitations parameters regarding investments.

Conclusion:



The evidence provided demonstrates compliance with the policy.

- 2.7 Assessing the effect of inflation and deflation on the investment.

Registrar & CEO Interpretation:

No further interpretation is required.

Evidence:

ScotiaMcLeod and ScotiaBank provides quarterly statements detailing investment holdings. New investments or re-investments are reviewed with ScotiaMcLeod or ScotiaBank on an ongoing basis to ensure the College obtains the best returns possible within its risk tolerance criteria and to ensure a multi-year investment approach.

Conclusion:



The evidence provided demonstrates compliance with the policy.

3.0 Borrowing for investment purposes

- 3.1 The Registrar & CEO will not borrow solely for investment purposes.

Registrar & Executive Director Interpretation:

No further interpretation is required.

Evidence:

No funds have been borrowed for investment or any other purposes.

Conclusion:

✓ The evidence provided demonstrates compliance with the policy.

4.0 Evaluation of Results

Further, the Registrar & CEO will not operate without:

- 4.1 Monitoring the Investment Consultant, the Fund Manager, and the investment to ensure compliance with the Board's Investment Policy and the operational investment approach.

Registrar & CEO Interpretation:

No further interpretation is required.

Evidence:

ScotiaMcLeod and Scotiabank provide quarterly investment reports that are reviewed by CMLTO. The reports indicate full compliance with the Board's Investment Policy and our operational investment approach.

Conclusion:

✓ The evidence provided demonstrates compliance with the policy.

- 4.2 Monitoring the adequacy of the performance of the Investment Consultant and Fund Manager.

Registrar & CEO Interpretation:

No further interpretation is required.

Evidence:

ScotiaMcLeod and Scotiabank provide quarterly investment reports that are reviewed by CMLTO. The reports indicate full compliance with the Board's Investment Policy and our operational investment approach.

ScotiaMcLeod is a division of Scotia Capital Inc, a member of the Scotiabank Group. ScotiaMcLeod full service brokerage is regulated by the Investment Industry Regulatory Organization of Canada (IIROC). IIROC is a national self-regulatory organization which oversees all investment dealers and trading activity on debt and equity marketplaces in Canada. IIROC sets high quality regulatory and investment standards, protects investors and strengthens market integrity while maintaining efficient and competitive capital markets.



As a member of IIROC, Scotia Capital and ScotiaMcLeod are members of the Canadian Investor Protection Fund (CIPF). The CIPF is a fund supported by its membership of approximately 200 investment dealers across Canada. Its purpose is to protect clients of Members against losses resulting from the insolvency of a member. The CIPF provides coverage equal to \$1 million for losses of securities, commodity and futures contracts, segregated insurance funds and cash.

The CMLTO's annual external audit includes an audit of CMLTO's financial investments with ScotiaMcLeod and Scotiabank.

Conclusion:

✓ The evidence provided demonstrates compliance with the policy.

5.0 Reporting

Further, the Registrar & CEO will not operate without:

5.1 Reporting annually to the Board on investment results and compliance with investment executive limitations.

Registrar & CEO Interpretation:

No further interpretation is required.

Evidence:

This Annual Monitoring Report to the Board on the Executive Limitations Investment Policy EL#11-09 serves as evidence of compliance with the policy.

Conclusion:

✓ The evidence provided demonstrates full compliance with the policy.



CONCLUSION:

I believe the evidence provided demonstrates that I am in full compliance with the Executive Limitations Investment Policy EL II-09 for the period November 27, 2024 – November 23, 2025.

Respectfully submitted,

John Tzountzouris
Registrar & CEO

November 23, 2025

Date

APPENDICES:

Appendix 1 – CONFIDENTIAL: CMLTO Investments Summary

Executive Limitations Quarterly Monitoring Report to the Board of Directors

Date : November 23, 2025

From : John Tzountzouris, Registrar & CEO

Subject : Financial Condition, Executive Limitations Policy EL II-11

For the Period : January 1, 2025 – September 30, 2025 (Q3)

Report Purpose:




- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input checked="" type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST RATIONALE:

The Board of Directors establishes the CMLTO's strategic direction and outcomes that will lead self-regulation of medical laboratory technologists forward in the public interest by using the Policy Governance® model. The Policy Governance® model allows the Board of Directors to form policy direction, influence strategy and operations, and monitor results and progress on policy achievement and compliance in pursuit of public interest.

The Board regularly monitors compliance with its Executive Limitations Policies through the monitoring reports presented to the Board of Directors by the Registrar and CEO. This EL II-11 Financial Condition Policy Monitoring Report is intended to provide the Board of Directors with data and evidence to assist it with monitoring compliance with the Board's Executive Limitation Policy EL II-11 Financial Condition Policy for the period January 1 to September 30, 2025 in pursuit of public interest.

LEGEND: Level of Achievement

	Compliance Fully Achieved		Compliance Partially Achieved		Compliance Not Achieved
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Recommended Motion:




Be it resolved that the Board moves to approve:





- The Monitoring Report as understandable and that the data provided gives sufficient evidence to demonstrate full compliance with the EL II-11 Financial Condition Policy for the period of January 1 to September 30, 2025.
- The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-11 Financial Condition Policy is reasonable, and that the data/evidence provided demonstrate reasonable achievement of the Registrar & CEO Interpretation. The Board confirms this is evidence of successful Registrar & CEO performance in this area.

THE POLICY

With respect to the actual, ongoing financial health and condition of the College, the Registrar & CEO shall not put CMLTO at unreasonable risk as a going concern, and shall not operate without promoting the fiscal well-being of the College within the parameters established by the Board Ends (Critical Outcomes) Policies, other Board policies, and regulatory requirements. This includes ensuring sufficient cash flow to meet obligations in the normal course of business.


Further, the Registrar & CEO shall not cause or allow material deviation of expenditures form the Board’s priorities established in the Ends (Critical Outcomes) Policies. In alignment with the Ends (Critical Outcomes) Policies, the Registrar & CEO should not operate without focusing decisions regarding the CMLTO financial condition on priorities that best serve the public interest.

Accordingly, the Registrar & CEO will not:			
Policy Criteria	Registrar & CEO Interpretation of the Policy Criteria	Evidence	Conclusion
FINANCIAL POSITION			
1. Finish the year in an annual operating deficit with expenditures that exceed revenues.	No further interpretation is required.	<p>The September 30, 2025 interim Financial Statements (Appendix 1) provide evidence that the College's earned revenue (membership dues, investment income, other income) as of the end of Q3 2025 was \$1,903,399.</p> <p>Total disbursements as of September 30, 2025 were \$2,063,926 (total expenses – depreciation).</p> <p>The College has an operating deficit of \$160,527 as of the end of Q3 2025 (total revenue-total disbursements).</p>	
EXPENDITURE			
2. End the fiscal year without sufficient liquidity to operate in the next year.	I interpret the term 'sufficient liquidity' to be the working capital remaining at the end of the year (i.e. the difference between current assets and current liabilities).	<p>It is projected in the 2025 budget that the College would end the year with an operating deficit of \$63,000 (before depreciation). The current projected operating deficit per the budget analysis for Q3 2025 suggests a slightly lower year-end deficit of \$51,710 (before depreciation).</p> <p>As of September 30, 2025, there is a cumulative surplus of working capital (current assets-current liabilities) of \$1,254,477 which represents a decrease from June 30, 2025 of \$664,828. This change can be attributed to a continued reduction in registration fee receipts and other income relative to previous quarters, as well as increased spending vs. prior quarters, with notable increases in the areas of Registration and Quality Assurance expenses, and payroll expenses, with the addition of one net new employee/role in early June.</p>	
3. Make a single unbudgeted purchase or commitment of greater than the Board designated level \$40,000. Splitting orders to avoid this limit is not acceptable.	I understand this policy criteria is in place so that the Board can identify any significant unexpected expenditure that	There has been no unbudgeted commitment greater than the Board designated level of \$40,000 in Q3.	

Accordingly, the Registrar & CEO will not:			
Policy Criteria	Registrar & CEO Interpretation of the Policy Criteria	Evidence	Conclusion
	may cause an unanticipated financial deficit at year-end.		
4. Deviate from the <u>overall</u> budget in any one quarter by more than twenty-five percent (25%) unless the financial plan for the remainder of the year is adjusted to address the deviation by year-end.	I interpret "deviate from the overall budget" to mean a deviation of more than twenty-five percent (25%) in either revenues, expenses, or capital expenditures.	There has been no deviation from the overall budget (as defined) by more than 25% in Q3.	
DEBT			
5. Borrow from a financial institution.	No further interpretation is required.	<p>No funds were borrowed from any financial institution during the reporting period. Corporate credit card expenditures for recurring monthly charges such as software licenses are paid monthly and reported through expense authorization processes.</p> <p>Any borrowed funds would appear as Liability on the Balance Sheet. The Balance Sheet as at September 30, 2025 provides evidence that this has not occurred. (See Balance Sheet - Appendix 1)</p>	
6. Indebt the organization in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 90 days.	No further interpretation is required.	The College is in a healthy financial position with a cash balance of \$839,368 as at September 30, 2025. Therefore, there is no need for the R/CEO to borrow funds on behalf of the College/indebt the organization as the total of these funds exceeds the amount that would be needed to settle payroll and operational expenses over the next 90 days should this be necessary. (See Balance Sheet - Appendix 1)	
7. Loan CMLTO funds to any party.	No further interpretation is required.	<p>The College has not loaned CMLTO funds to any party. Any funds that were loaned to another party would appear as a loan receivable on the Balance Sheet.</p> <p>The Balance Sheet as at September 30, 2025 provides evidence that this has not occurred. (See Balance Sheet - Appendix 1)</p>	

Accordingly, the Registrar & CEO will not:			
Policy Criteria	Registrar & CEO Interpretation of the Policy Criteria	Evidence	Conclusion
RESERVE FUNDS			
8. Use any long-term reserves except for those approved by Board specified under the heading Reserve Funds in EL Policy II-17.	No further interpretation is required.	No long-term reserves have been used in the period. Any changes in the amount of Reserve Funds would be reflected on the Balance Sheet. The Balance Sheet provides evidence the Reserve Funds currently exceed the Board's designated level of \$2,070,000 (\$3,254,284 in short & long-term investments).	✓
9. Operate without ensuring that reserves, as prescribed in the Summary of Financial Numerical Limitations Policy (EL Policy II-17), are maintained.	No further interpretation is required.	The appropriated reserves as prescribed in the Summary of Financial Numerical Limitations Policy currently exceed the Board's designated level of \$2,070,000 (\$3,254,284 in short & long-term investments) per the Balance Sheet.	✓
SURPLUS			
10. Hold surplus funds in any financial instrument that does not meet the requirements outlined in the "Investment" Executive Limitations Policy EL II-09, unless the funds are required in the short term for a budgeted expense.	No further interpretation is required.	Based on the information presented to the Board at the September 23, 2025 meeting, there was an annual operating deficit in 2024 of \$99,696. As such, this policy criteria does not apply for 2024.	✓
11. Fail to provide the Board with an annual report outlining a proposed plan for the annual operating surplus.	No further interpretation is required.	An annual report outlining a proposed plan for the annual operating surplus was presented to the Board at the September 23, 2025 meeting.	✓
PAYABLES			
12. Operate without settling payroll, source deductions, other government payments and short-term debt by the required due date.	No further interpretation is required.	Employee payroll is issued bi-weekly through Payworks, CMLTO's third party payroll processing company. Source deductions and other government payments are paid on time as evidenced in the attached Payworks Journal Entry Report dated September 26, 2025 (Appendix 2)	✓

Accordingly, the Registrar & CEO will not:			
Policy Criteria	Registrar & CEO Interpretation of the Policy Criteria	Evidence	Conclusion
13. Operate without paying other accounts payable in a timely manner.	No further interpretation is required.	<p>Accounts payables are paid on a weekly basis by EFT (Electronic Fund Transfer) or Vendor Portal, normally always within 30 days. An example of the September 29, 2025 EFT payment record is attached at Appendix 3.</p> <p>The Accounting Consultant and I confirm that there were no complaints during the reporting period related to CMLTO's untimely payment of invoices.</p>	✓
REPORTING			
14. Operate without ensuring transparent accountability to the Board including presenting a report of the budget versus the actual year-to-date revenue and expenditure comparison at least at the quarterly Board meetings, by major expenditure categories included in the budget. Material (significant) variances should be noted, and an explanation provided.	I interpret "material (significant) variances" in this report to mean a variance of the lesser of 15% variance from budgeted amounts, or \$10,000.	<p>The budget versus the actual year-to-date revenue and expenditure comparison by major expenditure categories are included in Appendix 1.</p> <p>The variances presented are explained as follows:</p> <p>MLAT income: Less than expected new Voluntary Roster Affiliates became registered this year, and some VR Affiliates did not renew their registration.</p> <p>Investment income: This is driven by changes in interest rates as investments mature and amounts are reinvested in new GICs.</p> <p>Other income: This category is dominated by advertising (job posting) sales, which is driven by institutional hiring needs.</p> <p>Board & Committees Expenses: The number of Committee meetings increased this year to date to accommodate case reviews, and the complexity of certain cases has required great involvement from external legal counsel.</p> <p>Strategic Leadership Office: Consulting costs to support strategic initiatives have been less than anticipated.</p>	✓

Accordingly, the Registrar & CEO will not:			
Policy Criteria	Registrar & CEO Interpretation of the Policy Criteria	Evidence	Conclusion
		<p>Registration & Professional Practice: Many of the initiatives captured in this expense category will be accrued throughout the year.</p> <p>Professional Conduct: The volume and complexities of Professional Conduct cases year to date have increased over previous years.</p> <p>Corporate Communications: The cost of the Careholder linkages were less than anticipated in the current year.</p> <p>Payroll & Staff Benefits: Net new full-time role filled early June 2025; related increase in Pension Benefits.</p>	
15. Operate without providing remediation strategies/options where financial performance is not in accordance with the financial plan and budget.	No further interpretation is required.	There are no remediation strategies/options required for this report as financial performance is in accordance with the financial plan and budget.	

NOTE: This EL monitoring report re CMLTO's Financial Condition in Q3 has been reviewed and declared accurate by CMLTO Accounting Consultant, Stephanie Vass, Welch LLP. (Appendix 4)

I certify that the data provided is accurate as of September 30, 2025. Please note however, that the figures represented in this report have not been independently audited.

Respectfully submitted,



John Tzountzouris
Registrar & CEO

November 23, 2025

Date

APPENDICES:

1. CMLTO Financial Report – September 30, 2025
2. Payworks Journal Entry Report – September 26, 2025
3. CMLTO EFT Report – September 29, 2025
4. Accounting Consultant declaration

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
FINANCIAL REPORT
SEPTEMBER 30, 2025

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BALANCE SHEET
AS AT SEPTEMBER 30, 2025

ASSETS

Current Assets	
Cash	\$ 839,368
Accounts Receivable	1,517
HST Receivable	31,754
Investments - Short Term	330,817
Prepaid expense	124,572
	<hr/> 1,328,029
Investments - long-term	2,923,467
Property and equipment	53,951
	<hr/> <hr/> \$ 4,305,447

LIABILITIES

Current Liabilities	
Accounts payable	\$ 51,985
Accrued liabilities	21,567
	<hr/> 73,552
Unearned 2025 revenue	589,935
Deferred lease inducement	5,161

NET ASSETS

Appropriated	
Invested in capital assets	53,951
Abuse therapy fund	60,000
Professional conduct fund	250,000
Contingency fund	1,300,000
Strategic challenge fund	100,000
Fee stabilization fund	360,000
Unappropriated	1,512,847
	<hr/> 3,636,798
	<hr/> <hr/> \$ 4,305,447

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
STATEMENT OF OPERATIONS
FOR THE PERIOD JANUARY 1, 2025 TO SEPTEMBER 30, 2025

REVENUES

Dues	\$ 1,769,806
MLAT	890
Investment income	120,663
Other income	12,039
	<u>1,903,399</u>

EXPENSES

Membership services	
Registration & professional practice	27,679
Professional conduct	165,143
Corporate communications	17,254
	<u>210,075</u>

Board and committees 193,803

Strategic leadership office 28,617

Payroll & Staff Benefits 1,043,959

Office & Administration 587,471

Depreciation 41,130

Total expenses 2,105,056

Net surplus for the period \$ (201,657)

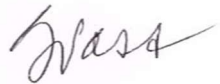
COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BUDGET ANALYSIS
PRORATED REVENUE BASIS
FOR THE PERIOD JANUARY 1, 2025 TO SEPTEMBER 30, 2025

	2025 Budget	Budget	Year To Date Actual	Variance	Projected Oct - Dec	Projected To Year End	% Variance
<u>REVENUE</u>							
Dues (See Note 1)	\$ 2,400,000	\$ 1,800,000	\$ 1,769,806	\$ (30,194)	\$ 709,935	\$ 2,479,742	3%
MLAT	4,000	3,000	890	(2,110)	1,000	1,890	-53%
Investment income	125,000	93,750	120,663	26,913	31,250	151,913	22%
Other income	35,000	26,250	12,039	(14,211)	8,750	20,789	-41%
Total Receipts	<u>2,564,000</u>	<u>1,923,000</u>	<u>1,903,399</u>	<u>(19,601)</u>	<u>750,935</u>	<u>2,654,334</u>	4%
<u>EXPENSES</u>							
Board and committees	205,000	153,750	193,803	40,053	51,250	245,053	20%
Strategic leadership office	50,000	37,500	28,617	(8,883)	12,500	41,117	-18%
Registration & professional practice	77,500	58,125	27,679	(30,446)	19,375	47,054	-39%
Professional conduct	110,000	82,500	165,143	82,643	27,500	192,643	75%
Corporate communications	30,000	22,500	17,254	(5,246)	7,500	24,754	-17%
Payroll & Staff Benefits	1,470,000	1,102,500	1,043,959	(58,541)	349,207	1,396,828	-5%
Office & Administration	684,500	513,375	587,471	74,096	171,125	758,596	11%
Total operating expenses	<u>2,627,000</u>	<u>1,970,250</u>	<u>2,063,926</u>	<u>93,676</u>	<u>638,457</u>	<u>2,706,045</u>	3%
Net revenue before strategic expenses	<u>(63,000)</u>	<u>(47,250)</u>	<u>(160,527)</u>	<u>(113,277)</u>	<u>112,479</u>	<u>(51,710)</u>	
Strategic budget	-	-	-	-	-	-	
Net revenue before capital budget or depreciation	<u>(63,000)</u>	<u>(47,250)</u>	<u>(160,527)</u>	<u>(113,277)</u>	<u>112,479</u>	<u>(51,710)</u>	
Capital budget	-	-	-	-	-	-	
Net Operating Surplus (Deficit) with Capital Budget	<u>(63,000)</u>	<u>(47,250)</u>	<u>(160,527)</u>	<u>(113,277)</u>	<u>112,479</u>	<u>(51,710)</u>	
Depreciation	76,000	57,000	41,130	(15,870)	19,000	60,130	-21%
Net Operating Surplus (Deficit) with Depreciation	<u>(139,000)</u>	<u>(104,250)</u>	<u>(201,657)</u>	<u>(97,407)</u>	<u>93,479</u>	<u>(111,841)</u>	

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BUDGET ANALYSIS
ACTUAL REVENUE RECEIVED BASIS
FOR THE PERIOD JANUARY 1, 2025 TO SEPTEMBER 30, 2025

	2025 Budget	Budget	Year To Date Actual	Variance	Projected Oct - Dec	Projected To Year End	% Variance
<u>REVENUES</u>							
Dues (See Note 1)	\$ 2,400,000	\$ 2,280,000	\$ 2,359,742	\$ 79,742	\$ 120,000	\$ 2,479,742	3%
MLAT	4,000	3,000	890	(2,110)	1,000	1,890	-53%
Investment income	125,000	93,750	120,663	26,913	31,250	151,913	22%
Other income	35,000	26,250	12,039	(14,211)	8,750	20,789	-41%
Total Receipts	<u>2,564,000</u>	<u>2,403,000</u>	<u>2,493,334</u>	<u>90,334</u>	<u>161,000</u>	<u>2,654,334</u>	4%
<u>EXPENSES</u>							
Board and committees	205,000	153,750	193,803	40,053	51,250	245,053	20%
Strategic leadership office	50,000	37,500	28,617	(8,883)	12,500	41,117	-18%
Registration & professional practice	77,500	58,125	27,679	(30,446)	19,375	47,054	-39%
Professional conduct	110,000	82,500	165,143	82,643	27,500	192,643	75%
Corporate communications	30,000	22,500	17,254	(5,246)	7,500	24,754	-17%
Payroll & Staff Benefits (See Note 2)	1,470,000	1,102,500	1,043,959	(58,541)	349,207	1,396,828	-5%
Office & Administration	684,500	513,375	587,471	74,096	171,125	758,596	11%
Total operating expenses	<u>2,627,000</u>	<u>1,970,250</u>	<u>2,063,926</u>	<u>93,676</u>	<u>638,457</u>	<u>2,706,045</u>	3%
Net revenue before strategic expenses	<u>(63,000)</u>	<u>432,750</u>	<u>429,409</u>	<u>(3,341)</u>	<u>(477,457)</u>	<u>(51,710)</u>	
Strategic budget	-	-	-	-	-	-	
Net revenue before capital budget or depreciation	<u>(63,000)</u>	<u>432,750</u>	<u>429,409</u>	<u>(3,341)</u>	<u>(477,457)</u>	<u>(51,710)</u>	
Capital budget	-	-	-	-	-	-	
Net Operating Surplus (Deficit) with Capital Budget	<u>(63,000)</u>	<u>432,750</u>	<u>429,409</u>	<u>(3,341)</u>	<u>(477,457)</u>	<u>(51,710)</u>	
Depreciation	<u>76,000</u>	<u>57,000</u>	<u>41,130</u>	<u>(15,870)</u>	<u>19,000</u>	<u>60,130</u>	-21%
Net Operating Surplus (Deficit) with Depreciation	<u>(139,000)</u>	<u>375,750</u>	<u>388,278</u>	<u>12,528</u>	<u>(496,457)</u>	<u>(111,841)</u>	

I, Stephanie Vass, declare that I have reviewed EL II-11 Financial Condition Monitoring Report for Q3 (September 30, 2025) for accuracy.



Stephanie Vass
Enterprise Accountant

Welch LLP - Chartered Professional Accountants
1070 - 36 Toronto Street, Toronto, Ontario, M5C 2C5
C: 647-921-3962 . F: 647-288-7600
svass@welchllp.com | www.welchllp.com



Executive Limitations Annual Monitoring Report to Board of Directors

Date : November 28, 2025

From : John Tzountzouris, Registrar & CEO

Subject : Signing Authority/Authorization of Expenditures
Executive Limitations Policy EL#II-20

For the Period : November 27, 2024 – November 28, 2025

Report Purpose:

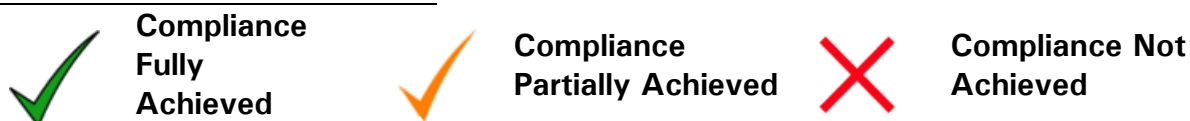
- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input checked="" type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST RATIONALE:

The Board of Directors establishes the CMLTO's strategic direction and outcomes that will lead self-regulation of medical laboratory technologists forward in the public interest by using the Policy Governance® model. The Policy Governance® model allows the Board of Directors to form policy direction, influence strategy and operations, and monitor results and progress on policy achievement and compliance in pursuit of public interest.

The Board regularly monitors compliance with its Executive Limitations Policies through the monitoring reports presented to the Board of Directors by the Registrar and CEO. This EL II-20 Signing Authority/Authorization of Expenditures Monitoring Report is intended to provide the Board of Directors with data and evidence to assist it with monitoring compliance with the Board's Executive Limitation Policy EL II-20 Signing Authority/Authorization of Expenditures Policy for the period: November 27, 2024 – November 28, 2025 in pursuit of public interest.

LEGEND: Level of Achievement



Recommended Motion #1:

Be it resolved that:

The Board moves to approve:

- The Monitoring Report as understandable and that the data/provided gives sufficient evidence to demonstrate full compliance with the EL II-20 Signing Authority/Authorization of Expenditures Executive Limitations Policy for the period of November 27, 2024 – November 28, 2025.
- The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-20 Signing Authority/Authorization of Expenditures Executive Limitations Policy is reasonable, and that the data/evidence provided demonstrate reasonable achievement of the Registrar & CEO Interpretation. The Board confirms this is evidence of successful Registrar & CEO performance in this area.

Recommended Motion #2:

Be it resolved that:

The Board approves the Agreed-Upon Procedures Report on the Executive Limitations Policy from Welch LLP, as presented.

The Policy

The Signing Officers of the College are defined in Section 2.6.1 of the CMLTO By-Law. In addition, the Registrar & CEO designates a limited number of staff positions to have signing authority up to specific limits or in the absence of the Registrar & CEO.

The Registrar and CEO will not enable Signing Officers to execute contracts or other documents, or authorize the use of CMLTO funds without:

1. **Ensuring that the requirements of Section 2.6.2 (Signing of Documents) of the CMLTO By-Law are met.**

Registrar & CEO Interpretation

No further interpretation is required.



Evidence

During the reporting period, there were eight (8) contracts under \$50,000.00, excluding taxes, which required a signature by the Registrar & CEO. 8/8 (100%) of these contracts were signed by the Registrar & CEO. Additionally, during the reporting period, there were sixteen (16) contract renewals/extensions under \$50,000.00, excluding taxes, which did not require any signature(s).

During the reporting period, there were zero (0) contracts over \$50,000 and under \$100,000, excluding taxes, which required a signature by the Registrar & CEO and the Board Chair.

During the reporting period, there was one (1) contract over \$100,000, excluding taxes, which required a signature by the Registrar & CEO and the Board Chair. 1/1 (100%) of these contracts were signed by the Registrar & CEO and the Board Chair.

Further, during the reporting period:

- All certificates of registration were signed by the Registrar and CEO and the Board Chair. This is confirmed by the following self-declaration:

"I declare that all certificates of registration were signed by the Registrar and CEO and the Board Chair during the reporting period."

Anna Patanao, Associate, Professional Practice

2. Having clear administrative policies and procedures in place, which control signing authority by CMLTO staff.

Registrar & CEO Interpretation

No further interpretation required.



Evidence

The internal CMLTO Corporate Services Policy CS-15: Signing Authority / Authorization of Expenditures supports compliance with this policy criteria.

Additionally, to support cross coverage and congruent with the Executive Limitations Policy EL II-80, Executive Succession Policy, the Registrar & CEO has delegated signing authority to the Senior Director, Regulatory Programs for certain Registration and Quality Assurance related processes (e.g. letters of response to MLT registration applications and the Voluntary



Roster, letters of response to MLTs regarding quality assurance obligations).

3. Ensuring that all contracts or other documents that require execution by CMLTO Signing Authority(ies) are filed appropriately.

Registrar & CEO Interpretation

No further interpretation is required.



Evidence

The internal CMLTO Corporate Services Policy CS-52: Vendor Management supports compliance with this policy criteria.

Further, this is confirmed by the following self-declaration:

"In my review of the vendor contracts, I can declare that e-copies of contracts have been saved as per the Colleges RMS Classification Scheme and Retention Schedule (1-2-03-01 - Contracts and Agreements and 1-2-03-02 - Insurance Policies and Renewal Certificates). Additionally, an up-to-date list (Critical Checklist) is saved on the Corporate Services SharePoint site which is reviewed and formally reported by Corporate Services to the R/CEO on a quarterly basis."

Chandler Fitzpatrick, Administrator, Corporate Services & Executive Office

AUTHORIZATION OF REGISTRAR & CEO EXPENSES

Regarding authorization of the direct expenses of the Registrar & CEO, they will not operate without keeping their expenses related to conducting the business of the CMLTO Registrar & CEO to prudent levels and within the budget.

Further, and under the direction of this policy, the Registrar & CEO will not operate without:

4. Reporting all Registrar & CEO expenses using an Expense Reporting Form with allocation to specific cost codes and with all receipts of expenses attached.

Registrar & CEO Interpretation

No further interpretation is required.



Evidence

Please refer to Appendix 1 for independent evidence from Welch LLP. All Registrar & CEO expenses were submitted to the Accounting Consultant for processing using the Expense Reporting Form with original receipts and supporting documentation.

5. Submitting all Registrar & CEO expenses incurred within 60 days for reimbursement.

Registrar & CEO Interpretation

No further interpretation is required.



Evidence

Please refer to Appendix 1 for independent evidence from Welch LLP. All Registrar & CEO expenses were submitted within 60 days for reimbursement processing.

6. Securing the signature of the Board Chair for reimbursement of all Registrar & CEO expense amounts, related to single expense and/or event/travel expenses in excess of \$3,300, excluding taxes.

Registrar & CEO Interpretation

No further interpretation is required.



Evidence

Two (2) single conference expenses exceeded the policy limitation. Both were signed by the Board Chair prior to submission to the Accounting Consultant for processing.

7. Ensuring all Registrar & CEO expenses are included in the records and are specifically reviewed by the external auditor during the annual financial audit.

Registrar & CEO Interpretation

No further interpretation is required.



Evidence

The Agreed-Upon Procedures Report on the Executive Limitations Policy from Welch LLP, attached as Appendix 1, demonstrates compliance with this policy criteria.



CONCLUSION



I believe the evidence provided demonstrates full compliance with the Executive Limitations Policy on Signing Authority / Authorization of Expenditures for the period November 27, 2024 – November 28, 2025.

Respectfully submitted,

November 28, 2025

John Tzountzouris
Registrar & CEO

Date

APPENDICES:

Appendix 1 - Agreed-Upon Procedures Report on the Executive Limitations Policy from Welch LLP

AGREED-UPON PROCEDURES REPORT ON FINANCIAL OPERATIONS

To the Board of Directors of College of Medical Laboratory Technologists of Ontario (“CMLTO”)

Purpose of this Agreed-Upon Procedures Report and Restriction on Use and Distribution

Our report is solely for the purpose of assisting the College of Medical Laboratory Technologists of Ontario (“CMLTO”) in determining whether there are instances of non-compliance with the Executive Limitations Policy EL II-20 Signing Authority/Authorization of Expenditures (“Executive Limitations Policy”) and may not be suitable for another purpose.

Responsibilities of the Engaging Party

CMLTO has acknowledged that the agreed-upon procedures are appropriate for the purpose of the engagement. CMLTO is responsible for the subject matter on which the agreed-upon procedures are performed.

Practitioner's Responsibilities

We have conducted the agreed-upon procedures engagement in accordance with the Canadian Standard on Related Services (CSRS) 4400, *Agreed-Upon Procedures Engagements*. An agreed-upon procedures engagement involves us performing the procedures that have been agreed with CMLTO, and reporting the findings, which are the factual results of the agreed-upon procedures performed. We make no representation regarding the appropriateness of the agreed-upon procedures.

This agreed-upon procedures engagement is not an assurance engagement. Accordingly, we do not express an opinion or an assurance conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported.

Professional Ethics and Quality Management

In performing the agreed-upon procedures engagement, we have complied with the relevant independence and ethical requirements in the rules of professional conduct/code of ethics applicable to the practice of public accounting issued by the various professional accounting bodies. We have complied with the ethical requirements and the independence requirements.

Our firm applies Canadian Standard on Quality Management ([CSQM](#)) 1, *Quality Management for Firms that Perform Audits or Reviews of Financial Statements, or Other Assurance or Related Services Engagements*, which requires the firm to design, implement and operate a system of quality management including policies or procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Procedures and Findings

We have performed the procedures described below, which were agreed upon with CMLTO in terms of engagement, on the Executive Limitations Policy

Procedures	Findings
Obtain from management a listing of all Registrar & CEO expense reporting forms for the period from November 1, 2024 to October 31, 2025.	We obtained all of the Registrar & CEO expense reporting forms on the listing provided by management for the period from November 1, 2024 to October 31, 2025. Total of thirteen (13) expense reporting forms received.
For each expense reporting form, determine whether the allocation of expenses to specific cost codes were noted on the form, the expenses were supported by attached receipts, and the receipts were submitted within 60 days from the date of the expense reporting form.	We inspected the thirteen expense reporting forms for the Registrar and CEO totaling \$23,227.30. We noted all expense reporting forms were completed with allocation to specific cost codes, with receipts attached and submitted within 60 days.

WELCH LLP

Chartered Professional Accountants
Licensed Public Accountants

City Toronto, ON

Date November 20, 2025

Executive Limitations Monitoring Report to Board of Directors

Date : November 23, 2025

From : John Tzountzouris, Registrar & CEO

Subject : Communication and Support to the Board Policy EL II-45

For the Period : November 29, 2024 – November 23, 2025

Report Purpose:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Board Policy Development/Enhancement <input type="checkbox"/> Regular Policy Review <input type="checkbox"/> Policy Approval <ul style="list-style-type: none"> <input type="checkbox"/> Ends Policy <input type="checkbox"/> Executive Limitations Policy <input type="checkbox"/> Board-Staff Relationship Policy <input type="checkbox"/> Governance Process <input type="checkbox"/> Board Implementation of Policy <ul style="list-style-type: none"> <input type="checkbox"/> Board-Staff Relationship Policy | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitoring Report <ul style="list-style-type: none"> <input type="checkbox"/> Ends <input checked="" type="checkbox"/> Executive Limitations <input type="checkbox"/> Statutory Committee <input type="checkbox"/> Ownership Linkage Report <input type="checkbox"/> Incidental Report <ul style="list-style-type: none"> <input type="checkbox"/> Registrar & CEO <input type="checkbox"/> Board Chair <input type="checkbox"/> Other: |
|--|---|

PUBLIC INTEREST RATIONALE:

The Board of Directors establishes the CMLTO's strategic direction and outcomes that will lead self-regulation of medical laboratory technologists forward in the public interest by using the Policy Governance® model. The Policy Governance® model allows the Board of Directors to form policy direction, influence strategy and operations, and monitor results and progress on policy achievement and compliance in pursuit of public interest.

The Board regularly monitors compliance with its Executive Limitations Policies through the monitoring reports presented to the Board of Directors by the Registrar and CEO. This EL II-45 Communication and Support to the Board Policy Monitoring Report is intended to provide the Board of Directors with data and evidence to assist it with monitoring compliance with the Board's Executive Limitation Policy EL II-45 Communication and Support to the Board Policy for the period November 29, 2024 – November 23, 2025 in pursuit of public interest.

Recommended Motion:

Be it resolved that:

The Board moves to approve:

- The Monitoring Report as understandable and that the data/provided gives sufficient evidence to demonstrate full compliance with the EL II-45 Communication and Support to the Board Policy for the period of November 29, 2024 – November 23, 2025.
 - The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-45 Communication and Support to the Board Policy is reasonable, and that the data/evidence provided demonstrate reasonable achievement of the Registrar & CEO Interpretation. The Board confirms this is evidence of successful Registrar & CEO performance in this area.
-

LEGEND: Level of Achievement



**Goal Fully
Achieved**



**Goal Partially
Achieved**







**Goal Not
Achieved**




POLICY




It is the responsibility of the Registrar & CEO to keep the Board informed and supported in its work.



With respect to providing information and counsel to the Board, the Registrar & CEO of CMLTO may not permit the Board to be uninformed or unsupported in its work.



#	Policy Criteria <i>Accordingly, the Registrar & CEO will not:</i>	Registrar & CEO Interpretation	Evidence	Conclusion
			<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
1	Operate without developing and maintaining effective and productive working relationships and communications with the Board and all Board Members.	“Developing and maintaining an effective and productive working relationship and communication” is interpreted to mean that information related to risk, not shared during normal Board processes, has been shared with the Board.	<p>During the reporting period, the Registrar & CEO has:</p> <p>Communicated with the Board by email between meetings, providing them with any internal or external information as it is released (e.g. Ministry notifications, release of relevant reports from external organizations, imminent or emerging risks).</p> <p>Responded to any and all Board emails, where required, in a timely and professional manner.</p>	
2	Allow the Board to be without adequate information to support informed Board decisions, including relevant environmental scanning data, a representative range of internal and external points of view, and a profile of significant issues or changes within the external environment which may have a bearing on any existing Board policies, along with alternatives and their respective implications.	“External points of view” is interpreted to mean relevant perspectives for use by the Board related to setting policy direction.	<p>During the reporting period, the Board has received multiple perspectives on various topics and issues to assist in its policy deliberations. These perspectives include those of:</p> <p>Subject matter experts – government relations orientation, legal counsel presentations and advice, governance education and training, as required.</p> <p>Key partners – consultations with government, other provincial, national and international regulatory bodies, associations, educators</p> <p>The Board has received updates on key CMLTO strategic initiatives at Board meetings throughout the year.</p> <p>Additionally, the Board is committed to a collaborative learning approach where all Board members have the opportunity to participate in and discuss governance, regulatory, boundaries, and communication, etc. orientation/education and training sessions at Board meetings throughout the year.</p> <p>Board and Committee members received regulatory education/training sessions specific to their statutory Committee role and responsibilities during meetings, as well as through external educational sessions (e.g. HPRO Discipline Orientation Sessions, Govern for Impact)</p> <p>These collaborative learning sessions at Board meetings and specific external education/training programs enhance Board and Committee members’ understanding of their regulatory responsibilities and foster effective decision-making.</p>	

#	Policy Criteria <i>Accordingly, the Registrar & CEO will not:</i>	Registrar & CEO Interpretation	Evidence	Conclusion
			<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
3	Let the Board be unaware of any incidental information it requires, including anticipated adverse media coverage, threat of pending lawsuits, and material or publically visible external and internal changes or events, including changes in executive personnel.	<p>“Adverse media coverage” is interpreted to mean media coverage, which could negatively impact on CMLTO’s success, reputation, or future.</p> <p>“Material changes” is interpreted to mean significant changes that could influence Board policy decisions or that could have an impact on the success or reputation of CMLTO.</p>	<p>The Registrar & CEO’s quarterly Incidental Briefing Reports to the Board provide current environmental scanning information to keep Board members apprised of ongoing occurrences, legislative changes and emerging trends in the regulatory, stakeholder, health care and laboratory environments.</p> <p>Further evidence of compliance includes the information provided to the Board in Ends Briefing Reports and presentations, the environmental scanning sessions provided at the Board orientation sessions in February 2025, and ongoing notices and communiqués. Some examples of Ends briefing report topics provided to the Board in 2025 include:</p> <ul style="list-style-type: none"> • Governance modernization principles and approach; • Equity, diversity, inclusion and justice; • Updates on the regulation of medical laboratory assistants and technicians; • Reports from the Ontario Fairness Commissioner; • Notification letters and news releases from the Ministry of Health on government direction and related initiatives; • Updates on CMLTO meetings with key stakeholders including government, laboratories, CAMLPR, education institutions, EQual Program Canada/HSO accreditation, and the professional associations. <p>There have not been any adverse media coverage or threat of pending lawsuits against the College during the reporting period.</p> <p>The Board was notified of one change in executive personnel during the reporting period, with a senior staff member going on Parental leave.</p>	
3.1	Let the Board be unaware of any internal complaints, grievances or other conflicts which may impact on the organization’s performance.	No further interpretation required.	There have not been any internal complaints, grievances or other conflicts which may impact on the organization’s performance during the reporting period.	

#	Policy Criteria <i>Accordingly, the Registrar & CEO will not:</i>	Registrar & CEO Interpretation	Evidence	Conclusion
			<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
4	Operate without advising the Board, if in the Registrar & CEO's opinion, the Board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of Board behaviour that is detrimental to the working relationship between the Board and the Registrar & CEO.	No further interpretation required.	There was one instance where the Registrar & CEO believed that the Board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of Board behaviour that is detrimental to the working relationship between the Board and the Registrar & CEO during the reporting period. This instance was managed by the Board Chair and Registrar & CEO and was resolved.	
5	Operate without ensuring that information presented to the Board is timely, accurate, complete, understandable, succinct, and inclusive. The information should be in a form that clearly differentiates between monitoring, decision-making, and general background information.	No further interpretation required.	<p>All information presented to the Board is identified as information to support policy decision-making, monitoring information or incidental briefing information.</p> <p>Reports to the Board are carefully prepared to focus on the issue and provide supporting information and evidence to assist the Board in its decision-making.</p> <p>Positive feedback from Board members on the Registrar & CEO's incidental reports, issue reports and monitoring reports demonstrates that the information, data and evidence presented is clear, comprehensive and easily understood.</p>	
5.1	Submit monitoring information required by the Board that is not timely, understandable, and succinct, and which does not directly address the criteria of the Board's policies being monitored for Registrar & CEO achievement.	No further interpretation required.	An internal process captures feedback from the Board regarding the evidence provided to demonstrate compliance with the Board's Ends Policies and Executive Limitations Policies. This information has and will continue to inform the next iteration of monitoring reports to the Board.	

#	Policy Criteria <i>Accordingly, the Registrar & CEO will not:</i>	Registrar & CEO Interpretation	Evidence	Conclusion
			<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
6	Allow the Board to be without a timely, secure mechanism for official Board, officer or committee communications.	A "mechanism for official Board, officer, and Committee communication" is interpreted to include provision of preparation meeting packages, minutes, support personnel, and post-meeting follow-up on action items.	<p>During the reporting period the Board and Committees were supported by the Registrar & CEO or his staff delegate. Statutory Committee Monitoring Reports are included on the Consent Agenda of each Board Meeting so that the Board is aware of the work plans, topic discussions and actions taken by each statutory Committee during the year.</p> <p>Board members, officers and Committee Chairs have open lines of communication by phone, email or in-person (when feasible) with the Registrar & CEO or staff liaison between Board and Committee meetings.</p>	
6.1	Operate without providing reasonable administrative support for Board activities, including supporting the Board in its work to intentionally and transparently evaluate the impact of its decisions on the protection of the public interest.	No further interpretation required.	<p>The administration of all Board meetings during the reporting period was supported by the Registrar & CEO, Governance Specialist and the Administrator, Corporate Services & Executive Office.</p> <p>A Public Interest Rationale continues to be included in Board briefing reports.</p>	
7	Deal with the Board other than as a whole except when: a) fulfilling individual requests for clarification of information or b) responding to officers or committees duly charged by the Board.	<p>"Deal with the Board" as a whole is interpreted to mean the Registrar & CEO will respond only to policy direction that comes from the Board as a group and only upon a formal policy motion.</p> <p>It is recognized that staff should respond to Committee requests based on their mandate from the Board, and information already available should be provided for</p>	No individual reports or actions were requested from individual Board members during the reporting period. All reports from the Registrar & CEO have been directed to the full Board or a Committee, within the mandate of the Committee.	

#	Policy Criteria <i>Accordingly, the Registrar & CEO will not:</i>	Registrar & CEO Interpretation	Evidence	Conclusion
			<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
		Board members seeking clarification or understanding on an issue.		
8	Deal with the Board in a manner that is not equitable and inclusive or that favours or privileges certain Board members over others.	No further interpretation required.	<p>No individual reports or actions were requested from individual Board members during the reporting period. All reports from the Registrar & CEO have been directed to the full Board or a Committee, within the mandate of the Committee.</p> <p>The development of a proposed list of Board Policy Champions is developed every year, taking into account the number of policies appointed to each Board member to ensure equitable workload.</p> <p>The Registrar & CEO addressed individual Board members in response to certain Board surveys (e.g. budget assumptions, in-person meetings).</p> <p>In all of these examples, the Registrar & CEO did not deal with the Board in a manner that favours or privileges certain Board members over others.</p> <p>The Registrar & CEO has not been made aware of any instance where the Board, either collectively, or individual Board members, felt that they were not dealt with in an equitable or inclusive manner.</p>	
9	Let the Board be unaware of any actual or anticipated Registrar & CEO/organization non-compliance with any Ends or Executive Limitations Policies, including an explanation for such non-compliance, regardless of the Board's monitoring schedule.	No further interpretation required.	All Ends Policy and Executive Limitations Monitoring Reports have been submitted to the Board on time in accordance with the Board's Monitoring System policy. The Registrar & CEO's "Performance Tracking through Monitoring Reports Summary" document, presented at every Board meeting, is evidence of compliance with the policy criteria.	

#	Policy Criteria <i>Accordingly, the Registrar & CEO will not:</i>	Registrar & CEO Interpretation	Evidence	Conclusion
			<i>I believe compliance with the policy is demonstrated by the following evidence:</i>	
10	Operate without supplying for the consent agenda (required approvals agenda) all items delegated to the Registrar & CEO yet required by law or contract to be Board approved, along with monitoring assurance pertaining to these items.	No further interpretation required.	During the reporting period, all items requiring Board approval by law or contract, have been provided for by motion on the Board Meeting agenda, including the approval of Board meeting minutes, for example.	
11	Not operate without ensuring that the requirements of CMLTO By-Law Section 2.5.3 Duties of Registrar and CEO are met.	<p>I interpret this policy criteria to mean that the following requirements of CMLTO By-Law Section 2.5.3 are being met:</p> <ul style="list-style-type: none"> • Keeping the Board of Directors informed with respect to the operations of the College. • Supporting the Board of Directors and the Executive Committee in meeting their responsibilities, in accordance with the laws, this By-Law and Board policies. 	<p>During the reporting period, any relevant operational issues that may put the organization at risk, have been shared with the Board. (e.g. CAMLPR initiatives, further development of the CMLTO database system, IT audit outcomes and a cybersecurity audit)</p> <p>The administration of all Board and Executive Committee meetings during the reporting period were supported by the Registrar & CEO, Governance Specialist and the Administrator, Corporate Services & Executive Office..</p>	

OVERALL CONCLUSION



I believe the evidence provided demonstrates full compliance with the Communication and Support to the Board Policy Executive Limitations Policy EL II-45 for the period November 29, 2024 – November 23, 2025 and further, certify that the information contained in this report is true.

Respectfully submitted,

John Tzountzouris
Registrar & CEO

November 23, 2025

Date



AGENDA ITEM 8.0

8.0	MOTION TO CLOSE THE MEETING
8.1	Motion to Close Meeting in accordance with RHPA s.7(2)(d) RE Personnel Matters



(CONFIDENTIAL)

AGENDA ITEM 9.0

9.0	BOARD MONITORING AGENDA OF REGISTRAR & CEO – CMLTO ENDS & EXECUTIVE LIMITATIONS POLICIES
9.1	Board Performance Feedback to Registrar & CEO Regarding Policies Monitored at the December Meeting
9.2	Registrar & CEO Incidental Briefing / Environmental Scan Report
9.3	Cybersecurity Assessment Report
9.4	Registrar & CEO Performance Tracking Through Monitoring Reports
9.5	Registrar & CEO Performance Evaluation Self-Assessment Presentation to the Board
9.6	Registrar & CEO 2025 Performance Evaluation Planning



AGENDA ITEM 10.0

10.0	MOTION TO REOPEN BOARD MEETING
10.1	Motion to Open Meeting to the Public



AGENDA ITEM 11.0

11.0	RISE AND REPORT
11.1	Report on Matters Discussed in Closed Meeting



AGENDA ITEM 12.0

12.0	YEAR-END RECOGNITION
12.1	Recognition of Departing Board Members: <ul style="list-style-type: none">• H. Meaney• P. Curti• S. Pant



AGENDA ITEM 13.0

13.0	ADJOURNMENT
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College of Medical
Laboratory Technologists
of Ontario

CMLTO BOARD MEETING

Tuesday, December 9, 2025

DAY 2

AGENDA
CMLTO BOARD OF DIRECTORS MEETING

Hybrid Meeting

Tuesday, December 9, 2025 / Time: 9:00 a.m. – 3:30 p.m.

