



College of Medical
Laboratory Technologists
of Ontario

BOARD MEETING MATERIAL

Thursday, February 12, 2026 / Time: 9:00 AM – 5:15 PM
Friday, February 13, 2026 / Time: 8:30 AM – 4:45 PM



College of Medical
Laboratory Technologists
of Ontario

CMLTO BOARD MEETING

Thursday, February 12, 2026

DAY 1

AGENDA
CMLTO BOARD OF DIRECTORS MEETING
Hybrid (In-Person / Virtual) Meeting

CMLTO Boardroom
25 Adelaide Street East, Suite 2100
Toronto, Ontario

Thursday, February 12, 2026 / 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				N/A	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	9:02 am
1.3	Introductions & Welcome to New Board Members • James Jose • Krista Unruh • Matthew Wong-Fung	Board Introductions	K. Persad	N/A	N/A	9:05 am
1.4	Board Policy Manual Update	Board is Informed	J. Tzountzouris	Read Item 1.4	8	9:20 am
2.0	APPROVAL OF MEETING AGENDA					9:22 am
2.1	Review and Approval of Meeting Agenda	Board Approval (Motion)	K. Persad	N/A	3	9:22 am
2.2	Declaration of Conflict of Interest	Declaration of Conflict of Interest	K. Persad	N/A	N/A	9:25 am
3.0	CONSENT AGENDA (ONE motion to approve agenda items (3.2 – 3.4))					9:25 am
3.1	BOARD MINUTES AND ACTION ITEMS					
3.1.1	Approval of the Minutes of November 21, 2025 CMLTO Board Meeting	Board Approval (Motion)	K. Persad	Read Item 3.1.1	12	
3.1.2	Status of Action Items – November 21, 2025 CMLTO Board Meeting	Board is Informed	J. Tzountzouris	Read Item 3.1.2	24	
3.1.3	Approval of the Minutes of December 8 & 9, 2025 CMLTO Board Meetings	Board Approval (Motion)	K. Persad	Read Item 3.1.3	27	



Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time	
3.1.4	Status of Action Items – December 8 & 9, 2025 CMLTO Board Meetings	Board is Informed	J. Tzountzouris	Read Item 3.1.4	55		
3.2	STATUTORY COMMITTEE MONITORING REPORTS						
3.2.1	Executive Committee	Board Acceptance	K. Persad	Read Item 3.2.1	60		
3.2.2	Inquiries, Reports and Complaints Committee	Board Acceptance	W. Hewus	Read Item 3.2.2	62		
3.2.3	Registration Committee	Board Acceptance	R. Soni	Read Item 3.2.3	64		
3.3	INCIDENTAL BRIEFING REPORTS						
3.3.1	Board Chair’s Incidental Briefing Report	Board Acceptance	K. Persad	Read Item 3.3.1	66		
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 (Q4) 2025	Board Acceptance	K. Fryday-Field, Meridian Edge	Read Item 3.4.1	69		
3.4.2	Updated Board Policy Champion Assignments for 2026 (Related Board Policy: GP IV-60 Board Policy Champion Assignments)	Board is Informed	J. Tzountzouris	Read Item 3.4.2	74		
3.4.3	Governance Modernization Plan: Board Update	Board is Informed	M. Cakar	Read Item 3.4.3	80		
3.4.4	CMLTO Health Human Resource Framework report	Board is Informed	J. Tzountzouris	Read Item 3.4.4	91		
3.4.5	Incidental Reports from Board and Committee Members Attending External Events:	Board Acceptance	A. Chan F. Joatar V. Ufodike H.K. Tseng T. Rix	Read Items 3.4.5.1 – 3.4.5.5	N/A		
	3.4.5.1				HPRO: Discipline Orientation Workshop Basic Session – A. Chan	98	
	3.4.5.2				HPRO Discipline Orientation: Basic Session – F. Joatar	99	
	3.4.5.3				HPRO Discipline Orientation: Basic Session – V. Ufodike	100	
	3.4.5.4				HPRO: Discipline Orientation Workshop Basic Session and Advanced Session – H.K. Tseng	101	



Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
	3.4.5.5	HPRO Discipline Orientation Workshop Advanced Session – T. Rix			103	
3.4.6	Board Mentor Program Reports to Board (GP IV-130)		Board Acceptance	Board Members	Read Items 3.4.6.1 – 3.4.6.3	N/A
	3.4.6.1	A. Chan – Board Mentor Program Report				104
	3.4.6.2	N. Clark – Board Mentor Program Report				111
	3.4.6.3	L. Lan – Board Mentor Program Report				118
4.0	GOVERNANCE PROCESS: POLICY IMPLEMENTATION					9:35 am
4.1	Approval of Executive Committee Recommendations for Composition of 2026 Board Statutory Committees	Board Approval (Motion)	K. Persad	Read Item 4.1	126	9:35 am
4.2	Planning Part 2 for 2026 Integrated Board Strategic Agenda	Board Approval (Motion)	K. Fryday-Field, Meridian Edge J. Tzountzouris	Read Item 4.2	129	10:00 am
BREAK						10:45 am
4.2	Planning Part 2 for 2026 Integrated Board Strategic Agenda (Continued)	Board Approval (Motion)	K. Fryday-Field, Meridian Edge J. Tzountzouris	Read Item 4.2	129	11:00 am
5.0	GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING					11:30 am
5.1	Overview of: <ul style="list-style-type: none"> • CMLTO Organization • CMLTO Strategic Framework 2024-2027 • CMLTO Key Strategic Priorities 	Board is Oriented	J. Tzountzouris	Presentation at meeting	N/A	11:30 am
LUNCH						12:00 pm
5.0	GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING					1:00 pm
5.2	Fundamental Principles of Governance (brief overview story told by experienced Board Members)	Board is Oriented	K. Fryday-Field, Meridian Edge	PowerPoint and Case Presentation at meeting	N/A	1:00 pm

Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
	Case Study/Board Rehearsal on Board Delegation to the CEO Reasonable Interpretation and Monitoring					
BREAK						2:30 pm
5.2	Series of Case Vignettes to Practice/Apply CMLTO's Governance Principles	Board is Oriented	K. Fryday-Field, Meridian Edge	PowerPoint and Case Presentation at meeting	N/A	2:45 pm
5.3	Legal Perspectives of Regulation <ul style="list-style-type: none"> • Board Member's Role & Responsibilities • Trends in Health Regulation 	Board is Oriented	A. Mozaffari , SML	Presentation at meeting	N/A	3:30 pm
5.4	The history of and update on current strategies to achieve MLA/T regulation	Board is Informed	J. Tzountzouris	Read Item 5.4 Presentation at meeting	139	4:15 pm
6.0	ADJOURNMENT					5:15 pm

SPECIAL NOTES:

1. CMLTO Pre-Meeting Orientation Session: Monday, February 9, 2026: 6:00 – 8:00 pm

2. Please review the following video in advance of the meeting to prepare for agenda item 5.2:

VIDEO: [The Essentials of Building Board Strategic Direction \(Key Building Blocks for Understanding and Creating Powerful Ends \(Critical Outcomes\) Policy Direction](#)

3. Board Discovery Reports

- a. Discovery Topic 1 – MLT Provincial Policy Directions and Impacts on Health Regulation (January 2026) [January 24, 2026]
- Discovery Topic 2 – MLT Practice Risk Factors [November 25, 2022]
- Discovery Topic 3 – Overview of the MLT Profession [November 25, 2022]
- Discovery Topic 4 – Trends in Health Regulation [March 16, 2023]
- Discovery Topic 5 – International Applicant Requirements and Issues [March 16, 2023]
- Discovery Topic 6 – Use of Unregulated Health Professionals [March 16, 2023]
- Discovery Topic 7 – 2024 Trends in Modern Governance [November 28, 2023]



AGENDA ITEM 1.0

1.0	WELCOME, INTRODUCTIONS AND CALL TO ORDER
1.1	Introductions and Roll Call
1.2	Land Acknowledgement
1.3	Introductions & Welcome to New Board Members <ul style="list-style-type: none">• James Jose• Krista Unruh• Matthew Wong-Fung
1.4	Board Policy Manual Update



MEMO

Date : January 29, 2026
To : CMLTO Board of Directors
Cc : John Tzountzouris, Registrar & CEO
From : Chandler Fitzpatrick, Administrator, Corporate Services & Executive Office
Subject : Updated Board Policies

Please find below a summary of amended documents in the Board of Directors Policy Manual after the 2025 November and December Board meetings.