Chair: K. Persad, Board Chair – CMLTO Board of Directors

Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
1.0	WELCOME AND CALL TO ORDER					9:00 am
1.1	Welcome and Roll Call	Board Attendance	K. Persad	N/A	N/A	9:00 am
2.0	APPROVAL OF MEETING AGENDA					9:05 am
2.1	Review and Approval of Meeting Agenda	Board Approval <i>(Motion)</i>	K. Persad	N/A	N/A	9:05 am
2.2	Declaration of Conflict of Interest	Declaration of Conflict of Interest	K. Persad	N/A	N/A	9:07 am
3.0	GOVERNANCE PROCESS: POLICY IMPLEMENTATION					9:10 am
3.1	CMLTO Board Competency Framework Implementation Plan Step 2: Proposed Amendments to the CMLTO By-Law	Board Approval <i>(Motion)</i>	M. Cakar K. Fryday-Field, Meridian Edge	Read Item 3.1	279	9:10 am
4.0	BOARD LINKAGE AGENDA					9:45 am
4.1	The CMLTO 2024 and 2025 Ongoing Perpetual Board / Careholdership Linkage/Engagement Plan Update	Board is Informed	M. Price J. Tzountzouris	Read Item 4.1	306	9:45 am
	BREAK					10:15 am
5.0	BOARD MONITORING AGENDA – CMLTO ENDS POLICIES					10:30 am
5.1	Registrar & CEO 2026 Ends Interpretation	Board Approval <i>(Motion)</i>	J. Tzountzouris	Read Item 5.1	349	10:30 am
6.0	GOVERNANCE PROCESS: POLICY IMPLEMENTATION					11:00 am

Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
6.1	Part 1 Planning: 2026 Integrated Board Strategic Agenda (IBSA) and Board Goals	Board Discussion	K. Fryday-Field, Meridian Edge	Read Item 6.1	391	11:00 am
	LUNCH					12:15 pm
7.0	ENDS POLICY DEVELOPMENT & IMPLEMENTATION					1:00 pm
7.1	Memorandum of Understanding Between CAMLPR and CMLTO	Board Approval (<i>Motion</i>)	J. Tzountzouris	Read Item 7.1	420	1:00 pm
8.0	GOVERNANCE PROCESS: POLICY REVIEW					1:30 pm
8.1	GP IV-35.02 Board & Committee Member Honoraria and Expenses Policy	Board Approval (<i>Motion</i>)	A. Chan M. Cakar	Read Item 8.1	429	1:30 pm
8.2	GP IV-45.05 Board Meeting Process and Minutes Policy	Board Approval (<i>Motion</i>)	N. Clark K. Fryday-Field, Meridian Edge	Read Item 8.2	437	1:45 pm
9.0	EXECUTIVE LIMITATIONS: POLICY REVIEW					2:00 pm
9.1	EL II-09 Investment Policy	Board Approval (<i>Motion</i>)	L. Lan K. Fryday-Field, Meridian Edge	Read Item 9.1	464	2:00 pm
9.2	EL II-10 Financial Health Policy– Special Review of EL II-10 & EL II-11	Board Approval (<i>Motion</i>)	J. Tzountzouris K. Fryday-Field, Meridian Edge	Read Item 9.2	469	2:15 pm
	BREAK					2:45 pm
10.0	BOARD-CEO RELATIONSHIP: POLICY REVIEW					3:00 pm
10.1	BCR III-20 Board Support of the Registrar & CEO Policy	Board Approval (<i>Motion</i>)	W. Hewus K. Fryday-Field, Meridian Edge	Read Item 10.1	485	3:00 pm
11.0	BOARD MONITORING OF BOARD POLICY COMPLIANCE					3:15 pm



Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
11.1	GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy	Board Approval <i>(Motion)</i>	K. Persad K. Fryday-Field, Meridian Edge	Read Item 11.1	491	3:15 pm
12.0	ADJOURNMENT					3:30 pm



AGENDA ITEM 1.0

1.0	WELCOME, INTRODUCTIONS AND CALL TO ORDER
1.1	Introductions and Roll Call



AGENDA ITEM 2.0

2.0	APPROVAL OF MEETING AGENDA
2.1	Review and Approval of Meeting Agenda
2.2	Declaration of Conflict of Interest



AGENDA ITEM 3.0

3.0	GOVERNANCE PROCESS: POLICY IMPLEMENTATION
3.1	CMLTO Board Competency Framework Implementation Plan Step 2: Proposed Amendments to the CMLTO By-Law

Briefing Report to Board of Directors

Date	: October 30, 2025
From	: Maggie Cakar, Governance Specialist John Tzountzouris, Registrar & CEO Karen Fryday-Field, Governance Counsel, Meridian Edge Leadership & Governance Consulting
Subject	: CMLTO Board Competency Framework Implementation Plan Step 2: Proposed Amendments to the CMLTO By-Law

Report Purpose:

- | | |
|---|---|
| <input type="checkbox"/> Board Policy Development/
Enhancement | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input checked="" type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> Governance Process | |

PUBLIC INTEREST:

Establishing and implementing a competency-based model for the composition of the CMLTO Board of Directors is important to ensure effective governance which includes protecting the public interest. This approach equips the Board with skills, abilities, and competencies to make informed and strategic decisions in fulfilling its statutory mandate.

Recommended Motion:

Be it resolved that the CMLTO Board:

1. Approve the proposed revisions to the CMLTO By-Law, as outlined in Appendix 1, to incorporate the CMLTO Board Competency and Leadership Characteristics Profile and related competency-based eligibility requirements, and
2. Endorse the CMLTO Board Competencies and Leadership Characteristics Self-Assessment, as presented in Appendix 2, for use in the 2026 CMLTO Board Election process.

3. Approve the circulation of the proposed amendments to the CMLTO By-Law, as outlined in Appendix 1, to incorporate the CMLTO Board Competency and Leadership Characteristics Profile and related competency-based eligibility requirements, to all members, pursuant to the College's authority under the *Regulated Health Professions Act, 1991*.
-

BACKGROUND

In September 2022, the CMLTO Board approved the **Governance Modernization Principles** as part of its commitment to strengthening governance in the public interest. These principles were advanced through the Governance Modernization Plan, which emphasizes adopting a competency-based approach to Board composition.

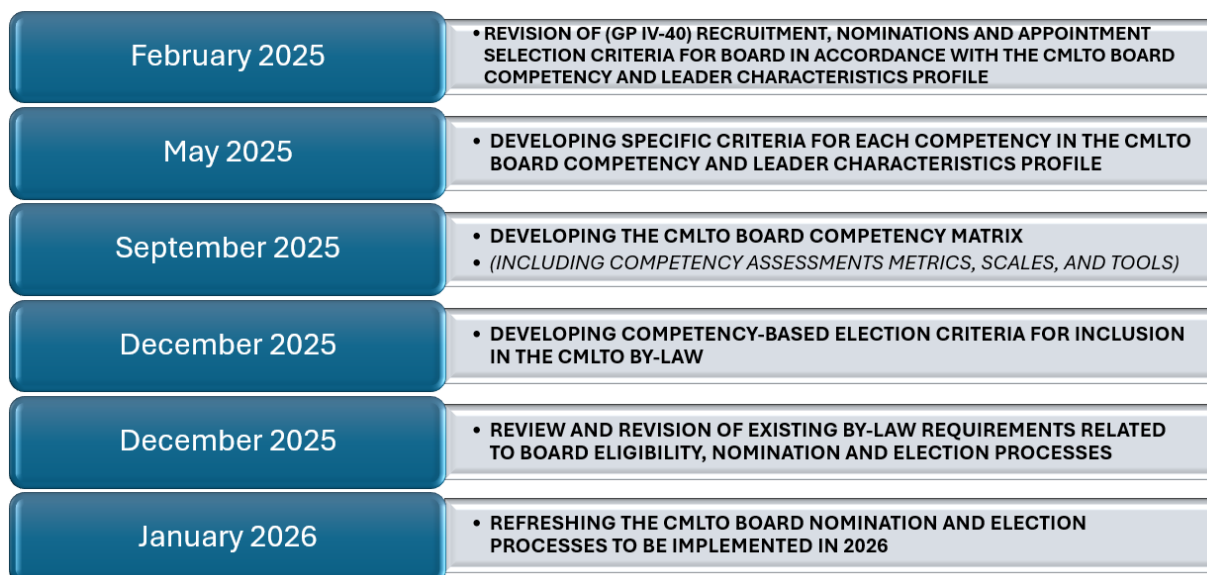
In December 2023, the Board approved the **CMLTO Board Competency Framework** and the accompanying **CMLTO Board Competency and Leadership Characteristics Profile** as reasonable and relevant. These documents set out the skills, knowledge, and attributes needed for the Board to function effectively.

Throughout 2024, the Board reviewed, discussed, and refined the Framework and Profile. In May 2024, revisions were approved to clarify which items were competencies and which were leadership characteristics. At the September 2024 meeting, the Board received the final Framework and Profile and endorsed the **CMLTO Competency Framework Implementation Plan**.

After establishing the required individual and collective Board competencies (Step 1 of the Implementation Plan), the Board moved to Step 2, as outlined in Figure 1 below.

FIGURE 1

**STEP 2: INTEGRATING THE ESTABLISHED BOARD COMPETENCIES INTO
THE CMLTO BOARD NOMINATION AND ELECTION PROCESSES**



In February 2025, the Board approved the revised **GP IV-40 CMLTO Board Composition and Leadership Continuity Policy**, aligning the CMLTO Board Competency Framework with the Board's recruitment, nomination, election, and appointment processes.

In September 2025, the Board approved **Contrasting Board Behaviours Connected with Desired Board Competencies and Characteristics** as part of the CMLTO Board Competency Framework and directed that it be used in developing the competency assessment scale for the 2026 CMLTO Board Election process.

The Implementation Plan identified the following next steps for December 2025:

- Develop competency-based election criteria for inclusion in the CMLTO By-Law, and
- Review and revise existing By-Law requirements related to Board eligibility, nomination, and election processes.

The proposed revisions to the CMLTO By-Law, outlined in Appendix 1, incorporate the CMLTO Board Competency and Leadership Characteristics Profile and related competency-based eligibility requirements.

The proposed By-Law amendments are designed to:

- Keep the CMLTO By-Law high-level, focusing on overarching eligibility expectations rather than detailed descriptions that will need to evolve in policy over time,
- Encourage candidates to apply if they meet and/or are working on meeting and developing the Board-approved, competency-based eligibility criteria established in the CMLTO Board Competency and Leadership Characteristics Profile,
- Require candidates to complete the CMLTO Board Competencies and Leadership Characteristics Self-Assessment Survey and confirm, through the CMLTO Board Election Package, that they meet or partially meet the Board-approved competency-based eligibility criteria set out in the CMLTO Board Competency and Leadership Characteristics Profile. Candidates may attest to undertaking reasonable measures to meet any competencies not fully met at the time of nomination, (This confirmation and self-assessment will be included in the candidate's election profile.),
- Reference the CMLTO Board Election Package, CMLTO Academic Member Application Package, and CMLTO Board Competency and Leadership Characteristics Profile, documents that can be updated by the Board without reopening the CMLTO By-Law,
- Maintain flexibility so that details such as the CMLTO Board Competencies and Leadership Characteristics Self-Assessment Survey and CMLTO Board Competency and Leadership Characteristics Profile— remain within the Board-approved CMLTO Board Competency Framework rather than embedded in the CMLTO By-Law.

CIRCULATION OF PROPOSED BY-LAW AMENDMENTS TO REGISTRANTS

Proposed amendments to the election processes are **not subject to mandatory circulation** under the *Regulated Health Professions Act, 1991 (RHPA)*.

Section **94(2)** of the Health Professions Procedural Code (Schedule 2 to the RHPA) — *Circulation of certain by-laws* — requires Colleges to circulate proposed by-laws to registrants **only** when they are made under the following clauses:

94(1)(l.2)	:	register information
94(1)(l.3)	:	member information (addresses, practice info, etc.)
94(1)(s)	:	fees
94(1)(t)	:	fee amounts
94(1)(v)	:	funding program contributions
94(1)(w)	:	alternative funding arrangements
94(1)(y)	:	professional liability insurance

By-law amendments related to **elections and governance** fall under different clauses that are **not** included in the mandatory circulation list. These include:

94(1)(d.1)	:	election requirements, eligibility to vote, electoral districts, and election recounts
94(1)(d.2)	:	qualifications and terms of office of elected Council members
94(1)(d.3)	:	conditions disqualifying elected Council members and removal of disqualified members
94(1)(h.1)(i)	:	filling vacancies on Council or on committees (including by-elections)
94(1)(e)	:	procedures for the election of the President and Vice-President, selection of committee chairs, and related duties

Although circulation is **not required** by the RHPA for these types of by-law amendments, doing so remains a recognized **governance best practice** that promotes transparency, fairness, and member confidence in the College's election and governance systems.

NEXT STEPS

Upon Board approval, and following the 60-day member consultation period:

- The feedback received from the consultation will be presented to the Board for consideration and deliberation.
- Pending the outcomes of that deliberation, the By-Law amendments will be finalized and proceed to implementation,
- The CMLTO Board Competencies and Leadership Characteristics Self-Assessment, confirmation, and attestation requirements will be integrated into the 2026 CMLTO Board Election process, and
- The Public Appointments Secretariat (PAS), which was informed of the CMLTO Board Competency Framework upon its development, will be updated and requested to apply the Self-Assessment tool in assessing public appointees.

APPENDICES

Appendix 1 – Proposed Revisions to the CMLTO By-Law to Incorporate the CMLTO Board Competency and Leadership Characteristics Profile and Competency-Based Eligibility Requirements

Appendix 2 – CMLTO Board Competencies and Leadership Characteristics Self-Assessment

APPENDIX 1
PROPOSED AMENDMENTS TO THE CMLTO BY-LAW
TO INCORPORATE THE BOARD COMPETENCY AND LEADERSHIP
CHARACTERISTICS PROFILE AND COMPETENCY-BASED ELIGIBILITY
REQUIREMENTS

PROPOSED AMENDMENT 1:

4.4.5.1 ELIGIBILITY TO STAND FOR ELECTION

A Registrant is eligible to stand for election to the Board of Directors as a Professional Board Member provided that the following criteria are met on the closing date of nominations and up to and including the date of the election or the end of the voting process for online elections:

- The Registrant has been nominated in accordance with the By-Law of the College,
- The Registrant has completed, signed and returned the CMLTO Board Election Package,
- **The Registrant has completed the CMLTO Board Competencies and Leadership Characteristics Self-Assessment and confirmed, through the CMLTO Board Election Package, that they meet or partially meet the Board-approved competency-based eligibility criteria set out in the CMLTO Board Competency and Leadership Characteristics Profile. Candidates may attest to undertaking reasonable measures to meet any competencies requiring further development not fully met at the time of nomination. This confirmation and self-assessment will be included in the candidate's election biography.**
- The Registrant has successfully completed the CMLTO Board of Directors Candidate Training relating to the CMLTO governance approach and the duties, roles and responsibilities of the Board Members, including participating in an interview with the Registrar and CEO,
- The Registrant's mailing address registered with the College is in the electoral district for which they have been nominated in accordance with this By-Law,
- The Registrant is the holder of a Practising certificate of registration,
- The Registrant's certificate of registration is not subject to a term, condition or limitation other than one prescribed by regulation,

- The Registrant's certificate of registration has not been revoked or suspended at any time in the six (6) years immediately preceding the election for any reason other than non-payment of fees,
- The Registrant is not in default of payment of any fees, providing any form or information, or any obligation to the College under a regulation or the By-Law and has not failed to comply with any program of the College or direction of a Committee of the College,
- The Registrant has not been an officer, director or employee of one of the following in the previous twelve (12) months: professional association of medical laboratory technologists, a union representing medical laboratory technologists, or an association that represents employers of medical laboratory technologists,
- The Registrant is currently not the subject of incompetence, professional misconduct or incapacity proceedings,
- The Registrant has not been found to be incompetent, incapacitated or to have engaged in professional misconduct,
- The Registrant is not and has not been an employee, consultant or vendor of the College in the previous twelve (12) months immediately before the date of the election,
- The Registrant has not been found guilty of an offence under the [Criminal Code, RSC 1985](#),
- The Registrant is not a member of the Board or committee of any other Colleges regulated under the RHPA,
- The Registrant has not been disqualified from serving on the Board or removed from any of the committees of the College in the last five (5) years prior to the date of election to the Board,
- The Registrant does not have an existing or potential conflict of interest to serve on the Board or has agreed to remove any such conflict of interest before taking office. The Registrant shall be disqualified if any such conflict of interest is not removed before taking the office,
- The Registrant has not commenced, joined, or contributed to any legal proceedings, including before a tribunal, against the College, its Board and Board Members, its committees and committee members, or any of its staff

members or representative in the last six (6) years immediately before the deadline for the receipt of nominations,

- The Registrant is not a candidate for the Academic Board Member position or a candidate for a Professional Board Member position in another electoral district at the same time, and
- The Registrant is not ineligible as a result of Cooling-off Period in the Cooling-Off Period [Section](#) of this By-Law.

A candidate for election to the Board of Directors shall advise the Registrar and CEO immediately in the event that they become ineligible to run for election.

PROPOSED AMENDMENT 2:

4.4.5.3.C BOARD ELECTION VOTING PACKAGE

The Registrar and CEO shall provide every Registrant, who is eligible to vote in the electoral district in which an election is to be held, with a CMLTO Board Election – Voting Package, by electronic or other means.

The CMLTO Board Election – Voting Package shall include:

- A ballot listing of all eligible candidates in the electoral district,
- Election biography, ~~personal statement of each candidate,~~ and **CMLTO Board Competencies and Leadership Characteristics Self-Assessment summary of each candidate**, in the form and manner and by the date determined by the Registrar and CEO,
- The means to cast a vote, a ballot or in the case of an online election system, access to online voting system,
- Closing date and time of the election period, and
- A voting guide with instructions.

A failure to provide the Registrants with access to a ballot listing of the eligible candidates and voting instructions in an election as scheduled does not, in and of itself, invalidate the results of an election.

PROPOSED AMENDMENT 3:

4.3 BOARD MEMBERS

4.3.4 Cooling-Off Period

A Board Member who has served on the Board of Directors for nine (9) consecutive years is eligible to stand again for election to the Board after a twelve (12) month period has passed since that Member last served on the Board of Directors.

Eligibility following the cooling-off period remains subject to the criteria set out in section 4.4.5.1 of this By-Law.

PROPOSED AMENDMENT 4:

4.5 APPOINTMENT OF ACADEMIC BOARD MEMBER

4.5.3 COOLING-OFF PERIOD

An Academic Board Member, who has served on the Board of Directors for nine (9) consecutive years, is eligible for appointment to the Board after a twelve (12) month period has passed since that Member last served on the Board of Directors.

Eligibility following the cooling-off period remains subject to the criteria set out in section 4.4.5.1 of this By-Law.

PROPOSED AMENDMENT 5:

4.5.7 APPOINTMENT PROCESS

4.5.7.1 ELIGIBILITY FOR APPOINTMENT

A Registrant is eligible for appointment to the Board of Directors as an Academic Board Member provided that on the date of appointment,

- The Registrant meets the criteria for eligibility for election as a Professional Board Member (except for the nomination requirement),
- The Registrant has completed, signed and returned the CMLTO Academic Member Application Package pursuant to this By-Law,
- The Registrant has completed the CMLTO Board Competencies and Leadership Characteristics Self-Assessment and confirmed, through the CMLTO Academic Board Member Application Package, that they meet or partially meet the Board-approved competency-based eligibility criteria set out in the CMLTO Board Competency and Leadership Characteristics Profile. Candidates may attest to undertaking reasonable measures to meet any competencies requiring further development not fully met at the time of nomination. This confirmation and self-assessment will be included in the candidate's election, and



- The Registrant's primary employment is to teach a course of study in Medical Laboratory Technology accredited by [Accreditation Canada's Equal Canada Program.](#)

APPENDIX 2

CMLTO BOARD COMPETENCIES AND LEADERSHIP CHARACTERISTICS SELF-ASSESSMENT

This self-assessment enables CMLTO Board Member candidates to reflect on their awareness, experience, and readiness to demonstrate the competencies and characteristics outlined in the **CMLTO Board Competency and Leadership Characteristics Profile**. The purpose of this self-assessment is to support transparency in the election and appointment process and to help candidates identify areas of strength and potential growth in relation to the expectations of CMLTO Board service.

CMLTO Board Members are encouraged and expected to demonstrate an ongoing commitment to acquiring and developing the competencies and leadership characteristics essential to effective governance. The goal is to ensure that the CMLTO Board collectively embraces all necessary competencies and leadership characteristics, and fosters continuous development among its members.

Candidates are asked to rate each statement using the scale provided to indicate the level to which they demonstrate or are prepared to demonstrate each competency and leadership characteristic.

The self-assessment includes three (3) competency categories:

1. **Board Competencies Related to Governance Knowledge and Skills** – knowledge of governance principles, structures, and Board processes.
2. **Board Characteristics Related to Personal and Leadership Character** – attributes and behaviours that foster effective leadership, collaboration, and integrity.
3. **Board Competencies Related to Environmental Knowledge and Skills** – awareness of external factors, stakeholder environments, and system-level influences affecting the profession and regulation.

Note: Candidates are not expected to have prior experience within the CMLTO. This self-assessment is intended to promote reflection, transparency, and awareness of the competencies and leadership characteristics which contribute to effective Board service.



2.1 BOARD COMPETENCIES RELATED TO GOVERNANCE KNOWLEDGE AND SKILLS

Each CMLTO Board Member is expected to demonstrate a dedication to fulfilling the College's statutory mandate, including the organization's purpose and critical outcomes/impacts. Board Members are also expected to have, acquire and/or enhance their key general governance competencies which are core to effective Board Members and the performance of the Board as a team.

1. ORGANIZATIONAL CONTEXTUAL COMPETENCY

Definition:

Is aware of and takes into account organizational purpose, Ends (Critical Outcomes) Policies, values, culture, and the norms of the organization.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	My input to discussions and decisions consistently reflect and reinforce the Board's policies and the organization's purpose, vision, values, and organizational realities.
4 – Demonstrated	I generally apply an understanding of the organization's purpose, policies, and culture when contributing to Board discussions and decisions.
3 – Partially Demonstrated	I sometimes connect my input to the organization's purpose, policies, or values but may need to strengthen this alignment.
2 – Minimally Demonstrated	I rarely link my contributions to the organization's purpose, policies, or culture when engaging in Board discussions.
1 – Not Demonstrated	My input to decisions is made in isolation from the Board policies and the organization's purpose, vision, values and organizational realities.

2. GOVERNANCE AWARENESS COMPETENCY

Definition:

- (1) Sets about to be well-informed regarding the governance approach/philosophy of the organization as well as the Board's role, job products, responsibilities, processes, and performance.
- (2) Understands the need and responsibility to contribute to ongoing Board development, evaluation, and continuous governance improvement.



Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I actively engage in understanding and upholding the Board’s governance approach, contributing to continuous learning and improvement.
4 – Demonstrated	I understand the organization’s governance model and participate in related discussions or development activities when opportunities arise.
3 – Partially Demonstrated	I show general awareness of the Board’s governance approach but require further familiarity with its roles, processes, and evaluation practices.
2 – Minimally Demonstrated	I display limited understanding of the organization’s governance principles and seldom engage in governance development or evaluation.
1 – Not Demonstrated	I demonstrate and show limited understanding of the Board’s governance role and avoid engagement in Board development or evaluation efforts.

3. INTERPERSONAL RELATIONSHIPS COMPETENCY

Definition: Nurtures the Board as a group and enhances team development, attends to the Board’s collective welfare and culture, and fosters a sense of cohesive teamwork.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I foster mutual respect, collaboration, and a strong sense of team unity to support effective Board functioning.
4 – Demonstrated	I contribute to positive relationships and collaboration among Board Members and support a respectful, team-oriented culture.
3 – Partially Demonstrated	I demonstrate some collaborative behaviours but occasionally focus on individual perspectives more than collective outcomes.
2 – Minimally Demonstrated	I find it challenging to engage collaboratively or to prioritize team cohesion when working with the Board.
1 – Not Demonstrated	I prioritize individual views over group cohesion, contributing to tension or division within the Board.

4. INNOVATIVE GENERATIVE AND STRATEGIC THINKING ORIENTATION COMPETENCY

Definition:

Capacity to generatively and strategically provide thought-leadership to contribute to innovatively envisioning and shaping organizational direction



regarding purpose and Ends (Critical Outcomes) Policies. Keeps the Board's attention on foresight and future-focused discussion.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I actively engage in forward-thinking dialogue, offering strategic insights that help shape long-term direction and purpose.
4 – Demonstrated	I contribute ideas and perspectives that consider future implications and support the organization's strategic direction.
3 – Partially Demonstrated	I occasionally offer insights with a future or strategic focus but tend to balance them with short-term or operational considerations.
2 – Minimally Demonstrated	I primarily engage in discussions focused on immediate or tactical issues and seldom contribute to forward-looking or generative thinking.
1 – Not Demonstrated	I focus primarily on operational details and short-term issues, rarely contributing to future-focused or visionary discussions.

5. ANALYTICAL AND COMPLEXITY CAPACITY COMPETENCY

Definition:

- (1) Has capacity for reviewing and evaluating qualitative and quantitative data and conclusions.
- (2) Recognizes complexities and subtleties in issues and draws upon multiple perspectives and insights to contribute to developing appropriate responses and decisions related to complex opportunities and challenges.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I thoughtfully analyze diverse data and perspectives, contributing to well-informed and balanced decisions on complex matters.
4 – Demonstrated	I review information critically, consider different viewpoints, and contribute to discussions that address both detail and complexity.
3 – Partially Demonstrated	I analyze information adequately but may miss deeper connections or rely on limited data when evaluating complex issues.
2 – Minimally Demonstrated	I find it challenging to interpret complex data or integrate multiple perspectives when contributing to Board discussions.



Self-Assessment Rating Scale	Competency Description
1 – Not Demonstrated	I oversimplify issues, overlook key data, and struggle to engage with complex or nuanced Board discussions.

6. COLLABORATIVE RELATIONS AND AMBASSADORSHIP COMPETENCY

Definition:

- (1) Ability to contribute to helpful networks and represent the organization effectively as an ambassador.
- (2) Contributes and has an ability to foster collaborative relationships important to the organization.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I actively build and nurture strategic relationships while representing the organization with integrity and credibility.
4 – Demonstrated	I participate in building relationships and collaborations that enhance the organization's connections and reputation.
3 – Partially Demonstrated	I occasionally engage in relationship-building efforts but may not consistently represent or promote the organization externally.
2 – Minimally Demonstrated	I rarely contribute to developing or maintaining collaborative relationships and seldom engage in ambassadorial activities.
1 – Not Demonstrated	I avoid external engagement and miss opportunities to build or support relationships that benefit the organization.

7. INQUISITIVE LIFELONG LEARNER COMPETENCY

Definition:

- (1) Has an aptitude, affinity, and thirst for ongoing learning and is keen to grow and apply learnings in the context of Board discussions and decision-making.
- (2) Seeks information which can provide context and insight into upcoming decisions.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I actively pursue new knowledge and insights, applying learning to enhance Board discussions and decision-making.



Self-Assessment Rating Scale	Competency Description
4 – Demonstrated	I regularly seek out relevant information and learning opportunities to deepen my understanding and improve my contributions to Board work.
3 – Partially Demonstrated	I occasionally pursue new learning or information but tend to rely on familiar knowledge when participating in discussions.
2 – Minimally Demonstrated	I seldom seek new information or learning opportunities and rarely apply new insights to Board decisions.
1 – Not Demonstrated	I rely on past knowledge, show little curiosity, and rarely seek out new information to inform Board decisions.

8. ALLYSHIP COMPETENCY

Definition:

Has an understanding and commitment to cultural safety and humility as well as equity, diversity, inclusion, and justice in the context of working with diverse individuals, groups, and communities both at the Board table and in connecting with the broader external community.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I actively champion equity, inclusion, and cultural safety, creating space for diverse voices fostering respectful and just engagement.
4 – Demonstrated	I consistently model inclusive behaviours, respect diverse perspectives, and support equitable participation in discussions and decisions.
3 – Partially Demonstrated	I recognize the importance of diversity and inclusion but am still developing confidence or consistency in applying these principles in Board and community interactions.
2 – Minimally Demonstrated	I acknowledge diversity but rarely act to include or elevate underrepresented perspectives in discussions or decisions.
1 – Not Demonstrated	I dismiss or overlooks diverse perspectives, and fails to acknowledge the importance of equity, inclusion, and cultural humanity.

9. GOVERNANCE OF RISK/RISK AWARENESS COMPETENCY

Definition:



Has an awareness of the importance of major risk identification and understands the Board's role in governing the mitigation of risk including establishing the Board's risk tolerances.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I understand and actively engage in identifying, assessing, and overseeing risk, contributing to clear risk tolerance and mitigation strategies.
4 – Demonstrated	I demonstrate a sound understanding of the Board's role in risk oversight and contribute to discussions on risk identification and mitigation.
3 – Partially Demonstrated	I recognize the importance of risk governance but am still developing my understanding of the Board's role in setting tolerances and overseeing mitigation.
2 – Minimally Demonstrated	I have limited awareness of the organization's key risks and rarely contribute to discussions or decisions related to risk oversight.
1 – Not Demonstrated	I show limited awareness of major organizational risks and overlook the Board's role in risk oversight and mitigation.

10. GROUP LEADERSHIP COMPETENCY

Definition:

- (1) Naturally takes a leadership role at the Board when appropriate and can also function well as a collaborative team member.
- (2) Uses a collaborative, engaged leadership style which successfully engages the group of leaders making up the Board.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I confidently step into leadership roles when needed and foster inclusive collaboration. I also function well as a member of the Board in dialogue and decision-making.
4 – Demonstrated	I demonstrate leadership initiative when appropriate and contribute to fostering collaboration and shared responsibility among Board Members.
3 – Partially Demonstrated	I occasionally show leadership initiative or facilitate collaboration but tend to defer to others rather than actively engaging in group leadership.
2 – Minimally Demonstrated	I rarely take initiative or assume leadership responsibilities and find it challenging to engage



Self-Assessment Rating Scale	Competency Description
	collaboratively in group discussions or decision-making.
1 – Not Demonstrated	I avoid taking initiative or a leadership role, even when asked, and struggle to contribute constructively to group leadership and collaboration.

2.2 BOARD CHARACTERISTICS RELATED TO PERSONAL AND LEADER CHARACTER

These are the characteristics related to how individual Board Members and the Board as an entity, i.e. as a whole, are equipped to lead and fulfill their role. These characteristics also significantly influence the overall Board culture. Every Board Member should develop at least a proficiency level in and be working towards mastery of each of these characteristics.

Fundamental Leader Characteristics

1. CHAMPIONING CHANGE

Definition: Understands that navigating change is an important part of Board governance and is prepared to personally adjust to change as well as assist the Board team with facing and navigating change.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I embrace change and encourage other Board Members to maintain a constructive mindset while actively supporting the Board and/or organization through change.
4 – Demonstrated	I adapt positively to change and contribute to discussions that help the Board respond effectively to evolving circumstances.
3 – Partially Demonstrated	I generally accept change but may feel hesitant or uncertain when faced with significant shifts in Board or organizational direction.
2 – Minimally Demonstrated	I find it difficult to adapt to change and may be reluctant to adjust my approach or support the Board during transitions.
1 – Not Demonstrated	I resist new directions and struggle to adapt, creating friction during times of environmental, Board, or organizational change.



2. ACCOUNTABILITY

Definition:

Willingly accepts responsibility for Board and personal decisions and actions. Is willing to step up and take ownership of challenging issues. Reliably delivers on expectations. Can be counted on to stimulate Board thought-leadership in tough situations.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I take ownership of Board actions and results and show a strong commitment to achieving Board outcomes and decisions.
4 – Demonstrated	I take responsibility for my actions and decisions, follow through on commitments, and contribute to resolving challenging Board issues.
3 – Partially Demonstrated	I generally accept responsibility for my actions but occasionally miss opportunities to take initiative or fully follow through on commitments.
2 – Minimally Demonstrated	I sometimes avoid taking ownership of outcomes or hesitate to engage when accountability or difficult decisions are required.
1 – Not Demonstrated	Failure to deliver on expected governance results and take responsibility for actions/decisions.

3. COURAGE

Definition:

Does the right thing even though it may be unpopular, actively discouraged and/or result in a personal negative outcome. Shows an unrelenting determination, confidence, and perseverance in confronting difficult situations. Rebounds quickly from setbacks.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I enable decisions to be made, even when they are difficult, challenge poor decisions constructively, and promote innovative thinking.
4 – Demonstrated	I speak up respectfully when I disagree, contribute to open and balanced discussions, and support sound decisions even in challenging situations.
3 – Partially Demonstrated	I express my views when comfortable but may hesitate to voice dissent or challenge decisions when facing opposition.



Self-Assessment Rating Scale	Competency Description
2 – Minimally Demonstrated	I tend to avoid conflict or difficult discussions and rarely express disagreement, even when I believe a different course of action is needed.
1 – Not Demonstrated	I am willing to accept poor Board decisions; satisficing rather than maximizing is the norm; moral indifference prevails.

4. DRIVE AND RESULTS FOCUS

Definition:

Strives for excellence and has a strong desire for effective Board leadership, tackles problems in a timely manner, and approaches challenges with energy and passion. Is focused on the impact and outcomes of Board policy decisions.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I sustain momentum around focused priorities and maintain high productivity.
4 – Demonstrated	I show initiative, follow through on commitments, and consistently focus on achieving meaningful results for the Board and organization.
3 – Partially Demonstrated	I meet basic expectations but occasionally lose focus or momentum when faced with competing priorities or challenges.
2 – Minimally Demonstrated	I struggle to maintain focus and energy when tackling issues and may delay or avoid addressing challenging Board matters.
1 – Not Demonstrated	I demonstrate lethargy and low productivity.

5. COLLABORATION

Definition:

Values and actively supports development and maintenance of positive relationships among people. Encourages open dialogue and does not react defensively when ideas are challenged at the Board table. Is able to connect with others at a fundamental level, in a way that fosters the productive sharing of ideas. Recognizes that what happens to someone, somewhere, can affect all. Works to effectively resolve conflict and move the group to positive resolution and outcomes.



Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I effectively engage in Board teamwork, enhancing outcomes and encouraging diversity of thought.
4 – Demonstrated	I collaborate well with others, listen respectfully to differing viewpoints, and contribute to constructive group problem-solving.
3 – Partially Demonstrated	I generally work well with others but occasionally become defensive or struggle to integrate differing perspectives.
2 – Minimally Demonstrated	I find it difficult to engage collaboratively, often preferring to work independently or focus on my own ideas rather than group consensus.
1 – Not Demonstrated	I exhibit “every person for themselves” thinking, share limited information, and pressure others to adopt my ideas.

Complex Leader Characteristics

1. INTEGRITY

Definition:

Holds oneself to a high moral standard and behaves consistently with ethics and prudence standards, even in difficult situations. Is seen by others as behaving in a way that is consistent with their personal values and beliefs. Behaves consistently with Board policies and practices.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I am trustworthy, transparent, honest, and reliable in my communication and actions.
4 – Demonstrated	I act with honesty and fairness, consistently demonstrating ethical behaviour that aligns with the Board’s standards and values.
3 – Partially Demonstrated	I generally act with integrity but may occasionally struggle to maintain consistency under pressure or in complex situations.
2 – Minimally Demonstrated	I sometimes allow personal views or pressures to affect my consistency in upholding ethical standards or Board values.
1 – Not Demonstrated	I operate from a position of self-interest or mistrust and may act in ways inconsistent with the Board’s ethical standards.



2. HUMANITY

Definition:

Demonstrate genuine concern and care for other Board Members, the CEO, staff, careholders, and the people who benefit from CMLTO's work. Can appreciate and identify with others' values, feelings, and beliefs. Has a capacity to forgive and not hold grudges. Understands that people are fallible and offers opportunities for individuals and the Board to learn from their mistakes.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I have a deep understanding of what is important to the Careholdership, Registrants, interested parties, and system partners.
4 – Demonstrated	I show empathy and respect toward others, considering their perspectives and needs in my decisions and interactions.
3 – Partially Demonstrated	I am generally respectful and understanding of others but sometimes find it challenging to remain empathetic in stressful or conflicting situations.
2 – Minimally Demonstrated	I struggle to recognize or respond to the needs and perspectives of others and may appear indifferent or dismissive in my interactions
1 – Not Demonstrated	I fail to acknowledge critical social needs and the realities of the Careholdership and others.

3. HUMILITY

Definition:

Let accomplishments speak for themselves, acknowledge limitations, understand the importance of thoughtful examination of one's own opinions and ideas. Embraces opportunities for personal growth and development as a Board Member. Does not consider oneself to be more important or special than others, is respectful of others, and understands and appreciates others' strengths and contributions.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I am willing to identify and discuss my mistakes, support continuous learning, and remain open to new and different ideas.
4 – Demonstrated	I acknowledge my limitations, value others' input, and show appreciation for diverse perspectives and contributions.



Self-Assessment Rating Scale	Competency Description
3 – Partially Demonstrated	I recognize the importance of humility but sometimes struggle to accept feedback or to fully acknowledge others' contributions.
2 – Minimally Demonstrated	I rarely seek feedback, find it difficult to admit mistakes, and may overlook the value of others' perspectives.
1 – Not Demonstrated	I am arrogant or overconfident, complacent, and take up more Board time and focus than reasonable.

4. TRANSCENDENCE

Definition:

- (1) Understands purpose, is future oriented, brings reasonable optimism and inspiration to discussions. Sees possibilities where others may not have.
- (2) Has a very expansive view of things both in terms of taking into account the long term and broad factors.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I am committed to excellence, demonstrate clarity and focus, and inspire others by motivating innovation and forward-thinking.
4 – Demonstrated	I maintain a positive, future-oriented outlook and encourage the Board to consider broader, long-term possibilities in its decisions.
3 – Partially Demonstrated	I recognize the importance of future-oriented and innovative thinking but occasionally focus more on immediate or practical issues.
2 – Minimally Demonstrated	I find it challenging to think beyond the short term and rarely contribute ideas that reflect optimism or a long-term vision.
1 – Not Demonstrated	I have narrow goals and objectives, fail to acknowledge or strive for excellence, and do not appear inspired or future-focused.

5. TEMPERANCE

Definition:

Demonstrates patience and calmness and can remain composed, self-controlled, and respectful during Board interactions even in challenging circumstances.



Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I manage risks thoughtfully, remain calm in heated discussions or crises, and demonstrate patience and self-control in all interactions.
4 – Demonstrated	I generally remain patient and composed, managing my emotions effectively and contributing to balanced, respectful discussions
3 – Partially Demonstrated	I usually maintain calmness and control but occasionally become reactive or impatient in tense or high-pressure situations.
2 – Minimally Demonstrated	I find it difficult to remain composed under stress and may respond emotionally or impulsively during challenging discussions.
1 – Not Demonstrated	I let short-term desires for success or results drive my behaviour and can act with overstated emotion or impatience.

6. JUSTICE

Definition:

Is fair, equitable, inclusive, proportionate, even-handed, transparent, and socially aware and responsive. Remains objective and keeps personal biases to a minimum when making decisions.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I foster fairness and trust, going above and beyond to ensure that decisions are equitable, transparent, and in the best interest of the public.
4 – Demonstrated	I make decisions objectively and consistently, treating others with fairness and ensuring that diverse perspectives are considered.
3 – Partially Demonstrated	I generally strive to be fair and equitable but may occasionally allow personal opinions or assumptions to influence my judgment.
2 – Minimally Demonstrated	I struggle to remain objective or may overlook inequities when they arise, limiting fairness in decision-making.
1 – Not Demonstrated	I allow inequities to exist without appropriate challenge.



2.3 BOARD COMPETENCIES RELATED TO ENVIRONMENTAL KNOWLEDGE AND SKILLS

These are competencies which Board members require in order to work effectively in the health regulatory sector. Not all Board Members will possess these competencies at the beginning of their term; however, all Board Members should be growing in these areas.

1. REGULATORY AWARENESS COMPETENCY

Definition:

- (1) Understands that addressing public interest matters is core to the Board's mandate of strategic leadership and oversight of self-regulated professions.
- (2) Has awareness of the regulatory system, climate, and evolving regulatory issues.

Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I clearly understand the Board's public interest mandate and stay informed about regulatory trends, ensuring decisions align with the public interest for safe care and evolving regulatory expectations.
4 – Demonstrated	I understand the Board's role in protecting the public interest and consider regulatory principles and system trends when contributing to Board discussions and decisions.
3 – Partially Demonstrated	I recognize the importance of the public interest and the regulatory environment but do not consistently integrate this awareness into my decision-making.
2 – Minimally Demonstrated	I have limited understanding of the Board's regulatory role and may focus more on the interests of the profession than on the public interest.
1 – Not Demonstrated	I lack understanding of the regulatory mandate and overlook the Board's responsibility to uphold the public interest in a self-regulatory context, at times suggesting decisions that favour the profession over the public.

2. PUBLIC POLICY KNOWLEDGE COMPETENCY

Definition:

Understands or is building understanding of the broader health and public policy context that could impact the organization, including key priorities of the provincial government or health authorities and the relationship between those priorities and the work of the College.



Self-Assessment Rating Scale	Competency Description
5 – Strongly Demonstrated	I actively seek to understand the broader health and public policy landscape and thoughtfully consider its implications for CMLTO's mandate and strategic direction.
4 – Demonstrated	I stay informed about provincial health system priorities and public policy developments and consider their impact when contributing to Board discussions and decisions.
3 – Partially Demonstrated	I have some awareness of health and public policy issues but do not consistently connect them to the College's role or strategic direction.
2 – Minimally Demonstrated	I have limited awareness of current health system priorities or public policy trends and seldom consider how they may affect the organization's mandate or decisions.
1 – Not Demonstrated	I show little to no awareness of health system priorities or public policy trends and rarely consider their impact on the organization's mandate.

Note: Candidates are not expected to have prior experience within the CMLTO. This self-assessment is intended to promote reflection, transparency, and awareness of the competencies and characteristics which contribute to for effective Board service. The completed self-assessment will be included in your election biography to provide voters with additional insight into your readiness and alignment with the competency and leadership expectations of the CMLTO Board of Directors.



AGENDA ITEM 4.0

4.0	BOARD LINKAGE AGENDA
4.1	The CMLTO 2024 and 2025 Ongoing Perpetual Board / Careholdership Linkage/Engagement Plan Update

Briefing Report to Board of Directors

Date	: November 24, 2025
From	: John Tzountzouris, Registrar & CEO Michelle Price, Corporate Communications Specialist
Subject	: The CMLTO 2024 and 2025/26 Ongoing Perpetual Board/Careholdership Linkage/Engagement Plan UPDATE Period covered: September 2025 – December 2025

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval
<input type="checkbox"/> Ends Policy
<input type="checkbox"/> Executive Limitations Policy
<input type="checkbox"/> Board-Staff Relationship Policy
<input type="checkbox"/> Governance Process
<input type="checkbox"/> Board Implementation of Policy
<input type="checkbox"/> Board-Staff Relationship Policy
<input type="checkbox"/> Governance Process | <input type="checkbox"/> Monitoring Report
<input type="checkbox"/> Ends
<input type="checkbox"/> Executive Limitations
<input type="checkbox"/> Statutory Committee
<input checked="" type="checkbox"/> Careholder Linkage Report
<input type="checkbox"/> Incidental Report
<input type="checkbox"/> Registrar & CEO
<input type="checkbox"/> Board Chair
<input type="checkbox"/> Other |
|---|--|

BACKGROUND

The College of Medical Laboratory Technology of Ontario (CMLTO) Board of Directors established as one of its significant goals in 2022 and 2023 to further explore and understand the purposes, concepts, and processes for the Board/Careholdership Linkage. Further, in late 2022 and through the first half of 2023, the Board designed and engaged in a deep dive set of linkage processes with representative groups of the CMLTO Careholdership. These processes have been implemented moving forward into 2024 and 2025.

By “Careholdership”, the Board is referring to **all Ontarians who would be impacted by the College’s ability to achieve its purpose ethically, prudently, and equitably, over the long-term or for as long as this purpose is needed.**

The Board defines “Careholders” to specifically refer to **all key groups that it wishes to connect with as part of this plan, including: members of the Ontario public, Medical Laboratory Technologists registered with the College, Voluntary Roster affiliates, non-rostered medical laboratory assistants and technicians, and recent applicants to the College.**

Please note that this report includes details about the specific implementation of the Linkage Plan with regards to listening, learning, and mitigating risk. The

overall goal of this ongoing initiative is to enhance the quality of the services we deliver to all Careholder groups.

The CMLTO Board of Directors has outlined its values regarding Board linkage with the Careholdership in its Governance Process Policy GP IV-45 Board Linkage With Ownership/Careholdership.

In late 2022 and through 2023, the Board engaged in a series of deep consultations with groups of the Careholdership. The groups that the Board engaged, during that cycle of engagement, included:

- The Public of Ontario (through the Community Advisory Group [CAG]),
- Employers,
- CMLTO MLT Registrants,
- Medical Laboratory Assistants or Technicians included on the CMLTO Voluntary Roster,
- Recent Applicants to CMLTO (with their Careholdership hat on as members of the public with unique insight).

The deep learning and insights from those 2022 and 2023 Careholdership linkage connections were used by the Board to inform the development of its 2024 to 2026/2027 Ends (Critical Outcomes) Policies, i.e., the CMLTO strategic direction. The Registrar & CEO has interpreted that Board direction through its refreshed Ends (Critical Outcomes) Policies and has created operational outcomes, targets, measures, and related rationale for 2024 and beyond.

PURPOSE

The purpose of this report is to update and inform the Board of the ongoing initiatives that have taken place throughout the reporting period of September - December 2025 as part of the Careholder Linkage Plan, attached as Appendix 1. As well, these updates will provide the Board of Directors with direct input from Careholder groups on key strategic initiatives

RESULTS

The following results demonstrate initiatives that have been achieved as part of the broader Ongoing Linkage Plan. A graphical representation of progress to-date is attached as Appendix 2.

Results are organized according to Careholder group along with a description of the tools used by College staff to achieve each outcome.

Linkage initiatives that took place so far in 2025 were focused on:

- Pushing out key information about the CMLTO, and;
- Seeking system input on specific topics regarding the CMLTO.

Outcomes of each initiative are reported below and are organized according to Careholder group:

Careholder Group: Members of the Public

Topics to Share Out About CMLTO (sharing education and building accountability from the Board)

- CMLTO Social Media channels and blog:

The topics selected to share out information about CMLTO and corresponding initiatives were integrated into the following Operational Goal from 2024/2025:

The public has access to information related to governance and regulatory processes:

- *Board Governance*
- *Registration*
- *Quality Assurance*
- *Professional Conduct*
- *Patient Relations*

Information to share about the CMLTO was further organized and integrated within the governance and regulatory topics pictured below, with further data to showcase the distribution of this information:

Please note that these averages were calculated at the time this report was put together.

CMLTO Program Area	% of information Shared
Quality Assurance	8%
Registration	16.33%
Professional Conduct	8%
Internal College Updates	21.5%
College Governance	33%
Patient Relations	19.33%

Engagement rates throughout this time period on each channel are as follows:

Please note that these averages were calculated at the time this report was put together.

Social Media Channel	Average Engagement Rate
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X/Twitter	2.8%
Bluesky	5.87%
LinkedIn	5.17%

All engagement rates are on or above expected target rates for 2025. These targets are determined by preset benchmarks informed by healthcare industry averages.

CMLTO staff continuously monitor this information to ensure the overall effectiveness of each channel as an information sharing tool and mechanism for reaching the broader public.

- CMLTO Blog

The CMLTO Blog was used as a tool for targeting several Careholder groups, including the broader public of Ontario. Topics to share out about the College were organized according to regulatory program area and % of information shared from each area is captured below:

CMLTO Program Area	% of information Shared
Quality Assurance	0%
Registration	0%
Professional Conduct	0%
College Governance	16.67%
Patient Relations	83.33%

Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)

CMLTO staff planned and executed a focus group session with members of the public was hosted on October 1st. Participants were recruited through the survey launched in spring 2025 through CMLTO's media partnerships with Newswatch Ontario, ZoomerMedia, and BlogTO.

39 individuals initially expressed interest in participating in the session, and 15 individuals participated voluntarily.

Session findings:

Public participants in the Board focus group expressed strong concern about **safety, accountability, and transparency** within Ontario's medical laboratory system, **particularly regarding unregulated frontline roles** such as Medical Laboratory Assistants and Technicians (MLATs).

While trust in regulated Medical Laboratory Technologists (MLTs) remains high, participants were surprised to learn about regulatory gaps affecting MLATs, raising concerns about **training, competence, and patient safety**.

They emphasized the importance of standardized practices, oversight, and clear mechanisms for complaints and discipline.

There was **unanimous support for regulating MLATs**, alongside **calls for greater public education, proactive communication, and advocacy** to ensure **the system operates in the public interest**.

Overall, participants want the **CMLTO Board to lead efforts to strengthen regulation, enhance transparency, and maintain public trust**.

A fulsome thematic analysis of the focus group session is included in Appendix 3.

Feedback from focus group participants is also included in Appendices 4 & 5.

Careholder Group: Medical laboratory assistants/technicians included on the CMLTO Voluntary Roster

CMLTO's FOCUS newsletter was used to share information with Voluntary Roster Affiliates.

Topics were included in specifically tailored articles within the fall and upcoming winter issues of FOCUS newsletter throughout 2025.

Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)

Initiatives intended to seek systemic input regarding CMLTO are planned for the remainder of 2025. No progress to report for the period between September and December 2025.

Careholder Group: MLT Employers

Topics to Share Out About CMLTO (sharing education and building accountability from the Board)

- CMLTO website
- CMLTO social media channels

Topics to share out about CMLTO were included on the CMLTO website and social media channels.

Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)

An MLT employer focus group session was hosted in the summer and results were reported to the Board in the September 2025 meeting.

Summary findings from the focus group discussion was shared with those MLT employers who participated in the session.

Feedback from focus group participants is also included as an appendix item in this report. Please note that the format for these survey findings is different from the Public and MLT focus group post-session survey, as the survey was triggered directly through Zoom for this session. The subsequent surveys were triggered through SurveyMonkey.

Careholder Group: CMLTO MLT Registrants

Topics to Share Out About CMLTO (sharing education and building accountability from the Board)

- CMLTO website
- CMLTO social media channels
- CMLTO FOCUS Newsletters:

Although not included as a mechanism for sharing out information outlined in the Broader Careholder Linkage Plan, CMLTO's FOCUS newsletter was used to share information with CMLTO Registrants.

Topics were included in specifically tailored articles within Summer and Spring issues of FOCUS newsletter throughout 2025.

Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)

CMLTO staff planned and executed a focus group session with MLT Registrants, which was hosted on November 1st. Participants were recruited through FOCUS newsletter as well as a targeted e-blast.

74 individuals initially expressed interest in participating in the session, 28 individuals were selected to participate, and 17 individuals participated voluntarily.

Session findings:

The focus group results indicate **strong consensus that protecting the public hinges on accountability, competency, and transparency** within medical laboratory practice.

Participants emphasized **accurate results, ethical standards, and safeguarding patient privacy as critical components.**

While CMLTO is generally viewed as operating in the public interest through licensing, quality assurance, and continuing education, concerns were raised about **shortened education pathways, inconsistent training, and unregulated roles such as Medical Laboratory Assistants and Technicians (MLATs).**

Suggestions for improvement included increasing public awareness, regulating MLATs, enhancing collaboration with other health colleges, and providing accessible continuing education.

Overall, there was **broad support for extending regulatory oversight to MLAs and technicians to ensure patient safety and maintain trust in laboratory services.**

A fulsome thematic analysis of the focus group session is included in Appendix 6.

Feedback from participants focus group is included in Appendix 7.

Appendices

Appendix 1 – Board Perpetual Linkage Plan

Appendix 2 – Board Perpetual Linkage Plan Timeline

Appendix 3 – Public focus group discussion thematic analysis

Appendix 4 – Public focus group participant feedback survey results

Appendix 5 – Public focus group participant feedback thematic analysis

Appendix 6 – MLT focus group discussion thematic analysis

Appendix 7 – MLT focus group participant feedback survey results



Briefing Report to Board of Directors

Date : August 19, 2024

From : Karen Fryday-Field, Senior Governance and Strategy Consultant, Meridian Edge Leadership & Governance Consulting in consultation with John Tzountzouris, Registrar & CEO and Maggie Cakar, Governance Specialist

Subject : The CMLTO 2024 and 2025 Ongoing Perpetual Board/Careholdership Linkage/Engagement Plan

Report Purpose:

- | | |
|--|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input checked="" type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input checked="" type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Board Chair |
| <input checked="" type="checkbox"/> Board Careholdership Linkage Plan | <input type="checkbox"/> Other: |

Recommended Motion:

Be it resolved that

The Board moves to approve (1) The updated CMLTO Board Ongoing Perpetual Linkage Plan for 2024 and 2025 and (2) The CMLTO Board Ongoing Perpetual Linkage Plan for 2024 and 2025 Timelines as presented in Appendix 1.

BACKGROUND

The CMLTO Board of Directors has been working through 2024 to both further explore related concepts and to build a perpetual, ongoing Board/Careholdership Linkage Plan. At its May Board meeting, the Board further developed perspectives on approaches to:

- Engage the perspectives and voices of members of the public who have a legitimate and direct interest in the CMLTO,
- More formally engage a more diverse set of participants and invites co-development of the agenda,



- Focus the engagement on key governance functions as well as the manner in which College registrants and members of the public experience the results of CMLTO's services,
- Allow the focus of the discussion to better and more continuously inform Board future-thinking on its policy direction,
- Simplify the connections where possible through Board use of some regular, ongoing tools designed to share and collect information.

A Board's dedication to this important linkage duty represents approximately 30% of the Board's work. Dedication is critical and requires Board and staff discipline. It also yields important new insights and confirms where CMLTO direction is aligned with Careholdership values.

The Plan that is attached includes:

- A Background Section on Linkage Concepts, ensuring that the Plan can stand alone and be comprehensible to future readers
- An introduction outlining the content of the plan,
- The plan itself with:
 - the groups to be connected with,
 - the specific areas of focus for dialogue/feedback based on the nature of the group and regardless of the communication mechanism,
 - an invitation to the participants to raise other related matters that are important to them in the context of the role of CMLTO and its impact,
 - the timing and mechanism for connecting,
- Appendix 1 – Summary of the Linkage Processes and Timing
- Appendix 2 – Summary of the Overall Themes for Seeking Insights by the Board from the Careholdership for Use in Informing Board Policy.

At the May 2024 Board meeting, the Board passed a motion approving in principle the CMLTO Board/Careholdership Linkage Plan for 2024 and 2025.

This package is to confirm for the Board that the ideas and recommendations regarding the plan have now been fully included. The plan is ready to move to the implementation stage.



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

BACKGROUND

The College of Medical Laboratory Technology of Ontario (CMLTO) Board of Directors established as one of its significant goals in 2022 and 2023 to further explore and understand the purposes, concepts, and processes for the Board/Careholdership Linkage. Further, in late 2022 and through the first half of 2023, the Board designed and engaged in a deep dive set of linkage processes with representative groups of the CMLTO Careholdership.

By “Careholdership”, the Board is referring to all Ontarians who would be impacted by the College’s ability to achieve its purpose ethically, prudently, and equitably, over the long-term or for as long as this purpose is needed.

The Board defines “Careholders” to specifically refer to all key groups that it wishes to connect with as part of this plan, including: members of the Ontario public (including those who have potentially faced barriers to accessing medical laboratory services), Medical Laboratory Technologists registered with the College, Voluntary Roster affiliates, and recent applicants to the College.

CMLTO is in the process of seeking out methods for more accurately defining the Careholders who have experienced barriers in receiving laboratory services, including: female registrants, First Nations community members on reserve in the Far North with limited access to doctors/diagnoses/test facilities, recent immigrants who are transitioning into Ontario’s health care systems, people whose second language is English, people with disabilities whose mobility or comprehension creates barriers to accessing services. The CMLTO is committed to advancing organizational behaviours to support them more effectively and in the public interest and to ensure that the lessons learned from commitment to this plan will support a more diverse Careholder population.

It is important to note that this briefing report represents the policy approach, but the implementation has been updated to be more specific with regards to listening, learning, and mitigating risk. The overall goal is to enhance the quality of the services we deliver to all Careholder groups.

The CMLTO Board of Directors has outlined its values regarding Board linkage with the Careholdership in its Governance Process Policy GP IV-45 Board Linkage With Ownership/Careholdership.

In late 2022 and through 2023, the Board engaged in a series of deep consultations with groups of the Careholdership. The groups that the Board engaged, during that cycle of engagement, included:



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

- The Public of Ontario (through the Community Advisory Group [CAG]),
- Employers,
- CMLTO MLT Registrants,
- Medical Laboratory Assistants or Technicians included on the CMLTO Voluntary Roster,
- Recent Applicants to CMLTO (with their Careholdership hat on as members of the public with unique insight).

The deep learning and insights from those 2022 and 2023 Careholdership linkage connections were used by the Board to inform the development of its 2024 to 2026/2027 Ends (Critical Outcomes) Policies, i.e., the CMLTO strategic direction. The Registrar & CEO has interpreted that Board direction through its refreshed Ends (Critical Outcomes) Policies and has created operational outcomes, targets, measures, and related rationale for 2024 and beyond. A Strategic Framework has also been created to support the achievement of these Ends (Critical Outcomes) Policies.



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

A very important commitment by the Board is to link with the Careholdership at a governance level and not an operational level. In other words, the Board's goal is to discuss systemic, high-level matters with the Careholdership in regard to what is in the best interest of creating a high level of impact. It seeks to learn about Careholder values on systems that affect all beneficiaries and not individual beneficiary of consumer interests.

The CMLTO Board of Directors has now developed its 2024 and 2025 Ongoing Perpetual CMLTO Board/Careholdership Linkage Plan. In the design and formation of this plan, the Board is committed to both ongoing Board connections with the Careholdership and to reach a broader, more diverse group of Ontarians. The Board has added two new groups for consultation and is developing mechanisms to reach voices and perspectives of people who have not necessarily been engaged before. This is evident in the plan summarized below.

The purposes of Board/Careholdership Linkage are primarily three-fold including:

- 1) To provide education and context ensuring that the Careholdership has an informed understanding of CMLTO's purpose and scope including an overview of some of the current regulatory strategic, systemic matters. The generous sharing of the experiences and perspectives of Careholders enables the CMLTO to integrate critical and important feedback that it will strive to adopt into meaningful systems change with the overall goal of enhancing the services and relationships with Careholder groups.
- 2) To seek input from the Careholdership on their perspectives and values on "what impact CMLTO should have in Ontario in terms of public interest protection" and on values and perspectives they may hold on CMLTO's "ethics, equity, and prudence"—this helps to inform a broader Board discussion regarding the formulation of its End (Critical Outcomes) and other Board policy direction.
- 3) To be accountable to the Careholdership, the broader Ontario public, to share CMLTO's achievements and impacts demonstrating CMLTO is accomplishing its purpose and to further demonstrate that CMLTO accomplishes these outcomes through well-governed, equitable, ethical, and prudent strategies as well as operations and methods used.

A very important commitment by the Board is to link with the Careholdership at a governance level and not an operational level. In other words, the Board's goal is to discuss systemic, high-level matters with the Careholdership in regard to what is in the best interest of creating impact with beneficiaries.

The Board is, of course, very committed to beneficiary (i.e. customer) perspectives on service quality and individual needs. The Board/Careholdership engagement plan is not the forum to address individual beneficiary (or customer) service quality. The customer perspective is delegated



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

to and addressed separately by the Registrar & CEO and reported to the Board both through Ends (Critical Outcomes) results and Executive Limitations Monitoring Reports.

The CMLTO Board is very committed to listening, learning, and committing to change processes, if necessary, to benefit equity seeking Careholders. This level of input is essential for governing with relevant insight and for mitigating risks involved with being out of touch with Careholder groups. Thus, in the strategic cycle years between major updates on the Ends (Critical Outcomes) strategic reviews, the Board is committed to engage in regular, ongoing or perpetual linkage/engagement activities to continue to inform its insight and wisdom. The Board plans to share the agenda setting of these engagement sessions by both setting some agenda topics to cover and by inviting participants to raise related key questions and ideas that they believe are important in this context.



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

THE 2024 AND 2025 BOARD/CAREHOLDERSHIP LINKAGE PLAN

INTRODUCTION TO THE PERPETUAL BOARD CAREHOLDERSHIP LINKAGE PLAN

The 2024 and 2025 Board/Careholdership Perpetual Linkage Plan is designed to achieve the goals of Careholdership engagement listed above in the Background Section. The plan is designed to:

- First address the Careholders and subgroups being engaged,
- Include key educational/accountability messages to be shared specifically by the Board,
- Include key insight information designed for consultation and input from the set of Careholders being engaged, and
- Include the method of and timing for engagement for the Careholder group being engaged (which has been assessed by the Registrar & CEO for CMLTO capacity in terms of the CMLTO strategic operating plan for 2024 and 2025).

In Appendix 1 of the plan, a chart is provided to demonstrate the various engagements and related timing for all of this perpetual Board linkage. Given that some new engagement processes and connections are being developed, the timing of this plan may vary somewhat based on the learning along the implementation journey.



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

Linkage Groups/Sub-Groups	
THE PUBLIC Public-Broader Social Media and Public-Community Advisory Group	
Topics to Share Out About CMLTO (sharing education and building accountability from the Board)	Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)
<ul style="list-style-type: none"> • CMLTO's purpose and regulatory mandate • CMLTO's recent Ends (Critical Outcomes) Policies results and key achievements • CMLTO's values – update on EDIJ progress 	<ul style="list-style-type: none"> • [Open ended question format] You are welcome but not required to provide a few sentences below about how you self-identify. Answers can include the broader community that you are a part of. Please note that the CMLTO will be using this information for informative purposes only. If you have identified barriers to your access to medical laboratory services, you will be subsequently contacted to provide further information to CMLTO staff as a means of improving the level of service provided by the College. • Are people in your community experiencing easy, ready access to medical laboratory services? <ul style="list-style-type: none"> ○ Track access by different regions across Ontario. ○ Are there any barriers that impact your access to medical laboratory services in your area? If there are, please identify the barriers (open ended response). • Do you feel like you have access to medical laboratory professionals in your area? <ul style="list-style-type: none"> ○ If so, do you have trust in the laboratory professionals serving in the labs? • Do you feel that your community is represented in the overall purpose and role of the CMLTO? • CMLTO's role is to protect the "public interest" by: • Regulating Ontario's medical laboratory technologists (MLTs)



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

			<ul style="list-style-type: none"> Acting as the governing body for MLTs in Ontario Setting the standards for entry to practice to the MLT profession Investigating complaints about MLTs' professional conduct. <ul style="list-style-type: none"> Does the above information align with your understanding of CMLTO's role with relation to the public interest? Explain your personal understanding of what the "Public Interest" is (open ended) CMLTO's role is to protect the "public interest" as it relates to the safety and quality of the practice of medical laboratory professionals. What do you understand the "public interest" to mean? What do you understand "protection of the public interest" in this context to mean? <p>Do you believe that all the medical laboratory professionals working in medical labs in Ontario should have some form of regulatory oversight? i.e., protection for the public by having a regulatory organization overseeing their practice. Why or why not?</p>
MECHANISMS AND TIMING			
Q2 - May 2024 and 2025	Q4 – 2024 to Q4 2025	Q2 – 2025	
<ul style="list-style-type: none"> Informational messages – Annual Report 	<ul style="list-style-type: none"> Launch brief public questionnaire to run for year – seeking above 	<ul style="list-style-type: none"> Community Advisory Group – questionnaire 	
		Q2 to Q4-2025	



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

<ul style="list-style-type: none"> • Board Informational/Education messages on website (quarterly updates) 	<p>input/feedback/info – data analysis semi-annually</p> <ul style="list-style-type: none"> • Promoted through social media • Each topic to have an introductory paragraph explaining the context for the question – using simple, non-clinical, accessible language 	<ul style="list-style-type: none"> • In consultation with the CAG, develop an approach to engage equity-deserving community members who identified that they had experienced barriers in accessing medical laboratory services in the past. Focus engagement on identifying the specific barriers that these groups have faced when trying to access medical laboratory services. • Collaborate with the CAG in order to set up a questionnaire for with these individuals as a means of identifying barriers to access and understanding which groups have experienced marginalization as a result of not accessing these services. •
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THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

MLT REGISTRANTS	
Topics to Share Out About CMLTO (sharing education and building accountability from the Board)	Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)
<ul style="list-style-type: none"> • CMLTO's purpose and regulatory mandate • CMLTO's recent Ends (Critical Outcomes) Policies results and key achievements • CMLTO's values – update on EDIJ progress • Key systems issues CMLTO is addressing in regulation • CMLTO's rostering program and MLA/T oversight agenda in the interest of public protection <p><i>Note: The Board discussed incentivising participation indicating participation can be considered as a continuing education element as it is a professional learning experience.</i></p>	<ul style="list-style-type: none"> • Do you believe that all medical laboratory technicians/assistants should be under oversight by a regulator? If yes, why is this important from your perspective? • What is your perspective of the effect on the health system safety and quality with the use of both speciality and general MLTs? • Have you experienced any barriers because of who you are (your race, gender, sexuality, ability) when interacting with the CMLTO? What were they? How would you suggest CMLTO change its approach to address any concerns you have as they relate to equity, diversity, inclusion and justice? Please consult the following definition of CMLTO's role in protecting the public interest prior to answering the question below: The College of Medical Laboratory Technologists of Ontario (CMLTO) is the regulatory body for medical laboratory technologists (MLTs) in Ontario. The CMLTO exists to ensure the public receives quality laboratory services from competent and ethical professionals. • The key role that the CMLTO plays in protecting the public interest involves: <ul style="list-style-type: none"> ○ Regulating Ontario's medical laboratory technologists (MLT) ○ Acting as the governing body for MLTs in Ontario



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

<u>MLT REGISTRANTS</u>		
Topics to Share Out About CMLTO (sharing education and building accountability from the Board)		Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)
		<ul style="list-style-type: none"> ○ Setting the standards for entry to practice to the MLT profession ○ Investigating complaints about MLTs' professional conduct. ● Do you think that CMLTO is operating in the public interest? Please explain. What do you understand "protection of the public to mean"? What can CMLTO do better to protect the public? What is your perspective on CMLTO's progress in ensuring the protection of the public?
MECHANISMS AND TIMING		
Q4-Dec 2024 and Q2 - May 2025	Q3 - 2025	Q2 - 2025
<ul style="list-style-type: none"> ● Informational messages about CMLTO as outlined above in CMLTO Focus Newsletter ● Annual Report including on website for registrants – May 2025 	<ul style="list-style-type: none"> ● Virtual focus groups (e.g. 3 x 10-15 participants) (First virtual focus group will be designed as a pilot to assess the relevance and impact of the discussion topics) 	<ul style="list-style-type: none"> ● Specific newsletter articles on topics to seek systemic input from all MLT registrants



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

MLA/T Voluntary Roster Affiliates and Non-Rostered MLA/Ts

Note: Connect with both rostered and non-rostered MLA/Ts.

Topics to Share Out About CMLTO (sharing education and building accountability from the Board)	Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)
<ul style="list-style-type: none"> • CMLTO's purpose and regulatory mandate • CMLTO's recent Ends (Critical Outcomes) Policies results and key achievements • CMLTO's values – update on EDIJ progress • Key systems issues CMLTO is addressing in regulation • CMLTO's rostering program and MLA/T oversight agenda in the interest of public protection 	<p><u>Questions for Rostered MLA/Ts</u></p> <ul style="list-style-type: none"> • The role of CMLTO is Do you believe that all medical laboratory technicians/assistants should be under oversight by a regulator? <ul style="list-style-type: none"> ○ If yes, why is this important? ○ In no, why not? • CMLTO's role is protection of the public interest related to the safety and quality of MLT professional practice. In this context, what do you understand "public interest" to mean? What do you understand "protection of the public" to mean? • How do you perceive equity, diversity, inclusion, and justice in CMLTO's practices? • Do you, as a Medical Laboratory Assistant or Technician, believe that CMLTO is focused on the right results and is achieving those results within its mandate? • Provide background on where and how MLA/Ts could become more engaged with CMLTO (e.g., admin committee or task force work). If opportunities exist, would you be interested in serving as a volunteer in CMLTO's work? Yes, No, Maybe



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

MLA/T Voluntary Roster Affiliates and Non-Rostered MLA/Ts

Note: Connect with both rostered and non-rostered MLA/Ts.

Topics to Share Out About CMLTO (sharing education and building accountability from the Board)	Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)
	<p><u>Questions for Non-Rostered MLA/Ts</u></p> <ul style="list-style-type: none"> • Are you familiar with the CMLTO mandate to protect the public interest related to safe, quality health care in medical laboratory practice? Please describe your understanding. • Do you believe that all medical laboratory technicians/assistants should be under oversight by a regulator? If yes, why is that important? If no, why not? • What do you understand “public interest” to mean? • What do you understand “protection of the public” to mean in the context of medical laboratory practitioner practice? • How do you perceive equity, diversity, inclusion, and justice in CMLTO’s practices? • Do you believe, as a medical laboratory assistant or technician, that CMLTO is focused on the right results and is achieving these results? • If you are a non-rostered MLA/T, what holds you back from joining this important initiative?
MECHANISMS AND TIMING	
Q2 - May 2024 and 2025	Q2 – 2025 - Virtual Focus Group (1 Rostered, 1 Non-Rostered)
<p><u>Registered MLA/Ts</u></p> <ul style="list-style-type: none"> • Educational and accountability messages from CMLTO Board -Annual Report including on website (Q2-May 2024 and 2025) 	<ul style="list-style-type: none"> • These are new sub-groups for direct Board interaction • Seek out and collaborate with professional organizations to explore using their newsletter and continuing education channels to engage M/LATs in this process



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

MLA/T Voluntary Roster Affiliates and Non-Rostered MLA/Ts

Note: Connect with both rostered and non-rostered MLA/Ts.

Topics to Share Out About CMLTO (sharing education and building accountability from the Board)	Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)
<u>Non-Rostered MLA/Ts</u> <ul style="list-style-type: none"> Explore feasibility communication through professional association newsletters 	<ul style="list-style-type: none"> Conduct two focus group of 8-10 people (Rostered MLA/Ts and Non-Rostered MLA/Ts) each from areas across different MLA/T roles and practice areas



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

Employers

Topics to Share Out About CMLTO (sharing education and building accountability from the Board)	Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)
<ul style="list-style-type: none"> • CMLTO's purpose and regulatory mandate • CMLTO's recent Ends (Critical Outcomes) Policies results and key achievements • CMLTO's values – update on EDIJ progress • CMLTO's role in health human resources planning • How regulation and oversight work to ensure qualified, competent practitioners and public safety and quality • Why MLA/T oversight is key to the protection of public interest <ul style="list-style-type: none"> ○ Including why it is important for employers to engage in and support oversight and rostering of MLAT's (what is in it for the employer's interest?) • Education on "Mandatory Reporting" by employers to CMLTO 	<ul style="list-style-type: none"> • What are employer perspectives on the protection of the public interest and on health human resources with the use of speciality and general MLTs? <ul style="list-style-type: none"> ○ What, if any, barriers are employers having in recruiting and hiring MLTs and MLA/Ts? • What do employers believe would assist with public safety in regard to MLA/T practice and current lack of mandatory regulatory oversight? <ul style="list-style-type: none"> ○ Do employers support and use in their hiring process MLA/T rostered practitioners, i.e. rostering required or recommended as a qualification? • Who best, in the various types of employer organizations (e.g. hospital, clinic, community labs, etc.), should CMLTO be reaching out to establish relationships with? • What do employers see as the greatest risk to public safety in the medical laboratory services space? • When employers require information on health human resources, registrant status, and/or reporting on a concern or complaint related to a MLT or M/LAT, do they know how to connect with CMLTO and do they find CMLTO responsive?
MECHANISMS AND TIMING	



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

Q2 - May 2024 and 2025	Q3 – 2024 and Q3 – 2025 at a minimum	Q3 - 2025
<ul style="list-style-type: none"> Education and accountability messages in Annual Report including on website 	<ul style="list-style-type: none"> Employer newsletter article directed at Board linkage (background and questions) on some of the accountability to the Board and education topics above 	<ul style="list-style-type: none"> Focus group with a range of types of employers directed at Board linkage (as per topics designed above) with Board Members leading the discussion



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

RECENT MLT APPLICANTS		
Topics to Share Out About CMLTO (sharing education and building accountability from the Board)		Topics to Seek Systemic Input Regarding CMLTO (Determined by the Board)
<ul style="list-style-type: none"> • CMLTO's purpose and regulatory mandate • CMLTO's recent Ends (Critical Outcomes) Policies results and key achievements • CMLTO's values – update on EDIJ progress • Key systems issues CMLTO is addressing in regulation 		<ul style="list-style-type: none"> • Do you believe that all medical laboratory technicians/assistants should be under oversight by a regulator? If yes, why is this important? • What is your perspective of the effect on the system safety and quality with the use of speciality and general MLTs? • How do you perceive equity, diversity, inclusion, and justice in CMLTO's practices? • What do you understand "public interest" to mean? What do you understand "protection of the public interest" to mean? • Do you believe CMLTO is a fair, transparent, objective organization for new MLT applicants to work with?
MECHANISMS AND TIMING		
Q2 - May 2024 and 2025	Q2 – 2025	Q2 - 2025
<ul style="list-style-type: none"> • Education and accountability messages – Annual Report including on website 	<ul style="list-style-type: none"> • Virtual focus groups (e.g. 2 x 8-10 participants) 	<ul style="list-style-type: none"> • Specific newsletter articles seeking input on the questionnaire described above

Note: Presentation for MLT students at some or all educator locations was discussed with a purpose of educating students on CMLTO (i.e. helping students understand the role and value of CMLTO as a regulator). This is a staff role and is a regular function and process at CMLTO. The Board's role is to seek systemic feedback of the recent MLT Applicants on systems issues.



THE CMLTO BOARD'S ONGOING PERPETUAL LINKAGE PLAN – 2024 and 2025 (approved at May 2024 Board Meeting)

APPENDICES:

Appendix 1 – Key Linkage Activities by Group by Timing

Appendix 2 – A Summary of the Overall Themes Developed by the CMLTO Board Across the Full Linkage/Engagement Processes. Not all questions will apply to all consultations.

	2024												2025											
	Q2		Q3			Q4			Q1			Q2			Q3			Q4						
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC				
THE PUBLIC																								
Informational messages – Annual Report	✓												✓											
Board Informational/Education messages on website (quarterly updates)	✓				✓			✓			✓			✓			✓			✓				
Launch brief public questionnaire to run for year – seeking above input/feedback/info – data analysis semi-annually									✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
Promoted through social media									✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
Community Advisory Group – focus group or questionnaire [UPDATE as of 2025 - CAG was not consulted for this. A broader public survey initiative was executed in collaboration with external media outlets and focus group participants were recruited this way]													✓											
Three focus group sessions with those who may have been marginalized in this process in the past [Update as of 2025 - given demographics of focus group participants recruited through the survey mentioned above, we re-strategized this piece and sought feedback accordingly]													✓	✓	✓	✓	✓	✓	✓	✓				
MLT REGISTRANTS																								
Informational messages about CMLTO as outlined above in CMLTO Focus Newsletter								✓					✓											
Annual Report including on website for registrants													✓											
Virtual focus groups (e.g. 3 x 10-15 participants)															✓	✓	✓	✓						
Specific newsletter articles on topics to seek systemic input from all MLT registrants												✓	✓	✓										
MLA/T VOLUNTARY ROSTER AFFILIATES AND NON-ROSTERED MLA/Ts																								
Registered MLA/Ts																								
Educational and accountability messages from CMLTO Board -Annual Report including on website (Q2-May 2024 and 2025)																								
Non-Rostered MLA/Ts																								
Explore feasibility communication through professional association newsletters																								
•These are new sub-groups for direct Board interaction •Seek out and collaborate with professional organizations to explore using their newsletter and continuing education channels to engage M/LATs in this process •Conduct two focus group of 8-10 people (Rostered MLA/Ts and Non-Rostered MLA/Ts) each from areas across different MLA/T roles and practice areas																								
EMPLOYERS																								
Informational messages – Annual Report including on website	✓												✓											
Employer newsletter article directed at Board linkage (background and questions)			✓	✓	✓											✓	✓							
Focus group with a range of types of employers directed at Board linkage																✓								
RECENT MLT APPLICANTS																								
Informational messages – Annual Report including on website	✓																							
Virtual focus groups (e.g. 2 x 8-10 participants)																								
Specific newsletter articles seeking input													✓	✓	✓									



Thematic Analysis and Summary of Board Focus Group Notes

Public Focus Group Session

October 1, 2025

Overview

Participants from the public shared strong views about the medical laboratory system in Ontario—particularly around regulation, standards, and trust. Their feedback consistently emphasized safety, accountability, transparency, and the need for oversight of all frontline laboratory roles, especially Medical Laboratory Assistants and Technicians (MLATs).

Theme 1: Understanding and Protecting the Public Interest

1.1 Expectations of the Medical Laboratory System

Participants associated “public interest” with:

- **Safety, trust, professionalism, accountability, and transparency**
- Confidence that the person drawing blood or handling sensitive samples is **qualified, certified, and regulated**
- Assurance of **quality assurance programs**, ongoing education, properly maintained equipment, and standardized practices across labs and hospitals
- Consistency in lab results, benchmarking, and adherence to standards

Key concern:

Participants were **surprised and alarmed** to learn that MLATs and phlebotomists are *not* regulated, despite their direct contact with patients.

1.2 Risks and System Weaknesses Identified

Participants raised concerns about:

- **Private laboratory monopolies**, including the impact of corporate acquisitions such as LifeLabs by an American company
- **Inconsistent training and oversight** in private labs
- **Chain of custody**, test accuracy, contamination control, and proper equipment sterilization
- **Opaque lab processes**, particularly “behind-the-scenes” roles they do not understand
- **Accessibility issues**, including wait times, staffing levels, and geographical availability of specialized technologists
- Lack of public visibility into **complaints, discipline**, and quality controls
- Concerns around **AI accountability**, computerized systems, and information security

1.3 Expectations for the CMLTO Board



Participants believe the Board should:

- **Increase public awareness** of the lab sector, including the regulation gap for MLATs
- Ensure **transparency**, particularly about standards, investigations, and discipline files
- **Advocate with government** for MLAT regulation and overall improvements in the system
- Set expectations for **wait times, staffing, and service standards** in labs
- Ensure equitable treatment of all individuals and consideration for accessibility
- Use **traditional and social media** to communicate the regulatory landscape and priorities

Overall sentiment:

Participants want a more **open, proactive, and accountable** regulatory presence—one that informs the public rather than waiting for media coverage to reveal problems.

Theme 2: Trust in the Medical Laboratory Profession

2.1 Trust in Medical Laboratory Technologists (MLTs)

Participants expressed **high trust** in MLTs due to:

- Speed and accuracy of results
- Perception of strong technical knowledge
- Awareness that MLTs are regulated and must meet standards

2.2 Trust in Medical Laboratory Assistants and Technicians (MLATs)

Trust dropped significantly upon learning MLATs are unregulated.

Participants noted:

- They previously *assumed* regulation existed
- Lack of regulation = **lack of accountability**
- Concern about bruising, improper collection, errors, or unsafe practices
- Fear that unregulated providers may not be adequately trained
- Lack of consequences for misconduct or poor technique

Privacy concerns also emerged:

- Access to patient data feels too broad within hospital systems
- Public wants assurance that privacy breaches are actively prevented and disciplined

2.3 Overall Public Trust

- Trust in the lab *system* weakened after learning about the regulation gap



- Trust in *individual technologists* remains strong
- Trust in *technicians/assistants* is more like “faith,” not confidence

Theme 3: Perspectives on Regulation

3.1 Strong Support for Regulatory Oversight

The group expressed **unanimous support** for regulating MLATs.

Reasons include:

- Safety and risk mitigation
- Reassurance of training and competence
- Prevention of serious harm from poorly trained personnel
- Ability to hold individuals accountable
- Consistency and standardization across the province
- Parallels with U.S. and other provinces where MLATs are regulated

Participants believe the current situation is:

- **“Short-sighted”**
- **Not in the public interest**
- **Contradictory** (frontline staff unregulated; behind-the-scenes staff regulated)

3.2 Opportunities for Advocacy and Public Awareness

Participants recommended:

- Whitepapers, targeted media engagement, and public campaigns
- Infographics and simple explanations to help the public understand the lab system
- Leveraging both **traditional** and **social media** to raise awareness
- Working with other health sector regulators to promote transparency
- Ensuring the public knows **where and how to file complaints**

Cross-Cutting Themes

Transparency

Appeared in almost every discussion. Participants want:

- Clear education about who is regulated and why
- Access to complaint and discipline statistics



- Regular, proactive communication from CMLTO

Safety and Accountability

Safety is fundamental—participants want:

- Proper training
- Oversight of frontline roles
- Consistent standards and procedures
- Mechanisms to correct errors and discipline misconduct

Public Awareness

Participants repeatedly stated that:

- They did not know how the lab system works
- They would support regulation if they understood the current gaps
- The College has a role to **inform and educate**

High-Level Summary

Participants overwhelmingly believe:

- The current lack of regulation for MLATs and frontline staff **poses a risk to the public**
- Regulation strengthens public trust, ensures safety, and establishes accountability
- The CMLTO should advocate for regulation, increase transparency, and improve public communication
- Trust in MLTs remains high, but trust in the system overall decreases when regulatory gaps are revealed
- The Board should take a leadership role in raising awareness and ensuring that public interest—not professional interests—guides decisions

The overall tone of the session reflects **surprise, concern, but strong willingness to support** improvements to regulation and transparency.

How would you rate your overall experience with today's focus group?	How relevant were the topics discussed to your role as an employer of MLTs?	Do you feel more informed about the CMLTO's role and direction after this session?
Excellent	Very relevant	Somewhat
Good	Very relevant	Yes
Excellent	Very relevant	Somewhat
Excellent	Very relevant	Somewhat
Good	Very relevant	Somewhat
Excellent	Very relevant	Yes
Good	Very relevant	Yes
Good	Very relevant	Yes
Excellent	Very relevant	Somewhat

Would you be interested in participating in similar sessions in the future?	What did you find most valuable about today's session?
Yes	Hearing about the human health resources challenges and successes in labs across the province, particularly in various geographical areas (remote vs urban.)
Yes	Interacting with other Leaders dealing with similar issues/concerns.
Yes	opportunity to collaborate with other employers, and to see that challenges are similar across the province.
Yes	hearing others input
Yes	Making connections with other employers to learn about their challenges
Yes	
Yes	Breakout groups worked well
Yes	The breakout sessions were well run. Timing was appropriate.
Yes	All labs are facing the same challenges

What is something you would suggest we improve for future sessions?
No suggestions for improvement.
Was pleased with this experience, no suggestions for improvement.
Plan for quick breaks :)
better understand what is within the mandate of the CMLTO with regard to the interface with the OH/Ministry- as an advocate to ensure lab professionals are supported so we can support patients
Having more than one CMLTO representative present (public and professional) in each breakout room.
Perhaps change breakout group members part way through
Nothing to add, I felt the session was well prepared and run.

Thematic Analysis: **CMLTO Careholder Linkage Initiative –
Public Focus Group Feedback**

Attendance and RSVP snapshot:

- 130 folks initially expressed an interest in this session within the initial survey we distributed in the spring
- 39 folks confirmed their interest after follow-up communications were issued
- 15 folks attended the focus group
- 14 folks responded to the post-session survey

What this means:

- While initial interest was high (130 participants), actual attendance was much lower (15 participants). This is typical in voluntary, non-compulsory sessions.
- The post-session survey had excellent engagement, suggesting that those who did attend were motivated to provide feedback.
- The steep drop from initial interest to attendance highlights the importance of follow-ups, reminders, and scheduling considerations to maximize turnout in future sessions.

1. Overall Impressions and Satisfaction

Theme: Positive engagement and appreciation for participation

Most participants rated the focus group as “*Good*” or “*Excellent*.” Respondents expressed appreciation for being invited to contribute and for the opportunity to discuss issues surrounding regulation and the public’s role. Comments such as “*Wonderful opportunity*,” “*Thank you for the invitation*,” and “*All was really great*” reflect general satisfaction with both content and facilitation.

Representative quotes:

- “This session was extremely effective in discussing whether or not regulation of lab assistants is necessary in Ontario.”
- “Thank you very much for letting me learn and contribute to something that is necessary.”

2. Clarity of Purpose

Theme: Generally clear but with room for greater focus

While several participants found the session’s goals “*very clear*,” others described them as “*somewhat clear*.” Some felt the discussion expanded beyond the expected scope), while others were uncertain about the session’s overall intent.

Representative quotes:

- “There was a large amount of preamble which was not particularly necessary.”

3. Feeling Heard and Valued

Theme: Strong sense of inclusion with isolated concerns

Most participants felt their input was valued and heard. Many appreciated the open discussion format and small-group conversations that enabled sharing diverse perspectives.

Representative quotes:

- “Yes, my input was valued and heard.”

4. Value and Usefulness of the Session

Theme: Learning, dialogue, and perspective-sharing

Participants found value in gaining a deeper understanding of CMLTO's role, the distinction between regulated and unregulated professionals, and hearing diverse perspectives from other Careholders. The small-group breakout format was widely praised.

Representative quotes:

- "Getting the info about how some techs are regulated and some are not."
- "Ability to discuss the issues in a smaller group."
- "Learning that we have someone looking out for our best interests and are mandated by the government."

5. Opportunities for Improvement

Theme: Refinement of facilitation, representation, and preparation

While feedback was predominantly positive, suggestions included:

- Providing pre-session materials about CMLTO to enhance understanding among public participants.
- Ensuring moderators balance contributions equitably.
- Expanding participation to include geographically diverse communities beyond Toronto.
- Including clear follow-up actions or communications after the session.
- Reducing introductory content or performative elements perceived as unnecessary.

Representative quotes:

- "Public members were shocked to hear about the unregulated status of frontline staff. If they had been sent some information before, it would have led to more valuable discussions."
- "Everyone in our group lives in Toronto. It would have been interesting to have a variety of communities represented."
- "Action items from the CMLTO board that are followed up on and communicated."

6. Key Takeaways About Public Awareness and Interest

Theme: Limited prior awareness, strong interest in ongoing engagement

Many participants noted they were previously unaware of CMLTO or its role. The session increased their understanding of the College's mandate and the broader regulatory landscape. Nearly all participants expressed interest in joining future engagement activities, indicating strong enthusiasm for continued involvement.

Representative quotes:

- "I truly hope that you can become what you want and set out to succeed!"
- "Would you be interested in participating in future engagement opportunities with the College? – Yes" (unanimous or near-unanimous response).

7. Broader Reflections

Theme: Desire for accountability and public protection

Some participants used the opportunity to voice opinions about healthcare regulation more broadly, emphasizing the importance of oversight and government accountability across all healthcare professions.

Representative quotes:

- “ALL healthcare professionals... need to be regulated by the government.”
- “Ask the question of how much more would you be willing to pay to ensure frontline staff are forced into extra training and scrutiny over every detail of their job.”

Summary of Key Themes

Theme	Summary Insight
Positive experience and engagement	Participants felt welcomed and appreciated the opportunity to contribute.
Clarity of goals	Generally clear but could benefit from sharper focus and less preamble.
Feeling heard	Majority felt respected; one or two noted facilitator dominance.
Learning and awareness	The session successfully increased understanding of CMLTO's mandate and regulation.
Areas for improvement	Include pre-session context, ensure balanced facilitation, and broaden participant diversity.
Public engagement interest	Strong willingness to continue engaging with CMLTO.
Public protection focus	Participants emphasized regulation and accountability as key to trust and safety.

Thematic Analysis and Summary of Board Focus Group Notes

MLT Focus Group Session

November 1, 2025

Overview

The focus group results indicate strong consensus that protecting the public hinges on accountability, competency, and transparency within medical laboratory practice. Participants emphasized accurate results, ethical standards, and safeguarding patient privacy as critical components. While CMLTO is generally viewed as operating in the public interest through licensing, quality assurance, and continuing education, concerns were raised about shortened education pathways, inconsistent training, and unregulated roles such as MLAs. Suggestions for improvement included increasing public awareness, regulating assistants, enhancing collaboration with other health colleges, and providing accessible continuing education. Overall, there was broad support for extending regulatory oversight to MLAs and technicians to ensure patient safety and maintain trust in laboratory services.

1. What do you understand “protection of the public” to mean?

Themes:

- **Accountability & Competence:** Professionals must maintain high standards and be held responsible for their actions.
- **Accuracy & Quality:** Laboratory results must be correct and reliable as they directly impact patient care.
- **Trust & Transparency:** Public relies on unseen processes; transparency builds confidence.
- **Confidentiality & Privacy:** Safeguarding patient data and specimen integrity.
- **Standardization & Ethics:** Consistent procedures and adherence to ethical standards.
- **Public Awareness:** Educating patients about lab processes to empower them.
- **Risks & Failures:** Mishandled samples and workforce constraints undermine trust.
- **Continuous Education:** Ongoing competency checks and training are essential.

2. Do you think CMLTO is operating in the public interest?

Themes:

- **Licensing & Certification:** Mandatory registration ensures qualified professionals.
- **Quality Assurance & Continuing Education:** Programs reinforce skills and knowledge.
- **Fraud Prevention:** Protecting against unqualified individuals.

- **Education Concerns:** Shortened programs and bridging pathways may compromise quality.
- **Regulation Gaps:** Non-MLT staff performing tasks without oversight.
- **Collaboration & Awareness:** Need for better public understanding and inter-organizational cooperation.
- **Clinical Experience vs Theory:** Hands-on experience is critical for competence.

3. What can CMLTO do better to protect the public?

Themes:

- **Increase Public Awareness:** Educate patients on lab roles and processes.
- **Regulate MLAs:** Oversight for assistants to ensure accountability.
- **Employer Accountability:** Collaboration with institutions to enforce standards.
- **Transparency:** Inform public about qualifications and processes.
- **Strengthen Competency Checks:** Especially for internationally trained professionals.
- **Continuing Education Support:** Provide accessible resources like webinars.
- **Collaboration with Other Colleges:** Learn from other health professions' regulatory models.

4. Do you support regulatory oversight of medical laboratory assistants and technicians? Why or why not?

Themes:

- **Broad Support for Regulation:** Seen as essential for public safety and accountability.
- **Quality & Ethics:** Ensures adherence to standards and ethical practice.
- **Workforce Challenges:** Concerns about microcredentials and lack of exams.
- **Institutional Disconnect:** Issues raised often go unresolved, causing stress and moral conflict.
- **Retroactive Regulation:** Examples from other provinces suggest mandatory exams could help.
- **Mental Health Impact:** Lack of oversight and unresolved concerns affect professionals' well-being.

Thematic Analysis: CMLTO Careholder Linkage Initiative – MLT Focus Group Feedback

Attendance and RSVP snapshot:

- 74 folks initially expressed an interest in this session through outreach in FOCUS newsletter along with an e-blast
- 45 folks confirmed after we followed up again
- 28 folks were selected to participate, and the rest cut after R/CEO and regulatory program staff review of attendance list
- 17 folks attended the focus group
- 12 folks responded to the post-session survey

Thematic Analysis of Focus Group Survey Responses

1. Overall Satisfaction and Clarity of Purpose

Themes:

- Most participants rated the session as “Excellent” or “Good.”
- The majority found the goals and purpose of the session “Very clear,” though a few noted they were only “Somewhat clear” or partially understood the intended outcomes.

Insights:

- Participants appreciated the structure and intent of the session.
- A few respondents desired more clarity on how their input would be used or what the session aimed to achieve beyond discussion.

2. Feeling Heard and Valued

Themes:

- Most respondents felt their input was “Yes” valued and heard.
- A minority felt only “Somewhat” heard or expressed concern that their perspectives might not have been fully considered.

Insights:

- While the environment was generally inclusive, there is room to improve facilitation to ensure all voices are acknowledged, especially when perspectives diverge from the main discussion.

3. Most Valuable Aspects

Recurring Highlights:

- Exposure to diverse perspectives from across Ontario.
- Opportunities to collaborate and engage with peers and CMLTO board members.
- Discussions around patient safety, competency, and regulatory standards.
- Pre-distributed questions helped participants prepare.

Insights:

- Participants valued the chance to connect with others in the profession and appreciated the focus on meaningful topics like public protection and professional standards.

4. Areas for Improvement

Common Suggestions:

- Provide clearer structure and expectations for the session.
- Send questions in advance and consider collecting responses beforehand.
- Improve facilitation to avoid off-topic or overly detailed summaries.
- Include more voices from private labs and non-hospital settings.
- Offer multiple sessions or alternative times to accommodate shift workers.
- Allow more time for deeper discussion.

Insights:

- Participants are eager for more structured and inclusive engagement.
- There's a desire for broader representation and logistical flexibility.

5. Additional Comments and Suggestions

Themes:

- Strong interest in follow-up and transparency about how feedback will be used.
- Appreciation for the opportunity to participate and the organization of the session.
- Encouragement to continue these conversations and expand them.

Insights:

- Participants want to see tangible outcomes and continued dialogue.
- There is a clear appetite for ongoing engagement and improvement.

6. Future Engagement

Findings:

- Nearly all participants expressed interest in future engagement opportunities with the College.

Insights:

Agenda Item 4.1
Appendix 7

- The session successfully fostered a sense of community and commitment among participants.



AGENDA ITEM 5.0

5.0	BOARD MONITORING AGENDA – CMLTO ENDS POLICIES
5.1	Registrar & CEO 2026 Ends Interpretation



Briefing Report to Board of Directors

Date : November 4, 2025
From : John Tzountzouris, Registrar & CEO
Subject : 2026 Registrar & CEO Ends Interpretation

Report Purpose:

- | | |
|---|--|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input checked="" type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

Recommended Motion:

Be it resolved that the Board moves to acknowledge the Registrar & CEO's 2026 Ends Interpretation as reasonable.

The 2026 Registrar & CEO's Ends Interpretation was developed based on the following:

- The Boards Ends Policies for 2024-2026 / 2027;
- Discussions with CMLTO staff.

In drafting this document, the CMLTO staff and I discussed what observable conditions, strategic and operational outcomes and outputs we could reasonably expect to accomplish in 2026, being the third year of the current Board Ends Policies.

This dialogue was partly informed by our collective experience with the Ends Interpretation and Strategic Operating Plans from 2025. It was also informed by the current state of the external environment (for instance with the initiative to



regulate medical laboratory assistants and technicians in Ontario), as well as our internal state (i.e. internal human resource capacity).

Finally, in areas where staff had expressed concerns about the clarity of the “Observable Conditions”, “Measures” and/or “Targets” as well as congruence between these three aspects of the Ends Interpretation, greater clarity of language was sought to enable a shared understanding between myself and the CMLTO staff.

Additions to the 2026 Ends Interpretation are included as green text, while deletions are included as red strikeout text. The proposed Registrar & CEO’s 2026 Ends Interpretation will be reviewed, in its entirety, with the Board at the meeting.

APPENDICES:

Appendix 1 – 2026 Registrar & CEO Ends Interpretation – Track changes

Appendix 2 – 2026 Registrar & CEO Ends Interpretation – Clean copy with changes made

Appendix 3 – CMLTO’s 2026 Strategic Operating Plan

CMLTO ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027

High-Level Ends Policy

The public receives safe, high quality medical laboratory services provided by CMLTO Registrants.

REGISTRAR & CEO INTERPRETATION:

No further interpretation required since the components of this policy are further interpreted through the sub-Ends Policies.

Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):



CMLTO ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027

Ends Policy 1 – Effective Medical Laboratory Professions Regulation

The public interest is at the forefront of effective CMLTO regulatory processes¹.

Definitions

¹ Effective regulatory processes are defined as being fair, transparent, timely, objective, evidence-informed, and right-touch.

REGISTRAR & CEO INTERPRETATION:

I interpret the “public” to include users and potential users of Medical Laboratory Professionals' services (i.e., the general public), as well as employers of medical laboratory professionals, and Applicants for registration with the CMLTO.

I interpret “the public interest” to mean that all regulatory processes protect the public by ensuring they meet the requirements defined in law(s) and regulation(s), they include relevant best practices or standards, and they are responsive to public need.

I further interpret “right-touch” to mean that the level of regulation is ~~proportionate to the level of risk to the public, in line~~ congruent with the definition and principles of Right Touch Regulation provided by the Professional Standards Authority, UK.

Conceptual Outcomes

- 1.1 Effective CMLTO regulatory processes exist.
- 1.2 ~~The public interest is represented in~~ Regulatory processes ~~that~~ are responsive to ~~the~~ needs of the public ~~their needs~~.
- 1.3 The public ~~is informed~~ ~~has access to information~~ about how CMLTO uses effective regulatory processes to meet their needs.



CMLTO ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027

Ends Policy 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Professionals practise safely, effectively, and collaboratively, ~~and~~ consistent with current and evolving practice risks, standards, and professional obligations.

REGISTRAR & CEO INTERPRETATION:

I interpret “Medical Laboratory Professionals” to include CMLTO Registrants, Voluntary Roster Affiliates, and Applicants ~~to of~~ the College.

I interpret ‘accountable’ to mean that Medical Laboratory Professionals understand and comply with their obligations and they are answerable for their conduct if these are not met in an adequate manner.

I interpret ‘competent’ to mean:

1. Entry to practice Competence – Applicants for registration with the CMLTO have met the ~~registration~~ requirements described in ~~regulation or internal policy Ontario Regulation 207/94, Part I~~ or have been approved by the Registration Committee, and
2. Continuing Competence – ~~Registrants MLTs~~ and ~~Voluntary Roster Affiliates have met the quality assurance requirements~~ ~~adhere to the requirements of the CMLTO Quality Assurance Program~~ described in ~~regulation or internal policy Ontario Regulation 207/94, Part IV~~ and the CMLTO Standards of Practice.
3. Capacity – ~~Ensuring~~-Medical Laboratory Professionals are mentally and physically capable of providing safe practice to the public of Ontario.

I interpret 'ethical' to mean that Medical Laboratory Professionals conduct themselves in a way that is compliant with the CMLTO Code of Ethics.

I interpret 'evolving practice standards' as the influence of Medical Laboratory Professionals' practice on the current CMLTO Standards of Practice.

I interpret 'professional obligations' as all requirements set out in law(s), legislation(s), CMLTO By-Law, CMLTO Standards of Practice, and documents relevant to Medical Laboratory Professionals' practice (i.e. CMLTO Practice Guidelines, Statutory Committee and internal policies), in alignment with sector and industry trends.

Conceptual Outcomes

- 2.1 Qualified Applicants meet entry to practice requirements.
- 2.2 Medical Laboratory Professionals understand and comply with their practice obligations ~~and risks~~, and ~~they~~ are ~~responsible~~ ~~answerable~~ for their conduct if these are not met in an adequate manner.