Binder Section and Document	Action
Policy Review Schedule	Replaced
EL II-60 Use of Artificial Intelligence (AI) – New Policy	Added
GP IV-35.02 Board & Committee Member Honoraria and Expense Policy – Special 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



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>



AGENDA ITEM 3.0

3.0	CONSENT AGENDA (ONE motion to approve agenda items (3.2 – 3.4))	
3.1	BOARD MINUTES AND ACTION ITEMS	
3.1.1	Approval of the Minutes of November 21, 2025 CMLTO Board Meeting <i>(To be approved at the meeting)</i>	
3.1.2	Status of Action Items – November 21, 2025 CMLTO Board Meeting	
3.1.3	Approval of the Minutes of December 8 & 9, 2025 CMLTO Board Meetings <i>(To be approved at the meeting)</i>	
3.1.4	Status of Action Items – December 8 & 9, 2025 CMLTO Board Meetings	
3.2	STATUTORY COMMITTEE MONITORING REPORTS	
3.2.1	Executive Committee	
3.2.2	Inquiries, Reports and Complaints Committee	
3.2.3	Registration 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 (Q4) 2025	
3.4.2	Updated Board Policy Champion Assignments for 2026 (Related Board Policy: GP IV-60 Board Policy Champion Assignments)	
3.4.3	Governance Modernization Plan: Board Update	
3.4.4	CMLTO Health Human Resource Framework report	
	Incidental Reports from Board and Committee Members Attending External Events:	
3.4.5	3.4.5.1	HPRO: Discipline Orientation Workshop Basic Session – A. Chan
	3.4.5.2	HPRO Discipline Orientation: Basic Session – F. Joatar
	3.4.5.3	HPRO Discipline Orientation: Basic Session – V. Ufodike
	3.4.5.4	HPRO: Discipline Orientation Workshop Basic Session and Advanced Session – H.K. Tseng
	3.4.5.5	HPRO Discipline Orientation Workshop Advanced Session – T. Rix



Board Mentor Program Reports to Board (GP IV-130)	
3.4.6	3.4.6.1 HPRO: Discipline Orientation Workshop Basic Session – S. Cote Girard
	3.4.6.2 HPRO: Discipline Orientation Workshop Basic Session – L. Lindner
	3.4.6.3 HPRO: Discipline Orientation Workshop Advanced Session – T. Garshowitz-Dong



Committee Monitoring Report to Board of Directors

Date	: January 22, 2026
From	: Karen Persad, Board Chair
Subject	: Executive Committee (EC)
For the Period	: November 24, 2025 – January 23, 2026

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 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

The Executive Committee met virtually on December 17, 2025, and considered the following:

- Conducted the 2025 Registrar & CEO Year-End Performance Appraisal. The Committee undertook the appraisal but did not complete the full appraisal within the session.

The Executive Committee met virtually on January 8, 2026, and completed the following:

- Developed the proposed composition of the 2025 Statutory Committees for recommendation to the Board at the February 2025 meeting.

The Executive Committee met virtually on January 12, 2026, and completed the following:

- Concluded the 2025 Registrar & CEO Year-End Performance Appraisal.



Committee Monitoring Report to Board of Directors

Date : January 23, 2026

From : Walter Hewus, ICRC Committee Chair

Subject : Inquiries, Complaints and Reports Committee (ICRC)

For the Period : November 24, 2025 – January 23, 2026

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 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 met on December 19, 2025 and took the following actions:

- Directed information in one (1) matter be brought to the attention of the Registrar to make further inquiries under Section 57 of the Health Professions Procedural Code.
- Directed one (1) Registrant to complete a Specified Continuing Education or Remediation Program ("SCERP").
- Approved the appointment of an investigator in one (1) matter.
- Concluded one (1) matter with recommendations.



Committee Monitoring Report to Board of Directors

Date : January 23, 2026

From : Rohini Soni, Registration Committee Chair

Subject : Registration Committee (RC)

For the Period : November 24, 2025 – January 23, 2026

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

A Registration Committee Appeal Panel (Appeal Panel) met on November 28, 2025, and took the following action:

- The Appeal Panel directed the Registrar to issue two (2) Applicants a Certification of Registration to practice in the specialty of Biochemistry, subject to the terms, conditions, and limitations.
- The Appeal Panel directed the Registrar to remove the Transfusion Science specialty from one (1) Registrant's Certification of Registration.