2.3 Medical Laboratory Professionals' evolving practice standards and professional risk profiles are supported in alignment with the CMLTO's mandate.

Ends Policy 2 – Accountable Professionals

2.1 Medical Laboratory Professionals with alternative credentials are regulated such that they practice safely, effectively, and collaboratively.

REGISTRAR & CEO INTERPRETATION:

I interpret "alternative credentials" to mean Applicants for registration who do not meet Ontario Regulation 207/94, Sections 2(1)1 through 8, as explicitly written, but are deemed equivalent by the Registration Committee, or approved by the Registrar.

I interpret "are regulated" to mean that these Applicants become CMLTO Registrants through defined processes described in regulation and CMLTO policies, in support of the health human resource needs of the public.

Conceptual Outcomes

2.1.1 Applicants demonstrate substantial equivalence² to entry to practice competencies.

Definitions

² Substantial equivalence means that an Applicant's qualifications, competencies, and professional experience are judged to be essentially comparable in content, scope, and quality —though not necessarily identical—to the standards required for registration, ensuring the Applicant can practise safely and effectively to those who do explicitly meet the registration requirements.



CMLTO ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027

Ends Policy 3 – Effective Regulation with the Health System

Effective regulation and health care policy decisions are positively influenced through collaboration, relationship building, and partnerships.

REGISTRAR & CEO INTERPRETATION:

I interpret “Effective regulation and health care policy decisions are positively influenced” to mean that, based on its corporate knowledge, information, expertise, and values, CMLTO shapes the healthcare sector, as appropriate within its mandate, in the interest of public wellbeing.

I interpret “collaboration, relationship building, and partnerships” to mean that CMLTO builds, maintains, and facilitates relationships, to enable positive influence on health profession regulation and policy decisions, between **CMLTO** and the following **key partner stakeholder** groups:

- ~~CMLTO and~~ The public, government, employers of Medical Laboratory Professionals, and medical laboratory professional organizations;
- ~~CMLTO and its~~ Registrants **and Voluntary Roster Affiliates**;
- ~~CMLTO and~~ Other health regulatory Colleges;
- Medical Laboratory Professionals and other health professionals.

Conceptual Outcomes

- 3.1 The CMLTO ~~shares information to~~ supports and positively influences the health regulatory sector and policy decisions.



Ends Policy 3 – Effective Regulation with the Health System

3.1 Regulation for Medical Laboratory Technicians and Assistants exists for the protection and safety of the public.

REGISTRAR & CEO INTERPRETATION:

I interpret 'Medical Laboratory Technicians and Assistants' to mean individuals working in licensed laboratories as 'technicians' in Ontario, as defined by Ontario Regulation 45/22 under the *Laboratory and Specimen Collection Centre Licensing Act, 1991*, and/or those included as Affiliates on the CMLTO Voluntary Roster.

I interpret "Regulation" to mean that mechanism(s) exist which assures the public that:

- Only ~~qualified~~ Medical Laboratory Technicians and Assistants ~~who meet entry to practice standards~~ are authorized to practice;
- Medical Laboratory Technicians and Assistants are required to maintain their competence; and
- Medical Laboratory Technicians and Assistants are accountable for their conduct.

I interpret "Regulation for Medical Laboratory Technicians and Assistants exists" to mean formal regulation under the *Regulated Health Professions Act, 1991* and the *Medical Laboratory Technology Act, 1991*, or in the absence of formal regulation, that ~~the advancement of~~ this regulatory initiative ~~is advanced to be~~ for the protection and safety of the public through sharing of information about the public's interest and engaging relevant parties, and ~~aligning moving~~ processes ~~closer~~ to those of statutory regulation.

Conceptual Outcomes

3.1.1 Regulation of medical laboratory assistants and technicians is advanced.



Ends Policy 3 – Effective Regulation with the Health System

3.2 Emerging health human resource trends impact future planning.

REGISTRAR & CEO INTERPRETATION:

I interpret “Emerging health human resource trends” to mean current and future needs of the public, employers, and the health care system related to the professional practice of CMLTO Registrants and Voluntary Roster Affiliates.

I interpret “future planning” to mean improvements to regulatory approaches and processes, implemented in a proactive manner, based on evidence of evolving and/or emerging health human resource and health system trends.

Conceptual Outcomes

- 3.2.1 Improvements to regulatory approaches and processes are planned and implemented, based on evidence of evolving and/or emerging health human resource and health system trends.



CMLTO ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027

At What Worth/Cost

All Ends Policies will be achieved at a reasonable cost and reasonable fees for Registrants and voluntary roster affiliates.

REGISTRAR & CEO INTERPRETATION:

No further interpretation required since resource planning and utilization is guided and monitored by Executive Limitations Policies.

CMLTO ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027**High-Level Ends Policy**

The public receives safe, high quality medical laboratory services provided by CMLTO Registrants.

REGISTRAR & CEO INTERPRETATION:

No further interpretation required since the components of this policy are further interpreted through the sub-Ends Policies.

Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):



CMLTO ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027

Ends Policy 1 – Effective Medical Laboratory Professions Regulation

The public interest is at the forefront of effective CMLTO regulatory processes¹.

Definitions

¹ Effective regulatory processes are defined as being fair, transparent, timely, objective, evidence-informed, and right-touch.

REGISTRAR & CEO INTERPRETATION:

I interpret the “public” to include users and potential users of Medical Laboratory Professionals' services (i.e., the general public), as well as employers of medical laboratory professionals, and Applicants for registration with the CMLTO.

I interpret “the public interest” to mean that all regulatory processes protect the public by ensuring they meet the requirements defined in law(s) and regulation(s), they include relevant best practices or standards, and they are responsive to public need.

I further interpret “right-touch” to mean that the level of regulation is congruent with the definition and principles of Right Touch Regulation provided by the Professional Standards Authority, UK.

Conceptual Outcomes

- 1.1 Effective CMLTO regulatory processes exist.
- 1.2 Regulatory processes are responsive to the needs of the public.
- 1.3 The public is informed about how CMLTO uses effective regulatory processes to meet their needs.

CMLTO ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027

Ends Policy 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Professionals practise safely, effectively, and collaboratively, consistent with current and evolving practice risks, standards, and professional obligations.

REGISTRAR & CEO INTERPRETATION:

I interpret “Medical Laboratory Professionals” to include CMLTO Registrants, Voluntary Roster Affiliates, and Applicants to the College.

I interpret ‘accountable’ to mean that Medical Laboratory Professionals understand and comply with their obligations and they are answerable for their conduct if these are not met in an adequate manner.

I interpret ‘competent’ to mean:

1. Entry to practice Competence – Applicants for registration with the CMLTO have met the registration requirements described in regulation or internal policy or have been approved by the Registration Committee, and
2. Continuing Competence – Registrants and Voluntary Roster Affiliates have met the quality assurance requirements described in regulation or internal policy and the CMLTO Standards of Practice.
3. Capacity – Medical Laboratory Professionals are mentally and physically capable of providing safe practice to the public of Ontario.

I interpret 'ethical' to mean that Medical Laboratory Professionals conduct themselves in a way that is compliant with the CMLTO Code of Ethics.

I interpret 'evolving practice standards' as the influence of Medical Laboratory Professionals' practice on the current CMLTO Standards of Practice.

I interpret 'professional obligations' as all requirements set out in law(s), legislation(s), CMLTO By-Law, CMLTO Standards of Practice, and documents relevant to Medical Laboratory Professionals' practice (i.e. CMLTO Practice Guidelines, Statutory Committee and internal policies), in alignment with sector and industry trends.

Conceptual Outcomes

- 2.1 Qualified Applicants meet entry to practice requirements.
- 2.2 Medical Laboratory Professionals understand and comply with their practice obligations, and are responsible for their conduct if these are not met in an adequate manner.
- 2.3 Medical Laboratory Professionals' evolving practice standards and professional risk profiles are supported in alignment with the CMLTO's mandate.

Ends Policy 2 – Accountable Professionals

2.1 Medical Laboratory Professionals with alternative credentials are regulated such that they practice safely, effectively, and collaboratively.

REGISTRAR & CEO INTERPRETATION:

I interpret “alternative credentials” to mean Applicants for registration who do not meet Ontario Regulation 207/94, Sections 2(1)1 through 8, as explicitly written, but are deemed equivalent by the Registration Committee, or approved by the Registrar.

I interpret “are regulated” to mean that these Applicants become CMLTO Registrants through defined processes described in regulation and CMLTO policies, in support of the health human resource needs of the public.

Conceptual Outcomes

- 2.1.1 Applicants demonstrate substantial equivalence² to entry to practice competencies.

Definitions

² Substantial equivalence means that an Applicant’s qualifications, competencies, and professional experience are judged to be essentially comparable in content, scope, and quality —though not necessarily identical—to the standards required for registration, ensuring the Applicant can practise safely and effectively to those who do explicitly meet the registration requirements.

CMLTO ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027

Ends Policy 3 – Effective Regulation with the Health System

Effective regulation and health care policy decisions are positively influenced through collaboration, relationship building, and partnerships.

REGISTRAR & CEO INTERPRETATION:

I interpret “Effective regulation and health care policy decisions are positively influenced” to mean that, based on its corporate knowledge, information, expertise, and values, CMLTO shapes the healthcare sector, as appropriate within its mandate, in the interest of public wellbeing.

I interpret “collaboration, relationship building, and partnerships” to mean that CMLTO builds, maintains, and facilitates relationships, to enable positive influence on health profession regulation and policy decisions, between CMLTO and the following key partner groups:

- The public, government, employers of Medical Laboratory Professionals, and medical laboratory professional organizations;
- Registrants and Voluntary Roster Affiliates;
- Other health regulatory Colleges;
- Medical Laboratory Professionals and other health professionals.

Conceptual Outcomes

- 3.1 The CMLTO supports and positively influences the health regulatory sector and policy decisions.



Ends Policy 3 – Effective Regulation with the Health System

3.1 Regulation for Medical Laboratory Technicians and Assistants exists for the protection and safety of the public.

REGISTRAR & CEO INTERPRETATION:

I interpret 'Medical Laboratory Technicians and Assistants' to mean individuals working in licensed laboratories as 'technicians' in Ontario, as defined by Ontario Regulation 45/22 under the *Laboratory and Specimen Collection Centre Licensing Act, 1991*, and/or those included as Affiliates on the CMLTO Voluntary Roster.

I interpret "Regulation" to mean that mechanism(s) exist which assures the public that:

- Only Medical Laboratory Technicians and Assistants who meet entry to practice standards are authorized to practice;
- Medical Laboratory Technicians and Assistants are required to maintain their competence; and
- Medical Laboratory Technicians and Assistants are accountable for their conduct.

I interpret "Regulation for Medical Laboratory Technicians and Assistants exists" to mean formal regulation under the *Regulated Health Professions Act, 1991* and the *Medical Laboratory Technology Act, 1991*, or in the absence of formal regulation, that this regulatory initiative is advanced for the protection and safety of the public through sharing of information about the public's interest and engaging relevant parties, and aligning processes to those of statutory regulation.

Conceptual Outcomes

3.1.1 Regulation of medical laboratory assistants and technicians is advanced.



Ends Policy 3 – Effective Regulation with the Health System

3.2 Emerging health human resource trends impact future planning.

REGISTRAR & CEO INTERPRETATION:

I interpret “Emerging health human resource trends” to mean current and future needs of the public, employers, and the health care system related to the professional practice of CMLTO Registrants and Voluntary Roster Affiliates.

I interpret “future planning” to mean improvements to regulatory approaches and processes, implemented in a proactive manner, based on evidence of evolving and/or emerging health human resource and health system trends.

Conceptual Outcomes

- 3.2.1 Improvements to regulatory approaches and processes are planned and implemented, based on evidence of evolving and/or emerging health human resource and health system trends.



CMLTO ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027

At What Worth/Cost

All Ends Policies will be achieved at a reasonable cost and reasonable fees for Registrants and voluntary roster affiliates.

REGISTRAR & CEO INTERPRETATION:

No further interpretation required since resource planning and utilization is guided and monitored by Executive Limitations Policies.

CMLTO REGISTRAR & CEO 2026 ENDS INTERPRETATION
CONSOLIDATED OPERATIONAL PERFORMANCE PLAN
(V1: November 4, 2025)

HIGH LEVEL ENDS POLICY
The public received safe, high quality medical laboratory services provided by CMLTO registrants.
Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

HIGH LEVEL ENDS POLICY 1 – Effective Medical Laboratory Professions Regulation
The public interest is at the forefront of effective CMLTO regulatory processes.

Definitions
Effective regulatory processes are defined as being fair, transparent, timely, objective, evidence-informed, and right-touch.

REGISTRAR & CEO INTERPRETATION:
I interpret the “public” to include users and potential users of Medical Laboratory Professionals' services (i.e., the general public), as well as employers of Medical Laboratory Professionals, and Applicants for registration with the CMLTO.

I interpret “the public interest” to mean that all regulatory processes protect the public by ensuring they meet the requirements defined in law(s) and regulation(s), they include relevant best practices or standards, and they are responsive to public need.

I further interpret “right-touch” to mean that the regulatory response is proportionate to the assessed level of risk in alignment with the definition and principles of Right Touch Regulation provided by the Professional Standards Authority, United Kingdom.

Conceptual Outcomes

1.1 Effective CMLTO regulatory processes exist.
1.2 Regulatory processes are responsive to the needs of the public.
1.3 The public is informed about how CMLTO uses effective regulatory processes to meet their needs.

I interpret this policy will have been achieved in 2026 when:

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION							
CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
1.1 Effective CMLTO regulatory processes exist.	INTERNAL AND EXTERNAL INDICATORS OF REGULATORY PROCESS EFFECTIVENESS						
	General						
	1.1.1	1.1.1.1	Regulatory processes are evidence informed.	1.1.1.1.a	Initiatives are planned that include regulatory trending information into regulatory processes, and/or regulatory processes demonstrate process improvements.	100% of planned initiatives to improve the regulatory processes are completed.	Regulatory initiatives must be informed by evidence to ensure effective regulation of the profession.

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
		1.1.1.2	Regulatory program employ risk-based approaches (i.e., "Right-touch").	1.1.1.2.a	Risk-based decision making frameworks and policies are aligned with current Right Touch regulation principles and concepts.	100% of decision making frameworks and relevant regulatory policies are aligned with current Right Touch regulation principles and concepts.	Risk-based approaches embed concepts of Right Touch regulation, which is considered a best practice in effective regulation.
		1.1.1.3	CMLTO regulatory processes are effective as confirmed by the absence of any successful legal actions against CMLTO related to its regulatory processes.	1.1.1.3.a	Percent of legal actions taken against CMLTO related to its regulatotry processes / outcomes which were successssful.	None of the legal actions taken against the CMLTO related to its regulatory processes were successful.	Tracking the legal actions taken against CMLTO related to its regulatory processes and analyzing the case outcomes and success ratios.
		1.1.1.4	The quality of third party providers and services to the CMLTO is evaluated and reported on publicly.	1.1.1.4.a	Providers of third party services are evaluated to determine their ability to meet CMLTO's strategic and legislative requirements.	100% of the planned third party services provided to CMLTO are evaluated. Where gaps or deficits exist, plans are developed to mitigate risks.	Demonstrated ability of providers of third party services to meet CMLTO's strategic and legislative requirements.
	Registration Processes						
	1.1.2	1.1.2.1	Application processes for registration are effective.	1.1.2.1.a	Percent of applicants that reported the application process to be effective. Process improvement initiatives generated from Registrant feedback are gathered, reviewed, and implemented (where appropriate).	75% of applicants reported that the application processes for registration were effective.	Demonstrated effectiveness of registration processes.
		1.1.2.2	Application processes for registration are accurate.	1.1.2.2.a	Percent of new applications for registration that are confirmed to be accurate by internal audit.	100% of new registration applications are processed accurately. Where < 100%, list types of inaccuracies found in audit.	
		1.1.2.3	Application processes for registration are timely.	1.1.2.3.a	Percent of new applications for registration that are processed within prescribed turn around times.	100% of new applications for registration are processed within prescribed turn around times.	
		1.1.2.4	Appeal processes for registration are responded to and handled as required by legislation.	1.1.2.4.a	Internal and HPARB appeals for registration are responded to and handled within the required legislated timeframes and/or internal standards, as confirmed by internal audit.	100% of internal and HPARB appeals for registration are responded to and handled within the required legislated timeframes and/or internal standards.	
		1.1.2.5	Registration case decision appeals are upheld by the Health Professions Appeal and Review Board (HPARB) or Internal Appeals Panel.	1.1.2.5.a	Percent of Registration case decision appeals upheld by HPARB.	100% of Registration case decision appeals to HPARB upheld.	

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
				1.1.2.5.b	Percent of Registration case decision appeals upheld by Internal Appeals Panel.	100% of Registration case decision appeals to Internal Appeals Panel upheld.	
		1.1.2.6	Registration records on the Register are current and accurate.	1.1.2.6.a	Percent of registration records on the Public Register that are confirmed to be accurate by internal audit.	100% of registration records audited are accurately recorded on the Public Register.	
				1.1.2.6.b	Percent of registration records in the CMLTO registrant database that are confirmed to be accurate by internal audit.	100% of registration records audited are accurately recorded in the CMLTO registrant database.	
		1.1.2.7	Registration renewal processes are accurate.	1.1.2.7.a	Percent of registration renewals that are confirmed to be accurate by internal audit.	100% of registration renewals are processed accurately. Where < 100%, list types of inaccuracies found in audit.	
		1.1.2.8	Registration processes demonstrate data collection compliance with the Ministry of Health (MOH) reporting requirements.	1.1.2.8	Quarterly reports to the MOH are submitted on time.	Quarterly MOH reports is submitted on time.	Demonstrated compliance with the MOH reporting requirements.
		1.1.2.9	Registration processes comply with the Ontario Office of the Fairness Commissioner (OFC) requirements and best practices.	1.1.2.9.a	Annual OFC fair registration practices report is submitted on time.	Annual OFC fair registration practices report is submitted on time, and released publicly.	Demonstrated compliance with the Ontario Office of the Fairness Commissioner (OFC) requirements and best practices.
		1.1.2.10	MLT Education Programs meet CMLTO requirements for MLT registration. Note: Accountability for education accreditation decision lies with the Health Standards Organization (HSO) EQual Program.	1.1.2.10.a	# of programs reviewed in year by HSO / EQual Program	# of programs reviewed in year by HSO / EQual Program.	CMLTO, as an HSO EQual Program Client, participates in oversight of EQual policies and processes, and the accreditation process of Ontario MLS Programs.
				1.1.2.10.b	# of programs receiving full or partial accreditation	# of programs receiving full or partial accreditation.	
		Quality Assurance Processes					

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
	1.1.3	1.1.3.1	Professional Portfolio Audit processes are reliable.	1.1.3.1.a	Percent of QA Professional Portfolio audits that are confirmed to be reliable by internal audit and outcomes of process improvement initiatives.	100% of QA Professional Portfolio post submission review is reliable. Where < 100%, list types of inaccuracies found in audit.	Internal audit process to ensure that Professional Portfolio reports are accurate.
		1.1.3.2	Professional Portfolio processes are timely.	1.1.3.2.a	Percent of Professional Portfolios that are processed within prescribed turn around times (60 days from submission).	100% of Professional Portfolios are processed within prescribed turn around times.	Demonstrated effectiveness of quality assurance processes.
		1.1.3.3	Professional Portfolio processes are effective.	1.1.3.3.a	Percent of Registrants that reported the Professional Portfolio process to be effective. Process improvement initiatives generated from Registrant feedback are gathered, reviewed, and implemented (where	75% of Registrants reported that the Professional Portfolio processes were effective.	
		1.1.3.4	Practice Review processes are timely.	1.1.3.4.a	Percent of Practice Review audits that are processed within prescribed turn around times (30 days from audit deadline).	100% of Practice Review audits are processed within prescribed turn around times.	
		1.1.3.5	Competence Evaluation processes are timely.	1.1.3.5.a	Percent of Competence Evaluations that are processed within prescribed turn around times.	100% of Competence Evaluations are processed within prescribed turn around times.	
				1.1.3.5.b	Percent of Assessor Competence Evaluation reports are received within 10 days after the assessment.		
		1.1.3.6	Competence Evaluation processes are effective.	1.1.3.6.a	Percent of Registrants that reported the Competence Evaluation process to be effective. Process improvement initiatives generated from Registrant feedback are gathered, reviewed, and implemented (where appropriate).	75% of Registrants reported that the Competence Evaluation processes were effective.	
		1.1.3.7	Quality Assurance records are current and accurate.	1.1.3.7.a	Percent of QA records on the Public Register that are confirmed to be accurate by internal audit.	100% of QA records audited are accurately recorded on the Public Register.	Internal audit demonstrates the accuracy of QA related data, and if required, identify and address any issues.
				1.1.3.7.b	Percent of QA Registrant records that are confirmed to be accurate by internal audit.	100% of QA records audited are accurately recorded in the CMLTO registrant database.	
		1.1.3.8	Professional Practice resources and process are improved.	1.1.3.8.a	Resources/Processes that are planned are implemented and demonstrate improvements in the College's regulatory requirement to support MLT practice.	100% of planned initiatives to improve the Professional Practice program are completed.	Testing best practices require ongoing analysis to facilitate continuous improvements.

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES	MEASURE		TARGET	RATIONALE	
	Professional Conduct Processes						
	1.1.4	1.1.4.1	Professional conduct processes are effective.	1.1.4.1.a	Percent of ICRC case decision appeals upheld by HPARB.	100% of ICRC case decision appeals to HPARB upheld.	Demonstrated effectiveness of ICRC case decision-making processes.
				1.1.4.1.b	Percent of Discipline committee decision appeals upheld by Divisional Court.	100% of Discipline committee appeals to Divisional Court upheld.	Demonstrated effectiveness of Discipline committee case decision-making processes.
				1.1.4.1.c	Percent of Fitness to Practise (FTP) committee decision appeals upheld by Divisional Court	100% of appeals to Divisional Court upheld.	Demonstrated effectiveness of Fitness to Practise (FTP) committee case decision-making processes.
				1.1.4.1.d	# and % of registrants who stated their mentorship sessions benefitted their MLT practice.	85% of Registrants who engaged with a mentor identify the session(s) as having a positive influence on their MLT practice.	Demonstrated effectiveness of CMLTO mentors influencing MLT professional practice.
				1.1.4.1.e	# and % of cases or complaints received about an MLT with a prior case.	# of cases of MLTs with multiple cases in which decisions were issued and their outcomes	Continued engagement with the Professional Conduct department may demonstrate improvements to create effective processes.
		1.1.4.2	Professional Conduct processes are timely.	1.1.4.2	# and % of complaints which have met statutory notice and disposition requirements	100% of Registrants are notified within 14 days about a complaint made against them 100% of complaints are disposed of within 150 or 210 days	Demonstrated compliance with legislative requirements.
					# and % of investigator appointments are made within required timeframes	100% of investigator appointments are completed within 5 days of the approval	
					# and % of investigator reports or health inquiry reports are provided to the registrant within required timeframes	100% of investigator reports are provided to the registrant within 14 days	
					# and % requests for sexual abuse funding for counselling or therapy are processed within required timeframes.	100% of requests for funding counselling or therapy are processed within 14 days in alignment with eligibility criteria.	
		1.1.4.3	Professional Conduct records are current and accurate.	1.1.4.3.a	Percent of PC records on the Public Register that are confirmed to be accurate by internal audit.	100% of PC records audited are accurately recorded on the Public Register.	Internal audit demonstrates the accuracy of PC related data, and if required, identify and address any issues.
	1.1.4.3.b				Percent of PC records in the CMLTO Registrant database that are confirmed to be accurate by internal audit.	100% of PC records audited are accurately recorded in the CMLTO Registrant database.	
	1.2 Regulatory processes are responsive to the						
	REGULATORY & GOVERNANCE PROCESSES EXIST & EVOLVE TO SUPPORT THE PUBLIC NEED						

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION							
CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
needs of the public.	1.2.1	1.2.1.1	In-year governance and/or regulatory changes to legislation and regulation(s) are addressed.	1.2.1.1.a	Required in-year governance and/or regulatory process changes are implemented.	100% of required in-year governance and/or regulatory process changes are implemented.	Demonstrated responsiveness to any in-year, unplanned legislative and regulatory changes.
	1.2.2	1.2.2.1	Governance and regulatory changes required to support the CMLTO By-Law are developed and/or implemented.	1.2.2.1.a	Required governance and regulatory changes to support the CMLTO By-Law are developed and/or implemented.	100% of required governance and regulatory changes to support the CMLTO By-Law are developed and/or implemented.	Governance and regulatory policies and processes are aligned with the CMLTO By-Law.
	1.2.3	1.2.3.1	Governance and regulatory changes required to support governance modernization are developed and/or implemented.	1.2.3.1.a	Required governance and regulatory changes to support governance modernization are developed and/or implemented.	100% of required governance and regulatory changes to support governance modernization are developed and/or implemented.	Governance and regulatory policies and processes are aligned with the Board's principles for governance modernization.
	1.2.4	1.2.4.1	Governance and regulatory changes required to support equity, diversity, inclusion, and justice are developed and/or implemented.	1.2.4.1.a	Required governance and regulatory changes to support equity, diversity, inclusion, and justice are developed and/or implemented.	100% of required governance and regulatory changes to support equity, diversity, inclusion, and justice are developed and/or implemented.	Governance and regulatory policies and processes are in alignment with the Board's principles for equity, diversity, inclusion, and justice .
	1.2.5	1.2.5.1	CMLTO's Public Interest Assessment Framework (PIAF) is implemented.	1.2.5.1.a	Planned components of the CMLTO's Public Interest Assessment Framework are implemented.	100% of planned components of the CMLTO's Public Interest Assessment Framework are implemented.	Integrates a distinct focus on the public interest into governance and regulatory processes.
1.3 The public is informed about how CMLTO uses effective regulatory processes to meet their needs.	1.3.1	The public has access to information related to governance and regulatory processes: • Board Governance • Registration • Quality Assurance • Professional Conduct • Patient Relations		1.3.1.1	Percent of planned governance and regulatory information accessible to the public: • Board Governance • Registration • Quality Assurance • Professional Conduct • Patient Relations	100% of planned governance and regulatory information are accessible to the public: • Board Governance • Registration • Quality Assurance • Professional Conduct • Patient Relations	Demonstrates transparency of governance and regulatory information.
	1.3.2	Publicly available information is understandable.		1.3.2.1	The public confirms that information shared with them is understandable.	The public confirms that available information is understandable, and areas of improvement are identified and addressed.	Demonstrates accessibility and understandability of publicly available information.

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES	MEASURE		TARGET	RATIONALE
	1.3.3	CMLTO's social media presence is effective.	1.3.3.1	<p>Social media metrics demonstrate effectiveness of posts by way of subscriber activity.</p>	<p>CMLTO X/Twitter account to post 3 times per week with a target engagement rate of 0.029% as per healthcare industry standards.</p> <p>CMLTO LinkedIn account to post 3 times per week with a target engagement rate of 2.2% as per healthcare industry standards.</p> <p>200 total website users acquired organically through social media channels per month.</p>	Demonstrates effectiveness of CMLTO's social media presence and platforms as tools for directing traffic to the website.
	1.3.4	CMLTO's website is effective.	1.3.4.1	<p>Specific areas of the CMLTO website demonstrate active engagement, as evidenced by conversation rates and engagement times.</p> <p>Conversion rates are calculated by dividing active users by total views per targeted webpage and multiplying the total by 100.</p> <p>"Active users" is defined by unique users who engaged with the webpage.</p> <p>"Engaged sessions" are defined by a user spending more than 10 seconds on a page or viewing more than one page linked within.</p>	<p>Target conversion rates per user stream are as follows:</p> <ul style="list-style-type: none"> · Members of the public: 8% · Applicants: 46% · MLTs: 8% · Employers: 6% <p>Target engagement times (based on 2025 averages and industry standards) per user stream are as follows:</p> <ul style="list-style-type: none"> · Members of the public: between 15-25 seconds per landing page · Applicants: between 15-20 seconds · MLTs: between 20-30 seconds · Employers: between 10-15 seconds 	Demonstrates effectiveness of CMLTO's website through engagement from user groups.
	1.3.5	The public and registrants have access to French language services.	1.3.5.1	Percent of documents required to be translated into French which are available publicly.	100% of required to be translated into French are available publicly.	The public and registrants are entitled to receive services in French language, as defined in legislation.

HIGH LEVEL ENDS POLICY 1 – EFFECTIVE MEDICAL LABORATORY PROFESSIONS REGULATION

CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES	MEASURE		TARGET	RATIONALE
	1.3.6	All applicable statutory case decisions are available publicly.	1.3.6.1	Percent of statutory case decisions that are required to be posted on the Public Register are available publicly. • Registration • Quality Assurance • Inquiries, Complaints & Reports • Discipline • Fitness to Practice	100% of statutory case decisions that are required to be posted on the Public Register are available publicly, as confirmed by audit.	Demonstrates compliance with regulatory requirements regarding statutory case decisions on the Public Register.
			1.3.6.2	Percent of statutory case decisions, which are not available publicly, are available and reported in aggregate. • Registration • Quality Assurance • Inquiries, Complaints & Reports	100% of statutory case decisions, not available publicly, are available and reported in aggregate in the Annual Report.	Demonstrates transparency by reporting statutory case decisions, which are not available publicly, in aggregate in the Annual Report.
	1.3.7	Information provided to the Ontario laboratory employers is useful.	1.3.7.1	Percent of the Ontario laboratory employers who received CMLTO information indicated that the information provided to them was useful.	80% of the Ontario laboratory employers who received CMLTO information indicated that the information provided to them was useful.	Demonstrates engagement from CMLTO Employer subgroup with push-communication strategies.

CMLTO REGISTRAR & CEO 2026 ENDS INTERPRETATION
CONSOLIDATED OPERATIONAL PERFORMANCE PLAN
(V1: November 4, 2025)

HIGH LEVEL ENDS POLICY
The public received safe, high quality medical laboratory services provided by CMLTO registrants.
Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

HIGH LEVEL ENDS POLICY 2 – Accountable Professionals
Accountable, competent and ethical Medical Laboratory Professionals practise safely, effectively, and collaboratively and consistent with current and evolving practice risks, standards, and professional obligations.

REGISTRAR & CEO INTERPRETATION:
I interpret “Medical Laboratory Professionals” to include CMLTO Registrants, Voluntary Roster Affiliates, and Applicants to the College.

I interpret ‘accountable’ to mean that Medical Laboratory Professionals understand and comply with their obligations and they are answerable for their conduct if these are not met in an adequate manner.

I interpret ‘competent’ to mean:

1. Entry to practice competence – Applicants for registration with the CMLTO have met the registration requirements described in regulation or internal policy or have been approved by the Registration Committee, and
2. Continuing competence – Registrants and Voluntary Roster Affiliates have met the quality assurance requirements described in regulation or internal policy and the CMLTO Standards of Practice.
3. Capacity – Medical Laboratory Professionals are mentally and physically capable of providing safe practice to the public of Ontario.

I interpret 'ethical' to mean that Medical Laboratory Professionals conduct themselves in a way that is compliant with the CMLTO Code of Ethics.

I interpret 'evolving practice standards' as the influence of Medical Laboratory Professionals’ practice on the current CMLTO Standards of Practice.

I interpret 'professional obligations' as all requirements set out in law(s), legislation(s), CMLTO By-Law, CMLTO Standards of Practice, and documents relevant to Medical Laboratory Professionals’ practice (i.e. CMLTO Practice Guidelines, Statutory Committee and internal policies), in alignment with sector and industry trends.

Conceptual Outcomes

2.1 Qualified Applicants meet entry to practice requirements.

2.2 Medical Laboratory Professionals understand and comply with their practice obligations, and they are responsible for their conduct if these are not met in an adequate manner.

2.3 Medical Laboratory Professionals’ evolving practice standards and professional risk profiles are supported in alignment with the CMLTO’s mandate.

I interpret this policy will have been achieved in 2026 when:

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS							
CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
2.1 Qualified applicants meet entry to practice requirements.	2.1.1	REGISTRATION PROGRAM OUTCOMES					
		2.1.1.1	MLT Applicants are registered in accordance with registration regulations (O. Reg.207/94).	2.1.1.1.a	# and % of MLT Applicants registered in accordance with registration regulations (O. Reg.207/94).	100% of MLT Applicants registered in accordance with registration regulations (O. Reg.207/94).	Demonstration of compliance with registration processes defined in statute or bylaw.
		2.1.1.2	MLT Applicants who do not meet registration requirements are referred to the Registration Committee.	2.1.1.2.a	# and % of MLT Applicants who did not meet registration requirements and were referred to the Registration Committee.	100% of MLT Applicants who did not meet registration requirements and were referred to the Registration Committee.	

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS

		2.1.1.3	MLT Applicants are registered with terms, conditions and limitations, as required.	2.1.1.3.a	# of MLTs Applicants registered with terms, conditions and limitations.	100% of MLT Applicants are registered with terms, conditions and limitations, as required.	
		2.1.1.4	MLT Applicants are denied registration, as required.	2.1.1.4.a	# of MLT Applicants who were denied registration .	100% of relevant MLT Applicants are denied registration, as required.	

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS

		2.1.1.5	MLT Applicants who decided not to pursue registration.	2.1.1.5.a	# of MLT Applicants who decided not to pursue registration.	- # not eligible - # lapsed - # withdrawn	
		2.1.1.6	MLT Applicants are registered in accordance with emergency registration processes.	2.1.1.6.a	# and % of MLT Applicants registered in accordance with emergency registration processes. For those that were not registered, outline the reasons.	# and % of MLT Applicants registered in accordance with emergency registration processes.	
		2.1.1.7	MLT Applicants are registered in accordance with "As of Right" registration processes.	2.1.1.7.a	# and % of MLT Applicants registered in accordance with "As of Right" registration processes. For those that were not registered, outline the reasons.	# and % of MLT Applicants registered in accordance with "As of Right" registration processes.	
		2.1.1.8	MLT Corporations are registered in accordance with relevant legislation, regulations and Bylaw provisions.	2.1.1.8.a	# and % of MLT Corporations are registered in accordance with relevant legislation, regulations and Bylaw provisions.	100% of MLT Corporations are registered in accordance with relevant legislation, regulations and Bylaw provisions.	
		2.1.1.9	New hires are registered with the CMLTO prior to working as an MLT, or using the protected title.	2.1.1.9.a	# of new hires who are NOT are registered with the CMLTO prior to working as an MLT, or using the protected title, and outcomes of CMLTO interventions.	100% of new hires who are NOT are registered with the CMLTO prior to working as an MLT, or using the protected title, are addressed by the CMLTO.	
		2.1.1.10	Practising MLTs, who are audited, demonstrate compliance with their Professional Liability Insurance By-Law requirements.	2.1.1.10.a	# and % of Practising MLTs, who are audited, demonstrate compliance with their Professional Liability Insurance By-Law requirements.	100% of Practising MLTs, who are audited, successfully demonstrate compliance with their Professional Liability Insurance By-Law requirements. # of Practising MLTs referred to the Registrar for non-compliance, and the outcomes of those decisions.	
2.2 Medical laboratory professionals understand and comply with their practice obligations and risks, and are responsible for their conduct if these are not met in an adequate manner.	2.2.1	QUALITY ASSURANCE PROGRAM OUTCOMES					
		Professional Portfolio					
		2.2.1.1	Practising MLTs are compliant with their Professional Portfolio obligations, and demonstrate learning.	2.2.1.1.a	# and % of Practising MLTs, who are audited for Stage 2, and successfully complete the audit, or are referred to the QAC.	100 % of Practising MLTs, who are audited, successfully complete Stage 2 of the Professional Portfolio. # of Practising MLTs referred to the QAC, and the outcomes of the QAC decisions.	Monitoring of Practising registrants' completion of the their QA obligations.
				2.2.1.1.b	# and % of Practising MLTs, who are required to participate in the Professional Portfolio Support Program, and successfully complete the program, or are referred to the QAC.	100 % of Practising MLTs, who are required to participate in the Professional Portfolio Support Program successfully complete the program. # of Practising MLTs referred to the QAC, and the outcomes of the QAC decisions.	Monitoring of Practising registrants' completion of the their QA obligations.

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS

				2.2.1.1.c	# and % of Practising MLTs who require QAP support for their Professional Portfolio, and the outcomes of the intervention.	# and % of initial Stage 1 submissions which are approved upon resubmission. # and % of MLTs that required Stage 1 coaching sessions, and the outcomes of the sessions. # and % of initial Stage 2 submissions which are approved upon resubmission. # and % of MLTs that required Stage 2 coaching sessions, and the outcomes of the sessions.	Monitoring of the effectiveness of QAP staff support for Practising registrants in meeting their QA obligations.
				2.2.1.1.d	# and % of Practising MLTs, who report that the PRISM topic was relevant to their professional practice.	75% of Practising MLTs, who report that the PRISM topic was relevant to their professional practice.	Monitoring of the effectiveness of the for Practising registrants in meeting their QA obligations.
				2.2.1.1.e	# and % of Practising MLTs, who report that the Professional Portfolio enhanced the quality of their professional practice.	75% of Practising MLTs, who report that the Professional Portfolio enhanced the quality of their professional practice.	Monitoring of the effectiveness of the for Practising registrants in meeting their QA obligations.

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS

Practice Review					
2.2.1.2	Practising MLTs, who are audited, that successfully complete the Practice Review.	2.2.1.2.a	# and % MLTs who demonstrate continued competence via the Practice Review.	100 % of audited Practising MLTs successfully meet the Practice Review criteria.	Monitoring of Practising registrants' completion of the their QA obligations.
		2.2.1.2.b	# and % of MLTs who do not successfully complete the Practice Review and are referred to QA Committee.	100 % of audited Practising MLTs, who fail their Practice Review are referred to QAC. Outcome of QAC reviews.	
Competence Evaluation					
2.2.1.3	Competence Evaluation processes provide an assessment of a registrant's competence in relation to the Standards of Practice.	2.2.1.3.a	Competence Evaluation Assessor's competence is maintained.	Annual Competence Evaluation Assessor Training sessions completed.	Evidence that Competence Evaluation Assessor's competence is maintained.
		2.2.1.3.c	# of Competence Evaluations conducted in year.	100 % of registrants who underwent a Competence Evaluation, as required.	Monitoring of Practising registrants' completion of their QA obligations.
		2.2.1.3.d	# and % of MLTs who demonstrate competency in relation to the Standards of Practice via a Competence Evaluation.	100 % of Registrants who underwent a Competence Evaluation, as required, demonstrated competency.	
		2.2.1.3.e	# and % of MLTs who do not demonstrate competence via the Competence Evaluation who: a) Achieve competence through remediation (or) b) Need alternate regulatory mechanisms applied c) Referred to the Inquiries, Complaints, and Reports Committee	100 % of Registrants who underwent a Competence Evaluation, as required, who do not demonstrate competency, who achieved competence through remediation, or have alternate regulatory mechanisms applied.	
PROFESSIONAL CONDUCT PROGRAM OUTCOMES					
Conduct Cases					
2.2.1.4	Medical laboratory professionals are answerable for their competence and conduct. Where applicable, decisions are made and monitored for these matters.	2.2.1.4.a	# of complaints receieved about MLTs	100% of complaints received by the College are responded to, as required.	Demonstrated compliance with legislative requirements.
		2.2.1.4.b	# of reports receieved about MLTs	100% of reports received by the College are responded to, as required.	
		2.2.1.4.c	# of self-disclosures & other inquiries	100% of self-disclosures & other inquiries are responded to as required.	

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS

				2.2.1.4.d	# and type of ICRC case decisions and their outcomes	# of cases concluded with no further action and a summary of their decision		
						# of cautions issued and a summary of its content		
						# of Specified Continuing Education or Remediation Programs required and a summary of the requirements		
						# of cases with Terms, Conditions, or Limitations imposed.		
						# of case referrals to the Fitness to Practise Committee		
						# of case referrals to the Discipline Committee		
						Capacity Matters		
	2.2.1.5	Medical laboratory professionals are answerable for their capacity. Where applicable, decisions are made and monitored for these matters.	2.2.1.5.a	# of self-disclosures related to incapacity made through annual renewal or throughout the year.	# of self-disclosures related to incapacity.	Demonstrated compliance with legislative requirements.		
					2.2.1.5.b		# and general type of incapacity cases decisions and their outcomes	# of Inquiry Panel referrals and a summary of the reasons for the referral
								# of Independent Medical Examination requests and a summary of the proposed monitoring requirements
	2.2.2	PROFESSIONAL OBLIGATIONS						
2.2.2.1		MLTs understand their professional obligations.	2.2.2.1.a	Registration - # and % of Practising MLTs who self-report that they hold professional liability insurance during annual registration renewal.	100% of Practising Registrants who self-report non-compliance at renewal are contacted and issues are resolved or referred to Registrar & CEO, as appropriate.	Monitoring of Practising registrants' compliance with their professional obligations, as outlined in the CMLTO By-Law.		
					2.2.2.1.b		Quality Assurance - # and % of Practising MLTs who self-report they understand their QA obligations during annual registration renewal.	100% of Practising Registrants who self-report non-compliance at renewal are coached to achieve compliance or referred to QAC. Outcomes of QAC review.

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS

				2.2.2.1.c	Professional Conduct - # and % of MLTs who self-report unexpected responses to Professional Conduct declarations during annual registration renewal.	100% of MLTs who provide unexpected responses to Professional Conduct declarations at renewal are followed up by Professional Conduct staff. Conduct issue(s) that are identified are reviewed by the Registrar & CEO, as appropriate.	Monitoring of Practising registrants' compliance with their Profesional Conduct obligations.
		2.2.2.2	MLTs renew their registration.	2.2.2.2.a	# and % of MLTs who renewed their registration.	# and % of MLTs who renewed their registration. For those that did not renew their registration, # and % in each category of reasons for non-renewal.	Monitoring of annual registration renewal process outcomes.
2.3 Medical laboratory professionals' evolving practice standards and professional risk profiles are supported in alignment with the CMLTO's mandate.	2.3.1	PRACTICE RISK FACTORS					
		2.3.1.1	Themes related to areas of risk in MLT practice are identified and registrants and key stakeholders are informed.	2.3.1.1.a	Description of risk profiles identified over the past 5-years (Using individual program and across-program review)	Report of risk profiles in MLT practice completed and findings shared with: <ul style="list-style-type: none">• Registrar & CEO• Annual Report• Board• Registrants• Government, as appropriate	Identify and report themes of risk in MLT practice to R/CEO: <ul style="list-style-type: none">• Registration• Quality Assurance• Professional Conduct• Communications• Governance
		2.3.1.2	MLTs demonstrate compliance with RC decisions.	2.3.1.2.a	# of MLTs who did not successfully comply with their RC decision, and outcomes of CMLTO intervention.	# and % of MLTs not in compliance with their RC decision.	Assessment of MLT professional practice risk.
		2.3.1.3	MLTs demonstrate compliance with QAC decisions.	2.3.1.3.a	# of MLTs who did not successfully comply with their QAC decision, and outcomes of CMLTO intervention.	100% of MLTs not in compliance with their QAC decision.	
		2.3.1.4	MLTs demonstrate compliance with ICRC decisions.	2.3.1.4.a	# of MLTs who did not successfully comply with their ICRC decision, and outcomes of CMLTO intervention.	100% of MLTs are not in compliance with their ICRC decision.	
		2.3.1.5	MLTs demonstrate compliance with Acknowledgements & Undertakings (A & U).	2.3.1.5.a	# of MLTs who did not successfully comply with their A&U, and outcomes of CMLTO intervention.	100% of MLTs are not in compliance with their A & Us.	
		2.3.1.6	MLTs demonstrate compliance with FTP decisions.	2.3.1.6.a	# of MLTs who did not successfully comply with their FTP decisions, and outcomes of CMLTO intervention.	100% of MLTs are not in compliance with their FTP decision.	

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS							
		2.3.1.7	MLTs demonstrate compliance with Discipline decisions.	2.3.1.7.a	# of MLTs who did not successfully comply with their Discipline hearing decisions, and outcomes of CMLTO intervention.	100% of MLTs are not in compliance with their Discipline hearing decision.	
	2.3.2	PRACTICE GUIDELINES					
		2.3.2.1	CMLTO's professional practice resources address contemporary professional practice issues, are congruent with the CMLTO's mandate, and are current, relevant and evidence-based.	2.3.2.1.a	The Guidelines for evaluating professional practice activities will undergo the professional practice resource review process and subsequently are updated or rescinded.	Guidelines for evaluating professional practice activities are updated or rescinded.	Professional Practice resources for MLTs reflect current practice and are aligned with the CMLTO's mandate.
		2.3.2.2		2.3.2.2.a	Development of potential professional practice resources for development is researched and reported on.	A report is provided to the Registrar & CEO describing potential professional practice resources for development.	

HIGH LEVEL ENDS POLICY 2 - Accountable Professionals
2.1 Medical Laboratory Professionals with alternative credentials are regulated such that they practice safely, effectively, and collaboratively.

REGISTRAR & CEO INTERPRETATION:

I interpret “alternative credentials” to mean Applicants for registration who do not meet Ontario Regulation 207/94, Sections 2(1)1 through 8, as explicitly written, but are deemed equivalent by the Registration Committee, or approved by the Registrar.

I interpret “are regulated” to mean that these Applicants become CMLTO Registrants through defined processes described in regulation and CMLTO policies, in support of the health human resource needs of the public.

Conceptual Outcomes

2.1.1 Applicants demonstrate substantial equivalence to entry to practice competencies.

Definitions

² Substantial equivalence means that an Applicant’s qualifications, competencies, and professional experience are judged to be essentially comparable in content, scope, and quality —though not necessarily identical—to the standards required for registration,

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS					
CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES	MEASURE	TARGET	RATIONALE
2.1.1 Applicants demonstrate substantial equivalence to entry to	2.1.1.1	REGISTRATION PROGRAM OUTCOMES			

HIGH LEVEL ENDS POLICY 2 - ACCOUNTABLE PROFESSIONALS

practice competencies.		2.1.1.1.1	MLT Applicants are registered in single specialties in accordance with registration regulations (O. Reg.207/94).	2.1.1.1.1.a	# and % of MLT Applicants registered in single specialties in accordance with registration regulations (O. Reg.207/94).	100% of MLT applicants are registered in single specialties in accordance with registration regulations (O. Reg.207/94).	
		2.1.1.1.2	MLT Applicants are registered in single specialties with terms, conditions and limitations, as required.	2.1.1.1.2.a	# of MLTs Applicants registered in single specialties with terms, conditions and limitations.	100% of MLT applicants are registered in single specialties with terms, conditions and limitations, as required.	
		2.1.1.1.3	MLT Applicants in single specialties are denied registration, as required.	2.1.1.1.3.a	# of MLT Applicants in single specialties who were denied registration .	100% of relevant MLT applicants in single specialties are denied registration, as required.	
		2.1.1.1.4	MLT Applicants in single specialties who decided not to pursue registration.	2.1.1.1.4.a	# of MLT Applicants are registered in single specialties who decided not to pursue registration.	# of MLT applicants in single specialties who decided not to pursue registration. - # not eligible - # lapsed - # withdrawn	
		2.1.1.1.5	MLT Applicants with alternative credentials are registered in accordance with registration regulations (O. Reg.207/94).	2.1.1.1.5.a	# and % of MLT Applicants with alternative credentials registered in accordance with registration regulations (O. Reg.207/94).	100% of MLT applicants with alternative credentials registered in accordance with registration regulations (O. Reg.207/94).	
		2.1.1.1.6	MLT Applicants with alternative credentials are registered with terms, conditions and limitations, as required.	2.1.1.1.6.a	# of MLTs Applicants with alternative credentials registered with terms, conditions and limitations.	100% of MLT applicants with alternative credentials are registered with terms, conditions and limitations, as required.	
		2.1.1.1.7	MLT Applicants with alternative credentials are denied registration, as required.	2.1.1.1.7.a	# of MLT Applicants with alternative credentials who were denied registration .	100% of relevant MLT applicants with alternative credentials are denied registration, as required.	
		2.1.1.1.8	MLT Applicants with alternative credentials who decided not to pursue registration.	2.1.1.1.8.a	# of MLT Applicants with alternative credentials who decided not to pursue registration.	# of MLT applicants with alternative credentials who decided not to pursue registration. - # not eligible - # lapsed - # withdrawn	

CMLTO REGISTRAR & CEO 2026 ENDS INTERPRETATION
CONSOLIDATED OPERATIONAL PERFORMANCE PLAN
(V1: November 4, 2025)

HIGH LEVEL ENDS POLICY
The public received safe, high quality medical laboratory services provided by CMLTO registrants.
Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following public benefit (Ends):

HIGH LEVEL ENDS POLICY 3 - Effective Regulation with the Health System
Effective regulation and health care policy decisions are positively influenced through collaboration, relationship building, and partnerships.

REGISTRAR & CEO INTERPRETATION:
I interpret “Effective regulation and health care policy decisions are positively influenced” to mean that, based on its corporate knowledge, information, expertise, and values, CMLTO shapes the healthcare sector, as appropriate within its mandate, in the interest of public wellbeing.

I interpret “collaboration, relationship building, and partnerships” to mean that CMLTO builds, maintains, and facilitates relationships, to enable positive influence on health profession regulation and policy decisions, between CMLTO and the following key partner groups:

- The public, government, employers of Medical Laboratory Professionals, and medical laboratory professional organizations;
- Registrants and Voluntary Roster Affiliates;
- Other health regulatory Colleges;
- Medical Laboratory Professionals and other health professionals.

Conceptual Outcomes

3.1 The CMLTO supports and positively influences the health regulatory sector and policy decisions.

I interpret this policy will have been achieved in 2026 when:

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM							
CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
3.1 The CMLTO supports and positively influences the health regulatory sector and policy decisions.	3.1.1	OVERALL					
		3.1.1.a	Requests for consultations on key regulatory topics are responded to, where appropriate.	3.1.1.a	Relevant requests are responded to within consultation timelines	100% of relevant requests are responded to within consultation timelines.	Demonstrates CMLTO's responsiveness to relevant consultations.
		3.1.1.b	CMLTO influences MLT health human resource planning and policy development.	3.1.1.b-i	CMLTO Health Human Resources (HHR) Report exists by April 30, 2026.	CMLTO HHR Report is shared publicly by April 30, 2026.	Demonstrates CMLTO sharing knowledge with the health care sector.
				3.1.1.b-ii	CMLTO submits HPDB data on time.	CMLTO submits HPDB data on time.	
				3.1.1.b-iii	CMLTO submits CIHI data on time.	CMLTO submits CIHI data on time.	
				3.1.1.b-iv	CMLTO responds to requests for HHR data within timelines, as required.	100% of relevant requests for HHR data are responded to within timelines.	

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM

CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES	MEASURE		TARGET	RATIONALE	
	3.1.2	MINISTRY OF HEALTH					
		3.1.2.a	CMLTO's College Performance Measurement Framework (CPMF) Report is publicly available and the requirements are addressed.	3.1.2.a-i	CMLTO College Performance Measurement Framework (CPMF) Report is submitted to MOH.	CMLTO College Performance Measurement Framework (CPMF) Report to be submitted to MOH on time, and made publicly available.	Regulatory requirement from the MOH.
				3.1.2.a-ii	An analysis of CMLTO's ability to meet the CPMF requirements exists.	A report of CMLTO's ability to meet the CPMF requirements, including a plan to address any gaps, is provided to the Board.	Demonstrates compliance with the CPMF requirements.
		3.1.2.b	Ontario Ministries' initiatives / directives are responded to in a timely manner.	3.1.2.b	# and type of Ministry initiatives/directives responded to on time.	Ministry initiatives / directives are addressed within required timelines.	Demonstrates CMLTO's responsiveness to relevant initiatives / directives.
	3.1.3	CANADIAN ALLIANCE OF MEDICAL LABORATORY PROFESSIONAL REGULATORS (CAMLPR)					
		3.1.3.a	National regulatory policies and practices are high-quality and meet the needs of the CMLTO as a member organization.	3.1.3.a	National regulatory policies and practice are positively influenced through CMLTO's participation in CAMLPR.	CMLTO's participation in and impact on CAMLPR is reported quaterly to the Board of Directors.	CMLTO contributes to national regulatory policies and practices.
				3.1.3.b	CAMLPR process outcomes (PLA and examination services) are high-quality.	CAMLPR process outcomes (PLA and examination services) are reported quaterly to the Board of Directors.	Demonstrates the Board's oversight of the relationship between CMLTO and CAMLPR, and the outcomes of CAMLPR processes in its first year.
	3.1.4	PUBLIC					
		3.1.4.a	The CMLTO Board's planned linkages with the public are completed and outcomes are reported.	3.1.4.a	The 2026 Board Careholder Linkage Plan is developed and shared with the Board. Planned linkages with the public are completed and outcomes are reported.	The 2026 Board Careholder Linkage Plan is developed. 100% of planned linkages with the Public as part of 2026 Board Careholder Linkage Plan are complete.	Demonstrates ongoing linkage between the Board of Directors and the Public.
	3.1.5	HEALTH PROFESSION REGULATORS OF ONTARIO (HPRO)					
		3.1.5.a	CMLTO supports and contributes to the work of HPRO and its Committees.	3.1.5.a	Provincial regulatory practices are positively influenced through CMLTO's participation in HPRO.	CMLTO's participation in and impact on HPRO is reported quaterly to the Board of Directors.	CMLTO contributes to provincial regulatory practices.
	3.1.6	PROFESSIONAL ASSOCIATIONS					

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM							
CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
		3.1.6.a	CMLTO monitors and addresses Professional Association programs and activities which intersect or potentially impact CMLTO's regulatory mandate.	3.1.6.a	Professional Association programs and/or initiatives that intersect or potentially impact CMLTO's regulatory mandate are addressed.	100 % of Professional Association programs and/or initiatives that intersect or potentially impact CMLTO's regulatory mandate are addressed.	Demonstrates leadership in line with the CMLTO mandate.

3.1 Regulation for Medical Laboratory Technicians and Assistants exists for the protection and safety of the public.

REGISTRAR & CEO INTERPRETATION:

I interpret ‘Medical Laboratory Technicians and Assistants’ to mean individuals working in licensed laboratories as ‘technicians’ in Ontario, as defined by Ontario Regulation 45/22 under the *Laboratory and Specimen Collection Centre Licensing Act, 1991* , and/or those included as Affiliates on the CMLTO Voluntary Roster.

I interpret “Regulation” to mean that mechanism(s) exist which assures the public that:

- Only Medical Laboratory Technicians and Assistants who meet entry to practice standards are authorized to practice;
- Medical Laboratory Technicians and Assistants are required to maintain their competence; and
- Medical Laboratory Technicians and Assistants are accountable for their conduct.

I interpret “Regulation for Medical Laboratory Technicians and Assistants exists” to mean formal regulation under the *Regulated Health Professions Act, 1991* and the *Medical Laboratory Technology Act, 1991* , or in the absence of formal regulation, that this regulatory initiative is advanced for the protection and safety of the public through sharing of information about the public’s interest and engaging relevant parties, and aligning processes to those of statutory regulation.

Conceptual Outcomes

3.1.1 Regulation of Medical Laboratory Assistants and Technicians is advanced.

I interpret this policy will have been achieved in 2026 when:

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM					
CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES	MEASURE	TARGET	RATIONALE
3.1.1 Regulation of medical laboratory assistants and	3.1.1.1	ADVANCING THE REGULATORY INITIATIVE			

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM

CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
Medical laboratory assistants and technicians is advanced.		3.1.1.1.1	Key partners support the need to have regulation of medical laboratory assistants and technicians.	3.2.1.1.1.a	Key partners understand the importance of regulation.	Outcomes of engagements with key partners.	Demonstrates support for the regulatory initiative, as an important strategic lever. Also demonstrates that CMLTO seizes relevant opportunities to provide information about the regulation of medical laboratory assistants and technicians to external organizations.
				3.2.1.1.1.b	Employers include medical laboratory assistants and technicians on the Voluntary Roster as a preferred qualification of employment.	Increase in number of employers supporting MLA/T regulation year over year.	Employer support for the regulatory initiative is an important strategic lever. Year over year increase in that support is the goal.
				3.2.1.1.1.c	Information is provided to MLTs and medical laboratory assistants and technicians to highlight the importance of regulation.	Outcomes of opportunities to provide information to MLTs and medical laboratory assistants and technicians.	MLT and MLA/T support for the regulatory initiative is an important strategic lever.
				3.2.1.1.1.d	Information is provided to the public of Ontario about medical laboratory assistants and technicians and the importance of regulating these professionals is highlighted.	Outcome of public engagement initiatives demonstrates support for the regulation of MLA/Ts.	Increase public awareness and education about MLA/Ts and the current state of regulation of these professionals.
		3.1.1.1.2	Evidence exists to support the case for comprehensive oversight of medical laboratory assistants and technicians.	3.1.1.1.2.a	Non-MLT reports and complaints submitted to CMLTO are tracked and analyzed. A summary of this information is included in the Annual Report.	# and % of non-MLT reports and complaints submitted to CMLTO are summarized. The themes from non-MLT expressed concerns are analyzed and included in the Annual Report.	Support for the regulation of MLA/T is critical to public confidence in the health care system .
		3.1.1.1.3	CMLTO is prepared for regulation of medical laboratory assistants and technicians under the RHPA and MLT Act.	3.1.1.1.3.a	A comprehensive plan and "playbook" for the regulation of medical laboratory assistants and technicians under the RHPA and MLT Act is developed.	A comprehensive plan and "playbook" for the regulation of medical laboratory assistants and technicians under the RHPA and MLT Act exists.	Demonstrates CMLTO's readiness for the regulation of medical laboratory assistants and technicians under the RHPA and MLT Act.
	3.1.1.2	VOLUNTARY ROSTER FOR REGISTERED MEDICAL LABORATORY TECHNICIANS					
		3.1.1.2.1	All qualified applicants are rostered in accordance with CMLTO Voluntary Roster criteria.	3.1.1.2.1.a	# and % new medical laboratory assistants and technicians applicants rostered in accordance with CMLTO Voluntary Roster criteria.	100% of qualified applicants are rostered in accordance with CMLTO Voluntary Roster criteria.	Demonstration of compliance with Voluntary Roster registration processes.
		3.1.1.2.2	Application processes for registration are timely.	3.1.1.2.2.a	Percent of new VR applications that are processed within required turn around times.	100% of new VR applications are processed within prescribed turn around times.	Demonstrated timeliness of VR application processes for registration.

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM

CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
		3.1.1.2.3	VR records on the Register are current and accurate.	3.1.1.2.3.a	Percent of registration records on the Public Register that are confirmed to be accurate by internal audit.	100% of registration records audited are accurately recorded on the Public Register.	Internal audit demonstrates the accuracy of registration related data, and if required, identify and address any issues.
				3.1.1.2.3.b	Percent of registration records in the CMLTO registrant database that are confirmed to be accurate by internal audit.	100% of registration records audited are accurately recorded in the CMLTO registrant database.	
		3.1.1.2.4	VR affiliates renew their registration and renewal processes are determined to be accurate.	3.1.1.2.4.a	# and % of VR affiliates who renewed their VR registration	100% of VR affiliates who renew do so successfully 100% of audited renewals are processed accurately	Monitoring of annual registration renewal process outcomes and Internal audit demonstrates that all VR renewals have been processed accurately. Report provided to R/CEO.
		3.1.1.2.5	Support is provided for the Voluntary Roster Professional Portfolio	3.1.1.2.5.a	# and % of VR Affiliates who require QA support for their Professional Portfolio, and the outcomes of the intervention.	# and % of VR Affiliates that required coaching sessions, and the outcomes of the sessions.	Monitoring of the effectiveness of QA staff support for VR affiliates.
		3.1.1.2.6	VR Professional Portfolio processes are timely.	3.1.1.2.6.a	Percent of VR Professional Portfolios that are processed within prescribed turn around times (60 days).	100% of VR Professional Portfolios are processed within prescribed turn around times.	Demonstrated timeliness of quality assurance processes.
		3.1.1.2.7	VR Affiliates report that the Professional Portfolio enhanced the quality of their professional practice.	3.1.1.2.7.a	# and % of VR Affiliate, who report that the Professional Portfolio enhanced the quality of their professional practice.	75% of VR Affiliate who report that the Professional Portfolio enhanced the quality of their professional practice.	Demonstrated effectiveness of quality assurance processes.
		3.1.1.2.8	VR Professional Portfolio Audit processes are reliable.	3.1.1.2.8.a	Percent of VR Professional Portfolio audits that are confirmed to be reliable by internal audit and outcomes of process improvement initiatives.	100% of VR Professional Portfolio post submission review is reliable. Where < 100%, list types of inaccuracies found in audit.	Internal audit process to ensure that Professional Portfolio reports are accurate.
		3.1.1.2.9	Professional Conduct Inquiries, Complaints and Reports cases regarding VR Affiliate practice are disposed of in a fair, objective, effective, and timely manner.	3.1.1.2.9.a	Number of Professional Conduct VR Affiliate matters	100% of cases are followed through in alignment with VR processes.	Demonstrated actions in alignment with the VR program requirements for affiliate conduct.

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM							
CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
		3.1.1.2.10	Regulatory processes for the Voluntary Roster Affiliates mirror those of the MLTs, as appropriate.	3.1.1.2.10.a	Reference documents which support the Voluntary Roster and Roster Affiliates are updated.	100% of reference documents which support the Voluntary Roster and Roster Affiliates are updated.	Ongoing alignment of registration, QA, and PC resources and processes between the Voluntary Roster and MLT regulatory processes.

<div> 3.2 Emerging health human resource trends impact future planning. </div> <div> REGISTRAR & CEO INTERPRETATION: I interpret “Emerging health human resource trends” to mean current and future needs of the public, employers, and the health care system related to the professional practice of CMLTO Registrants and Voluntary Roster Affiliates. I interpret “future planning” to mean improvements to regulatory approaches and processes, implemented in a proactive manner, based on evidence of evolving and/or emerging health human resource and health system trends. </div> <div> Conceptual Outcomes 3.2.1 Improvements to regulatory approaches and processes are planned and implemented, based on evidence of evolving and/or emerging health human resource and health system trends. I interpret this policy will have been achieved in 2026 when: </div>							
HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM							
CONCEPTUAL OUTCOMES	#	2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE		TARGET	RATIONALE
3.2.1 Improvements to regulatory approaches and processes are planned and implemented, based on evidence of evolving and/or emerging health human resource and health system trends.	3.2.1.1	3.2.1.1.1	A plan that supports health human resource planning in the medical laboratory sciences sector is implemented.	3.2.1.1.1.a	Initiatives within CMLTO's defined roles and responsibilities are implemented to mitigate HHR and health system trends.	100% of planned initiatives are implemented.	Addresses the health human resource needs of Ontario laboratories and the public through implementation of evidence-based approaches and processes in regulatory improvements based on the needs of the sector.



AGENDA ITEM 6.0

6.0	GOVERNANCE PROCESS: POLICY IMPLEMENTATION
6.1	Part 1 Planning: 2026 Integrated Board Strategic Agenda (IBSA) and Board Goals



Briefing Report to Board of Directors

Date	: November 5, 2025
From	: Karen Fryday-Field, Governance Counsel
Subject	: Meridian Edge Leadership & Governance Consulting
	: 2026 Board Part I Planning – Preparing for Developing the Board’s
	: Key Priorities, Goals, and Related 2026 Integrated Board Strategic
	: Agenda/Work Plan

Report Purpose:

- | | |
|--|--|
| <input type="checkbox"/> Board Policy Development, Review, and Approval | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input checked="" type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input checked="" type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |

BACKGROUND

In its Governance Process Policy (GP IV-30) regarding the Annual Integrated Board Strategic Agenda/Work Plan and Planning Cycle, the Board commits to a two phased planning process, each year, to establish the Board’s priorities, goals, and strategic governance and continuous governance improvement agenda for the subsequent Board year.

The first step, Phase 1, will be a discussion at the December 2025 Board meeting to develop the preliminary plan for 2026 with the current Board Members’ input. This ensures that the experience and wisdom of the current 2025 Board influences next year’s plan. This plan will then be fine-tuned and validated in Phase 2, which will take place with the 2026 Board at their first meeting in February 2026.

To conduct Phase 1 of this planning, the 2025 Board will have available the following information sources:

- 1) 2024 to 2026/2027 Board Ends (Critical Outcomes) Policies (attached in Appendix 1)
- 2) The updated 2025 Integrated Board Strategic Agenda/Work Plan outlining 2025 Board achievements to date (attached in Appendix 2).



- 3) 2025 End-of-Year Registrar & CEO Ends Monitoring Reports (see December 2025 Board package).
- 4) An early draft of the 2026 Integrated Board Strategic Agenda/Work Plan containing:
 - scheduled orientation and continuing education,
 - policy development and review,
 - monitoring of the Board and Registrar & CEO,
 - regular Board business
 - relevant components of CMLTO's Strategic Directions/Ends (Critical Outcomes) Strategic Cycle are all embedded in the draft plan, and
 - aspects of the Board's 2025/2026 Careholdership/Linkage Plan.

This draft will be the source document we will be working from to further develop the Integrated Board Strategic Agenda/Work Plan at the December 2025 Board meeting (for use in 2026).

- 5) Appendix 4 - A Briefing Note on Trends in Modern Governance to stimulate future-focused Board thinking
- 6) The 2025 Board Effectiveness Evaluation Report (the report will be distributed and summarized at the December 2025 Board Meeting) – this will list all of the key Board strategic and learning agenda topics suggested by the Board for Board work in 2026. These suggested topics will be discussed at the December Board meeting to further inform the Board's work plan.
- 7) The Integrated Board Strategic Agenda/Work Plan is also informed by three source documents including:
 - 1) CMLTO Board Policy Review Schedule
 - 2) Appendix 1 – Board Monitoring System Schedule of Registrar & CEO (GP IV-50.10 Board Monitoring System Policy)
 - 3) Appendix 1A – Schedule of Board Monitoring of Board Achievement with Board Policies by Policy Topic (GP IV-70 CMLTO Board Effectiveness Evaluation Policy)



Please note: To ensure accessibility and provide a consistent, colour-independent way of identifying the status of agenda items within the Integrated Board Strategic Agenda, we are proposing the following updated legend:

- ✓ – Completed
- ✗ – Not Completed
- ▷ – In Progress
- – Inputs to CMLTO Strategic Directions (Ends Critical Outcomes) Refresh Process.

This approach aligns with accessibility best practices by using symbols that remain distinguishable in grayscale, screen-reader compatible formats, and printed materials.

To prepare your thinking for the Board discussion in December, please take a few minutes as you read this Briefing Report to make jot-notes below on topics which you believe are critical for the Board to address on its 2026 Integrated Board Strategic Agenda/Work Plan. You could then have your jot notes with you as the Board conducts its discussion on its 2026 Strategic Agenda and Work Plan.

1. List any future opportunities which you believe should be addressed, at a governance level, by the CMLTO Board in 2026?

2. Are there any challenges or threats facing the CMLTO Board in 2025 that the Board should address in its 2026 Integrated Strategic Agenda/Work Plan?



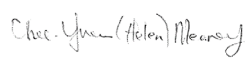
3. Are there any areas for further Board orientation/training/education/development which you would like to suggest/discuss? If so, please list.

4. What suggestions do you have from the 2025 Board Effectiveness Self Evaluation and/or the 2025 External Governance Review, for Board governance continuous improvement?

Please have these notes with you for the December 2025 Board meeting for discussion in preparing the 2026 Integrated Board Strategic Agenda/Work Plan, (i.e. the Board’s generative, strategic, fiduciary, and perpetual work plan for the next year).

APPENDICES:

- **Appendix 1** – 2024 to 2026/2027 CMLTO Ends (Critical Outcomes) Policy
- **Appendix 2** – Updated 2025 Integrated Board Strategic Agenda/Work Plan (V5 Oct 31, 2025)
- **Appendix 3** – Early Draft of 2026 Integrated Board Strategic Agenda/Work Plan
- **Appendix 4** – Briefing Report on Key Trends Shaping Modern Governance in 2026

Policy Title: ENDS (CRITICAL OUTCOMES) POLICIES FOR 2024 TO 2026/2027		Policy Section: I Ends		Policy Number: I-01
Approved By: Board of Directors	Date Approved: Feb 1, 2006	Date Reviewed/ Revised:		President Signature: 
		Sept 14, 2007 Oct 6, 2008 Nov 27, 2008 May 9, 2011	Feb 2012 Nov 29, 2012 Sept 15, 2015 Nov 28, 2019 Sept 15, 2023	

HIGH LEVEL ENDS POLICY

The public receives safe, high quality medical laboratory services provided by CMLTO registrants.

Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following Ends (Critical Outcomes):

Ends Policy 1 – Effective Medical Laboratory Professions Regulation

The public interest is at the forefront of effective CMLTO regulatory processes¹.

Ends Policy 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Professionals practise safely, effectively, and collaboratively and consistent with current and evolving practice risks standards and professional obligations.

- 2.1 Medical Laboratory Professionals with alternative credentials are regulated such that they practice safely, effectively, and collaboratively.

Ends Policy 3 – Effective Regulation with the Health System

Effective regulation and health care policy decisions are positively influenced through collaboration, relationship building, and partnerships.

- 3.1 Regulation for Medical Laboratory Technicians and Assistants exists for the protection and safety of the public.
- 3.2 Emerging health human resource trends impact future planning.



At What Worth/Cost

All Ends Policies will be achieved at a reasonable cost and reasonable fees for registrants and voluntary roster affiliates.

Definitions

¹ Effective regulatory processes are defined as being fair, transparent, timely, objective, evidence-informed, and right-touch.

2025 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

V5: October 31, 2025

FRAME: FEBRUARY 20 & 21, 2025								
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA [IN CAMERA]			
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / STAFF RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS		
STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES <ul style="list-style-type: none">R/CEO Incidental Briefing Report ENVIRONMENTAL SCANNING/DISCOVERY REPORTS <ul style="list-style-type: none">MLA/T Oversight Scanning UpdateUpdate on IT Assessment OutcomesCAMLPR Integration/ Professional Standards Update	REGULAR POLICY REVIEW <ul style="list-style-type: none">EL II-20 Signing Authority / Authorization of Expenditures PolicyEL II-40 Registrant Relations Policy	REGULAR POLICY REVIEW <ul style="list-style-type: none">GP IV-40 Recruitment, Nominations, and Appointment Selection Criteria for Board Members Policy <i>(Deferred from December 2024)</i> POLICY IMPLEMENTATION <ul style="list-style-type: none">Planning Part 2 for 2025 Integrated Board Strategic Agenda (Finalizing the IBSA for 2025)<ul style="list-style-type: none">Board Review of 2024 IBSA Work Plan ProgressReview and Approval of 2025 Board GoalsBoard Governance Scorecard Revisions Process (Update)Academic Member Incidental Report – As Needed [Consent Agenda]Executive Committee Recommendations for Composition of 2025 Board Statutory CommitteesBoard Policy Champion Assignments for 2025 (Consent Agenda)Board Mentor Program Report to Board (GP IV-130) – As NeededBoard Governance Scorecard Report Analysis (Q4 2024)Update on Assessment of the 2024 CMLTO By-Law Review <i>(Deferred from December 2024)</i>Planning for Board Generative /Strategic Directions Planning Session (For April Meeting)CMLTO Governance Modernization Plan: Board Update BOARD MONITORING OF BOARD POLICY COMPLIANCE <ul style="list-style-type: none">GP IV-45 Board Linkage with Ownership <i>(Deferred from December 2024)</i>GP IV-80 Board Code of Conduct, Confidentiality, and Conflict of Interest Policy <i>(Deferred from December 2024)</i>GP IV-120 Board Member Attendance at External Events (deferred from December 2024) STATUTORY COMMITTEE MONITORING REPORTS <table><tr><td><ul style="list-style-type: none">Executive CommitteeRegistration CommitteeInquiries, Complaints & Reports (ICRC)</td><td><ul style="list-style-type: none">Quality Assurance CommitteeDiscipline Committee</td><td><ul style="list-style-type: none">Patient Relations CommitteeFitness to Practise</td></tr></table>	<ul style="list-style-type: none">Executive CommitteeRegistration CommitteeInquiries, Complaints & Reports (ICRC)	<ul style="list-style-type: none">Quality Assurance CommitteeDiscipline Committee	<ul style="list-style-type: none">Patient Relations CommitteeFitness to Practise	REGULAR POLICY REVIEW <ul style="list-style-type: none">BSR III-03 Accountability of the Registrar & CEO PolicyBSR III-10 Registrar & CEO Performance Evaluation PolicyBSR III-25 Registrar & CEO Compensation Program and Principles Policy <i>(might later say deferred to May – TBD with R/CEO)</i>BSR III-25.05 Registrar & CEO Compensation Program: Structure and Administration Policy <i>(might later say deferred to May – TBD with R/CEO)</i> POLICY IMPLEMENTATION <ul style="list-style-type: none">Registrar & CEO 2024 Performance Evaluation Report (Jan-Dec 2024)	Board’s Message in FOCUS – Covering: <ul style="list-style-type: none">CMLTO’s purpose and regulatory mandateCMLTO’s recent Ends (Critical Outcomes) Policies results and key achievementsCMLTO’s values – update on EDIJ progressBoard Careholdership/ Linkage Plan Update	REGULAR R/CEO MONITORING REPORTS <ul style="list-style-type: none">EL II-11 Financial Condition Policy ACHIEVEMENT & COMPLIANCE Registrar & CEO Performance Tracking Through Monitoring Reports YTD
<ul style="list-style-type: none">Executive CommitteeRegistration CommitteeInquiries, Complaints & Reports (ICRC)	<ul style="list-style-type: none">Quality Assurance CommitteeDiscipline Committee	<ul style="list-style-type: none">Patient Relations CommitteeFitness to Practise						

2025 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

V5: October 31, 2025

FRAME: FEBRUARY 20 & 21, 2025

BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA [IN CAMERA]	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / STAFF RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
		<p><u>NEW BOARD MEMBER ORIENTATION/BOARD MEMBER REFRESH AND CONTINUING EDUCATION</u></p> <ul style="list-style-type: none">• Module 1 – The Why of Policy Governance (by K. Fryday-Field, Meridian Edge)• The Essential Ingredients of Effective Governance• Critical Governance Principles/Practices of High Impact Boards/CMLTO Governance Approach• Communicate with and Act as Owner Representatives of a Broader Ownership Group (Ambassadorship, Stewardship, Ownership)• Build Strategic Foresight and Determine Desired Critical Outcomes• Scan the environment for trends, themes, disruptions for key Board learning to influence Board decision-making• Background and rationale for CMLTO Ends (Critical Outcomes Policies)• Protect the Organization Through Identifying and Governing Risk• Identify risk and set Executive Limitations and risk tolerances related to the Board ethics and prudence in achieving the Ends• Establish Clarity on the Board’s Role/Job<ul style="list-style-type: none">◦ Delegate the Work to the Registrar & CEO to Achieve the Desired Outcomes (Ends)◦ Ensure Organizational Accountability Through Evaluating/Monitoring Results and Risk Management Effectiveness◦ Evaluate Registrar & CEO performance in achieving results/outcomes through prudent and ethical means• Know the Board Job and Practice Board Discipline, Reflection, and Evaluation (Speak as One)<ul style="list-style-type: none">◦ Ensure Board Values are Clearly Articulated in Clear Written Policies◦ Only Govern What You Should and Not All That You Can◦ Critical governance behaviours and practices covering the critical components of Policy Governance and how these fit together as a governance system <p><u>NEW BOARD MEMBER ORIENTATION (cont’d)</u></p> <ul style="list-style-type: none">• Board Members’ Role & Responsibilities – Legal Perspective (Steinecke Maciura LeBlanc)• Relevant Government/Political Landscape<ul style="list-style-type: none">◦ Provincial Policy Directions and Impacts on Health Regulation• CMLTO EDI-J Principles and Rationale• Board Policy Champion Role and Duties• New Board Members will be provided with 2023 Discovery Reports <p><u>NEW COMMITTEE CHAIR ORIENTATION</u></p> <p><u>NEW BOARD CHAIR ORIENTATION</u></p> <ul style="list-style-type: none">• Orientation as required				

2025 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

V5: October 31, 2025

TIME FRAME: APRIL 7, 2025 (STRATEGIC PLANNING)						
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA [IN CAMERA]	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / STAFF RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
		<ul style="list-style-type: none">Board Dynamics and RelationshipsGovernance Scorecard Refresh Comprehensive DiscussionRisk Register				

2025 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

V5: October 31, 2025

TIME FRAME: MAY 26 & 27, 2025						
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA [IN CAMERA]	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / STAFF RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
<u>STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES</u> <ul style="list-style-type: none"> R/CEO Incidental Briefing Report <u>ENVIRONMENTAL SCANNING/DISCOVERY REPORTS</u> <ul style="list-style-type: none"> MLA/T Oversight Scanning Update CAMLPR Integration/ Professional Standards Update 		<u>REGULAR POLICY REVIEW</u> <ul style="list-style-type: none"> GP IV-10 Board Member Job Description GP IV-45.05 Board meeting Process and Minutes Policy <u>POLICY DEVELOPMENT</u> <ul style="list-style-type: none"> New Policy: Appointment of the Registrar & CEO <u>POLICY IMPLEMENTATION</u> <ul style="list-style-type: none"> Board Governance Scorecard Report Analysis (Q1) Academic Member Incidental Report – As Needed [Consent Agenda] Board Meeting to be Monitored/Evaluated by All Board Members (GP IV-70 Board Effectiveness Self-Evaluation) CMLTO Global Diversity, Equity & Inclusion Benchmark (GDEIB) Analysis (Deferred from December 2024) <u>BOARD ORIENTATION/EDUCATION/DEVELOPMENT</u> <u>Module 2 – Board Monitoring CEO/Organization Performance</u> <ul style="list-style-type: none"> Ensuring Ends are Achieved within Ethical/Prudent Means What makes up effective Board evaluation of CEO performance and why? Effective Board monitoring of CEO performance and the connection to Board decision-making <ul style="list-style-type: none"> What are the critical questions Boards should methodically ask regarding: <ul style="list-style-type: none"> Ends Monitoring Reports Executive Limitations Monitoring Reports Incidental R/CEO Reports What part of the Monitoring Process should be completed in public and what part in-camera? <ul style="list-style-type: none"> What are the transparency matters and the HR matters? 	<u>REGULAR POLICY REVIEW</u> <ul style="list-style-type: none"> BSR III-07 Unity of Control <u>SPECIAL POLICY REVIEW</u> <ul style="list-style-type: none"> BSR III-01 Overview of Board Staff Relationship <u>POLICY IMPLEMENTATION</u> <ul style="list-style-type: none"> Mid-Year Board (Executive Committee) R/CEO Performance Discussion (June) 	Board's Message in FOCUS <ul style="list-style-type: none"> CMLTO's purpose and regulatory mandate CMLTO's recent Ends (Critical Outcomes) Policies results and key achievements CMLTO's values – update on EDIJ progress MLT Registrants and MLA/T Voluntary Roster Affiliates and Non-Rostered MLA/Ts, Above public topics and specifically: <ul style="list-style-type: none"> Key systems issues CMLTO is addressing in regulation CMLTO's rostering program and MLA/T oversight agenda in the interest of public protection MLT Applicants Above public topics and specifically: <ul style="list-style-type: none"> Key systems issues CMLTO is addressing in regulation [in progress] 	<u>REGULAR R/CEO MONITORING REPORTS</u> <ul style="list-style-type: none"> R/CEO Ends Interpretation Update <u>ACHIEVEMENT & COMPLIANCE</u> <ul style="list-style-type: none"> Registrar & CEO Performance Tracking Through Monitoring Reports YTD 	<u>REGULAR R/CEO MONITORING REPORTS</u> <ul style="list-style-type: none"> EL II-10 Financial Planning and Budget Cycle EL II-11 Financial Condition Policy EL II-15 Asset Protection Policy EL II-40 Registrant Relations Policy EL II-70 Intellectual Property Policy <u>EXTERNAL REVIEW</u> <ul style="list-style-type: none"> EL II-11 Financial Condition Policy – External Financial Audit <u>ACHIEVEMENT & COMPLIANCE</u> <ul style="list-style-type: none"> Registrar & CEO Performance Tracking Through Monitoring Reports YTD

2025 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

V5: October 31, 2025

TIME FRAME: MAY 26 & 27, 2025						
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA [IN CAMERA]	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / STAFF RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
		<div>BOARD MONITORING OF BOARD POLICY COMPLIANCE</div> <div><div>GP IV-10 Board Member Job Description</div></div> <div>STATUTORY COMMITTEE MONITORING REPORTS</div> <div><div><div>Executive Committee</div><div>Registration Committee</div><div>Patient Relations Committee</div><div>Discipline Committee</div></div><div><div>Quality Assurance Committee</div><div>Inquiries, Complaints & Reports (I Committee</div><div>Fitness to Practise Committee</div></div></div> <td></td> <td><div>Employers</div><div>Above public topics and specifically:</div><div><div>CMLTO’s role in health human resources planning</div><div>How regulation and oversight work to ensure qualified, competent practitioners and public safety and quality</div><div>Why MLA/T oversight is key to the protection of public interest - Including why it is important for employers to engage in and support oversight and rostering of MLAT’s (what is in it for the employer’s interest?)</div><div>Education on “Mandatory Reporting” by employers to CMLTO</div><div>Approval of 2024 Annual Report. Report to include:<div><div>CMLTO’s purpose and regulatory mandate</div><div>CMLTO’s recent Ends (Critical Outcomes) Policies results and key achievements</div></div></div></div><div>CMLTO’s values – update on EDIJ progress</div></td> <td></td> <td></td>		<div>Employers</div> <div>Above public topics and specifically:</div> <div><div>CMLTO’s role in health human resources planning</div><div>How regulation and oversight work to ensure qualified, competent practitioners and public safety and quality</div><div>Why MLA/T oversight is key to the protection of public interest - Including why it is important for employers to engage in and support oversight and rostering of MLAT’s (what is in it for the employer’s interest?)</div><div>Education on “Mandatory Reporting” by employers to CMLTO</div><div>Approval of 2024 Annual Report. Report to include:<div><div>CMLTO’s purpose and regulatory mandate</div><div>CMLTO’s recent Ends (Critical Outcomes) Policies results and key achievements</div></div></div></div> <div>CMLTO’s values – update on EDIJ progress</div>		

2025 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

V5: October 31, 2025

TIME FRAME: MAY 26 & 27, 2025						
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA [IN CAMERA]	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / STAFF RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
				Q2 PERPETUAL LINKAGE PLAN <ul style="list-style-type: none">Community Advisory Group – Focus Group or questionnaire (May) [media outreach campaign instead of CAG]Focus group session (#1 in May or Jun) with those who may have been marginalized in this process in the past – through linking with committee groups who represent marginalized people [voluntary disclosure of whether part of equity-deserving group, access to laboratory services, feeling included in mandate and concept of public interest]Specific newsletter articles on topics to seek systemic input from MLT registrants (Apr, May, Jun)MLT Virtual Focus Group [in progress, recruiting participants scheduled for November]Two MLA/T Focus groups (1 rostered and 1 non-rostered) (Apr, May, Jun) [moved to 2026]Update Board information/education messages on website (Jun)		

2025 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

V5: October 31, 2025

TIME FRAME: SEPTEMBER 22 & 23 2025						
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA [IN CAMERA]	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / STAFF RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES <ul style="list-style-type: none"> R/CEO Incidental Briefing Report ENVIRONMENTAL SCANNING/DISCOVERY REPORTS <ul style="list-style-type: none"> MLA/T Oversight Scanning Update CAMLPR Integration/ Professional Standards Update HHR Framework 2025 CMLTO Board Elections Report - Update 	REGULAR POLICY REVIEW <ul style="list-style-type: none"> EL II-16 Vendor Relations Policy EL II-10 & EL II-11 (to be combined) POLICY IMPLEMENTATION <ul style="list-style-type: none"> EL II-10 Financial Planning and Budget Cycle Policy – Proposed 2026 CMLTO Budget & Surplus Report (Maggie to rearrange) 	POLICY DEVELOPMENT <ul style="list-style-type: none"> New Policy: Legal Review of Contracts and Agreements POLICY IMPLEMENTATION <ul style="list-style-type: none"> Board Governance Scorecard Report Analysis (Q2) Academic Member Incidental Report – As Needed [Consent Agenda] Report on Process to Launch 2025 Board Effectiveness Self-Evaluation (GP IV-70) May 2025 Board Meeting Effectiveness Evaluation Feedback Board Member Attendance at External events – Report As Needed Board Review of 2025 IBSA Work Plan Progress Updated CMLTO Risk Register Updated CMLTO Board Governance Scorecard CMLTO Board Competency Framework Global Diversity, Equity and Inclusion Benchmark Update BOARD ORIENTATION/EDUCATION/DEVELOPMENT Module 3 - Board Member Governing Financial Skills in the Context of CMLTO's Financial Model (live session with a pre-reading document) <ul style="list-style-type: none"> Key Questions Board Members Should Ask When Reviewing Financial Reports – Case Reviews BOARD MONITORING OF BOARD POLICY COMPLIANCE <ul style="list-style-type: none"> GP IV-10 Board Member Job Description GP IV-15 Role of Board Officers Policy GP IV-35.10 Developing and Maintaining the Board Policies Policy GP IV-45.05 Board Meeting Process and Minutes Policy GP IV-130 Board Mentor Program Policy GP IV-141 Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration Policy GP IV-150 Board Member Use of Social Media Policy STATUTORY COMMITTEE MONITORING REPORTS <ul style="list-style-type: none"> Executive Committee Inquiries, Complaints & Reports (ICRC) Committee Registration Committee Quality Assurance Committee 	POLICY IMPLEMENTATION Board Chair's Report on Mid-Year R/CEO Performance Discussion – Verbal Report – (In-camera)	<ul style="list-style-type: none"> Board's Message in FOCUS Q3 PERPETUAL LINKAGE PLAN <ul style="list-style-type: none"> Update Board information/education messages on website (Sep) Employer Focus Groups (Jul, Aug, Sep) 	REGULAR R/CEO MONITORING REPORTS <ul style="list-style-type: none"> HLP 3 – Effective Regulation with the Health System – Interim Report ACHIEVEMENT & COMPLIANCE Registrar & CEO Performance Tracking Through Monitoring Reports YTD	REGULAR R/CEO MONITORING REPORTS <ul style="list-style-type: none"> EL II-11 Financial Condition Policy EL II-12 Financial Audit & External Auditor Policy EL II-25 Human Resources Parameters EL II-80 Executive Succession Plan Policy ACHIEVEMENT & COMPLIANCE Registrar & CEO Performance Tracking Through Monitoring Reports YTD

2025 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

V5: October 31, 2025

TIME FRAME: NOVEMBER 21, 2025 (STRATEGIC PLANNING)						
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA [IN CAMERA]	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / STAFF RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
		<div>GP IV-70 CMLTO Board Effectiveness Evaluation Policy:</div> <ul style="list-style-type: none">Presentation of the 2025 External Evaluation of Board Effectiveness OutcomesBoard Discussion and Consideration of 2025 External Evaluation of Board Effectiveness OutcomesOverview of Artificial Intelligence: Opportunities, Risks, and Emerging TrendsAdvancing Responsible Artificial Intelligence at CMLTO: Strategy, Governance, and Implementation PlanElection of Interim Vice-Chair, Professional (TBC)				

2025 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

V5: October 31, 2025

TIME FRAME: DECEMBER 8 & 9, 2025						
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA [IN CAMERA]	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / STAFF RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES <ul style="list-style-type: none"> R/CEO Incidental Briefing Report ENVIRONMENTAL SCANNING/DISCOVERY REPORTS <ul style="list-style-type: none"> MLA/T Oversight Scanning Update CAMLPR Integration/ Professional Standards Update HHR Framework 2025 CMLTO Board Elections Report – Update Cybersecurity (TBD) Approval of CAMLPR MOU (between CAMLPR and CAMLPR Member Organizations) 	REGULAR POLICY REVIEW <ul style="list-style-type: none"> EL II-09 Investment Policy EL II-10 Financial Health Policy [deferred from September - EL II-10 & EL II-11 (to be combined)] 	REGULAR POLICY REVIEW <ul style="list-style-type: none"> GP IV-45.05 Board Meeting Process and Minutes Policy GP IV-35.02 Board & Committee Member Honoraria and Expenses POLICY IMPLEMENTATION <ul style="list-style-type: none"> Conduct Part 1 of the Planning for the 2026 Integrated Board Strategic Agenda/Work Plan Review of 2025 Board Effectiveness Self-Evaluation and Individual Board Member Assessment Results and Possible Actions – K. Fryday-Field Election of 2026 Board Officers GDIEB Report (Deferred to 2026) CMLTO Board Competency Framework Implementation Plan Step 2: Proposed Amendments to the CMLTO By-Law Prepare draft of selection of Board and Statutory Committee Chairs and Membership for approval by Board in February 2026 – prepared by the Executive Committee following the December Board meeting Board Governance Scorecard Report (Q3) Updated CMLTO Board Governance Scorecard Academic Member Incidental Report – As Needed Recognition of Board Members Completing Their Terms (H. Meaney, P. Curti, S. Pant) Board Meeting Evaluation by Board Meeting Monitor(s) BOARD ORIENTATION/EDUCATION/DEVELOPMENT Module 4 – Board Role/Dynamics/Culture/Development (15 min video for pre-circulation and a case study at the meeting) BOARD MONITORING OF BOARD POLICY COMPLIANCE <ul style="list-style-type: none"> GP IV-120 Board Member Attendance at External Events GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy GP IV-180 Board Use of Generative Artificial Intelligence Policy (deferred to 2026) STATUTORY COMMITTEE MONITORING REPORTS <ul style="list-style-type: none"> Executive Committee Registration Committee Quality Assurance Committee Discipline Committee Patient Relations Committee Fitness to Practise 	REGULAR POLICY REVIEW <ul style="list-style-type: none"> BSR III-20 Board Support of the Registrar & CEO Policy POLICY IMPLEMENTATION <ul style="list-style-type: none"> Registrar & CEO 2025 Performance Evaluation (Jan-Dec 2025) BOARD MONITORING OF BOARD POLICY COMPLIANCE <ul style="list-style-type: none"> III-25.05 Registrar & CEO Compensation Program: Structure and Administration Policy 	Board's Message in FOCUS PERPETUAL LINKAGE PLAN <ul style="list-style-type: none"> Update Board RE Public and MLT Focus Groups & 2026 planning 	REGULAR R/CEO MONITORING REPORTS <ul style="list-style-type: none"> HLP 1- Public Trust in Health Professions Regulation Monitoring Report HLP 2 – Accountable Professionals Monitoring Report HLP 3 – Effective Regulation with the Health System – Monitoring Report (Final/Update) Initial 2026 Registrar & CEO Ends Interpretation Direction <ul style="list-style-type: none"> Interactive Board Discussion on Alignment and Sufficiency of R/CEO Interpretation and Plan ACHIEVEMENT & COMPLIANCE <ul style="list-style-type: none"> Registrar & CEO Performance Tracking Through Monitoring Reports YTD 	REGULAR R/CEO MONITORING REPORTS <ul style="list-style-type: none"> EL II-09 Investment Policy EL II-11 Financial Condition Policy EL II-20 Signing Authority / Authorization of Expenditures Policy EL II-45 Communication & Support to Board Policy ACHIEVEMENT & COMPLIANCE <ul style="list-style-type: none"> Registrar & CEO Performance Tracking Through Monitoring Reports YTD

2025 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

V5: October 31, 2025

Support Themes for the Board’s Strategic Agenda/Work Plan

- 1) Board orientation hours have been condensed over the past two (2) years due to COVID pandemic pressures. The Board is requesting increased Board continuing education time to ensure sessions are not rushed, that full discussion can take place, and that there is time for case discussion, and applied learning.
 - Some “on-tap” learning using online videos, etc. will be used to re-enforce information and to make it available on an as needed basis.
- 2) The Board is committed to enhancing their knowledge, skills, and wisdom in evaluating Monitoring Reports of R/CEO Performance, focusing on effective questions, strategic synthesis of knowledge gained, and evaluation of alignment and sufficiency of progress.
- 3) The R/CEO presentation of Monitoring Reports can focus as the highlights and points that need discussion by the Board maximizing the use of the R/CEO-Board time to focus on evaluation and any action needed.
 - The Board is committed to read the detailed report in advance of the Board meeting.
- 4) The Board requests that the R/CEO continues to share updates between Board meetings where there are changes in significant forward movement on critical Ends issues or where matters related to changing risk in the environment takes place, e.g. changes in M/LAT regulation progress.
- 5) The Board is committed to move forward from its 2024 plan any items that it has not completed or which are in progress and which remain relevant. This plan has been set up accordingly.