A Registration Committee Appeal Panel (Appeal Panel) met on January 15, 2026, and took the following action:

- The Appeal Panel directed the Registrar to issue one (1) Applicant a Certification of Registration to practice in the specialty of Biochemistry, subject to the terms, conditions, and limitations.



Briefing Report to Board of Directors

Date : January 23, 2026

From : Karen Persad, Board Chair

Subject : Board Chair’s Incidental Briefing Report

For the Period : November 24, 2025 – January 23, 2026

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 | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input checked="" type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-CEO Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Governance Process | <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 December 8 and 9, 2025
- Worked on the Board Chair address for the FOCUS and Employer newsletters
- Chaired the Executive Committee meetings on December 17, 2025, January 8, 2026, and January 12, 2026
- Completed items related to the R/CEO 2025 Performance Evaluation
- Completed mentorship program with new Board member
- Initiated mentorship program with new Board member
- Provided support/consultation with R/CEO on Board matters
- Provided guidance/support/feedback to other Board Members as needed
- Participated in February 2026 Board Meeting preparation sessions



Briefing Report to Board of Directors

Date : January 23, 2026

From : Dr. Lavern Bourne, Academic Member

Subject : Academic Member Incidental Briefing Report

For the Period : November 24, 2025 – January 23, 2026

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 | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input checked="" 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 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 Updates:

Nothing for this reporting period

CAMLPR Updates:

The next certification exam for domestic and internationally educated MLTs will be held March 23-27, 2026.

CSMLS Updates:

Nothing for this reporting period

MLPAO Updates:

On December 16, MLPAO CEO Michelle Hoad spoke with CTV News about the serious shortage of medical laboratory professionals. Please use the link below to access the full report.



<https://www.mlpao.org/news-2/ctv---your-morning-message-from-michelle>

EQual Accreditation Update:

HSO launches public review of new edition of Healthcare Education Standard. The public review of the National Standard of Canada on Healthcare Education, CAN/HSO 40001:2025, will take place from December 9, 2025, to February 9, 2026.

Please use the link below for the full report

<https://healthstandards.org/public-reviews/healthcare-education/>

Heads of Med Lab Updates:

Nothing for this reporting period

A REVIEW OF CMLTO GOVERNANCE EFFECTIVENESS SCORECARD FRAMEWORK (2025)

Indicator Title	Indicator/Measure Description	Target	Rationale	Measurement Method	Frequency	2022	2023				2024				2025			
						Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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	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	Careholder Linkage – Registrants and Applicants and Employers – Part 2 Governance Modernization Plan CMLTO Annual Report EDIJ Policy Reviews Ends Results Monitoring – Accountable Professionals Update	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	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	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	2026 R/CEO Ends (Critical Outcomes) Interpretation 2025 Ends Results Monitoring (E-1, 2, 3) Governance Modernization Plan Health Human Resources Framework 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 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 EDIJ Board Plan 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	Board Effectiveness Self-Evaluation and Meeting Evaluation Board Strategic Agenda Planning 2026 – Part 1 Ends Monitoring (1, 2, 3) Board Role/Dynamics/Culture Board Elections CAMLPR Agreement and Gateway Project Recognition of Outgoing Board Members Cybersecurity Review By-Law Amendments re: Board Competencies
Policy Making (Review)	3) % of policies reviewed, refreshed, or new • Ends (strategic outcomes) • Executive Limitations • Board/Staff Relationship • Governance Process	Approx 25% per quarter except Q1 Need approx. 50% by Q2 and 100% by Q4	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) Identify cumulative # of policies reviewed divided by the total # of policies in existence (indicator updated Q1-2016)	Quarterly Cumulative	$\frac{4}{20}$ 20%	$\frac{4}{20}$ 20%	$\frac{11}{20}$ 55%	$\frac{7}{20}$ 35%	$\frac{4}{20}$ 20%	$\frac{8}{20}$ 40%	$\frac{14}{20}$ 70%	$\frac{18}{20}$ 90%	$\frac{3}{20}$ 15%	$\frac{5}{20}$ 25%	$\frac{2}{20}$ 10%	$\frac{3}{20}$ 15%	$\frac{2}{20}$ 10%
						$\frac{17}{20}$ 85% of average policy review	$\frac{4}{20}$ 20% of average policy review	$\frac{15}{20}$ 75% of average yearly policy review	$\frac{22}{20}$ 110%	$\frac{26}{20}$ 130%	$\frac{8}{20}$ 40%	$\frac{22}{20}$ 110%	$\frac{40}{20}$ 200%	$\frac{43}{20}$ 215%	$\frac{5}{20}$ 25%	$\frac{7}{20}$ 35%	$\frac{10}{20}$ 50%	$\frac{12}{20}$ 3 deferred 10%