COMPLETED	IN PROGRESS	NOT COMPLETED / TO DO	INPUTS TO CMLTO STRATEGIC DIRECTIONS (ENDS CRITICAL OUTCOMES) REFRESH PROCESS
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2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: FEBRUARY 12 & 13, 2026						
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / CEO RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
<u>STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES</u>	<u>REGULAR POLICY REVIEW</u>	<u>REGULAR POLICY REVIEW</u>	<u>REGULAR POLICY REVIEW</u>	• Board's Message in FOCUS	<u>REGULAR R/CEO MONITORING REPORTS</u>	<u>REGULAR R/CEO MONITORING REPORTS</u>
• Registrar & CEO Incidental Briefing Report	N/A	• GP IV-20 Statutory and Board Committee Principles Policy • GP IV-130 Board Mentor Program Policy	N/A	• Board Planning on the Careholdership Linkage Plan for 2026 and beyond	N/A	• BL 8-10 Financial Health Policy • BL 8-50 Corporate Identity /Communications and Public Image Policy
<u>ENVIRONMENTAL SCANNING/DISCOVERY REPORTS</u>		<u>POLICY IMPLEMENTATION</u>	<u>POLICY IMPLEMENTATION</u>		<u>ACHIEVEMENT & COMPLIANCE</u>	<u>ACHIEVEMENT & COMPLIANCE</u>
•MLIA/T Oversight Scanning Update • EAMLPN Integration/ Professional Standards Update		• Board Governance Scorecard Report Analysis (Q4-2025) • Board Policy Champion Assignments for 2026 • Board Chair Incidental Report • Academic Member Incidental Report • Board Member Attendance at External Events - Report As Needed • Board Mentor Program Report to Board (GP IV-130) –As Needed - (L. Lan, A. Chan, N. Clark) • Executive Committee Recommendations for Composition of 2026 Board CMLTO Statutory Committees • Planning for Board Generative / Strategic Directions Planning Session (For April Meeting) • Planning Part 2 for 2026 Integrated Board Strategic Agenda (Finalizing the IBSA for 2026) • Board Review of 2025 IBSA Work Plan Progress • Review and Approval of 2026 Board Goals <u>NEW BOARD MEMBER ORIENTATION/BOARD MEMBER REFRESH AND CONTINUING EDUCATION</u> <u>Module 1 – The Why of Policy Governance (By K. Fryday-Field, Meridian Edge)</u> • The Essential Ingredients of Effective Governance • Critical Governance Principles/Practices of High Impact Boards/CMLTO Governance Approach • Communicate with and Act as Owner Representatives of a Broader Ownership Group (Ambassadorship, Stewardship, Ownership) • Build Strategic Foresight and Determine Desired Critical Outcomes • Scan the environment for trends, themes, disruptions for key Board learning to influence Board decision-making • Background and rationale for CMLTO Ends (Critical Outcomes Policies) • Protect the Organization Through Identifying and Governing Risk • Identify risk and set Executive Limitations and risk tolerances related to the Board ethics and prudence in achieving the Ends • Establish Clarity on the Board's Role/job ◦ Delegate the Work to the Registrar & CEO to Achieve the Desired Outcomes (Ends) ◦ Ensure Organizational Accountability Through Evaluating/Monitoring Results and Risk Management Effectiveness ◦ Evaluate Registrar & CEO performance in achieving results/outcomes through prudent and ethical means • Know the Board Job and Practice Board Discipline, Reflection, and Evaluation (Speak as One) ◦ Ensure Board Values are Clearly Articulated in Clear Written Policies ◦ Only Govern What You Should and Not All That You Can ◦ Critical governance behaviours and practices covering the critical components of Policy • Board Members' Role & Responsibilities – Legal Perspective (Steinecke Maciura LeBlanc) • Relevant Government/Political Landscape ◦ Provincial Policy Directions and Impacts on Health Regulation • CMLTO EDI-J Principles and Rationale • Board Policy Champion Role and Duties • New Board Members will be provided with 2023 Discovery Reports <u>NEW COMMITTEE CHAIR ORIENTATION</u> <u>NEW BOARD CHAIR ORIENTATION</u> • Orientation as required <u>BOARD MONITORING OF BOARD POLICY COMPLIANCE</u> • No policies assigned for this meeting <u>STATUTORY COMMITTEE MONITORING REPORTS</u> • Monitoring Reports from Statutory Committees that had a meeting during the reporting period	• Registrar & CEO 2026 Performance Evaluation Report (Jan-Dec 2025) <u>BOARD MONITORING OF BOARD POLICY COMPLIANCE</u> • No policies assigned for this meeting	• Registrar & CEO Performance Tracking Through Monitoring Reports YTD	•Registrar & CEO Performance Tracking Through Monitoring Reports YTD	



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: APRIL 13, 2026 (ADDITIONAL TOPICS TO BE DETERMINED)						
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / CEO RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
		<u>POLICY IMPLEMENTATION</u> Governance Modernization •BP 14-70 CMLTO Board Effectiveness Evaluation Policy: 2025 External Evaluation of Board Effectiveness Outcomes & Recommendations •Board Discussion and Consideration of Learnings from the 2025 Govern for Impact Annual Learning Conference Global Diversity, Equity and Inclusion Benchmark Refreshing CMLTO Values				



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: MAY 25 & 26, 2026						
BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / CEO RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
<u>STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES</u>	<u>REGULAR POLICY REVIEW</u>	<u>REGULAR POLICY REVIEW</u>	<u>REGULAR POLICY REVIEW</u>	• Board's Message in FOCUS • Approval of 2025 CMLTO Annual Report	<u>REGULAR R/CEO MONITORING REPORTS</u>	<u>REGULAR R/CEO MONITORING REPORTS</u>
• Registrar & CEO Incidental Briefing Report	• BL II-25 Human Resources Parameters Policy	• BP IV-50.10 Board Monitoring System Policy • BP IV-80 Board Code of Conduct, Confidentiality, and Conflict of Interest Policy • GP IV-166 Government Relations Policy	• BCR III-04 Registrar & CEO Position Policy • BCR III-05 Registrar & CEO Job Products Policy		• Registrar & CEO Performance Tracking Through Monitoring Reports YTD • 2026 Registrar & CEO Ends Interpretation - Update	• EL II-10 Financial Health Policy • EL II-16 Vendor Relations Policy
<u>ENVIRONMENTAL SCANNING/DISCOVERY REPORTS</u>		<u>POLICY IMPLEMENTATION</u>	<u>POLICY IMPLEMENTATION</u>		<u>ACHIEVEMENT & COMPLIANCE</u>	<u>EXTERNAL REVIEW</u>
• MIA/T Oversight Scanning Update • EAMLPRI Integration/ Professional Standards Update • Bupdate on CMLTO CPAP Report Submission to Ministry		• Board Governance Scorecard Report Analysis (Q1-2026) • Updated Board Policy Champion Assignments for 2026 - As Needed • Board Chair Incidental Report • Academic Member Incidental Report • Board Member Attendance at External Events - Report As Needed • Board Mentor Program Report to Board (GP IV-130) - As Needed • Academic Member Incidental Report • Board Chair Incidental Report • Board Member Attendance at External events Report - As Needed • Board Mentor Program Report to Board (GP IV-130) -- As Needed • Board Meeting to be Monitored / Evaluated by All Board Members (GP IV-70 Board Effectiveness Self-Evaluation Policy) • Appointment of Auditor for Fiscal Year 2026 <u>BOARD ORIENTATION/EDUCATION/DEVELOPMENT</u> <u>Module 2 – Board Monitoring CEO/Organization Performance</u> • Ensuring Ends are Achieved within Ethical/Prudent Means • What makes up effective Board evaluation of CEO performance and why? • Effective Board monitoring of CEO performance and the connection to Board decision-making <ul style="list-style-type: none">o What are the critical questions Boards should methodically ask regarding:<ul style="list-style-type: none">• Ends Monitoring Reports• Executive Limitations Monitoring Reports• Incidental R/CEO Reportso What part of the Monitoring Process should be completed in public and what part in-camera?<ul style="list-style-type: none">• What are the transparency matters and the HR matters?	• Mid-Year Board (Executive Committee) Registrar & CEO Performance Discussion (June) <u>BOARD MONITORING OF BOARD POLICY COMPLIANCE</u> • No policies assigned for this meeting	• Registrar & CEO Performance Tracking Through Monitoring Reports YTD	• EL II-10 Financial Health External Review Policy <u>ACHIEVEMENT & COMPLIANCE</u> • Registrar & CEO Performance Tracking Through Monitoring Reports YTD	
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2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: SEPTEMBER 14 & 15, 2026

BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / CEO RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES <ul style="list-style-type: none"> • Registrar & CEO Incidental Briefing Report • B-I-01 Ends (Critical Outcomes) Policies for 2024 to 2026/2027 	REGULAR POLICY REVIEW <ul style="list-style-type: none"> • BL 9-12 Financial Audit and External Auditors Policy • BL 9-80 Executive Succession Plan Policy 	REGULAR POLICY REVIEW <ul style="list-style-type: none"> • GP IV-170 Emergency Class of Registration Policy 	REGULAR POLICY REVIEW N/A	<ul style="list-style-type: none"> • Board's Message in FOCUS 	REGULAR B/CEO MONITORING REPORTS <ul style="list-style-type: none"> • RLP 3 Effective Regulation with the Health System 	REGULAR B/CEO MONITORING REPORTS <ul style="list-style-type: none"> • BL 9-10 Financial Health Policy • BL 9-12 Financial Audit & External Auditor Policy • EL 9-25 Human Resources Parameters Policy • BL 9-35 Staff Conduct and Transparency Policy • EL 9-80 Executive Succession Policy
ENVIRONMENTAL SCANNING/DISCOVERY REPORTS <ul style="list-style-type: none"> • BM/A/T Oversight Scanning Update • EAMALPR Integration/ Professional Standards Update • HHR Framework • 2026 CMLTO Board Elections Report - Update 		POLICY IMPLEMENTATION <ul style="list-style-type: none"> • Board Governance Scorecard Report Analysis (Q2-2026) • Updated Board Policy Champion Assignments for 2026 - As Needed • Board Chair Incidental Report • Academic Member Incidental Report • Board Member Attendance at External Events - Report As Needed • Board Mentor Program Report to Board (GP IV-130) - As Needed • Report on Process to Launch 2026 Board Effectiveness Self-Evaluation (GP IV-70) • May 2026 Board Meeting Effectiveness Evaluation Feedback • Board Review of 2026 IBSA Work Plan Progress • Global Diversity, Equity and Inclusion Benchmark Update 	POLICY IMPLEMENTATION <ul style="list-style-type: none"> • Board Chair's Report on Mid-Year B/CEO Registrar & CEO Performance Discussion - Verbal Report - (in-camera) 		ACHIEVEMENT & COMPLIANCE <ul style="list-style-type: none"> • Registrar & CEO Performance Tracking Through Monitoring Reports YTD 	ACHIEVEMENT & COMPLIANCE <ul style="list-style-type: none"> • Registrar & CEO Performance Tracking Through Monitoring Reports YTD
		BOARD ORIENTATION/EDUCATION/DEVELOPMENT Module 3 - Board Member Governing Financial Skills in the Context of CMLTO's Financial Model (live session with a pre-reading document) <ul style="list-style-type: none"> • Key Questions Board Members Should Ask When Reviewing Financial Reports - Case Reviews 	BOARD MONITORING OF BOARD POLICY COMPLIANCE <ul style="list-style-type: none"> • GP IV-70 CMLTO Board Effectiveness Evaluation • GP IV-150 Board Member Use of Social Media 			
		STATUTORY COMMITTEE MONITORING REPORTS <ul style="list-style-type: none"> • Monitoring Reports from Statutory Committees that had a meeting during the reporting period 				



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: SEPTEMBER 14 & 15, 2026

BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / CEO RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES <ul style="list-style-type: none"> • Registrar & CEO Incidental Briefing Report • B-I-01 Ends (Critical Outcomes) Policies for 2024 to 2026/2027 	REGULAR POLICY REVIEW <ul style="list-style-type: none"> • BL 9-12 Financial Audit and External Auditors Policy • BL 9-80 Executive Succession Plan Policy 	REGULAR POLICY REVIEW <ul style="list-style-type: none"> • GP IV-170 Emergency Class of Registration Policy 	REGULAR POLICY REVIEW N/A	<ul style="list-style-type: none"> • Board's Message in FOCUS 	REGULAR B/CEO MONITORING REPORTS <ul style="list-style-type: none"> • RLP 3 Effective Regulation with the Health System 	REGULAR B/CEO MONITORING REPORTS <ul style="list-style-type: none"> • BL 9-10 Financial Health Policy • BL 9-12 Financial Audit & External Auditor Policy • EL 9-25 Human Resources Parameters Policy • BL 9-35 Staff Conduct and Transparency Policy • EL 9-80 Executive Succession Policy
ENVIRONMENTAL SCANNING/DISCOVERY REPORTS <ul style="list-style-type: none"> • BM/A/T Oversight Scanning Update • EAMALPR Integration/ Professional Standards Update • HHR Framework • 2026 CMLTO Board Elections Report - Update 		POLICY IMPLEMENTATION <ul style="list-style-type: none"> • Board Governance Scorecard Report Analysis (Q2-2026) • Updated Board Policy Champion Assignments for 2026 - As Needed • Board Chair Incidental Report • Academic Member Incidental Report • Board Member Attendance at External Events - Report As Needed • Board Mentor Program Report to Board (GP IV-130) - As Needed • Report on Process to Launch 2026 Board Effectiveness Self-Evaluation (GP IV-70) • May 2026 Board Meeting Effectiveness Evaluation Feedback • Board Review of 2026 IBSA Work Plan Progress • Global Diversity, Equity and Inclusion Benchmark Update 	POLICY IMPLEMENTATION <ul style="list-style-type: none"> • Board Chair's Report on Mid-Year B/CEO Registrar & CEO Performance Discussion - Verbal Report - (in-camera) 		ACHIEVEMENT & COMPLIANCE <ul style="list-style-type: none"> • Registrar & CEO Performance Tracking Through Monitoring Reports YTD 	ACHIEVEMENT & COMPLIANCE <ul style="list-style-type: none"> • Registrar & CEO Performance Tracking Through Monitoring Reports YTD
		BOARD ORIENTATION/EDUCATION/DEVELOPMENT Module 3 - Board Member Governing Financial Skills in the Context of CMLTO's Financial Model (live session with a pre-reading document) <ul style="list-style-type: none"> • Key Questions Board Members Should Ask When Reviewing Financial Reports - Case Reviews 	BOARD MONITORING OF BOARD POLICY COMPLIANCE <ul style="list-style-type: none"> • GP IV-70 CMLTO Board Effectiveness Evaluation • GP IV-150 Board Member Use of Social Media 			
		STATUTORY COMMITTEE MONITORING REPORTS <ul style="list-style-type: none"> • Monitoring Reports from Statutory Committees that had a meeting during the reporting period 				

TIME FRAME: DECEMBER 7 & 8, 2026



College of Medical
Laboratory Technologists
of Ontario

Support Themes for the Board's Strategic Agenda/Work Plan

- 1) Some "on-tap" learning using online videos, etc. will be used to re-enforce information and to make it available on an as needed basis.
- 2) The Board is committed to enhancing their knowledge, skills, and wisdom in evaluating Monitoring Reports of R/CEO Performance, focusing on effective questions, strategic synthesis of knowledge gained, and evaluation of alignment and sufficiency of progress.
- 3) The Registrar & CEO presentation of Monitoring Reports can focus as the highlights and points that need discussion by the Board maximizing the use of the R/CEO-Board time to focus on evaluation and any action needed.
 - The Board is committed to read the detailed report in advance of the Board meeting.
- 4) The Board requests that the Registrar & CEO continues to share updates between Board meetings where there are changes in significant forward movement on critical Ends issues or where matters related to changing risk in the environment takes place, e.g. changes in M/LAT regulation progress.
- 5) The Board is committed to move forward from its 2025 plan any items that it has not completed or which are in progress and which remain relevant. This plan has been set up accordingly.

LEGEND

✓ - COMPLETED

✗ - NOT COMPLETED

▷ IN PROGRESS

✗ - INPUTS TO CMLTO STRATEGIC DIRECTIONS (ENDS CRITICAL OUTCOMES) REFRESH PROCESS



Key Trends Shaping Modern Governance in 2026

1) Purpose-Driven, Outcome-Focused, and Forward-Looking Governance

Boards will face growing expectations to clearly articulate the purpose of the organization and to demonstrate measurable, valued outcomes. High-performing Boards will increasingly use advanced analytics and evidence dashboards to understand organizational results and ensure accountability for impact and return on investment. Purpose clarity becomes a differentiator and a strategic compass.

2) Equity, Diversity, Inclusion, and Justice (EDIJ) as Core Governance Practice

EDIJ considerations will be deeply integrated into governance systems—not as an initiative but as a foundational expectation. Boards will refine policies to address structural and institutional biases, support inclusive decision-making, and ensure that the lived experiences of diverse communities are reflected at the governance table. EDIJ indicators will become standard elements of governance reporting, with implications for regulatory oversight, registrant expectations, and public trust.

3) ESG Strategy as a Primary Governance Responsibility

Environmental, Social, and Governance considerations will be treated as essential components of long-term value creation. Boards will be expected to understand the organization's environmental footprint, social impact, and governance integrity—and to demonstrate active ESG stewardship. Careholders and regulators will increasingly evaluate organizational performance against ESG criteria.

4) Expansive Stakeholder (Careholder) Engagement

Boards will broaden their understanding of who their Careholdership and stakeholders (interested parties) are and how to meaningfully engage them. Transparent communication, community interaction, and ongoing dialogue with beneficiaries, registrants, employees, and broad and sub-set communities will become key signals of governance quality and purpose relevance.

5) Elevated Focus on Board Effectiveness and Evaluation

Effective governance will rely on disciplined evaluation processes. Annual, mid-term, and meeting-specific evaluations will become more common. Continuous learning and governance development programs will be deemed essential for Board readiness, including for Chairs and Board Committee leaders.

6) Regulatory Compliance, Integrity, and Ethical Board Leadership



Boards will face heightened expectations for ethical leadership, independence, and principled decision-making. This includes more rigorous oversight of organizational behavior and a stronger emphasis on Board leader character, decision-making integrity, and ethical culture.

7) Organizational Resilience, Scenario Planning, and Crisis Readiness

Boards will strengthen their forward-looking risk posture. Scenario planning, early warning systems, stress-testing strategies, and resilience planning will be integrated into governance processes and structures. Boards will be expected to anticipate disruption rather than only respond to it.

8) Evolving Board Dynamics

Boards will continue to operate in a hybrid environment, balancing in-person and virtual engagement. The challenge will be maintaining trust, connection, and robust dialogue in multi-modal settings. Board Chairs will play an increasingly important role in cultivating relational capital and psychological safety.

9) Agile Governance

Governance systems will evolve to be more adaptive, enabling Boards to address rapidly changing environments with more flexibility, real-time learning, and streamlined decision-making processes. Agile principles will begin appearing in Board governance frameworks and Board work planning cycles.

10) Cybersecurity, Digital Integrity, and Data Ethics

Cyber threats will continue to escalate, making cybersecurity governance a non-negotiable Board competency. Boards will invest in cyber literacy, third-party assurance, and oversight mechanisms to ensure organizational resilience and protection of personal and organizational data.

11) Digital Governance Ecosystems and Intelligent Board Tools

Boards will expand their use of secure digital platforms for Board materials, governance analytics, and communication. AI-enabled dashboards, digital Board policy manual, and integrated decision-support tools will become common. Virtual governance environments will mature significantly.

12) The Rise of AI and Cognitive Technologies in the Boardroom

Artificial intelligence will increasingly support risk assessment, environmental scanning, trend forecasting, and Board analytics. Boards will use AI as a strategic partner, while also navigating emerging issues such as AI ethics, fairness, transparency, and the responsible use of data.



Emerging Governance Trends Expected to Accelerate in 2026 – the 2026 Governance Landscape

Modern governance in 2026 is defined by clarity of purpose, intelligent use of technology, disciplined risk oversight, strong ethical leadership, and a deep commitment to human-centred and inclusive governance models. Boards will need to be adaptable, courageous, data-informed, and future-oriented—prepared to govern organizations that operate in a world of increasing speed, complexity, and expectation.

These additional trends reflect what Boards will likely encounter as 2026 governance systems mature:

13) Human-Centred Governance and Leadership Character

Boards will place greater emphasis on the human elements of governance—well-being, trust, character, courage, humility, wisdom, and relational intelligence. Leader character frameworks will increasingly appear in competency matrixes, Chair development, and Board evaluation.

14) Inter-Regulatory Collaboration and System-Level Governance

Governments and regulatory bodies will increasingly expect collaboration across sectors, leveraging shared intelligence, consistent standards, joint responses to risk, and collective learning. “System governance” will become a defining concept in health and other regulated sectors.

15) Transparency 2.0: Radical Openness

Public expectations for transparency will intensify. Boards will move from “annual reporting” to more continuous and proactive transparency—publishing decisions, rationales, dashboards, data insights, and performance updates in near real time.

16) Governance of Digital Trust, Misinformation, and Social Narrative

Boards will be increasingly responsible for the organization’s credibility in an era of misinformation and public distrust. Digital trust, authenticity, and use of proactive narrative will become core governance responsibilities.

17) Climate Adaptation and Sustainability Regulation

Climate considerations will evolve from “ESG reporting” to active climate adaptation planning, sustainability oversight, and regulatory compliance. Most Boards, especially for-Impact Boards will be challenged for the first time to consider implication of climate risk for their organization and its ecosystem. Boards will need to consider how to be accountable for overseeing



organizational responses to climate risk, environmental obligations, and ecosystem impacts, including those who are not in the direct climate influence sectors.

18) Competency-Based Board Membership and Modern Governance Talent Pipelines

Regulators and governance bodies will continue moving toward small, highly skilled, competency-based Boards. Recruitment will increasingly focus on governance literacy, ethical judgment, risk acumen, systems thinking, and ability to lead in complexity.

Regulatory Governance Trends

Right-Touch Regulation

Regulatory Boards are being asked to regulate proportionately—to intervene only to the degree necessary based on risk, evidence, and public protection. This requires ongoing evaluation of risk environments and a shift away from punitive responses toward preventative, educational, and risk-aligned regulatory actions.

Role Clarity and Modern Delegation

Regulatory Boards continue to move away from hands-on operational involvement, particularly in complaints, discipline, and case adjudication. Boards are expected to govern through policy, steer strategic direction, and delegate clearly—with disciplined monitoring to ensure accountability without micromanagement.

Strengthening Governance Processes and Structures

Key governance continuance improvement themes include:

- Small, competency-based, skilled regulatory Boards,
- Reduction or elimination of Executive Committees which hold significant decision-making powers,
- Parity between public and professional members,
- Independence of adjudicative regulatory functions,
- Elevated expectations for purpose-aligned governance and accountability,
- More frequent, higher-quality, generative Board conversations,
- Continuous education for Board Members,
- Stronger governance culture and character leadership profiles,
- Rigorous, ongoing Board and committee evaluation,
- Integration of ESG, EDIJ, and risk intelligence into oversight.

ESG Influence on Regulatory Decision-Making



Regulators will need to balance public protection imperatives with broader social and environmental expectations. This includes equity and justice lenses, and the social impact of regulatory decisions.

Public Interest as the Core Determinant

Governments, the public, and the media will demand evidence that Board decisions are consistently aligned with the public interest—not professional protectionism. The tolerance for Boards influenced by internal profession-driven agendas will continue to decline.

Shaping the Regulatory Voice

Regulators will find themselves operating in a noisier, more scrutinized environment. Media pressure, political visibility, and social media influence will grow. Boards will need disciplined communication strategies, clear positioning, data-supported messaging, and active engagement to shape the public narrative—and to reinforce the principles of compassionate, fair, “just culture” regulation.

Karen Fryday-Field, BScPT, MCPA, MBA, GSP
CEO and Senior Consultant
Meridian Edge Leadership & Governance Consulting



AGENDA ITEM 7.0

7.0	ENDS POLICY DEVELOPMENT & IMPLEMENTATION
7.1	Memorandum of Understanding Between CAMLPR and CMLTO



Briefing Report to Board of Directors

Date : November 24, 2025

From : John Tzountzouris, Registrar & CEO

Subject : Memorandum of Understanding Between CAMLPR and CMLTO

Report Purpose:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Board Policy | |
| <input type="checkbox"/> Development/Enhancement | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST RATIONALE:

The CMLTO serves the public interest through achievement of the CMLTO Ends (Critical Outcomes) Policies, which are developed by the Board of Directors to ensure safe medical laboratory technology practice and high-quality healthcare in Ontario.

Specifically, the Board's Ends (Critical Outcomes) Policies ensure that the CMLTO maintains the highest standards of fairness, independence, and accountability in its registration practices, and positively influences effective regulation and health care policy decisions through collaboration, relationship building, and partnerships.

By formally clarifying roles, responsibilities, and expectations between third-parties providing services to the CMLTO in support of Ends (Critical Outcomes) Policy achievement through a Board-directed framework, the CMLTO strengthens transparency, protects impartial decision-making, and ensures that national regulatory practices continue to meet the needs of the province while upholding the public interest.



Recommended Motion

That the Board moves to approve the Memorandum of Understanding between the Canadian Alliance of Medical Laboratory Professional Regulators (CAMLPR) and the College of Medical Laboratory Technologists of Ontario (CMLTO), as presented.

BACKGROUND

Regulatory bodies in Canadian provinces are responsible for registering (licensing) medical laboratory technologists. These organizations establish standards for education, clinical experience, competency, and continuing professional education, ensuring that only qualified individuals can practice in the field. The registration process includes an evaluation of applicant credentials and assessment of their competence and knowledge before individuals can begin their employment as medical laboratory technologists.

The Canadian Alliance of Medical Laboratory Professional Regulators (CAMLPR) was founded in 2011 and incorporated under the Not-For-Profit Corporations Act in 2018. CAMLPR is comprised of statutory regulatory bodies ("Colleges") of the medical laboratory technology profession in Canada.

The role of CAMLPR is to establish standards for knowledge, skills, and judgement in the practice of medical laboratory technology. CAMLPR is focused is on fair, efficient, effective, ethical, transparent, and inclusive regulatory approaches, and practices for medical laboratory professional regulation across Canada.

The Board of Directors provides leadership to CAMLPR and is responsible for providing strategic direction, setting organizational policies, and ensuring accountability, under the Policy Governance system of governance. The Board is comprised of one representative (the Registrar / Executive Director / CEO) from each member (province) organization of CAMLPR. CAMLPR is accountable to its member organizations, the professional regulatory authorities for MLTs. Each regulatory authority has a Board / Council that includes professional and public representatives. To serve and protect the public, these Boards establish standards for registration, quality assurance and professional conduct.

In 2020, CAMLPR, with the support of grant funding from the Government of Canada, undertook steps to enhance the registration of medical laboratory technologists (MLTs). Both Government of Canada funded projects were successfully completed, and prior learning assessments and process, and entry to practice assessments in eight (8) fields of practice are in development. As a



result, the CAMLPR Board of Directors approved the fields of practice competency profiles in June 2024 for all applicants for registration across Canada. This decision also enabled the development of prior learning assessments and entry to practice assessments, which will be required for all internationally-educated MLTs starting in November 2025, and for all applicants for registration across Canada starting in March 2026.

The decision for CAMLPR to provide these services to the MLT Regulatory Colleges means that CAMLPR has undergone a transformational journey from being a member-driven, representative organization, to a service delivery organization.

ISSUE

As part of this organizational transformation, it was identified that a conflict of interest may arise in the situation where the provincial regulatory body, as a member organization, is both a client of CAMLPR, and a voting participant in the governance of CAMLPR, at it provides member organizations with pre-registration services. The risks associated with this governance arrangement include:

- Member organizations rely on CAMLPR for prior learning assessment and examination services. At the same time, Registrars from member organizations are members of the CAMLPR Board of Directors, whose job is to make decisions about those same services—pricing, delivery standards, policies, and future development. This dual role can potentially be, or be seen, to compromise the objectivity expected of a regulator.
- As a Board member, the member organization representative can potentially directly influence decisions that benefit their own province, such as influencing service fees, prioritizing services their province needs, shaping assessment standards, and negotiating service terms. Therefore, even if unintended, Board decisions could be perceived as favoring the needs of one province over others, undermining trust.
- Provincial regulatory bodies must make impartial decisions about applicants. If the same body is involved in governing the organization that designs assessments used for registration, observers may question whether the regulatory body is too closely aligned with the service provider to act independently. This public perception of bias is itself a potential conflict of interest, even if no wrongdoing occurs.

The CMLTO Ends (Critical Outcomes) Policies explicitly state that the Registrar & CEO must:



- Collaborate within the health regulatory sector;
- Support and positively influence regulatory practice and policy; and
- Ensure that national regulatory policies and practices are high-quality and meet its needs as a member organization.

Since CAMLPR plays a direct and substantial role in creating national regulatory standards, the relationship between CAMLPR and the CMLTO is integral to achieving the CMLTO Ends (Critical Outcomes) Policies.

CMLTO cannot meet its Ends (Critical Outcomes) Policies if the CMLTO's role as a Board member of CAMLPR and service recipient of CAMLPR are left unaddressed.

In discussion with Julie Maciura, SML Law, it was recommended that a formal framework clarifying expectations, information flow, confidentiality, standards, or boundaries be created, and approved by the CMLTO Board of Directors. This approach is congruent with the experiences of SML Law with other health professionals who have undertaken a similar arrangement and approach.

If the relationship described above is not clearly managed, the CMLTO risks undermining its own Ends (Critical Outcomes) Policies, making this inherently a Board-level matter. An MOU is a governance tool that addresses the issues raised as a structural mechanism (not an operational nicety) to ensure the Ends (Critical Outcomes) Policies can be achieved reliably, ethically, and without conflict.

RECOMMENDED APPROACH

As recommended by independent legal counsel (SML Law), the relationship between CAMLPR and CMLTO, as described in this briefing report, should be addressed by way of a memorandum of understanding since the effectiveness, credibility, and fairness of national regulatory services provided by CAMLPR directly influence the CMLTO's ability to fulfill its Ends (Critical Outcomes) Policies as a matter of Ends-level governance, not merely operational management.

An MOU of this nature protects the CMLTO from **governance conflicts** that could impede achievement of its Ends (Critical Outcomes) Policies. The proposed memorandum of understanding presented in Appendix 1 aligns the relationship between CAMLPR and the CMLTO with the broad outcomes defined by the CMLTO Ends (Critical Outcomes) Policies.



APPENDICES

Appendix 1 – Draft Proposed Memorandum of Understanding between CAMLPR and CMLTO

MEMORANDUM OF UNDERSTANDING

between

**CANADIAN ALLIANCE OF MEDICAL LABORATORY
PROFESSIONALS REGULATORS /
L'ALLIANCE CANADIENNE DES ORGANISMES DE
REGLEMENTATION DES PROFESSIONNELS DE
LABORATOIRE MEDICAL
("CAMLPR")**

- and -

**COLLEGE OF MEDICAL LABORATORY
TECHNOLOGISTS OF ONTARIO ("Regulatory
Authority")**

Definitions

For the purposes of this agreement, the term "Confidential Information" means any knowledge, data, information, or documents related to the business activities, products, services, operations, or internal affairs of CAMLPR that are confidential, proprietary, or not publicly known, and that are disclosed by CAMLPR to the Regulatory Authority, or otherwise made available to the Regulatory Authority by CAMLPR, or to which the Regulatory Authority otherwise has access, obtains, or becomes aware of through its role as a director or in connection with that role, regardless of the form, format, medium, or method of communication, whether written, oral, visual, electronic, or otherwise.

1. CAMLPR's Board of Directors is composed of senior leaders of Regulatory Authorities in accordance with Article 5 of the CAMLPR by-laws ("Directors"). Directors have competing fiduciary obligations to both CAMLPR and the Regulatory Authority at which they are employed.
2. The purpose of this Memorandum of Understanding (MOU) is to articulate a shared understanding of how some of those fiduciary obligations (namely the duty of confidentiality and the duty to avoid conflicts of interest) will be managed in a manner that is acceptable to all parties.
3. The CAMLPR Directors principally set policy for CAMLPR and make recommendations to Regulatory Authorities. As CAMLPR moves to establish committees that will assess, evaluate, or engage in similar activities with respect to the qualifications and competencies of individuals, its board of directors will have a different role than that contemplated in Article 5.11 of the current CAMLPR by-laws. In particular, the Directors will oversee the effectiveness and performance of those committees at a high level. Directors agree that

they will generally not have access to information about individuals being assessed, evaluated, or subject to similar process by a CAMLPR committee.

4. While the CAMLPR board will be transparent with Regulatory Authorities about its activities, CAMLPR information will be disclosed in a consistent and structured manner.
5. The Directors will not disclose to their Regulatory Authority confidential CAMLPR information outside of CAMLPR-approved disclosure protocols. The Directors will obtain agreement from their Regulatory Authority that they will not be seen to be in breach of their fiduciary duty to their Regulatory Authority by honouring this commitment.
6. Directors will not disclose confidential Regulatory Authority information outside of the disclosure protocols approved by their Regulatory Authority. CAMLPR agrees that Directors will not be seen to be in breach of their fiduciary duty to CAMLPR by honouring this commitment.
7. These mutual duties of confidentiality are subject to any requirement in law to disclose information (e.g., pursuant to a summons or a mandatory reporting or disclosure provision).
8. CAMLPR agrees that where an issue comes before a Regulatory Authority in which CAMLPR has an interest or position, their Director can communicate that interest or position to the Regulatory Authority. However, the Director will participate in the Regulatory Authority's activities, discussions and votes (where they have one) by exercising only their honest and good faith views including where those views are different from CAMLPR's interest or position. In doing so they will not be seen to be in breach of their fiduciary duty to CAMLPR by honouring this commitment.
9. These conflict-of-interest agreements relate only to competing fiduciary obligations of Directors to both CAMLPR and their Regulatory Authority. Other conflict of interest duties (e.g., not having a personal interest in a decision such as described in Article 9 of the CAMLPR by-laws) remain in full force and effect.
10. CAMLPR understands that Regulatory Authorities have obligations under their enabling legislation to ensure that their registration practices are transparent, objective, impartial and fair and that any third-party providers, like CAMLPR, are accountable for meeting those standards. CAMLPR also understands that applicants for registration before Regulatory Authorities have the right to engage in legal processes where information about any assessment, evaluation, or similar action undertaken by a committee of CAMLPR is relevant evidence in that legal process. CAMLPR agrees to take all reasonable measures to ensure that Regulatory Authorities can fulfill these obligations and has the necessary evidence to support their registration activities.
11. The parties agree to try to resolve issues or disagreements relating to this MOU amicably and through collaborative negotiation and problem-solving. The parties commit to utilizing best efforts to address and resolve issues or disagreements to the satisfaction of all parties.

12. The parties agree to advise each other in writing of any concerns with respect to the services provided by CAMLPR or this MOU. The parties agree to do so as soon as reasonably possible after the concern arises.

Date: _____

Signature: _____

Adam Chrobak, Executive Director, CAMLPR
(I have authority to bind the entity)

Date: _____

Signature: _____

John Tzountzouris, Registrar & CEO, CMLTO
(I have authority to bind the entity)



AGENDA ITEM 8.0

8.0	GOVERNANCE PROCESS: POLICY REVIEW
8.1	GP IV-35.02 Board & Committee Member Honoraria and Expenses Policy
8.2	GP IV-45.05 Board Meeting Process and Minutes Policy



Briefing Report to Board of Directors

Date : November 27, 2025

From : Andrew Chan, Policy Champion
Maggie Cakar, Governance Specialist
John Tzountzouris, Registrar & CEO

Subject : Special Review: Governance Process Policy GP IV-35.02 Board & Committee Member Honoraria and Expense Policy

Report Purpose:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Board Policy Development, Review, and Approval | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Statutory Committee |
| <input checked="" type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |
-

Recommended Motion:

Be it resolved that:

The Board moves to approve the proposed revisions to GP IV-35.02 Board & Committee Member Honoraria and Expense Policy outlined in Figure 1 as relevant and current.

BACKGROUND

The GP IV-35.02 Board & Committee Member Honoraria and Expense Policy was approved by the Board on December 10, 2025, following a comprehensive review of the CMLTO's historical reimbursement process and a comparison with practices across other Ontario health regulatory Colleges. The policy was developed to modernize the CMLTO's approach to honoraria and expense claims, improve user experience for Professional Board Members and Non-Board Committee Members, and ensure alignment with the Ministry of Health's Remuneration Framework for Public Appointees to the Health Professions Regulatory Bodies (2016).

Its development was informed by an HPRO-led environmental scan of expense claim policies across health regulatory bodies, which revealed significant variability in approaches and highlighted opportunities for process improvement at the CMLTO.

The Board reviewed the proposed policy in September 2024, provided feedback, and approved the revised version at the December 2025 meeting.

Now that the policy has been in place for **one full year**, it is undergoing a **special review**. This review will assess:

- Whether the policy has functioned as intended in practice,
- Opportunities to refine or clarify sections based on one year of operational experience,
- Adjustments needed to improve accessibility, user experience, and administrative efficiency, and
- Alignment with current best practices and any changes to provincial expectations.

This one-year review supports continuous quality improvement and ensures that GP IV-35.02 remains effective, responsive, and fully aligned with the CMLTO's governance and accountability requirements.

The Board Members are asked to review the attached policy from the following perspective:


- Does the policy remain relevant?
- Are there any areas of the policy that appear unclear?
- Are the proposed revisions aligned with the Board's principles and values?
- Do any additional policy criteria need to be added in light of the Board principles and values, the Board awareness and protection of the public interest, and the overall purpose of the CMLTO?

Figure 1 outlines the proposed revisions to GP IV-35.02, focusing on clarification of expectations, improved administrative efficiency, alignment with provincial frameworks, equity considerations, and updates informed by one year of operational experience.

Figure 2 provides a summary of the pre-meeting Board feedback on the policy. Thank you to those who shared input. The key comments and topics identified in this feedback are outlined in Figure 2 and will be discussed at the Board meeting.

Figure 1

**PROPOSED REVISIONS TO GP IV-35.02 BOARD & COMMITTEE MEMBER
HONORARIA AND EXPENSES**

Policy Title: BOARD & COMMITTEE MEMBER HONORARIA AND EXPENSES		Policy Section: IV Governance Process		Policy Number: IV-35.02
Approved By: Board of Directors	Date Approved: Dec 10, 2024	Date Reviewed/ Revised: Ready for December 9, 2025		Board Chair's Signature: 

BACKGROUND

The Board recognizes the important contribution that Board and Non-Board Committee Members of the College CMLTO make to its governance and regulatory obligations. Using the Government of Ontario's Agencies and Appointments Directive as a starting point and informed by the practices of other health professional Colleges in Ontario, and the values of CMLTO regarding equity and fairness, the honoraria and expense reimbursement limits and processes described in this policy recognize the contributions and service provided to the College CMLTO by Board and Non-Board Committee Members.

POLICY PURPOSE

This policy describes the honoraria and expenses payable to Professional and Academic Board Members, and Non-Board Committee Members (the "Member") of the College CMLTO. The policy also describes the processes involved in accessing honoraria and expense reimbursements.

This policy does not apply to Public Board Members, unless otherwise noted in the policy, as these individuals are bound by the policies and processes of the Public Appointments Secretariat.

Remuneration is defined by the [Government of Ontario's Agencies and Appointments Directive](#).

POLICY

1. General

- 1.1. The underlying precept of Professional Board and Non-Board Committee Members' participation in Board, Committee and Working Group processes is voluntary public service. Provision of honoraria and reimbursement of



expenses is predicated on recognition of that precept and is not meant to be a competitive advantage of providing service to the CMLTO versus another health regulatory College, nor is it meant to supplant or supplement an individual's usual occupational compensation.

1.2. CMLTO will provide honoraria and reimbursement of expenses, as outlined in this policy in accordance with all applicable legislation, including those defined by Canadian taxation rules and requirements. The Ministry of Health's "Remuneration Framework for Public Appointees to the Health Professions Regulatory Bodies (Colleges) established under the *Regulated Health Professions Act, 1991*" will serve as the source document for all items not directly addressed in this policy.

1.3. All meeting-related expense claims must be accompanied by a copy of the receipt that includes details of the expense and the name of the individual claiming it.

2. Annual Executive Honoraria

2.1. The Board Chair will receive an annual honorarium of two thousand five hundred dollars (\$2,500) payable by December 31st of the year in which the individual is acting as Board Chair. In the event that the Chair's tenure is less than one year, the amount will be prorated based on the months of service.

3. Honoraria for Attendance and Preparation

3.1. Honorarium for meeting attendance will be provided to Members regardless of the meeting format (i.e. in-person, virtual, or hybrid).

3.2. Honorarium for meeting preparation accounts for the time spent preparing for the meeting, and will depend on the actual length of the meeting, as recorded in the minutes of the meeting.

3.3. Honoraria amounts will be in line with the Ministry of Health's "Remuneration Framework for Public Appointees to the Health Professions Regulatory Bodies (Colleges) established under the *Regulated Health Professions Act, 1991*". ~~as outlined in Appendix 1.~~

4. Travel

4.1. For any in-person meeting, Members residing within 40 kilometers of the meeting location are expected to commute to and from the meeting per day. Transportation to and/or from meeting(s) can include a personal vehicle (refer to policy criteria 4.3 for mileage rates) or other forms of



transit (GO train, TTC, taxi, ride-hailing services) which require a receipt for reimbursement.

- 4.2. Members who live further than 40 kilometers from the meeting location can choose to stay at a hotel or personal short-term rental (AirBnB, VRBO) the night before and the night after the meeting. Members will endeavour to find the most reasonable rates for their stay.
- 4.3. Mileage for personal car travel to and from the meeting location will be reimbursed at the ~~Canada Revenue Agency's suggested rate~~ Government of Canada (CRA) prescribed per-kilometre rate applicable for that calendar year, which is currently \$0.72 per kilometre for 2025. This rate will be updated annually in accordance with any updates from the Government of Canada.
- 4.4. Members will endeavour to find the most reasonable rates for air or land travel to and from meetings (e.g. flights, train, etc.).
- 4.5. Reimbursement is provided for necessary and reasonable parking expenses.

5. Meals

- 5.1. Members will be eligible for reimbursement of meal expenses only for in-person meetings, and only for meals that are not already provided by the ~~College~~ CMLTO for the meeting.
- 5.2. Alcohol will not be eligible for reimbursement of meal expense claims.
- 5.3. The maximum amount that will be expensed for meals, not inclusive of taxes and gratuities, is as follows:
 - Breakfast: \$25
 - Lunch: \$35
 - Dinner: \$50

Gratuities shall not exceed 15% of the after-tax amount, otherwise any excess will not be subject to reimbursement.

6. Items Not Eligible for Expense Reimbursement

The following items are not eligible for reimbursement:

- Caregiving expenses (attendant, child or pet care while attending meetings),
- Personal phone calls,



- Any issues resulting from travel to and from meetings (e.g. minor or major infractions of the Highway Traffic Act, parking tickets),
- Expense claims or reimbursements described by this policy that are not directly related to the Member (e.g. travel, meals or accommodation for family),
- Accommodation with friends or family,
- Attendance at external events and specific educational sessions as described by the Board Policy GP IV-120 Board/Committee Member Attendance at External Events and Learning Opportunities. Further, Members attending sessions as defined by the Board Policy GP IV-120 are not eligible to claim honoraria for attendance or preparation. **Members' eligibility for reimbursement for such events is determined by the Public Appointments Secretariat/Ministry of Health. (Reimbursement differences affecting Public Members stem from provincial rules, not from CMLTO discretion.)**

7. Cancellation of Attendance

7.1. The **College CMLTO** plans for all Board, Committee and Working Group meetings, and strives to not cancel any meetings, unless absolutely necessary. When a meeting is cancelled, the **College CMLTO** provides as much notice as possible to Members. Honoraria will not be provided for cancelled meetings and Members will not be eligible for expense reimbursement for cancelled meetings, unless the expense was non-refundable, at the discretion of the Registrar & CEO.

7.2. Members will be eligible for the honorarium for the preparation time completed, if the meeting is canceled within three (3) days of the scheduled date, and not rescheduled. **[Board consideration: "Seven (7) days of the scheduled date" to align with the timeline for distributing meeting materials.]**

8. Submission and Processing of Honoraria and Expense Claims

8.1. **Automatic Submission and Processing of Honoraria and Expense Claims**
To ensure accurate record-keeping and compliance with financial reporting requirements, every Member must complete and submit an expense form for each meeting within the prescribed timelines, even if they choose not to claim reimbursement. CMLTO staff will automatically process eligible payments based on the information provided on the form. ~~Honoraria for attendance and preparation, and expense claims, will automatically be processed by CMLTO staff, unless otherwise directed by the Member.~~



8.2 EFT / Banking Information

Members will complete a CMLTO Electronic Fund Transfer (EFT) Bank & Social Insurance Number (SIN) Information Form annually, including their Social Insurance Number for tax purposes. This information will remain confidential within the CMLTO payment processing systems.

9. Taxation Requirements

9.1. Honoraria for attendance and preparation paid to the Members by the ~~College~~ CMLTO are taxable under the Canada Income Tax Act. Individuals paid honoraria by the ~~College~~ CMLTO will receive a T4A slip from the College in February of the following calendar for income tax purposes, in accordance with the relevant tax law(s) and regulations.

10. Additional Interpretation

10.1. Members requiring additional interpretation of any aspect of this policy should discuss their questions with the Registrar & CEO in advance of accruing any expenses. The Registrar & CEO will use their sole discretion to determine the appropriate level of reimbursement, and will document the outcome on the Member's reimbursement form.

10.2. Any request for reimbursement, which exceeds the parameters of this policy, must be accompanied by a written explanation of the exceptional circumstances involved for the Registrar & CEO's approval.

APPENDICES:

~~Appendix 1 – Ministry of Health Remuneration Framework for Public Appointees to the Health Professions Regulatory Bodies (Colleges) established under the Regulated Health Professions Act, 1991~~

Figure 2

**BOARD FEEDBACK TO GP IV-35.02 BOARD & COMMITTEE MEMBER HONORARIA
AND EXPENSES POLICY****BOARD MEMBER FEEDBACK RECEIVED**

3/19 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting. Board Members responding:

- Karen Persad
- Lucia Di Pietro
- Mary Costantino

SUMMARY OF BOARD MEMBER FEEDBACK:

Board Members expressed general support for the proposed revisions, noting agreement with the requirement for individuals to submit their own expense claims and confirming that the mileage rate appears appropriate. Additional suggestions focused on continuous improvement, including:

- Considering whether the expense form should be added as an appendix for consistency and document control,
- Seeking Board feedback on the usability of the form, and
- Reflecting on lessons learned after a year of implementation to identify opportunities for further streamlining or addressing any pain points.



Briefing Report to Board of Directors

Date	:	November 1, 2025
From	:	N. Clark, Policy Champion Karen Fryday-Field, Governance Counsel, Meridian Edge Leadership & Governance Consulting
Subject	:	Regular Policy Review of Appendix 1a and 1b, Modified Bourinot's Rules of Order and Rules at a Glance: GP IV-45.05 Board Meeting Process and Minutes Policy

Report Purpose:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Board Policy Development, Review, and Approval | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Statutory Committee |
| <input checked="" type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |

Recommended Motion:

Be it resolved that: The Board moves to approve the updated Appendices 1a and 1b to the Governance Process Policy GP IV-45.05 Board Meeting Process and Minutes outlined in Figure 1 as relevant and current.

BACKGROUND

In September 2024, the Governance Process Policy IV-45.05 Board Meeting Process and Minutes underwent a special review to propose the sharing of Board meetings with the public, registrants, and others, through the use of live-stream broadcasts of Board meetings. While under special policy review, additional clarity was proposed regarding EDIJ values for this policy.

The policy also underwent regular review in May 2025 by the Board addressing clarifications to many Board meeting procedural matters. It is coming to the December 9th 2025 Board Meeting for further regular review of Appendix 1a and 1b starting on page 14 of this Briefing Report.

The review process has focused specifically on refreshing the Modified Bourinot's Rules of Order to modernize and clarify language, to align these rules with CMLTO's, and to update some procedural language.


Board Members are asked to review the attached proposed Appendix 1a and 1b from the following perspective:

- Are there any areas of the Appendices that appear unclear?

Given that in this cycle, for unexpected reasons, there has not been time to precirculate the refreshed appendices draft in advance to the Board for comments, please be prepared to speak specifically to any substantive questions or suggestions regarding the appendices at the meeting.

Figure 1 below outlines the current policy version of IV-10 Board Member Job Description along with the proposed amendments to Appendix 1a and 1b, outlined in red for Board review and discussion. The full policy updated in May 2025, is provided for reference for the Board. In preparing for the Board discussion on this matter focus is recommended to be on Appendix 1a and 1b.

Figure 1
Current Governance Process Policy IV-45.05 Board Meeting Process and Minutes
with Proposed Updates Outlined in Red for Board Discussion

Policy Title: BOARD MEETING PROCESS AND MINUTES		Policy Section: IV Governance Process		Policy Number: IV-45.05
Approved By: Board of Directors	Date Approved: Jan 23, 1996	Date Reviewed/ Revised: Nov 30, 2007 Nov 30, 2010 Nov 29, 2013 May 12, 2015 Sept 17, 2020 Dec 1, 2020 May 9, 2023 Sept 23, 2024 May 27, 2025 Ready for December 2025		Board Chair's Signature: 

PURPOSE

The Board of the College of Medical Laboratory Technologists of Ontario (CMLTO) is committed to the principles of accountability and transparency to the public. In this context, the Board will uphold these principles balancing its role in regulating the profession in the interest of the public with its role in ensuring appropriate confidentiality.

This policy outlines the types of meetings the Board will hold and the processes that the Board has developed for conducting, creating access to, and recording meetings of the Board.

POLICY

The Board will ensure that there are governance processes for:

- Informing the public of meetings and ways to access Open Session Board meetings
- Providing information on how to attend or observe an Open Session Board meeting
- Conducting Open, Closed, and In-camera Board meetings
- Setting clear, impactful agendas for Board meetings
- Chairing Board meetings
- Board Meeting Rules of Order
- Assessing and managing conflicts of interest
- Preparing and sharing minutes of open meetings and recording all other types of Board meetings
- Addressing questions which arise from Board meetings requests and for presentations to the Board
- Protection of confidential information related to Closed Session Board meetings
- Process for updating the public following a Closed Session or In-camera Session

The Board, in designing and conducting its meeting processes, keeps the protection of the public interest which is paramount, at the forefront of its discussion and decision-making.

Board Meeting Agenda Preparation

The Board meeting agenda is prepared by the Board Chair in collaboration with the Registrar & CEO, and the Executive Committee as needed, prior to the Board meeting. The Board meeting agenda will be in alignment with the Board's Integrated Annual Strategic Agenda/Work Plan (see GP IV-30 Annual Planning Cycle & Annual Integrated Board Strategic Agenda/Work Plan Policy). In November/December and February each year, the Board will work together to set its Annual Integrated Strategic Agenda/Work Plan for the year.

Chairing Board Meetings

Board meetings will be chaired by the CMLTO Board Chair. One of the Vice Chairs will fill in to chair the meeting in the absence of the Board Chair. During the Board meeting, the Vice Chairs will assist the Chair by:

- Reading motions as required.
- Keeping the speaker's list (as needed).

- Looking up Rules of Order as requested by the Chair (supported by the Governance Consultant).

The meeting Chair will use an inclusive approach to chairing the Board meetings, ensuring that all Board members have opportunities to share their ideas and engage in Board discussions (See Role of Board Officers Policy GP IV-15).

Meeting Rules of Order

In order to contribute to professional, orderly, fair, inclusive, and transparent Board meetings, the CMLTO Board follows the Bourinot's Rules of Order. The Board Chair and Board will conduct Board meetings according to these rules of order within reason. Board Members are expected to understand and conduct themselves according to these meeting rules.

The Board is periodically engaged in orientation to and application of these meeting guidelines (*Appendix 1a: Bourinot's Rules of Order, and Appendix 1b Bourinot's Rules At A Glance*). The Board will always work to achieve consensus decisions prior to taking decisions to a formal vote.

Types of Board Meetings

The CMLTO Board aspires to having a Board culture and dynamic where all Board Members feel valued, have a sense of belonging, and feel free to openly and responsibly express their perspectives at Board meetings.

The Board may conduct three (3) different types of meetings as required, including:

- 1) Open Session Board Meetings (open and accessible to the public);
- 2) Closed Session Board Meetings (closed to the public, with relevant staff and invited guests/advisors/speakers present);
- 3) In-camera Board Meetings (closed to staff except Registrar & CEO and external advisors).

Board meetings may be held as in person, virtual, or hybrid style.

CMLTO aims for all Board meetings to be as accessible for Board Members whether in person, virtual, or hybrid. As such, Board Members are proactively asked if they require additional support or adjustments to maximize their attendance and participation in meetings. Physical access needs and other communication needs of Board members are accommodated to every extent possible.

1) Open Session Board Meetings**Meeting Defined**

These meetings are open to the public and are where the majority of Board business is conducted including Board's strategic work. Through these meetings the Board can be observed in its processes and decision-making to support transparency and to comply with its statutory obligations to hold open Board meetings.

Meeting Frequency

There shall normally be at least four (4) regular open Board meetings per year.

Notice of Meeting

A schedule of the Board's regular open meetings (date, time, location and/or online/virtual system) will be available from the Executive Office and will be posted on the CMLTO website at the beginning of each year. Changes in the schedule or meeting format (in-person, virtual, or hybrid) will be posted on CMLTO's website not less than fourteen (14) days prior to the relevant Board meeting. The notice of how to access the live-stream broadcast of these Board meetings will be included with the posting of the notice of these Board meetings.