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)

Indicator Title	Indicator/Measure Description	Target	Rationale	Measurement Method	Frequency	2022	2023				2024				2025				
						Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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	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	Report on 2024 & 2025 Board Linkage with Careholdership	
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)	$\frac{1}{1}$ 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	$\frac{1}{1}$	$\frac{0}{0}$ Some in progress	
	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	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	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%	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	---	$\frac{1}{1} = 100\%$	---	---	---	---	$\frac{3}{3} = 100\%$	---	---	---	$\frac{2}{2} = 100\%$	---	---	---
		80%				$\frac{13}{15} = 87\%$	$\frac{13}{14} = 92\%$	$\frac{15}{15} = 100\%$	---	---	---								
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)

Indicator Title	Indicator/Measure Description	Target	Rationale	Measurement Method	Frequency	2022	2023				2024				2025			
						Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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	3.5 hrs	6.5 hrs	2.5 hrs	3 hrs	5 hrs	6.5 Feb	2.25 hrs*	3.25 hrs	2.75 hrs	7.25 hrs	2.25	3.5	3.0
						YTD = 20.25 hrs	YTD = 9.5 hrs	YTD = 12 hrs	YTD = 15 hrs	YTD = 20 hrs	YTD = 8.5 hrs	YTD = 10.75 hrs	YTD = 14 hrs	YTD = 16.75 hrs	YTD = 7.25 hrs	YTD = 9.5 hrs	YTD = 12 hrs	YTD = 15 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	$\frac{6}{6}$ 100%	$\frac{2}{2}$ 100%	$\frac{6}{7}$ 86%	$\frac{5}{6}$ 83%	$\frac{8}{9}$ 89%	$\frac{2}{2}$ 100%	$\frac{5}{6}$ 83%	$\frac{7}{8}$ 87%	$\frac{6}{8}$ 75%	$\frac{1}{1}$ 100%	$\frac{6}{6}$ 100%	$\frac{7}{7}$ =100%	$\frac{6}{7}$ =86%
						(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)	(EL x4, Ends x3)
Committee and Board Participation	12) # Board meeting days attended divided by # Board meeting days in period	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	$\frac{32}{34}$ Board Days	$\frac{47}{51}$ Board Days	$\frac{31}{34}$ Board Days	$\frac{31}{36}$ Board Days	$\frac{30}{34}$ Board Days	$\frac{50}{60}$ Board Days	$\frac{37}{40}$ Board Days	$\frac{38}{40}$ Board Days	$\frac{36.25}{38}$ Board Days	$\frac{35}{38}$ Board Days	$\frac{47}{55}$ Board Days	$\frac{39}{40}$ Board Days	$\frac{35+14=49}{38+19=57}$ Board Days
	and % [75% to 80% orange]					94%	92%	91%	86%	88%	83%	93%	95%	95%	92%	85%	97.5%	86%
	# of Board Members present Day 1	80%	Board Member involvement critical to context and continuity of the Board and committee work	Day 1	Quarterly	$\frac{16}{17}$ Board Members Day 1	$\frac{16}{17}$ Board Members Day 1	$\frac{15}{17}$ Board Members -Day 1	$\frac{15}{18}$ Board Members -Day 1	$\frac{16}{17}$ Board Members Day 1	$\frac{17}{20}$ Board Members Day 1	$\frac{18}{20}$ Board Members Day 1	$\frac{18.5}{20}$ Board Members Day 1	$\frac{19}{19}$ Board Members Day 1	$\frac{17}{19}$ Board Members Day 1	$\frac{16}{18}$ Board Members Day 1	$\frac{20}{20}$ Board Members Present Day 1	$\frac{20}{20}$ Board Members Present Day 1 – Reg. Mtg 100%
	# of Board Members present Day 2	80%	Board Member involvement critical to context and continuity of the Board and committee work	Day 2	Quarterly	$\frac{16}{17}$ Board Members Day 2	$\frac{16}{17}$ Board Members Day 2	$\frac{16}{17}$ Board Members Day 2	$\frac{16}{18}$ Board Members Day 2	$\frac{14}{17}$ Board Members – Day 2	$\frac{17}{20}$ Board Members Day 2	$\frac{19}{20}$ Board Members Day 2	$\frac{19.5}{20}$ Board Members Day 2	$\frac{18}{19}$ Board Members Day 2	$\frac{18}{19}$ Board Members Day 2	$\frac{15}{18}$ Board Members Day 2	$\frac{18}{19}$ Board Members Present Day 2	$\frac{18}{19}$ Board Members Present Day 2 – Reg. Mtg. 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		$\frac{18.5}{23.75}$ committee/panel days	$\frac{3.38}{3.5}$ committee/panel days	$\frac{15.75}{19.25}$ committee/panel days	$\frac{12.25}{12.42}$ committee/panel days	$\frac{10.5}{14.25}$ committee/panel days	$\frac{7}{7.5}$ committee/panel days	$\frac{20}{28.3}$ committee/panel days	$\frac{17}{19.5}$ committee/panel days	$\frac{14}{15.5}$ committee/panel days	$\frac{12.45}{12.75}$ committee/panel days	$\frac{17}{18.5}$ committee/panel days	$\frac{26.75}{47.25}$ committee/panel days	$\frac{18.75}{23}$ committee/panel days
						78%	97%	82%	98.5%	74%	93%	71%	87%	90%	98%	92%	57%	81%
# of committee members present	80%					$\frac{53}{61}$ committee members present = 87%	$\frac{13}{14}$ committee members present = 93%	$\frac{34}{41}$ committee members present = 83%	$\frac{26}{26}$ committee members present = 100%	$\frac{30}{38}$ committee members present = 79%	$\frac{22}{24}$ committee members present = 92%	$\frac{45}{58}$ committee members present = 78%	$\frac{30}{34}$ committee members present = 88%	$\frac{39}{49}$ committee members present = 80%	$\frac{19}{21}$ committee members present = 90%	$\frac{36}{39}$ committee members present = 92%	$\frac{59}{97}$ committee members present = 61%	$\frac{26}{29}$ committee members present = 89%