Access to Board Meetings

To ensure public access, inclusion, transparency, and accountability, to Open Session Board meetings, members of the public may access these meetings by:

- 1) Observing the CMLTO Open Session Board Meetings through live-stream broadcasting access, or
- 2) Attending the CMLTO Open Session Board Meetings in person, should an in-person meeting option be available.

In the case of in-person Open Session Board Meetings, to ensure adequate space for members of the public, Registrants, and other guests (where applicable) and preparation, individuals (public, Registrants, and other guests) wishing to attend an Open Session Board Meeting are to notify the Executive Office. It is recommended that whenever possible, in-person guests should provide forty-eight (48) hours notice. This notice may be provided in writing (via email) or by telephone. Anyone who attends a Board meeting without providing notice may be asked to leave at the request of the Board Chair if sufficient space is not available.

Conduct During Board Meetings

Individual guests attending or observing Open Session Board Meetings will be asked to arrive in-person or join virtually in advance of the meeting start time. Scheduled attendees will have observer status, meaning that they may not provide comments or ask questions during the meeting. All cellphones and cameras must be turned off, and guests/observers must be muted for virtual meetings.

Anyone who is disruptive to the proceedings will be asked to leave and may be prohibited from attending future meetings. CMLTO staff will provide all registered guests with information regarding public conduct during Board meetings (Appendix 3) in advance of the meeting.

Open Board Meeting Breaks

For open Board Meetings, which are scheduled to last more than ninety (90) minutes, appropriate breaks will be scheduled. This will allow individuals to stretch or make a phone call, if necessary. The length of breaks will be determined by the Board Chair at the meeting. Discussion of CMLTO business among Board Members should be suspended during the break for confidentiality reasons and to ensure all Board members are engaged in all aspects of all discussions.

Board Materials

Board meeting materials will be provided to Board members and relevant members of the senior leadership team at least seven (7) days in advance of a regular Board meeting and three (3) days before a special Board meeting when possible. The meeting agenda, non-confidential meeting material, and meeting minutes are posted to the CMLTO website for members of the public.

Questions Arising from Board Meetings

In the event that the attending public or media have questions arising from the Board meeting, the Board Chair and Registrar & CEO will be available upon adjournment to address queries where appropriate, as outlined in Appendix 3.

2) Closed Session Board Meetings

Meeting Defined

These meetings are closed to the public. The decision to exclude the public from a portion of a Board meeting is not done routinely and must be based on specific criteria set out in the governing legislation. The Board must ensure that it is permitted to close the meeting based on the relevant statutory criteria. The legislation is clear as to the decision-making criteria for closing a Board meeting (see below).

Criteria for Declaring a Closed Meeting Session

The Board may exclude the public from any meeting or part of a meeting and restrict access to the related information where the statutory criteria applies. The criteria for a closed session are outlined in Section 7 (2) (d) of the Health Professions Procedural Code (Schedule 2 to the [Regulated Health Professions Act \(RHPA\), 1991](#))

The Board must ensure that it is appropriate to enter into a closed session Board meeting and at the same time maintain its duty of confidentiality when personnel matters, for example, are being discussed.

Some examples include:

- (a) when the Board deliberates whether to exclude the public from a meeting;
- (b) when matters involving public security may be disclosed;
- (c) when financial or personal matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
- (d) when discussing personnel matters or property acquisitions
- (e) when discussing legal advice received by the CMLTO.

Process to Close the Meeting to the Public

In every case, the Board must determine whether one of the criteria in Section 7 (2) (d) of the Health Professions Procedural Code applies and whether the harm that could result from disclosure overrides the principle of holding open Board meetings.

The Board will make the necessary order through a motion to close the meeting and restrict public access to the meeting.

When the Board decides that some restriction on public access to the meeting is required, the following types of order will be made by motion:

- (a) an order excluding the public from that portion of the Board meeting; and/or
- (b) an order that would prevent the public disclosure of the matters or information discussed or banning publication of the identity of the individual being discussed;

When the Board makes an order and approves the motion to restrict public access to a portion of the meeting, the Board will state its reasons for the decision in its public minutes. The reasons will state:

- (a) the decision was made by order;
- (b) the grounds by referencing the applicable clause in the Health Professions Procedural Code; and
- (c) an indication as to why the potential harm would override the principle of holding open meetings in this specific case.

Protection of Confidential Information Related to the Closed Session Board Meeting

Where the Board has made the decision to close portions of its meeting to the public to discuss confidential information, prior arrangements must be made in order to prevent the public disclosure of any related information and to inform any public attendees of the decision.

The agenda and any related material distributed for discussion at a Closed Board meeting are reviewed by the presiding officer to determine:

- (a) The rationale for the Board's decision to close portions of the meeting;
- (b) Whether to classify the discussion or background material as confidential;
- (c) The appropriateness of the motions to move in and out of a "closed session"; and
- (d) Whether/which confidential information provided to the Board for the closed session is to be collected prior to re-opening the meeting to the public.

Update for the Public Meeting

The Board must rise and report on the topics covered in the Closed Session in their next open session meeting.

3) In-camera Board Meetings

Meeting Defined

In-camera Board meetings provide the opportunity for fostering discourse and conducting confidential conversations between the Board and the Registrar & CEO on confidential matters such as personnel matters. These meetings include the Board Members, the Registrar & CEO, and any Board requested external advisors (e.g. external legal advisors, auditor, governance consultant).

These meetings do not include any other staff. These sessions are a useful tool for protecting the appropriate necessary confidentiality of a particular person.

Criteria for Declaring an In-camera Board Session

The Board may declare an in-camera meeting during a Board meeting when it and/or the Registrar & CEO may also request an in-camera session when there is a need to discuss any of the following:

- Personnel or personal matters relating to individuals, including the Registrar & CEO, where the harm created by disclosure would outweigh the principle that meetings be open to the public
- When discussing legal advice received by CMLTO.

Process to Close the Meeting to the Public

The process is the same as for Closed Meeting Sessions outlined above.

Update for the Public Meeting

The Board must rise and report the topics covered in the in-camera sessions when the meeting reopens to the public or if that is not possible at the next open session Board meeting.

Board Meeting Minutes

Minutes will be taken for all types of CMLTO Board meetings and will serve as the official record of the decisions/motions, rationale, and actions of the Board. (See principles below).

Open session minutes are the formal record of discussions and decisions made during a Board meeting that is open to the public, registrants, and other guests.

Principles for Recording and Approving the Board Meeting Minutes

The primary purpose of the minutes will be to record Board decisions, the rationale for those decisions, and resulting actions; hence, the minutes will not include a listing of the detailed discussion which transpired. The following principles will be used.

1. Minutes should be kept simple. Minutes of all meetings shall be taken by CMLTO staff and retained as the official records of the Board. The minutes shall include the date, time, format of the meeting, and its place (if conducted in-person or hybrid format), Board members present, absent, staff present, attending guests, consultants, and presenters, members of the public present (where applicable), and a record of any votes. When a roll call vote is taken, the minutes shall attribute the number of “yes” and “no” votes. Board decisions/motions, the rationale of these decisions/motions, and resulting Board actions are recorded. Evidence that the Board has reviewed its decisions through the protection of the public interest perspective will be recorded in the minutes. Long narratives regarding the discussion are not recorded in the minutes (see Appendix 1 for the Board Meeting Minutes Template).
2. Board minutes for the previous meeting will be on the agenda at the beginning of each meeting in order to provide the Board with the opportunity to validate, discuss as needed, and approve the minutes.

Board Members who vote in favour of approval of the minutes are validating that the minutes are an accurate reflection of what took place, what was discussed, and what was decided at the previous Board meeting. Only Board Members who attended the entire previous Board meeting should vote to confirm the accuracy of the minutes. Board Members who were not present should abstain from that vote as they are not in a position to confirm the accuracy of the minutes.

Board Members who were not present should abstain from the vote as there are not in a position to confirm the accuracy of the minutes. Board Members will be asked to discuss substantive clarifications to the minutes only at this time. Any typos and minor corrections identified should be submitted to the Registrar & CEO prior to the Board meeting. CMLTO staff will summarize in writing all the minor corrections and provide this summary to the Board Chair to report at the meeting at the time the minutes are presented for approval.

3. A serial number will be placed on each set of Board minutes including the year and the Board meeting number (e.g. 2024:02; meaning the 2nd meeting in 2024).

4. A draft version of the minutes shall be provided to the Board by the recording staff member once they are completed and reviewed by the Board Chair (or delegate). The minutes are marked "DRAFT" and subject to revision until approval by the Board.
5. Minutes are not considered official until approved by a simple majority of the Board and signed by the Board Chair (or delegate) and the Registrar & CEO. The Board Chair (or delegate) who signs off on the minutes should have been part of the original meeting. The Board Chair and Registrar & CEO are not approving the minutes by signing them; they are attesting to the fact that the Board approved the minutes.
6. The minutes of Open Session Board meetings will be published in the next Board meeting material for approval and/or correction by the Board.
7. Signed Board meeting minutes will be retained by the Executive Office electronically.
8. Open Board Session minutes will be posted to the CMLTO website after any confidential items are removed. Closed Session and In-camera Session Board minutes are retained in the confidential Board Portal.

Principles for Recording Closed Session Board Meeting Minutes

Closed session minutes are discussions that take place during confidential portions of the Board meeting. These sessions are limited to specific topics including legal issues, sensitive financial information, personnel matters, or discussions related to proprietary information and related planning. Due to the sensitive nature of these discussions, access to Closed Session minutes is limited to authorized individuals (e.g., Board Members, legal counsel, or designated staff members and advisors).

1. The minutes of the Closed Sessions of Board meetings will follow the same format as that of the Open Session (see Appendix 2).

2. The minutes of closed and in-camera sessions are integrated into the full set of Board meeting minutes, which are made available to the Board through the Board portal. A separate public version of the minutes is prepared for posting on the CMLTO website. This version excludes the content of closed and in-camera sessions but includes the titles of those agenda items marked "Confidential" in red. The public minutes will also indicate the type of order restricting public access, the reason for the closed session, and an explanation of why the public interest was overridden.
3. The complete minutes of the Board meeting, which include closed and in-camera sessions, are reviewed and approved by the Board at the next Board meeting. These minutes are not included in the public meeting materials; instead, a note is included stating "Meeting minutes will be approved at the Board meeting." The approved full minutes are maintained in the confidential electronic files of the Board. Content from closed and in-camera sessions is not available for inspection or copying.

Principles for Recording In-camera Session Board Meeting Minutes

1. In-camera Session Board meeting minutes will be handled in the same manner as Closed Session Board meeting minutes in terms of format and process.
2. The minutes will be taken by the Registrar & CEO or a delegate (any Board Member or advisor) for these meetings. These minutes will be reviewed and approved by the Board at the next Board meeting.
3. Minutes of the In-camera Session Board meetings shall be maintained in the electronic Board confidential files and are not available for inspection or copying by the public.

POLICY DEFINITIONS

Board Committee

A Board Committee is a formally Board mandated sub-group of the Board, established to assist and support the Board in fulfilling its governance responsibilities. Each Committee is charged with advancing a defined portion of the Board's work, within a specific area of focus. A Board Committee acts on behalf of the full Board and operates with delegated authority as outlined in its Terms of Reference policy. Each Board Committee reports to the full Board.

REFERENCES:

- [Health Professions Procedural Code](#) / Schedule 2 to the [Regulated Health Professions Act, 1991](#)
- CMLTO By-Law: [Article 4](#) – Board of Directors (Section 10 Board Meetings)

APPENDICES:

Appendix 1a – Bourinot’s Rules of Order

Appendix 1b – Bourinot’s Rules at Glance

Appendix 2 – Board Meeting Minutes Template

Appendix 3 – Information for Public Attendees to CMLTO Board Meetings



APPENDIX 1a
MODIFIED BOURINOT'S RULES OF ORDER

1. In this Appendix, "member" means a member of the Board.
2. When any member wishes to speak, ~~he or she~~ **they** shall so indicate by raising ~~his or her~~ **their** hand and shall address the Chair and confine ~~himself or herself~~ **themselves** to the question under discussion. **The Member will refer to the Chair as Chair, Surname or Chair, First Name.**
3. When two or more members raise their hand to speak, the Chair shall call upon one member to speak first.
4. No member while speaking shall be interrupted by another except to raise a point of order.
5. The interrupting member shall confine himself or herself strictly to the point of order.
6. Any member in speaking or otherwise who transgresses these rules if called to order either by the Chair or on a point raised by another member, shall immediately cease speaking while the point is being stated, after which ~~he or she~~ **they** may explain and shall then ~~obey~~ **follow** the decision of the Chair.
7. A member may speak only ~~twice~~ **three times** upon any question/~~motion~~ except:
 - (a) **when providing** an explanation of a material point ~~of related to his or her~~ **their speech** **earlier comments** which may have been misquoted or misunderstood (but the member is not to introduce matter, perspective, argument); or
 - (b) with the ~~permission~~ **approval** of the Board.
8. **Members should not speak longer than five minutes at a time upon any specific issue/question except with the permission of the Board or except when engaged in a generative/strategic open-ended discussion, identified on the agenda as such.**



9. When the question/**motion** under discussion has not been printed and distributed, any member may require ~~it~~ **the question** to be re-read at any time during the ~~debate~~ **discussion**, but not so as to interrupt a member while speaking.
10. When the question under discussion contains distinct propositions, any member may require the vote upon each proposition to be taken separately.
11. When the Chair is putting a question/motion to a vote, no member shall enter or leave the Board room, and no further debate is permitted.
12. Any question/motion when once decided by the Board shall not be re-introduced during the same session except by a two-thirds vote of the Board then present.
13. All motions shall be in writing, and seconded, before being debated. When a motion is seconded, it shall be read by ~~the~~ **a Vice** Chair.
14. A member who has made a motion may withdraw it without the permission of the seconder or the consent of the Board. (Note: Rule 12 does not prevent another member from making the same motion.)
15. The Chair shall preserve order and decorum and shall decide questions of order, subject to an appeal to the Board without debate. In explaining a point of order or practice, the Chair shall state the rule or authority applicable to the case.
16. No member is entitled to vote upon any question in which they have a direct pecuniary **or conflict of** interest, and the vote of any member so interested will be disallowed.
17. When a question/motion is under debate, no other motion is received except to:
 - a. Amend it,
 - b. Postpone it (which may be indefinitely or to do a day or time),
 - c. Put the question to a vote,
 - d. Adjourn the debate,
 - e. Adjournment of the Board,
 - f. Refer the question to a **Board** committee.
18. A motion to refer a question to a **Board** committee shall preclude all amendments of the main question.
19. A motion to put the question/**motion** currently under debate to a vote shall be voted on immediately without further amendment or debate. If the motion to



put the question/~~motion~~ currently under debate to a vote is passed, the question currently under debate shall be put to a vote, following a final opportunity for each member to make one statement/presentation of no more than one minute duration.

20. A motion to amend the main question/~~motion~~ shall be disposed of before the main question/~~motion~~ is decided and, where there is more than one motion to amend, they shall be decided in the reverse order in which they were made.
21. Whenever the Chair is of the opinion that a motion offered to the Board is contrary to these rules or the bylaws, ~~he or she~~ **they** shall ~~advise~~ **advise** the Board of ~~his or her~~ **their** opinion immediately, rule the motion out of order and quote the rule or authority applicable to the case.
22. ~~These rules need not be strictly adhered to unless the Board requires strict adherence.~~ **These rules need not be strictly adhered to unless the Board requires strict adherence in order to advance its work. (Note: Some flexibility is often desirable to advance the work of the Board. However, if there is not agreement on the flexibility, the Chair will uphold those meeting rules of order.)**
23. In all cases not provided for in these rules or by other ~~rules~~ **policies** of the Board, ~~the current edition of Bourinot's Rules of Order shall be followed so far as they may be applicable~~ **Board will pause to address the point of order and then proceed accordingly with its business.**



**APPENDIX 1b
MODIFIED BOURINOT'S RULES AT A GLANCE**

To Do This	You Say This	May Interrupt the Speaker	You Must be Seconded	Is the Motion Debatable?	Is the Motion Amendable?	What Majority is Required?
Move a Motion	I move...	No	Yes	Yes	Yes	Majority
Change a Motion (you may not merely amend to negate)	I move that the motion be amended to read...	No	Yes	Yes	Yes	Majority
End debate on a motion	1. I call the question	No	Yes	Yes	No	Motions on which question is called will be debated at the next meeting and the motion fails If a motion to call the question passes, the motion in question will be discussed at the next meeting, and that motion fails (is not passed) at the original meeting.
	2. I move that the Board proceed to the next order of business	No	Yes	No	No	Majority



To Do This	You Say This	May Interrupt the Speaker	You Must be Seconded	Is the Motion Debatable?	Is the Motion Amendable?	What Majority is Required?
End the meeting- the Chair can simply call adjournment without a motion if all business is complete	I move that the meeting adjourn	No	Yes	No	No	Majority
Consider something out of is scheduled order	I move the agenda be amended in order to deal with the following item...	No	Yes	No	No	Majority
Postpone further discussion on a motion until later in the meeting	I move that the motion be tabled until...	No	Yes	Yes – only to time	Yes	Majority
Postpone consideration of a motion until a future meeting	I move that the motion be postponed until...	No	Yes	Yes	Yes	Majority
Have a motion studied more before voting on it	I move that the motion be referred to	No	Yes	Yes	Yes	Majority
Raise a matter previously tabled (if at a different time from when it was decided)	I move that the motion about....be lifted from the table	No	Yes	No	No	Majority



To Do This	You Say This	May Interrupt the Speaker	You Must be Seconded	Is the Motion Debatable?	Is the Motion Amendable?	What Majority is Required?
Reconsider a motion already voted on earlier in the meeting	I move that the motion about... be reconsidered at the next meeting and provide written notice request that the matter be raised at the next meeting	No	Yes	Yes	No	2/3 Majority
Object to something which prevents your continued participation (e.g. excessive noise)	Point of Privilege	Yes	No	No	No	No vote taken, Chair rules
Seek clarification from the previous speaker	Point of Information	Yes, if urgent	No	No	No	No vote taken, Chair rules
Overturn the ruling of the Chair	I challenge the Chair on...	Yes	Yes	Yes	No	Majority
Enquire about procedure or consequences	Point of Order	Yes	No	Yes, only on the point	No	No vote taken, Chair rules
Object to incorrect procedure being used	Point of Order	Yes	No	Yes, only on the point	No	No vote taken, Chair rules

Rules of Order

Rules of order are procedures by which meetings can be conducted in an **effective and** orderly fashion, issues debated, and motions passed according to the majority but with due regard to the rights **and diverse voices** of the minority. For the most part, Rules of Order are based on common sense and the need to move through an agenda expeditiously.

Duties of the Chair

- The Chair conducts meetings, preserves order and decorum, and interprets the Rules of Order.
- The Chair is impartial and may not take part in any debate nor vote. **If the Chair chooses to participate in the discussion/debate and provide an opinion, they must first officially step out of the chair and appoint an acting Chair. The Board Chair then serves as a general Director until the agenda item is completed.**

[Consultants Note: The current CMLTO Board Policy states that the Board Chair will not vote on motions/Board discussions unless it is to break a tie vote. The primary role of the Board Chair is to facilitate the Board through its diverse, deep conversations to ensure that:

- the agenda topic is effectively introduced and the appropriate context and reason for the agenda topic is effectively described,
- the group stays on the topic outlined on the agenda,
- all members can speak openly and be respected, when sharing their perspectives,
- that a conclusion and next actions are summarized.

Some organizations enable the Board Chair to engage in discussion/debate while moderating the Board's discussion/debate. The challenge with this approach is that if the Board Chair engages in the debate, there can be a loss of objectivity to the Chair's role, i.e. a loss of impartiality or a lack of ensuring that all Board members have a voice and a fair opportunity to voice their perspectives. The option for the Chair to step out of the Chairing role for a particular agenda item, enables the Chairing process to remain objective and enables the Board Chair, where they feel it is needed, to engage in discussion/debate. The CMLTO go-forward approach to the Chair voting and engaging in dialogue can be a matter for discussion by the CMLTO Board at its December meeting.]

Agenda and Minutes

- The agenda is the order of business for the meeting.
- It describes the items for consideration and gives the order in which they will be addressed.
- The agenda must be passed or adopted before the meeting can commence.
- **The adoption of the minutes of the last meeting confirms any decisions made at that time and indicates that the minutes are an accurate reflection of the prior meeting's business and decisions.**

- Any changes in the agenda or minutes must be proposed and considered before the agenda and minutes are ~~adopted~~ approved.
- An item on the agenda may be taken out of sequence and disposed of only by majority consent.

Motions

- A Board motion is a proposal to make a Board decision which is made pursuant to an item of the agenda that certain actions be taken, certain principles or processes become policy, etc. the proposed motion is then discussed, debated, possibly amended, and voted on.
- There are also motions that propose procedures for considering other motions, e.g. Motions to Table, to Divide the Question, to Put the Question, to Adjourn, to Amend.
- Any Board Member may move a substantive or procedural motion as long as it is 'in order'. [Procedural motions are motions that address how the meeting will be conducted (e.g., motions to adjourn, limit debate, or table a motion). Substantive motions are the main motions that deal with the issue at hand (e.g., approving a budget or making a policy decision).]
- **A substantive motion or “an important motion, or one containing a number of considerations, should be prepared in writing and given to the Chair, and the Board in advance of the meeting.”**
- Questions about the motion are directed to the Chair, who may redirect the questions to the mover or to a person to whom a specific question was addressed, or to a subject expert to provide context to the topic.
- Since procedural motions take precedence over substantive motions and can be introduced while substantive motion is being discussed, it is not always possible for the mover of the substantive motion to speak last.

Amendments

- A motion to amend a (main) motion must be relevant to that motion and properly moved and seconded.
- An amendment must propose: (a) to leave out certain words, (b) to insert or add certain words, (c) to leave out certain words in order to insert or add other words.
- When 'in order,' an amendment takes precedence over the main motion and becomes the subject of debate.
- The amendment must be accepted or rejected before debate reverts to the main motion.
 - If accepted, the main motion, as amended, will be debated.
 - If rejected, the main motion remains unchanged and will be discussed/considered as originally presented.
- A sub-amendment may be proposed to an amendment under the same conditions that apply to amending a main motion.



- At no time, may there be more than one main motion, one amendment and one sub-amendment under discussion.
- When all three are on the floor, the Chair will address them in the reverse order of how they were moved.
- A motion once defeated cannot be re-introduced as an amendment to another motion.
- The mover with the consent of the seconder may incorporate a 'friendly' amendment into the main motion, provided both the mover and seconder of the amendment agree.



APPENDIX 2
TEMPLATE FOR BOARD MEETING MINUTES

DATE and TIME
LOCATION

Board Members Present:

Non Board Members Present:

Staff Present:

Regrets:

Consultants/Guests Present:

Members of the Public Present:

AGENDA ITEM #	AGENDA TOPIC	RELEVANT BOARD POLICY	KEY RATIONALE	DISCUSSION / BOARD DECISION/MOTION	ACTIONS REQUIRED
1.0 CALL TO ORDER & WELCOME					
1.1	Roll Call	# present # voting			
1.2	Board Policy Manual Update Notice	IV-35.10 Developing and Maintaining the Board Policies Policy			
2.0 APPROVAL OF AGENDA					
2.1	Review and Approval of Agenda				
2.2	Declaration of Conflict of Interest	IV-80Board Code of Conduct, Confidentiality and Conflict of Interest Policy			



AGENDA ITEM #	AGENDA TOPIC	RELEVANT BOARD POLICY	KEY RATIONALE	DISCUSSION / BOARD DECISION/MOTION	ACTIONS REQUIRED
3.0 REQUIRED APPROVALS / CONSENT AGENDA					
3.1	Minutes of Previous Board Meeting	GP-45.05 Board Meeting Process and Minutes Policy			
3.2	Action Items of Previous Board Meeting				
4.0 CONSENT AGENDA					
4.1 MONITORING REPORTS - COMMITTEES					
4.1.1	Executive Committee				
4.1.2	Inquiry, Complaints and Reports Committee				
4.1.3	Discipline Committee				
4.1.4	Fitness to Practice Committee				
4.1.5	Patient Relations Committee				
4.1.6	Quality Assurance Committee				
4.1.7	Registration Committee				
4.2 INCIDENTAL BRIEFING REPORTS					



AGENDA ITEM #	AGENDA TOPIC	RELEVANT BOARD POLICY	KEY RATIONALE	DISCUSSION / BOARD DECISION/MOTION	ACTIONS REQUIRED
4.2.1	Board Chair Report				
4.2.2	Registrar & CEO Incidental Report				
5.0 POLICY DEVELOPMENT, REFRESH, APPROVAL, UPDATES					
5.1	Ends Policy Scanning/ Development/ Approval/Updates				
5.1.1					
5.2	Executive Limitations Policies Development/Refresh/Approval/Updates				
5.2.2					
5.3	Governance Process Policies Development/Refresh/Approval/Updates				
5.3.1					
5.4	Board-Staff Relationship Policies Development/Refresh/Approval/Updates				
5.4.1					
6.0 BOARD MONITORING OF REGISTRAR & CEO ORGANIZATION PERFORMANCE					
6.1	Ends Monitoring				
6.1.1					
6.2	Executive Limitations Monitoring				
6.2.1					
7.0 BOARD MONITORING OF BOARD ACHIEVEMENT OF BOARD POLICIES					
7.1	Governance Process Policies				
7.1.1					
7.2	Board-Staff Relationship Policies				
7.2.1					
8.0 BOARD ENGAGEMENT (LINKAGE with Careholdership)					
8.1					
9.0 OTHER					
9.1					
10.0 ADJOURN					

Note: This minutes template provides a general example for Board meeting minutes. Actual minutes will follow the order of the actual meeting agenda and the order that matters were actually addressed in the Board meeting.

APPENDIX 3

INFORMATION FOR MEMBERS OF THE PUBLIC ATTENDING CMLTO BOARD MEETINGS

Thank you for your interest in attending a CMLTO Board of Directors (the “Board”) meeting. The Board maintains a policy that outlines the processes for conducting meetings. As part of this policy, the following information is provided to all public attendees to CMLTO Board meetings to clarify the expectations for public conduct during Board meetings.

It is recommended that whenever possible, public attendees should provide at least forty-eight (48) hours’ notice of their intent to attend a Board meeting and to indicate whether you will attend virtually or in-person depending on the options available for each Board meeting. This notice may be provided in writing (via email to executiveoffice@cmlto.com) or by telephone (416-861-9605, extension 247). Anyone who attends an in-person Board meeting without providing notice may be asked to leave at the request of the Board Chair if sufficient space is not available in the meeting room.

The meeting agenda, non-confidential meeting material, and meeting minutes are posted to the CMLTO website for members of the public at least seven (7) days in advance of the meeting, when possible.

Individuals attending or observing Open Session Board meetings are asked to arrive in-person or join virtually in advance of the meeting start time. Public attendees will have observer status, meaning that they may not provide comments or ask questions during the meeting. All cellphones and cameras must be turned off and observers must be muted for virtual meetings. Anyone who is disruptive to the proceedings will be asked to leave and may be prohibited from attending future meetings.

In the event that the attending public or media have questions arising from the Board meeting, the Board Chair and Registrar & CEO will be available upon adjournment to address queries where appropriate.

Please be aware that you may also observe the CMLTO Board meetings through CMLTO’s live-streaming broadcast of its Open Session Board meetings. The link to the Board meeting is posted on the CMLTO website.

For further information, please email the CMLTO at executiveoffice@cmlto.com



AGENDA ITEM 9.0

9.0	EXECUTIVE LIMITATIONS: POLICY REVIEW
9.1	EL II-09 Investment Policy
9.2	EL II-10 Financial Health Policy– Special Review of EL II-10 & EL II-11



Briefing Report to Board of Directors

Date : November 1, 2025
From : L. Lan, Policy Champion, and K. Fryday-Field, Governance Counsel,
Meridian Edge Leadership & Governance Consulting
Subject : Regular Policy Review: EL II-09 Investment

Report Purpose:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Board Policy Development, Review, and Approval | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input checked="" type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |

Recommended Motion:

Be it resolved that: The Board moves to approve the refreshed Executive Limitations Policy EL II-09 Investment outlined in Figure 1 as relevant and current.

BACKGROUND

The Executive Limitations Policy EL II-09 Investment was last reviewed on December 2, 2022 and is now coming forward for regular review to the December 9, 2025 Board meeting. This policy outlines the executive boundaries for the Registrar & CEO and risk tolerances regarding the CMLTO investment objectives and the management of its investments.

The review process has included:

- A review of policy language to be consistent with current CMLTO language,
- A governance and industry benchmarking review to ensure consistency with:
 - current policy-driven governance thinking and practice, and
 - applicable industry trends- related to organizations of similar mandate, scope, size, and financial capacity,
- A review of any related key policy matters and principles which the Board has raised since the last policy review,
- An ongoing review to ensure that, where applicable, the policy reflects the Board's current values, including equity, diversity, inclusion, and justice (EDIJ) values (as appropriate) and,



- A review to align policy content with the Board's commitment to intentionally and transparently evaluate the impact of its policy decisions on the protection of the public interest.

The Board Members are asked to review the attached proposed policy and policy revisions from the following perspectives:

- Are there any areas of the policy that appear unclear?
- Are there any new or emerging risk areas for which the Board believes an executive boundary is required within this policy?
- Are the proposed revisions aligned with the Board's principles and values?
- Do any additional policy criteria need to be added in light of the Board principles and values, the Board awareness and protection of the public interest, and the overall purpose of CMLTO?


Figure 1 below outlines the current policy version of EL II-II-09 Investment along with the proposed amendments outlined in red for Board review and discussion. The recommended updates to this policy are important; however, there are just a few as this policy was recently updated by the Board.

The proposed changes relate to:

- 1) Alignment with CMLTO Board Processes and Current Language Format
 - A definition of liquidity in the context of CMLTO is proposed.
 - Terminology has been updated to current CMLTO language.
- 2) Governance and Industry Benchmarking including Current Policy-Driven Governance Thinking
 - Discussion points have been raised regarding two investment risks identified through benchmarking research including:
 1. risk around having sufficient liquidity (ability to convert to cash) when all excess funds which are not needed in the short term are to be invested in interest bearing accounts, and
 2. risk of not having a conservative portfolio without reasonable diversity – this speaks to just how “conservative” is reasonable.
- 3) Alignment with the CMLTO Board's Commitment to Intentionally and Transparently Evaluate the Impact of Its Decisions on the Protection of the Public Interest (CMLTO's Public Interest Assessment Framework)
 - This matter is already addressed in item 2.1 and 2.2 noting investments must be aligned with CMLTO's purpose and values which are to protect the public.

Figure 1

Current EL II-09 Investment with Proposed Updates Outlined in Red for Board Discussion

Policy Title: INVESTMENT		Policy Section: II Executive Limitations		Policy Number: II-09
Approved By: Board of Directors	Date Approved: Nov 30, 2009	Date Reviewed/ Revised:		Board Chair's Signature: 
		Nov 29, 2012 Nov 27, 2014 Nov 28, 2016	Dec 3, 2018 Dec 1, 2020 Dec 2, 2022 Ready for Dec 2025	

POLICY PURPOSE

Outline the Board's executive boundaries for the Registrar & CEO and risk tolerances regarding the CMLTO investment objectives and the management of its investments. **This policy is designed to provide both clarity and guidance in the investment decision making in the context of CMLTO's Ends (Critical Outcomes) Policies, financial resources, and defined risk tolerances.**

BACKGROUND

The objective of the Board's Investment Executive Limitations Policy is to ensure the prudent management and stewardship of the financial resources of ~~the College~~ **CMLTO**. This includes reasonable safeguarding of ~~the College's~~ **CMLTO's** invested assets and reasonable expectations for growth. The capital reserves, held within CMLTO's investments, exist to ensure CMLTO's long-term operating stability and to provide a source of internal funds for organizational priorities such as capital improvements, ~~and~~ strategic initiatives, **and addressing emerging regulatory matters.**

Investment Objectives and Risk Tolerances

The CMLTO Board's objectives and risk tolerances include:

1. Preservation and protection of principle through investment and guaranteed instruments.
2. Maintenance of appropriate liquidity.
3. Reasonable growth of the value of the investments based on prudent investments.



POLICY

1.0 Investment Funds Management

Accordingly, the Registrar & CEO will not:

- 1.1 Manage the CMLTO investments without the services of an Independent Investment Consultant and a Fund Manager to provide expertise in the operational investment approach and investment portfolio.
- 1.2 Develop and update the investment approach without addressing the responsibilities of various parties, the allowable and prohibited investments, risk controls and monitoring and evaluation procedures.

2.0 Investment Parameters

In determining what are allowable and prohibited investments, the Registrar & CEO will not operate without:

- 2.1 Ensuring all investments are aligned with CMLTO's purpose, vision, and Ends (Critical Outcomes) Policies.
- 2.2 ~~Ensure~~ **Striving to ensure that** all investments are aligned with CMLTO's values, are socially responsible, and aligned with the Board's direction regarding equity, diversity, inclusion and justice.
- 2.3 Meeting the Board's expectations to meet reasonable liquidity, achieve regular income, and ensure preservation and appreciation of capital (except where the Board has approved the use of invested capital to cover deficit budgets and/or capital or strategic investments).

[Consultant's Note for Discussion: Benchmarking, regarding this policy, raised a potential risk regarding not ensuring that some investments are easily and inexpensively converted to cash avoiding a cash shortage position in an unexpected crisis. Does the Board believe that in order to avoid the risk of too many resources being held in unconvertable investment tools, making access to usable funds (cash) a challenge, that a policy clause requiring holding a certain percentage of investments in investment tools which can be easily converted to be usable funds, is appropriate? The policy item could say: **"Holding at least __% of the investments in assets that are easily converted to usable funds (cash). "**

- 2.4 Reducing the organization's risk profile by diversifying the organization's investment portfolio.

[Consultant's Note for Discussion: An additional risk identified through the research to prepare for this policy refresh relates to the risk of not having an appropriately diverse investment portfolio. Each Board needs to evaluate if this is a relevant risk in their organizational environment.



At present, the CMLTO Board policy requires the CMLTO R/CEO to not operate without diversifying the organization's investment portfolio. Many same sector, public service organizations, limit a portfolio that lacks diversity. Does the CMLTO's Board believe it should clarify what it means by "diversifying the organization's investment portfolio?"

One approach to this would be to add clarification to policy item 2.4 as follows: "Reducing the organization's risk profile by appropriately diversifying the organizations investment portfolio (with consideration, for example, to diversify in investment tools, industry, country, and maturity date)." This is for discussion at the Board December meeting.

- 2.5 Investing funds that are not immediately required to meet operational obligations including cash flow.
- 2.6 Investing capital in funds that have a demonstrated track record of achieving a competitive return on investment.
- 2.7 Assessing the effect of inflation and deflation on the investments.

3.0 Borrowing for Investment Purposes

- 3.1 The Registrar and CEO will not borrow solely for investment purposes.

4.0 Evaluation of Results

Further, the Registrar & CEO will not operate without:

- 4.1 Monitoring the Investment Consultant, the Fund Manager, and the investment to ensure compliance with this Board Investment Policy and the operational investment approach.
- 4.2 Monitoring the adequacy of the performance of the Investment Consultant and Fund Manager.

5.0 Reporting

Further, the Registrar and CEO will not operate without:

- 5.1 Reporting annually to the Board on investment results and compliance with investment executive limitations.
- 5.2 Reporting to the Board, at any time, if the investment risks substantially change due to the market or other conditions.

POLICY DEFINITION [Consultant's Note: The Board may consider the user of a definition of liquidity, if it chooses to introduce a clearer boundary around liquidity.]

Liquidity

Liquidity, in part, refers to the ability to convert an asset into cash without causing a significant change in the value of that asset.



Briefing Report to Board of Directors

Date	: December 24, 2025
From	: John Tzountzouris, Registrar & CEO, CMLTO, and Karen Fryday-Field, Governance Counsel, Meridian Edge Leadership & Governance Consulting
Subject	: Special Policy Review of EL II-10 Financial Health (Combination of EL II-10 Financial Planning and Budget Cycle and EL II-11 Financial Condition)

Report Purpose:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Board Policy Development, Review, and Approval | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input checked="" type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |

Recommended Motion:

Be it resolved that:

1. The Board moves to approve the new Financial Health Executive Limitations Policy EL II-10 outlined in Figure 1 as relevant and current.
2. The Board moves to rescind the current EL II-10 Financial Planning and Budget Cycle Policy.
3. The Board moves to rescind the current EL II-11 Financial Condition Policy.
4. The Board reassigns policy number EL-10 to the new Financial Health Executive Limitations Policy

BACKGROUND

The Financial Planning and Budget Cycle Executive Limitations Policy EL II-10 which outlines the Board's executive values and risk boundaries for the Registrar & CEO with regard to financial planning and the budget cycle was last reviewed on December 2, 2022.

The Financial Condition Executive Limitations Policy EL II-11 was last reviewed on February 16, 2024, and was created by the Board to provide values and risk boundaries related prudence and ethics surrounding the financial condition of CMLTO.



At its June 2025 meeting, the CMLTO Board discussed the concept of integrating these two policies into a single policy title “Financial Health”. The intent is to establish a comprehensive and streamlined Executive Limitations Policy, providing more integrated operating boundaries for the Registrar & CEO regarding financial leadership and management of CMLTO’s financial planning, administration, and overall financial condition.

In the design of this proposed draft of the integrated Financial Health Policy the following were taken into consideration:

- A review of policy language to be consistent with current CMLTO language,
- Governance and industry benchmarking to ensure consistency with current policy-driven governance thinking and practice, and applicable regulatory sector trends,
- A review of any related key policy matters and principles which the Board has raised since the last policy review including its June 2025 discussion on policy integration,
- A review to ensure that the proposed combined policy reflects the Board’s current values, including equity, diversity, inclusion, and justice (EDIJ) values (as appropriate) and,
- A review to align policy content with the Board’s commitment to intentionally and transparently evaluate the impact of its decisions on the protection of the public interest.

The draft proposed Policy was brought to the Board for approval at the September meeting. The Board had asked for a detailed comparison of the draft proposed Policy and the two original Policies. This analysis is presented in Appendix 1.

Figure 1 below outlines the proposed new policy EL II-10 Financial Health which consolidates financial policy parameters into one overarching Executive Limitations Policy. The current EL II-10 Financial Planning and Budget Cycle Policy is shown in Figure 2 and the current EL II-11 Financial Condition Policy is shown in Figure 3 for the Board’s reference.

The Board Members are asked to review the attached proposed new policy from the following perspective:

- Do the policy criteria remain relevant?
- Are there any areas of the policy that appear unclear?
- Are there any new or emerging financial risk areas for which the Board believes a specific executive boundary statement is required?
- Is the new proposed policy aligned with the Board’s principles and values?



- Do any additional policy criteria need to be added in light of the Board principles and values, the Board awareness and protection of the public interest, and the overall purpose of CMLTO?

Figure 1
Proposed New EL II-10 Financial Health Policy
(Combining EL II-10 Financial Planning and Budget Cycle and the EL II-11 Financial Condition Policies)

Policy Title: FINANCIAL HEALTH		Policy Section: II Executive Limitations		Policy Number: II-10
Approved By: Board of Directors	Date Approved: Ready for December 2025	Date Reviewed/ Revised:		President's Signature:

PURPOSE

This policy has been created by the Board to provide risk and values boundaries for the Registrar & CEO regarding the leadership and management of the financial health of CMLTO (including parameters regarding financial planning, management, condition, and monitoring).

POLICY

The Registrar and CEO shall not operate the organization in a manner that places its financial health and sustainability and the related public accountability at unreasonable risk.

Further, the Registrar & CEO will not operate without:

FINANCIAL PLANNING AND BUDGETING

1. Aligning financial planning/budgeting, financial operations, and the resulting financial condition with the Board's Ends (Critical Outcomes) Policies.
2. Maintaining fiscal prudence and address both short- and long-term financial health.
 - 2.1 Seeking Board input on budget assumptions annually.
3. Using multi-year planning (minimum 3 years) with evidence-based projections from prior performance and conservative assumptions.
4. Including clear, high-level budget categories and scenarios for both best- and worst-case outcomes.
5. Developing a balanced budget unless the Board explicitly approves otherwise.
 - 5.1 Presenting a draft budget by September and seeking Board approval no later than December.



5.2 Providing a revised budget between February and May if significant changes occur.

6. Including financial resources in the budget for regulatory responsibilities, organizational capacity building, capital expenditures, and Board operations (e.g., governance, linkage, audit, Board development and support, Board legal affairs).

FINANCIAL RISK

The Registrar & CEO will not:

7. Finish any fiscal year with an operating deficit or without sufficient liquidity for the following year.
8. Borrow or lend funds or use long-term reserves without Board authorization.
9. Operate without ensuring that reserves, as prescribed in the Summary of Financial Numerical Limitations Policy (EL Policy II-17), are maintained.
10. Hold surplus funds in financial instruments outside approved investment policies.

FINANCIAL OPERATIONS

The Registrar & CEO will not:


11. Make a single unbudgeted purchase exceeding \$40,000 without Board approval.
12. Deviate from the approved budget by more than 25% in any quarter without updating the financial plan.
13. Miss accounts payable due dates.

REPORTING AND ACCOUNTABILITY

The Registrar & CEO will not operate without:

14. Reporting quarterly on actual versus budgeted revenues and expenditures, including material variances and corrective plans as needed.
15. Reporting on any annual surplus including proposed allocations for these surpluses.

Figure 2
Current EL II-10 Financial Planning and Budget Cycle

Policy Title: FINANCIAL PLANNING AND BUDGET CYCLE		Policy Section: II Executive Limitations		Policy Number: II-10
Approved By: Board of Directors	Date Approved: Jan 23, 1996	Date Reviewed/ Revised: May 4, 2006 Nov 29, 2007 Feb 5, 2009 Nov 29, 2010 Nov 29, 2013	Nov 28, 2016 Nov 28, 2019 Dec 2, 2022	President's Signature: 

PURPOSE

To outline the Board's executive risk boundaries for the Registrar and CEO with regard to financial planning and the CMLTO budget cycle.

POLICY

The Registrar and CEO shall not operate without financial planning and budgeting that allocates resources in a way that:

1. Aligns directly with Board's stated Ends (critical outcomes) Policy priorities,
2. Carefully addresses financial risk and the long-term health of CMLTO,
3. Demonstrates fiscal prudence, and
4. Is derived from a multi-year plan (including projections of at least three years).

Further, the Registrar and CEO shall not operate without financial plans that:

5. Include Key Budget Planning Assumptions.
6. Include a Budgeted Statement of Operations and a resulting Statement of Financial Position (Financial Condition).
7. Outline evidence-based projections of revenues and expenses based on past performance (of at least two prior years) and supportable, conservative* future projections.
8. Provide a range of scenarios considering best case and worse case.
9. Assign the funds necessary for the College to fulfill its regulatory responsibilities and critical Ends (critical outcomes) including taking into consideration the need to sustain and build organizational capacity sufficient to achieve Ends in future years.
10. Include a separate and identifiable budget section for:
 - a. Board initiatives including reasonable allowances for:
 - i. Annual Financial Audit and periodic external third-party monitoring of Registrar and CEO/organizational performance.
 - ii. Board/ownership linkage connections (e.g. surveys, focus groups, and opinion analyses, etc.).



- iii. Board meeting and Board Committee meeting costs.
- iv. Board Continuing Education/Board Development, Coaching, Board Support, including Board Member attendance at appropriate Board learning sessions.
- b. A Capital Expenditures Plan
- 11. Provide a high level budget with budget categories, such that Board can readily assess the 'big picture' implications of the budget on the CMLTO financial condition.
- 12. Balance the budget (i.e. project expenditures in any one fiscal year not to exceed conservatively projected revenues without Board approval by motion).


With regard to the Budget Cycle, the Registrar and CEO will not operate without:

- 13. Seeking feedback from Board on key Budget Planning Assumptions no later than the end of July of each year for the next fiscal year.
- 14. Rendering a first draft of the budget by no later than the September Board meeting. (Depending on the extent of any recommended changes by the Board, the budget will be submitted to the Board for approval as early as September or as late as November/December of the prior year).
- 15. Providing a revised budget between February to May of the current year, if completed operational planning requires significant budget adjustments based on changes to the Registrar and CEO Ends Interpretation**.

DEFINITIONS

- * Conservative: careful, prudent planning.
- ** Significant Budget Adjustments: Refers to proposed budget adjustments which would require the Registrar and CEO to budget spending more funds in the fiscal year than are projected to be received.

Figure 3
Current EL II-11 Financial Condition Policy

Policy Title: FINANCIAL CONDITION		Policy Section: II Executive Limitations		Policy Number: II-11
Approved By: Board of Directors	Date Approved: Jan 23, 1996	Date Reviewed/ Revised:		Board Chair's Signature: 
		May 4, 2006 Feb 6, 2007 Feb 5, 2009 Feb 9, 2010 Feb 8, 2013 Jan 23, 2015	Feb 7, 2017 Feb 28, 2019 Mar 22, 2021 Feb 11, 2022 Feb 7, 2023 Feb 16, 2024	

PURPOSE

This policy has been created by the Board to provide risk, prudence, ethical, and equitable boundaries related to the leadership and management of the financial condition of CMLTO.

POLICY

With respect to the ongoing financial health and condition of the College, the Registrar & CEO will not put CMLTO at unreasonable risk, as a going concern, and shall not operate without promoting the fiscal well-being of the College within the parameters established by the Board Ends (Critical Outcomes) Policies, other Board policies, and regulatory requirements. This includes ensuring sufficient cash flow to meet obligations in the normal course of business.

Further, the Registrar & CEO shall not cause or allow material deviation of expenditures from the Board's priorities established in the Ends (Critical Outcomes) Policies. In alignment with the Ends (Critical Outcomes) Policies, the Registrar & CEO should not operate without focusing decisions regarding the CMLTO financial condition on priorities that best serve the public interest.

Accordingly, the Registrar & CEO will not:

FINANCIAL POSITION

1. Finish the year in an annual operating deficit with expenditures that exceed revenues.

EXPENDITURE

2. End the fiscal year without sufficient liquidity to operate in the next year.



3. Make a single unbudgeted purchase or commitment of greater than the Board designated level \$40,000. Splitting orders to avoid this limit is not acceptable.
4. Deviate from the overall budget in any one quarter by more than twenty-five percent (25%) unless the financial plan for the remainder of the year is adjusted to address the deviation by year-end.

DEBT

5. Borrow from a financial institution.
6. Indebt the organization in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 90 days.
7. Loan CMLTO funds to any party.

RESERVE FUNDS

8. Use any long-term reserves except for those approved by Board specified under the heading Reserve Funds in EL Policy II-17.
9. Operate without ensuring that reserves, as prescribed in the Summary of Financial Numerical Limitations Policy (EL Policy II-17), are maintained.

SURPLUS

10. Hold surplus funds in any financial instrument that does not meet the requirements outlined in the "Investment" Executive Limitations Policy EL II-09, unless the funds are required in the short term for a budgeted expense.
11. Fail to provide the Board with an annual report outlining a proposed plan for the annual operating surplus.

PAYABLES

12. Operate without settling payroll, source deductions, other government payments and short-term debt by the required due date.
13. Operate without paying other accounts payable in a timely manner.

REPORTING

14. Operate without ensuring transparent accountability to the Board including presenting a report of the budget versus the actual year-to-date revenue and expenditure comparison at least at the quarterly Board meetings, by major expenditure categories included in the budget. Material (significant) variances should be noted, and an explanation provided.



15. Operate without providing remediation strategies/options where financial performance is not in accordance with the financial plan and budget.

DEFINITIONS

Annual Operating Deficit: The annual expenditures are greater than annual revenues.

Annual Operating Surplus: The amount of funds received in the year which exceed the actual annual expenditures.