A REVIEW OF CMLTO GOVERNANCE EFFECTIVENESS SCORECARD FRAMEWORK (2025)

Indicator Title	Indicator/Measure Description	Target	Rationale	Measurement Method	Frequency	2022	2023				2024				2025			
						Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	% meetings with quorum	100%				100%	100%		100%	100%	92%	100%	100%	100%	100%	100%	100%	100%
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	$\frac{16}{17}$ =94% Submission to Standing Committee on Social Policy re: Bill 60	$\frac{17}{17}$ =100% 2024 Key Budget Assumptions	N/A	N/A	N/A	$\frac{18}{20}$ = 90%	N/A	3 policy reviews (new process) $\frac{6}{19}$ $\frac{7}{19}$ $\frac{7}{19}$	N/A	N/A	$\frac{18}{18}$ =100% 2026 Key Budget Assumptions	N/A
	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	---	---	---	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 ✓	---	---	---	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	$\frac{17}{17}$ 100%	---	---	---	$\frac{13}{17}$ 76%	---	---	---	$\frac{19}{19}$ 100%	---	---	---	$\frac{17}{19}$ 89%
	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	1	0	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	$\frac{17}{17}$ 100%	---	---	---	$\frac{16}{17}$ 94%	---	---	---	$\frac{17}{19}$ 90%	---	---	---	$\frac{19}{19}$ 100%
						$\frac{17}{17}$ 100%	---	---	---	$\frac{16}{17}$ 94%	---	---	---	$\frac{17}{19}$ 90%	---	---	---	$\frac{19}{19}$ 100%
	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	$\frac{4.8}{5}$	---	---	---	$\frac{4.9}{5}$	---	---	---	$\frac{4.85}{5}$	---	---	---	$\frac{4.9}{5}$