**Comparison of New Proposed “Financial Health” Executive Limitations Policy &
Current EL II-10: Financial Planning & Budget Cycle / EL II-11: Financial Conditions**

EL II-10: Financial Planning & Budget Cycle

Policy Criteria	Included?	New Policy Criteria	Notes
1. Aligns directly with Board’s stated Ends (critical outcomes) Policy priorities,	YES	1	N/A
2. Carefully addresses financial risk and the long-term health of CMLTO,	YES	2	N/A
3. Demonstrates fiscal prudence, and	YES	2	N/A
4. Is derived from a multi-year plan (including projections of at least three years).	YES	3	N/A
5. Include Key Budget Planning Assumptions.	MODIFIED	2.1	Does not explicitly require the formal “Key Assumptions” document.
6. Include a Budgeted Statement of Operations and a resulting Statement of Financial Position (Financial Condition).	NO	N/A	New policy does not explicitly require a Statement of Operations or Financial Position.
7. Outline evidence-based projections of revenues and expenses based on past performance (of at least two prior years) and supportable, conservative* future projections.	MODIFIED	3	The revised policy states 3 years.
8. Provide a range of scenarios considering best case and worse case.	YES	4	N/A
9. Assign the funds necessary for the College to fulfill its regulatory responsibilities and critical Ends (critical outcomes) including taking into	YES	6	N/A



Policy Criteria	Included?	New Policy Criteria	Notes
consideration the need to sustain and build organizational capacity sufficient to achieve Ends in future years.			
10. Include a separate and identifiable budget section for: a. Board initiatives including reasonable allowances for: i. Annual Financial Audit and periodic external third-party monitoring of Registrar and CEO/organizational performance. ii. Board/ownership linkage connections (e.g. surveys, focus groups, and opinion analyses, etc.). iii. Board meeting and Board Committee meeting costs. iv. Board Continuing Education/Board Development, Coaching, Board Support, including Board Member attendance at appropriate Board learning sessions. b. A Capital Expenditures Plan	YES	6	N/A
11. Provide a high level budget with budget categories, such that Board can readily assess the 'big picture' implications of the budget on the CMLTO financial condition.	YES	4	N/A
12. Balance the budget (i.e. project expenditures in any one fiscal year not to exceed conservatively projected revenues without Board approval by motion).	YES	5	N/A



Policy Criteria	Included?	New Policy Criteria	Notes
13. Seeking feedback from Board on key Budget Planning Assumptions no later than the end of July of each year for the next fiscal year.	MODIFIED	2.1	Does not explicitly require this to be done by July.
14. Rendering a first draft of the budget by no later than the September Board meeting. (Depending on the extent of any recommended changes by the Board, the budget will be submitted to the Board for approval as early as September or as late as November/December of the prior year).	YES	5.1	N/A
15. Providing a revised budget between February to May of the current year, if completed operational planning requires significant budget adjustments based on changes to the Registrar and CEO Ends Interpretation*.*.	YES	5.2	N/A

EL II-11: Financial Conditions

Policy Criteria	Included?	New Policy Criteria	Notes
1. Finish the year in an annual operating deficit with expenditures that exceed revenues.	YES	7	N/A
2. End the fiscal year without sufficient liquidity to operate in the next year.	YES	7	N/A
3. Make a <u>single unbudgeted</u> purchase or commitment of greater than the Board designated level \$40,000. Splitting orders to avoid this limit is not acceptable.	MODIFIED	11	Prohibition of splitting orders is not included in the new policy.



Policy Criteria	Included?	New Policy Criteria	Notes
4. Deviate from the <u>overall</u> budget in any one quarter by more than twenty-five percent (25%) unless the financial plan for the remainder of the year is adjusted to address the deviation by year-end.	YES	12	N/A
5. Borrow from a financial institution.	MODIFIED	8	Allows borrowing only with Board authorization.
6. Indebt the organization in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 90 days.	NO	N/A	Not included in the new policy.
7. Loan CMLTO funds to any party.	YES	8	N/A
8. Use any long-term reserves except for those approved by Board specified under the heading Reserve Funds in EL Policy II-17.	YES	8	N/A
9. Operate without ensuring that reserves, as prescribed in the Summary of Financial Numerical Limitations Policy (EL Policy II-17), are maintained.	YES	9	N/A
10. Hold surplus funds in any financial instrument that does not meet the requirements outlined in the "Investment" Executive Limitations Policy EL II-09, unless the funds are required in the short term for a budgeted expense.	YES	9	N/A
11. Fail to provide the Board with an annual report outlining a proposed plan for the annual operating surplus.	YES	15	N/A



Policy Criteria	Included?	New Policy Criteria	Notes
12. Operate without settling payroll, source deductions, other government payments and short-term debt by the required due date.	MODIFIED	13	Payroll, etc not specifically listed. Policy criteria is more general.
13. Operate without paying other accounts payable in a timely manner.	YES	13	N/A
14. Operate without ensuring transparent accountability to the Board including presenting a report of the budget versus the actual year-to-date revenue and expenditure comparison at least at the quarterly Board meetings, by major expenditure categories included in the budget. Material (significant) variances should be noted, and an explanation provided.	YES	14	N/A
15. Operate without providing remediation strategies/options where financial performance is not in accordance with the financial plan and budget.	MODIFIED	14	New policy states “corrective plans as needed,” which is conceptually similar but less explicit.



AGENDA ITEM 10.0

10.0	BOARD-CEO RELATIONSHIP: POLICY REVIEW
10.1	BCR III-20 Board Support of the Registrar & CEO Policy



Briefing Report to Board of Directors

Date	:	November 1, 2025
From	:	Walter Hewus, Policy Champion, and Karen Fryday-Field, Governance Counsel, Meridian Edge Leadership & Governance Consulting
Subject	:	Regular Policy Review: BCR III-20 Board Support of the Registrar & CEO

Report Purpose:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Board Policy Development, Review, and Approval | <input type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Executive Limitations Policy | <input type="checkbox"/> Executive Limitations |
| <input checked="" type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |
-

Recommended Motion:

Be it resolved that: The Board moves to approve the refreshed Board-CEO Relationship Policy BCR III-20 Board Support of the Registrar & CEO outlined in Figure 1 as relevant and current.

BACKGROUND AND CONTEXT

The Board-CEO Relationship Policy BCR III-20 Board Support of the Registrar & CEO was last reviewed in December 2022 and is now coming forward to the December 2025 Board meeting for regular policy review. This policy outlines the Board's commitment to support the Registrar & CEO in their work and to create conditions to support an effective working relationship between the Board and Registrar & CEO.

The review process has included:

- A review of policy language to be consistent with current CMLTO language,
- Governance and industry benchmarking to ensure consistency with current policy-driven governance thinking and practice, and applicable regulatory sector trends (over 20 inside and out of industry comparator policies were utilized for this benchmarking),
- A review of any related key policy matters and principles which the Board has raised regarding this topic since the last policy review,



- An ongoing review to ensure that the policy reflects the Board's current values, including equity, diversity, inclusion, and justice (EDIJ) values (as appropriate),
- Confidential scrutinization of this policy draft through secure artificial intelligence search for other relevant, related policy matters, and,
- A review to align policy content with the Board's commitment to intentionally and transparently evaluate the impact of its policy decisions on the protection of the public interest.

The Board Members are asked to review the attached proposed policy and policy revisions from the following perspectives:

- Are there any areas of the policy that appear unclear?
- Are the proposed revisions aligned with the Board's principles and values?
- Do any additional policy criteria need to be added in light of the Board principles and values, the Board awareness and protection of the public interest, and the overall purpose of CMLTO?

Figure 1 below outlines the current policy version of BCR III-20 Board Support of the Registrar & CEO along with the proposed amendments outlined in red for Board review and discussion.


The proposed changes relate to:

- 1) Alignment with CMLTO Board Processes and Current Language Format
 - A small number of terms have been updated to CMLTO current language.
- 2) Governance and Industry Benchmarking including Current Policy-Driven Governance Thinking
 - There are two new concepts proposed for this policy.
- 3) Alignment with the CMLTO Board's Commitment to Intentionally and Transparently Evaluate the Impact of Its Decisions on the Protection of the Public Interest (CMLTO's Public Interest Assessment Framework)
 - Effective Board support of the Registrar & CEO enhances both Registrar & CEO and Board effectiveness in achieving CMLTO's mandate to protect the public. This is now proposed to be noted in the policy draft.
- 4) Alignment with the CMLTO Board's Commitment to Equity, Diversity, Inclusion and Justice
 - A new policy clause has been proposed to commit the Board to conducting and building its support for and relationship with the Registrar & CEO with equity, diversity and inclusion principles.

Given that in this cycle, for unexpected reasons, there has not been time to precirculate the refreshed policy draft in advance to the Board for comments, please be prepared to speak specifically to any substantive questions or suggestions at the meeting.

Figure 1

**Current BCR III-20 Board Support of the Registrar & CEO with Proposed Updates
Outlined in Red for Board Discussion**

Policy Title: BOARD SUPPORT OF THE REGISTRAR & CEO		Policy Section: III Board-CEO Relationship	Policy Number: III-20
Approved By: Board of Directors	Date Approved: Nov 30, 2007	Date Reviewed/Revised: Nov 10, 2010 Nov 29, 2013 Sept 22, 2016 Nov 28, 2019 Dec 2, 2022 Ready for December 2025	Board Chair's Signature: 

BACKGROUND

A Board-CEO partnership, rooted in mutual trust and respect, is crucial to the effective governance and overall well-being of the CMLTO. The Registrar & CEO is likely to be more successful when the Board, as the senior partner, creates conditions to support an effective working relationship with the Registrar & CEO.

Along with evaluating the Registrar & CEO, the Board has an obligation to ensure that it is supporting the learning and development of the Registrar & CEO. The Board is also committed to acknowledging and recognizing the Registrar & CEO successes and opportunities for growth and/or improvement as outlined in the Board-CEO Relationship Policy III-10 Registrar & CEO **Annual Summative** Performance Evaluation Policy. ~~The policy below exists to clarify this part of the Board-Registrar & CEO relationship and to make this Board commitment to Registrar & CEO support transparent.~~

POLICY PURPOSE

The purpose of this policy is to define and reinforce the importance of a strong, effective relationship between the Board and the Registrar & CEO, and to articulate the Board's commitment to fostering the Registrar & CEO's success through transparency, clear expectations, and a positive, supportive, equitable working environment.

POLICY



The Board is responsible for:

- a) Setting policy direction to lead the Registrar & CEO (and their team) in meeting the needs of Ontarians (the public) related to regulation of medical laboratory professionals, and
- b) Monitoring progress and achievement of Ends (Critical Outcomes) Policies within Executive Limitations boundaries.

In support of this ~~these governance responsibilities~~, the Board ~~also has an obligation~~ **is committed** to creating a supportive work environment and to provide tangible support to the important role of the Registrar & CEO. **Both the Board and the Registrar & CEO need to be working effectively together in order to achieve optimal organizational performance which includes strategy and operations leading to public safety.**

POLICY

The Board ~~will~~ **is committed to** ensure that there is a mechanism in place to provide input, dialogue, support, and development for the Registrar & CEO by:

1. **Setting clear Ends (Critical Outcomes) and Executive Limitations.**
2. Monitoring the Registrar & CEO's results to provide informed feedback on results achieved throughout the year, contributing to Registrar & CEO learning and recognition, **and affirmation.**
3. **Having an understanding of, and appreciation for, the breadth, depth, and complexity of the Registrar & CEO's job scope and responsibilities.**
4. Being available to the Registrar & CEO to discuss competing Ends **(Critical Outcomes)** strategic priorities, as needed, and to give input to redefining priorities among the Ends **(Critical Outcomes)** as required.
5. Enabling the Registrar & CEO to place critical items on Board meeting agendas in keeping with GP IV-35.01 Board Meeting Agenda **Development and Structure Policy.**
6. **Conducting all aspects of the Board/Registrar & CEO relationship through and equity, diversity, and inclusion lens, ensuring that communication, expectation, feedback, and support are grounded in fairness, cultured humility and respect for diverse identities, perspectives, and lived experiences.**



7. Being available for consultation and support through informal discussion with the Chair, Vice Chairs and ~~/or one or more members of~~ the Executive Committee or the Board as requested by the Registrar & CEO. (Note: The Registrar & CEO is not obliged to follow any particular course of action as a result of these informal consultation discussions).
8. Providing reasonable resources and support for the ongoing learning and professional development of the Registrar & CEO in areas relevant to achievement of CMLTO's Ends **(Critical Outcomes)** Policies, and compliance with the Board's Executive Limitations Policies.



AGENDA ITEM 11.0

11.0	BOARD MONITORING OF BOARD POLICY COMPLIANCE
11.1	GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy

Board Governance Process Policy Compliance Monitoring Report to Board

Date	: November 28, 2025
Relevant Policy	: GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy
Monitoring Report Completed by	: Karen Persad, Policy Champion
Review Period	: November 2024 - November 2025

Report Purpose:

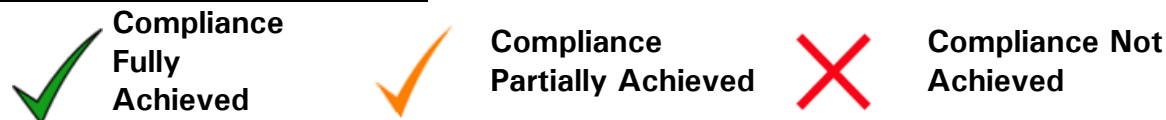
- | | |
|---|---|
| <input type="checkbox"/> Board Policy Development/Enhancement | <input checked="" type="checkbox"/> Monitoring Report |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Executive Limitations Policy | <input checked="" type="checkbox"/> Board Governance Process |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Governance Process | |

PUBLIC INTEREST RATIONALE:

The Board of Directors establishes the CMLTO’s strategic direction and outcomes that will lead self-regulation of medical laboratory technologists forward in the public interest by using the Policy Governance® model. The Policy Governance® model allows the Board of Directors to form policy direction, influence strategy and operations, and monitor results and progress on policy achievement and compliance in pursuit of public interest.

In addition to monitoring results and progress on policy achievement, the Board also monitors its compliance with its own policies to ensure that it governs with excellence, integrity, and equity, and holds itself accountable to the public of Ontario. This monitoring report is intended to demonstrate that the Board of Directors has been governing in a manner consistent with its Governance Process Policy GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy for the period November 15, 2024 to November 15, 2025.

LEGEND: Level of Achievement



Recommended Motion:

Be it resolved that,
The evidence provided demonstrates that overall Board has been in partial compliance with its Governance Process Policy GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy.

BACKGROUND:

The CMLTO has the statutory mandate to serve and the public interest pursuant to the [Regulated Health Professions Act \(RHPA\), 1991](#) and the [Medical Laboratory Technology Act, 1991](#).

This policy supports the Board of Directors, which determines the strategic direction of the College to fulfil the mandate of regulating the profession in the public interest, by ensuring that Board and Committee Members understand and meet their individual accountabilities and perform their duties in a manner that promotes the highest standard of public trust and integrity.

All CMLTO Board and Committee Members shall demonstrate their commitment to the public interest by complying with the Code of Conduct, Conflict of Interest and Confidentiality provisions of the CMLTO By-Law and act in a manner that is consistent with the statutory mandate of the College to regulate the profession in the public interest.

The Board of Directors adopted the following CMLTO By-Law articles, which apply to all Board and Committee Members:

- **Article 6** – Code of Conduct (Appendix 1)
- **Article 7** – Conflict of Interest (Appendix 2)
- **Article 8** – Confidentiality (Appendix 3)

THE POLICY:

The CMLTO Board recognizes that public interest is best served when Board and Committee Members act with fairness, honesty and integrity, and maintain the highest standards of professional and personal conduct.

To that end, the expectations for code of conduct, conflict of interest, and confidentiality, as outlined in the CMLTO By-Law, serve as a public declaration of the principles of prudent conduct and ethics that the CMLTO Board has decided the public can expect from the CMLTO Board and Committee Members.

The Code of Conduct, Confidentiality, and Conflict of Interest Policy (GP IV-80) supplements the CMLTO By-Law Articles pertaining to the Code of Conduct of the College and affirms the importance of abiding by the relevant By-Law provisions.

PURPOSE:

The Code of Conduct, Confidentiality, and Conflict of Interest Policy (GP IV-80) sets out the guiding principles, obligations, and expectations of Board Members regarding their conduct to ensure they maintain the highest standards of public trust and integrity in all aspects of carrying out their duties, as outlined in, and in support of, all relevant By-Law articles. This policy applies to all CMLTO Board and Committee Members.

SECTION 1

ARTICLE 6 – CODE OF CONDUCT

6.1 DEFINITIONS AND INTERPRETATIONS

In this article;

“Board Member”

includes all Board Members, whether elected, appointed by the Board of Directors, or appointed by the Lieutenant Governor in Council, and


“Committee Member”



includes all statutory and non-statutory committee Members, including standing and ad hoc committee Members.


6.2 PURPOSE OF CODE OF CONDUCT


The College has the statutory mandate to serve and protect the public interest pursuant to the RHPA_and the Act.



The Code of Conduct supports the Board of Directors, which determines the strategic direction of the College to fulfil the mandate of regulating the profession in the public interest, by ensuring that the Board and Committee Members understand and meet their individual accountability, and perform their duties in a manner that promotes the highest standard of public trust and integrity.

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>6.3 OBLIGATIONS UNDER CODE OF CONDUCT</p> <p>The Code of Conduct of the College applies to all Board and Committee Members.</p> <p>All Board and Committee Members shall demonstrate their commitment to the public interest by complying with the Code of Conduct of the College and act in a manner that is consistent with the statutory mandate of the College to regulate the profession in the public interest.</p>	No further interpretation needed	All Board and Committee Members have signed the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form for 2025	


Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>UNCONFLICTED LOYALTY AND ACCOUNTABILITY</p> <p>The Board and Committee Members shall demonstrate their loyalty and accountability to the public by:</p> <p>Recognizing and acknowledging:</p> <p>Their fiduciary duty to act in the best interest of the public and the College consistent with its goals and objectives and its mandate to protect the public,</p> <p>Their accountability to the public for their actions and decisions,</p> <p>That their fiduciary duty and accountability to the public supersedes any conflicting loyalty to other advocacy or interest groups, Membership on other Boards, the College staff or the personal interest of any Board Member.</p> <p>Promoting public interest in their contributions and discussions at the Board and Committee meetings and making all decisions in good faith and in the best interest of the public after considering all the information and evidence,</p> <p>Respecting the authority of the Registrar and CEO and holding them accountable for their performance, and</p> <p>Adhering to the governance model the College has adopted.</p>	No further interpretation needed	<p>The results from the Board Self-Evaluation of the May 2025 Meeting showed Board Members observed the following:</p> <p>"Discussions consistently prioritized public interest, particularly in areas such as MLA/T regulation, risk register management, and policy reviews. This was reinforced through explicit agenda framing and Board member reminders."</p> <p>All policies are being updated to include a "Public Interest Rationale"</p> <p>No non-conformances reported</p>	
	<p>BOARD WHOLENESS</p> <p>The Board Members shall recognize and acknowledge that the Board of Directors is a collective entity which, as a whole, is accountable for the College's outcomes. To that end, they shall support the wholeness of the Board by:</p> <p>Refraining from attempting to exercise individual authority over the College,</p>	No further interpretation needed	<p>The Board has abided by GP IV-01 Governance Philosophy/Approach Policy</p> <p>While Board Members may have diverse perspectives, all motions were passed with the Board focused on collective Board decisions (speaking with one voice)</p>	



Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>Upholding and abiding by the decisions of the Board, regardless of the level of individual disagreement or personal position on the issue,</p> <p>Recognizing that the Board of Directors speaks with one voice,</p> <p>Refraining from speaking on behalf of the College, unless explicitly authorized to do so by the Board Chair or the Registrar and CEO,</p> <p>Referring all requests for comment by the media, public and others on the College business to its designated official spokespeople pursuant to the Media and Official Communications Section of this By-Law and the relevant Board Policies,</p> <p>Maintaining the expected decorum at the Board and Committee meetings and adhering to the meeting rules of order,</p> <p>Discharging all their duties in a way that protects the reputation of the College, and</p> <p>Raising concerns if an apparent wrongdoing by other Board or Committee Members is observed.</p>		No non-conformances reported	
	<p>TRANSPARENCY AND INTEGRITY</p> <p>The Board and Committee Members shall act with fairness, honesty and integrity and maintain the highest standards of professional and personal conduct by:</p> <p>Understanding and complying with their duties set out in the RHPA, the Act, their regulations, this By-Law, and the policies of the College,</p>	No further interpretation needed	<p>All Board and Committee Members have signed the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form for 2025</p> <p>No non-conformances reported</p>	



Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>Complying with their conflict of interest obligations pursuant to the Conflict of Interest Article of this By-Law,</p> <p>Complying with their confidentiality obligations pursuant to the Confidentiality Article of this By-Law,</p> <p>Complying with their obligations related to use of social media pursuant to the relevant Board Policy, and</p> <p>Refraining from attempting to influence a statutory decision unless one is a member of the Committee or the panel of the Committee assigned to make a decision about the matter.</p>			
	<p>RESPECT AND COLLABORATION</p> <p>The Board and Committee Members shall demonstrate collaboration by:</p> <p>Fostering respect and trust, and demonstrating confidence in colleagues,</p> <p>Respecting the roles and individuality of and maintaining appropriate boundaries between the Board of Directors, the Committees and the College staff,</p> <p>Recognizing that they have no authority to instruct staff Members whose role is not to report to or work for individual Board or Committee Members, and</p> <p>Considering the views of other Board and Committee Members expressed during the discussion of a matter and refrain from acting in a manner which demonstrates a closed mind on a matter that is before the Board or the Committee.</p>	No further interpretation needed	<p>The results from the Board Self-Evaluation of the May 2025 Meeting showed Board Members observed the following:</p> <p>"Consensus-building and inclusivity were consistently demonstrated, even on potentially contentious issues"</p> <p>A non-conformance has been noted in this area involving matters between a Board Member and Staff that required the attention of the Board Chair and the R/CEO</p>	

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>COMPETENCE AND DILIGENCE The Board and Committee Members shall demonstrate competence in their roles by:</p> <p>Being familiar and complying with the provisions of the RHPA the Act, and their regulations, this By-Law, the policies of the College and the rules of order so that they can make informed decisions,</p> <p>Participating at the required Board and Committee orientation and education sessions which will better equip them in carrying out their duties,</p> <p>Being prepared for and diligently attending the Board and/or Committee meetings regularly¹ and being punctual,</p> <p>Participating actively and constructively in discussions and decision-making at the Board and/or Committee meetings, and</p> <p>Making decisions solely on merit and in the public interest after considering all the information and evidence.</p>	Competence and diligence has been interpreted as active and constructive participation by Members on the Board and/or Statutory Committees	<p>The majority of Board Members completed the annual orientation (91%)</p> <p>As of 2025 Q2:</p> <ul style="list-style-type: none"> • The Board completed 9.5 hrs dedicated to continuous education/learning sessions • Board meeting attendance met expected target (>80%) • Board members completing full annual orientation met expected target (>88%) • Statutory Committee attendance met expected target (>87%) 	
	<p>DIVERSITY, EQUITY AND INCLUSION Board and Committee Members shall support diversity, equity and inclusion by:</p>	No further interpretation needed	<p>All policies are being reviewed with an EDIJ lens</p> <p>All perspectives are encouraged and welcomed in Board</p>	

¹ Grounds for Disqualification: The Board shall disqualify a Board Member from sitting on the Board if the Board Member, subject to the discretion of the Board of Directors to excuse the absence, fails, without reasonable cause, to attend three (3) consecutive regular meetings of the Board of Directors or two (2) consecutive meetings of a Committee to which the Board Member has been appointed,

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>Treating everyone equally and with dignity, and participating in all Board and Committee discussions in a respectful, courteous and constructive manner,</p> <p>Supporting and respecting the value of diversity by welcoming and respecting alternative opinions, recognizing the diverse backgrounds, experience and skills of the Board and Committee Members,</p> <p>Refraining from engaging in any type of unprofessional behaviour which might reasonably be perceived as discriminatory or as verbal, physical or sexual abuse or harassment and intervening, if appropriate, when such behaviour is being observed, and</p> <p>Complying with the College's Diversity Statement/Policy.</p>		<p>discussions</p> <p>All Board meetings begin with a Land Acknowledgement</p> <p>The results from the Board Self-Evaluation of the May 2025 Meeting showed Board Members observed the following: " a culture of respect, openness, and inclusivity, with active participation encouraged and valued. While some noted that a few members spoke more often, no one felt excluded"</p> <p>No non-conformances reported</p>	
	<p>6.4 DECLARATION FORM</p> <p>All Board and Committee Members shall sign the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form upon election or appointment, prior to commencing service, and annually thereafter, indicating that they have read and will comply with the Code of Conduct of the College.</p> <p>Failure to do so may cause suspension from all duties of the Board and Committee Members until this requirement is met and may amount to grounds for disqualification from the Board and/or the Committees.</p> <p>Each Board or Committee Member shall immediately notify the Registrar and CEO and</p>	No further interpretation needed	<p>All Board and Committee Members have signed the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form for 2025</p> <p>No non-conformances reported</p>	

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	complete an amended CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form should the information which was previously included in the form change.			
	<p>6.5 CODE OF CONDUCT RESOLUTION PROCESS</p> <p>6.5.1 INFORMAL PROCESS Informal resolution process, including but not limited to providing feedback, guidance, advice, counselling or reminders, may be pursued as the first means of remedying behaviour or activity which allegedly breaches the Code of Conduct of the College.</p> <p>Any individual who identifies and/or witnesses an activity or behaviour by another Board or Committee Member, which they believe contravenes the Code of Conduct of the College may, if it is possible and appropriate to do so, pursue the informal resolution process and seek to address the behaviour and activity which appears to violate the Code of Conduct with the Board or Committee Member whose behaviour or activity appears to contravene the Code of Conduct.</p>	No further interpretation needed	A non-conformance has been noted in this area involving matters between a Board Member and Staff that required the attention of the Board Chair and the R/CEO	
	<p>6.5.2 FORMAL COMPLAINT PROCESS Any individual who identifies and/or witnesses an activity or behaviour by a Board or Committee Member, which they believe contravenes the Code of Conduct of the College, may file a formal complaint against a Board or Committee Member, where it was not possible to reach an informal resolution or if an informal resolution was deemed not to be suitable.</p> <p>The informal resolution process is not a precondition or a prerequisite to pursuing the formal complaint process.</p>	No further interpretation needed	No non-conformances reported	

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>6.5.2.1 FILING A COMPLAINT Any person may make a complaint against a Board or Committee Member of the College who is believed to have contravened the Code of Conduct of the College or any other duties set out in this By-Law.</p> <p>The concerns about a Board Member's compliance with the Code of Conduct of the College shall be brought to the attention of the Registrar and CEO and a formal complaint shall be filed.</p> <p>The concerns about a committee member's compliance with the Code of Conduct of the College shall be brought to the attention of the relevant committee Chair, who shall immediately report the concern to the Registrar and CEO.</p> <p>The complainant shall file a written complaint with the Registrar and CEO, which includes the name(s) of the individual(s) concerned, and a detailed description of the alleged conduct that forms the basis of the complaint.</p> <p>The Registrar and CEO shall report the complaint to the Board Chair. If the Board Chair is the subject of the complaint, the Registrar and CEO shall report the complaint to one of the Vice-Chairs.</p> <p>The Board or Committee Member, whose conduct is the subject of concern, shall be informed about the complaint in writing.</p>	No further interpretation needed	No non-conformances reported	
	<p>6.5.2.2 PRELIMINARY DETERMINATION OF FACTS The Board Chair (or Vice-Chair if the complaint is about the Board Chair), the Registrar and CEO, with the assistance of Legal Counsel where appropriate, shall conduct a preliminary investigation about the alleged violation of the Code of Conduct of the College by a Board</p>	No further interpretation needed	No non-conformances reported	

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>or Committee Member.</p> <p>The Board or Committee Member, whose conduct is the subject of the complaint, shall be given the opportunity to make written submissions.</p> <p>Where the Board Chair (or Vice-Chair), the Registrar and CEO, the Legal Counsel, upon completion of the investigation, believe that the complaint does not warrant formal resolution by the Executive Committee, they shall provide a report to the Executive Committee about the investigation and conclusion, with reasons for the conclusion.</p> <p>The Executive Committee may accept the report or conduct an additional investigation or other action.</p>			
	<p>6.5.2.3 REFERRAL TO THE EXECUTIVE COMMITTEE</p> <p>Where the Board Chair (or Vice-Chair) and the Registrar and CEO upon completion of the investigation, believe that the complaint warrants formal resolution by the Executive Committee, they shall refer the complaint to the Executive Committee and provide a report to the Executive Committee about the investigation conducted.</p> <p>The Executive Committee, after receiving the referral: Shall determine whether there are any material facts in dispute, in which case it shall pursue a fair and reasonable process to assess those facts it deems necessary,</p> <p>May initiate additional investigation if it deems appropriate,</p> <p>May make an interim decision at any time to protect the integrity and reputation of the College, which may include but not limited to directing that the Board or Committee Member, who is the subject of the matter, be suspended from their duties until the matter</p>	No further interpretation needed	No non-conformances reported	✓

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>is resolved, and</p> <p>Shall review the relevant facts and reach a decision as to whether they believe there was a breach of the Code of Conduct or not.</p> <p>Where the Executive Committee determines that the complaint does not warrant formal resolution by the Board, it may take an action it deems appropriate, and shall provide a report to the Board about the investigation and conclusion, with reasons for the conclusion.</p>			
	<p>6.5.2.4 REFERRAL TO THE BOARD OF DIRECTORS</p> <p>Where the Executive Committee determines that there has been a breach of Code of Conduct and that the complaint warrants formal resolution by the Board, it may either call a special Board meeting and schedule the complaint for formal determination before the Board or include the matter on the agenda of the next regular Board meeting for appropriate action by the Board.</p> <p>The Board shall:</p> <p>Review the relevant facts and circumstances,</p> <p>Request the Legal Counsel of the College to present relevant evidence, if it deems necessary,</p> <p>Consider the implications or anticipated implications of the Board or Committee Member's actions on the College, and</p> <p>Determine whether the Board or the Committee Member, who is the subject of the complaint, breached the Code of Conduct of the College.</p>	No further interpretation needed	No non-conformances reported	✓

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>The Board or the Committee Member, who is the subject of the matter referred to the Board, shall be given the opportunity to make written and, at the Board’s sole discretion, may be given the opportunity to make oral submissions explaining their actions to the Board.</p> <p>The Board or the Committee Member, who is the subject of the matter referred to the Board, and the complainant, if a Board Member, shall excuse themselves from the deliberations pertaining to the complaint and is not entitled to vote on the matter when Council makes a determination on the complaint.</p> <p>Any deliberation or vote by the Board of Directors shall be with the public excluded, unless the Board Member, who is the subject of the matter under consideration, requests otherwise.</p> <p>Where the Board determines that there has not been a breach of the Code of Conduct, it shall take no further action regarding the matter.</p> <p>Where the Board determines that there has been a breach of Code of Conduct, it may take an action it deems appropriate, including but not limited to:</p> <p>Demanding an apology from the Board or Committee Member in a form acceptable to the Board, who may be suspended until such apology is received or another resolution acceptable to the Board is reached, or</p> <p>Requiring assurances from the Board or Committee Member that similar behaviour will not be repeated in the future, or</p>			

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>Censuring the Board or Committee Member verbally or in writing, or</p> <p>Removing the Board or the Committee Member from the Committees they serve on, or</p> <p>Removing the Board or the Committee Member as Chair of any Committees they serve on, or</p> <p>Disqualifying the Board or Committee Member if the conduct constitutes grounds for disqualification, or</p> <p>Recommending to the Public Appointments Secretariat that the public Board Member be removed from the Board, or</p> <p>Any other sanction the Board deems appropriate to the circumstances.</p> <p>The decision of the Board shall be final and not subject to appeal.</p> <p>Nothing herein shall prevent the Board, any member thereof, or any other person from referring the matter complained of to any outside authority at any stage of the process.</p>			

SECTION 2

ARTICLE 7 – CONFLICT OF INTEREST

The provisions in this Article in no way limit the full extent of the duties set out in the [Code of Conduct](#) Article of this By-Law.

7.1 DEFINITIONS AND INTERPRETATIONS

A conflict of interest exists where a reasonable person, who knows the relevant facts and circumstances, would conclude that a Board or Committee Member's personal, professional or financial interests or their responsibilities and duties to another organization, may compromise their actions, impartiality, exercise of judgment, decision-making with respect to the College matters and/or performing their duties as a Board or Committee Member.



It is not always possible to define the forms of conflicts of interest in advance because the facts and circumstances of each case are unique. Hence, for the purposes of this By-Law and all matters that the Board of Directors and Committees conduct:


A conflict of interest is defined to include real or perceived, actual or potential, and direct or indirect conflicts, and

The direct or indirect personal or financial interests of a close friend, business associate, relatives², or any affiliated entity³ of a Board or Committee Member shall be interpreted to be the interests of the Board or Committee Member.

² For the purpose of this provision, the term "family" includes but not limited to parents, spouse, which includes common-law spouse, romantic partner and a same-sex partner of the person, children, siblings, in-laws.




³ For the purpose of this provision, the term "affiliated entity" means an organization in which a Board or Committee Member has an employment or a contractual role or which they own in whole or in part.

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	7.2 SCOPE OF RISKS The Board and Committee Members must not carry out their duties when they are in a conflict of interest. They shall recognize that a conflict of interest or an appearance of conflict of interest may: <ul style="list-style-type: none"> • Impact the image of the Board or Committee Member involved, • Impact the reputation, public image and integrity of or bring discredit to the College, • Cause a breach of the Board or Committee Member's fiduciary obligations to the College, • Create liability for the Board or Committee Member involved, the College or both, and • Undermine the confidence of the public in the Board or Committee decisions, Board or Committee Members' ability to make transparent, objective, impartial and fair decisions in the public interest, and hence, the ability of the College to fulfil its mandate to serve and protect the public interest. 	No further interpretation needed	No non-conformances reported	
	7.3 DUTY TO AVOID CONFLICT OF INTEREST The Board and Committee Members have the duty to act in the best interest of the public at all times. To that end, they shall: <ul style="list-style-type: none"> • Refrain from engaging in any activities or decision-making about an issue about which 	No further interpretation needed	No non-conformances reported	

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>they have or may have a direct or indirect personal, professional or financial interest,</p> <ul style="list-style-type: none"> • Refrain from engaging in any advocacy in any public forum against any official position that the Board of Directors adopted, • Refrain from using the College property or information of any kind for personal gain or for the benefit of somebody else, • Refrain from including or referencing the titles or positions held at the College to advance their personal, professional or financial interests or to secure special privileges or exemptions for themselves or others, • Refrain from conducting any self-dealing or private business or personal services with the College except as procedurally controlled to assure openness, competitive opportunity, and equal access to "inside" information, • Refrain from using their Board or Committee positions to obtain employment in the College for themselves, family Members, or close associates, and • Disclose all affiliations and involvements with other organizations, associations and vendors which might reasonably be seen as a conflict of interest. 			
	<p>7.4 EXAMPLES OF CONFLICT OF INTEREST Without limiting the general meaning of conflict of interest or appearance of conflict of interest, the following activities or circumstances would constitute a conflict of interest or an appearance of conflict of interest for a Board or a Committee Member:</p>	No further interpretation needed	No non-conformances reported	

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<ul style="list-style-type: none"> Participating in the decision-making process about a matter where the decision could confer any personal, professional or financial benefit to themselves, Giving or receiving, or agreeing to receive, directly or indirectly, any compensation, gifts, reward or gratuity from a source except the College, for a matter connected with or related to the Board or Committee Member's service to the College, Accepting, directly or indirectly, any compensation, gratuity, or reward from any other person who is or who becomes beneficially interested in a financial agreement with the College, Voting in the authorization, approval, or ratification of a contract in which they are beneficially interested. Applying for employment with the College without resigning from their Board or Committee positions pursuant to Cooling Off Period Sections of this By-Law, Disclosing confidential information gained through the Board Member's position except in compliance with a lawfully issued subpoena or court order, Taking action or counseling another person to take action or initiate, join or materially contribute to a legal proceeding against the College, Board or Committee Members, a representative of the College or its staff, Assisting or advising anyone about a College matter which is not within their responsibilities instead of directing them to the appropriate College staff member, 			

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<ul style="list-style-type: none"> Holding a responsible position such as an officer, director or employee of a professional association of medical laboratory technologists, a union representing medical laboratory technologists, or an association that represents employers of medical laboratory technologists, Holding a responsible position such as officer, director, Board Member, or being an employee of another organization where their duties may be seen as influencing their judgment in the matter to be considered by the Board or a Committee, Communicating with the government officials, politicians, the media and the public on any matter related to the College when not being the official spokesperson for the College unless approved by the Board of Directors, Delivering a presentation on a matter related to the College's duties and activities without prior College approval, Being the subject of an investigation by the College or another authority that, in the opinion of the Executive Committee, impairs the ability of the Board or Committee Member to participate in a decision or to continue to serve in their position, Engaging in any business or professional activity or employment which would require the Board or Committee Member to disclose any confidential College information acquired due to their position at the College. <p>The examples in this section in no way limit the full extent of actions and/or circumstances</p>			


Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	which may constitute a conflict of interest or an appearance of conflict of interest for a Board or a Committee Member.			
	<p>7.5 PURPOSE OF DECLARATION OF CONFLICT OF INTEREST All Board and Committee Members have the duty to carry out their responsibilities in a manner which serves and protects the public interest.</p> <p>The purpose of declaration of conflict of interest is to</p> <ul style="list-style-type: none"> • Enhance transparency and promote accountability, • Maintain integrity of the Board and Committees' professional judgment, and • Promote and sustain the confidence of the public in the professional judgement and decisions of the Board and Committees, which determine the strategic direction of the College to serve the public interest. 	No further interpretation needed	No non-conformances reported	
	<p>7.6 DECLARATION OF CONFLICT OF INTEREST</p> <p>7.6.1 DECLARATION OF CONFLICT OF INTEREST TO BE ELIGIBLE FOR BOARD ELECTIONS The candidates for election to the Board of Directors shall complete and sign the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form included the CMLTO Board Election Package, expressing understanding of the public protection mandate of the College and a commitment to comply with the Code of Conduct of the College, to be eligible to stand for <u>election</u>.</p>	No further interpretation needed	No non-conformances reported	
	<p>7.6.2 ANNUAL DECLARATION OF CONFLICT OF INTEREST All Board and Committee Members shall sign the CMLTO Code of Conduct and</p>	No further interpretation needed	All Board and Committee Members have signed the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form for 2025	

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	Confidentiality Agreement, Conflict of Interest Declaration Form upon election or appointment, and annually thereafter, indicating that they have read and will comply with the Code of Conduct of the College.			
	7.6.3 AMENDED DECLARATION OF CONFLICT OF INTEREST Each Board or Committee Member shall immediately notify the Registrar and CEO and complete an amended CMLTO Code of Conduct, Confidentiality and Conflict of Interest Declaration Form should the information which was previously included in the form change.	No further interpretation needed	No non-conformances reported	✓
	7.6.4 GENERAL DECLARATION OF CONFLICT OF INTEREST 7.6.4.1 CONFLICT OF INTEREST RELATED TO OVERALL ROLE Where a Board Member believes they may have a conflict of interest, including an appearance of a conflict of interest, which relates to the overall role of the Board Member, they shall consult with the Board Chair or the Registrar and CEO as soon as possible. Where the Board Chair believes they may have a conflict of interest, including an appearance of a conflict of interest, which relates to the overall role of the Board Chair, they shall consult with the Registrar and CEO, who may consult with Legal Counsel, as soon as possible. Where a Non-Board Committee Member believes they may have a conflict of interest, including an appearance of a conflict of interest, which relates to the overall role of the Committee Member, they shall consult with the Committee Chair or the Registrar and CEO as soon as possible. Where a Committee Chair believes they may have a conflict of interest, including an appearance of a conflict of interest, which relates to the overall role of the Committee Chair,	No further interpretation needed	The Board Chair and R/CEO had discussion with a Board Member regarding potential conflict of interest with regards to involvement with other organization	✓

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>they shall consult with the Registrar and CEO as soon as possible.</p> <p>Where the Board determines that;</p> <ul style="list-style-type: none"> • A Professional Board Member (including an Academic Board Member) is in a conflict of interest with respect to their overall role, the Board shall remove the Board Member from the Board and any Committees that they serve on, • A Public Board Member is in a conflict of interest with respect to their overall role, the Board requests the Public Appointments Secretariat to remove the Board Member from the Board, • A Non-Board Committee Member is in a conflict of interest with respect to their overall role, the Board shall remove the Member from the Committee they serve on. 			
	<p>7.6.4.2 CONFLICT OF INTEREST RELATED TO A BOARD OR COMMITTEE MATTER</p> <p>Where a Board or Committee Member believes they may have a conflict of interest, including an appearance of a conflict of interest, in any matter of a specific item on the Board or Committee agenda that is the subject of deliberation or action by the Board or the Committee, they shall:</p> <ul style="list-style-type: none"> • Notify the Board or Committee Chair or the Registrar and CEO at the meeting(s) at which the item which constitutes a conflict of interest will be discussed, • Declare any appearance of or actual conflict of interest before the Board or the Committee which considers the matter, • Excuse themselves from the portion of any meeting relating to any issue where there is a conflict of interest, even where the meeting is open to the public in the case of a Board 	No further interpretation needed	No non-conformances reported	✓

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>meeting,</p> <ul style="list-style-type: none"> Excuse themselves from discussing or voting on any issue where there is a conflict of interest, and Refrain from attempting, in any way, to influence the voting or the decision of the Board or the Committee on the issue where there is a conflict of interest. <p>Where a Board Member has a doubt about whether they may have or be perceived to have a conflict of interest, they shall:</p> <ul style="list-style-type: none"> Consult with the Board Chair and the Registrar and CEO privately, where time and circumstances permit, and Declare a potential conflict of interest to the Board before the Board considers the matter and get the direction of the Board as to whether a conflict of interest exists and any steps the Board requires for the resolution of the conflict. <p>Where the Board Chair has a conflict of interest in connection with a Board business, one of the Vice-Chairs serves as Chair in the portion of the meeting which is related to the issue where the Board Chair has a conflict of interest and from which they excluded themselves due to a conflict of interest.</p> <p>Where a Committee Member has a doubt about whether they may or be perceived to have a conflict of interest, they shall:</p> <ul style="list-style-type: none"> Consult with the Committee Chair and the Committee liaison as soon as possible, and 			

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<ul style="list-style-type: none"> Declare a potential conflict of interest to the Committee before the Committee considers the matter and get the direction of the Chair as to whether a conflict of interest exists and any steps the Committee requires for the resolution of the conflict. <p>If the Committee Chair has a conflict of interest in connection with a Committee business, the Members of the Committee shall elect one of the Members present to be acting Chair for the portion of the meeting which is related to the issue where the Committee Chair has a conflict of interest and from which they exclude themselves due to conflict of interest.</p> <p>Appearance of a conflict of interest shall be addressed in the same manner as an actual conflict of interest.</p>			
	7.7 RECORD OF DECLARATION OF CONFLICT OF INTEREST AT MEETINGS Declarations of conflicts of interest at a Board or Committee meeting shall be recorded in the minutes of the meeting at which the conflict was declared.	No further interpretation needed	Declarations of conflicts of interest have been recorded in the meeting minutes No non-conformances reported	✓
	7.8 UNDECLARED CONFLICT OF INTEREST Where a Board or Committee Member believes that another Board or Committee Member has a conflict of interest which they have not declared, they shall, if possible and appropriate, discuss the matter with the Board or Committee Member in question. If the conflict of interest has not been declared despite any informal communications, they shall notify the Registrar and CEO, the Board or Committee Chair or the Committee liaison about the conflict of interest as soon as possible. The Board Chair or the Registrar and CEO shall take such action as they deem appropriate, including but not limited to bringing the matter before the full Board or Committee.	No further interpretation needed	No non-conformances reported	✓

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<p>Where a Board or Committee Member knows that another Board or Committee Member has acted in a conflict of interest or is in an ongoing conflict of interest, they should notify, in writing, the appropriate person such the Board Chair, Registrar and CEO, the Chair of the Committee that the Board or Committee Member serves on, or independent legal counsel in the case of hearing matters.</p> <p>The Board or the Committee Member in question is entitled to make submissions before any decision is made regarding the issue.</p> <p>Where the Board or the Committee decides that one of its Members has an undeclared conflict of interest, it can, after considering the Board or Committee Member's submissions regarding the matter, direct that the Board or the Committee Member excuse themselves from the portion of the meeting where the matter will be discussed and not participate at any deliberations or voting on the matter.</p>			
	<p>7.9 COOLING-OFF PERIOD A Board or Committee Member may not hold another position⁴, contract or appointment with the College while serving as a Board and Committee Member.</p> <p>They may apply for a position with the College after a twelve (12) month period has passed since they last served on the Board or Committee.</p>	No further interpretation needed	No non-conformances reported	

⁴ This includes, but is not limited to, positions as a staff or consultant, peer assessor, investigator, inspector or examiner etc.

SECTION 3

ARTICLE 8 – CONFIDENTIALITY


The provisions in this Article in no way limit the full extent of the duties set out in [Code of Conduct](#) Article of this By-Law.

8.1 CONFIDENTIALITY UNDER THE RHPA

The Board and Committee Members, College staff and persons retained or appointed by the College are required to preserve confidentiality of all information⁵ that comes to their knowledge in the course of their duties pursuant to [S. 36 \(1\) of the RHPA](#), unless disclosure has been authorized by the Board or otherwise exempted under [S. 36 \(1\) of the RHPA](#).

8.2 EXCEPTIONS TO CONFIDENTIALITY UNDER THE RHPA

The confidential information, disclosure of which is permitted in specific circumstances under [S. 36 \(1\) of the RHPA](#), can only be made by the Board of Directors, a Committee which is authorized to disclose that information in the Code, or the Registrar and CEO.

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	8.3 DUTY OF CONFIDENTIALITY The Board and Committee Members shall: <ul style="list-style-type: none"> Regularly review the relevant provisions of the RHPA (especially S. 36) and the Code 	No further interpretation needed	All Board and Committee Members have signed the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form for 2024	

⁵ Information in this article includes but is not limited to; materials and information pertaining to appointment and employment relationships, performance assessment of the Registrar and CEO and the College staff, and relevant records; organizational and performance related outcomes; quality and risk management; strategic plans which have not yet been finalized and made public; any financial information which has not been publicly shared in the Annual Report; and information pertaining to adverse incident reports, threatened and pending litigation, legal advice, litigation strategies, and defenses, and settlement plans.

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	(especially S. 83) and maintain their familiarity with their legislative obligations related to confidentiality,		No non-conformances reported	
	<ul style="list-style-type: none"> Be aware of and understand the exceptions to the confidentiality obligations in S. 36 (1) of the RHPA and seek advice from the Registrar and CEO if they are in doubt whether an exception applies, 	No further interpretation needed	No non-conformances reported	✓
	<ul style="list-style-type: none"> Treat all internal communications within the College as confidential, 	No further interpretation needed	No non-conformances reported	✓
	<ul style="list-style-type: none"> Refrain from engaging in any conversation or discussion about the Board and/or Committee matters outside the formal Board or Committee decision-making process or meeting setting, 	No further interpretation needed	No non-conformances reported	✓
	<ul style="list-style-type: none"> Treat all communications within a Board or Committee meeting or panel of a Committee as confidential and not share with Board or Committee Members who are not participants of that meeting or panel, which could be perceived as an attempt to influence a statutory decision or breach of confidentiality, 	No further interpretation needed	No non-conformances reported	✓
	<ul style="list-style-type: none"> Treat all College business as confidential: <ul style="list-style-type: none"> If discussed in-camera until disclosed in the public section of the Board meeting, Unless it is discussed at the public portion of a meeting or it becomes publicly available, Unless determined not to be confidential by the Board Chair or the Committee Chair upon consultation with the Board Chair and the Registrar and CEO. 	No further interpretation needed	No non-conformances reported	✓
	<ul style="list-style-type: none"> Take all measures to safeguard the College information, including: <ul style="list-style-type: none"> Ensuring safe management of paper documents, 	No further interpretation needed	No non-conformances reported	✓

Board Compliance				
	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each Policy Criteria	Conclusion
	<ul style="list-style-type: none"> Ensuring safe management of electronic documents by: <ul style="list-style-type: none"> Ensuring that all electronic devices, such as computers and mobile phones, used to access College information are password protected, Avoiding the use of unsecure public networks, electronic forms of communication or the use of social media for such communication. Avoiding discussing or displaying any confidential College information in a public setting where it can easily be heard and/or seen by others, Ensuring confidentiality of meetings by safeguarding the access details to virtual meetings and refraining from using speakerphone in a public setting. 			
	<ul style="list-style-type: none"> Refrain from disclosing any confidential information on their own social media accounts pursuant to the relevant Board Policy, 	No further interpretation needed	No non-conformances reported	✓
	<ul style="list-style-type: none"> Refrain from sharing or posting any information on any social media account which compromises the College and its public image, and 	No further interpretation needed	No non-conformances reported	✓
	<ul style="list-style-type: none"> Inform the Registrar and CEO immediately, in writing, if they believe that there has been a breach of confidentiality by a Board or Committee Member, whether intentionally or unintentionally. The Registrar and CEO shall notify the Board Chair immediately of any breach of confidentiality by a Board or Committee Member. 	No further interpretation needed	No non-conformances reported	✓
	Audio visual recording or electronic transmission of an in-camera section of any meeting is prohibited unless approved in advance by the Board Chair.	No further interpretation needed	No non-conformances reported	✓

OVERALL CONCLUSION

The evidence provided demonstrates that overall Board has been in partial compliance with its Governance Process Policy GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy.

Respectfully submitted,



November 28, 2025

Karen Persad

Board Member Facilitating Review

Date



AGENDA ITEM 12.0

12.0	ADJOURNMENT
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College of Medical
Laboratory Technologists
of Ontario

THANK YOU FOR YOUR ATTENDANCE