Indicator Title	Indicator/Measure Description	Target	Rationale	Measurement Method	Frequency	2022	2023				2024				2025			
						Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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	$\frac{2.5}{3}$ 83% GP IV-45, GP IV-80, GP IV-150	No Monitoring in Feb	No Monitoring in May and June	$\frac{4}{4}$ 100% GP IV-35.10 IV-70 IV-130 IV-150	$\frac{4}{4}$ 100% GP IV-16 IV-80 BSR III-25 III-25.05	No Monitoring in February	$\frac{2}{2}$ 100%	$\frac{3}{3}$ 100%	$\frac{0}{3}$ Deferred due to Board full agenda	$\frac{3}{3}$ 100% (1 partial compliance)	$\frac{3}{3}$ 100% compliance	$\frac{7}{7}$ 100% compliance	$\frac{0}{1}$ Deferred due to time

Notes

1: High Impact Executive Limitations Policies

- | | | | |
|--|--|---|---|
| II-09 Investment | II-16 Vendor Relations | II-30 Staff Compensation and Benefits (old # EL #2h) | II-50 Corporate Identity and Use of the Corporate Seal |
| II-10 Financial Planning/Budgeting/Budget Cycle | II-17 Summary of Financial Numerical Limitations Policy | II-35 Staff Conduct and Transparency | II-70 Intellectual Property |
| II-11 Financial Condition | II-20 Signing Authority Policy | II-40 Member Relations | II-80 Emergency Executive Succession Plan |
| II-15 Asset Protection | II-25 Employee Relations | II-45 Communication and Support to the Board | |

Q2 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	: January 13, 2025
From	: John Tzountzouris, Registrar & CEO
Subject	: Revised Board Policy Champion Assignments for 2026

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 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 | |

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-CEO 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 the new additions of three (3) Professional Board Members; James Jose, Krista Unruh, and Matthew Wong-Fung and are attached as Appendix 1.



APPENDICES:

Appendix 1 – Board Policy Champion Assignments for 2026 (V1: January 13, 2026)



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

V1: January 13, 2026

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	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	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	G. Broukhanski
II-50	Corporate Identity and Public Image	M. Costantino
II-60	Use of Artificial Intelligence	L. Di Pietro
II-70	Intellectual Property	K. Unruh
II-80	Executive Succession Plan	M. Wong-Fung



POLICY NO.	CATEGORY	BOARD MEMBERS' NAME
III	Category III: BOARD-CEO RELATIONSHIP	
III-01	Overview of Board-CEO Relationship	R. Soni
III-02	Delegation to the Registrar & CEO	P. McLeman
III-03	Accountability of Registrar & CEO	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	K. Unruh
IV-05	Board of Directors Terms of Reference	W. Hewus
IV-10	Board Member Job Description	J. McBane
IV-15	Role of Board Officers	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	L. Bourne
IV-20.10	Patient Relations Committee Terms of Reference	J. Jose
IV-20.11	Quality Assurance Committee Terms of Reference	P. McLeman
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	P. McLeman
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	L. Bourne
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	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	I. Vithana
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	J. McBane
IV-135	Disclosure of Information	N. Clark
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	K. Unruh



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



Briefing Report to Board of Directors

Date : February 5, 2025

From : Maggie Cakar, Governance Specialist

Subject : CMLTO Governance Modernization Plan: Board Update

- | | |
|---|---|
| <input type="checkbox"/> Board Policy | <input type="checkbox"/> Monitoring Report |
| Development/Enhancement | <input type="checkbox"/> Ends |
| <input type="checkbox"/> Regular Policy Review | <input type="checkbox"/> Executive Limitations |
| <input type="checkbox"/> Policy Approval | <input type="checkbox"/> Statutory Committee |
| <input type="checkbox"/> Ends Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Executive Limitations 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"/> Board Implementation of Policy | <input checked="" type="checkbox"/> Other: Governance Specialist |
| <input type="checkbox"/> Board-CEO Relationship Policy | |
| <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 submitted to the Board of Directors as the regular status update on the CMLTO Governance Modernization Plan following the Board's approval of the CMLTO Governance Modernization Principles in September 2022.

In 2025, the status update report was expanded to incorporate progress and key developments related to the following initiatives, which are integral components of the Governance Modernization Plan:

- CMLTO By-Law – Board Policies Gap Analysis – Update (Appendix 2)
- 2025 CMLTO Public Interest Framework Implementation Plan – Update (Appendix 3)



Further updates related to governance modernization will continue to be reported to the Board through the established Ends Policy monitoring process and schedule, as appropriate.

In addition, several related initiatives are currently underway that support and advance governance modernization objectives but are not yet formally reflected in the Governance Modernization Plan. These initiatives form part of the broader modernization work and will be incorporated into the refreshed Governance Modernization Plan as it continues to be developed and refined.

INITIATION OF THE RESPONSIBLE USE OF ARTIFICIAL INTELLIGENCE (AI)

In November 2025, the Board initiated the responsible use of Artificial Intelligence (AI) through its approval of the CMLTO Artificial Intelligence (AI) Strategy, the AI Governance Framework, and Executive Limitations Policy EL II-60 – Use of Artificial Intelligence.

Following the presentation of the CMLTO Artificial Intelligence (AI) Implementation Plan to the Board in December 2025, the following progress has been achieved:

1. Operationalization of the CMLTO AI Implementation Plan

The CMLTO AI Implementation Plan has been further operationalized through a phased, proportionate approach. Phase 1 implementation activities have been defined in greater detail, including timelines, milestones, and governance mechanisms appropriate to CMLTO's current low-risk, assistive use of AI.

2. CMLTO Staff AI Literacy Training

CMLTO Staff participated in an AI literacy and governance training session on January 26, 2026, which covered the CMLTO AI Strategy, AI Governance Framework, Governance Process Policy, and Executive Limitations related to the use of AI at CMLTO.

3. Staff AI Use Baseline Survey

A CMLTO Staff AI Use Baseline Survey has been launched on January 28, 2026 to collect baseline information on current staff use of AI and AI-assisted tools. Survey results will support the development of the AI Register, inform organizational readiness assessment, and enable proportionate risk-tiering and governance planning.

4. Preliminary Work on AI Guidance for Practice

Background work has commenced to guide the future development of guidance on the use of AI in medical laboratory technology practice, including exploration



of current AI use within the profession, associated risks and benefits, and the importance of professional judgment, transparency, and appropriate oversight.

5. External AI Literacy and Governance Engagement

The CMLTO has leveraged targeted participation in external AI-related education and professional development activities to support organizational AI literacy and regulatory governance capacity, with key insights and resources shared internally to benefit the broader organization.

- CNAR – *Regulation of Artificial Intelligence in Professional Work: Options and Opportunities* (January 21, 2026)
- RCDSO Connect – *AI in Dentistry: Guiding Your Practice* (January 21, 2026)
- MDR – *AI & Regulatory Governance Training* (February 2, 2026)
- MDR – *AI in Licensing and Regulation Conference* (February 3, 2026)

IMPLEMENTATION OF THE GLOBAL DIVERSITY, EQUITY & INCLUSION BENCHMARK (GDEIB) FRAMEWORK

The CMLTO is advancing a strategic shift from equity, diversity, inclusion, and justice (EDI-J) as principle to EDI-J as practice, with an emphasis on measurable actions and organizational accountability embedded within governance. In May 2025, the Board received a presentation on the Global Diversity, Equity & Inclusion Benchmark (GDEIB) Framework and committed to its use as CMLTO's foundational EDI-J benchmarking and accountability model.

The CMLTO has adopted a phased implementation approach—beginning with an inventory of existing EDI-J activities and evidence, followed by baseline assessment and gap analysis, and culminating in implementation planning and strategy development—to support disciplined sequencing, governance oversight, and sustainable progress. CMLTO is currently in the final stages of completing Step 1, which involves documenting existing EDI-J commitments, practices, processes, and supporting evidence across the organization.

CMLTO BOARD COMPETENCY FRAMEWORK IMPLEMENTATION PLAN

Since approving the Governance Modernization Principles in September 2022, the CMLTO Board has advanced a competency-based approach to Board composition as a core element of governance modernization. This work has included the development and refinement of the CMLTO Board Competency Framework and the Board Competency and Leadership Characteristics Profile, approval of an implementation plan, and alignment of Board recruitment, nomination, election, and appointment processes through revisions to GP IV-40.



In 2025, the Board further strengthened this approach by approving tools to support competency assessment and by advancing proposed By-Law amendments to embed high-level, competency-based eligibility requirements while maintaining flexibility through Board-approved supporting documents.

COMPLETION OF AN EXTERNAL EVALUATION OF BOARD EFFECTIVENESS (2025)

In 2025, the Board completed an External Evaluation of Board Effectiveness, prepared by Governance Solutions Inc., as part of its governance oversight and continuous improvement responsibilities. The findings and recommendations from this evaluation were presented to the Board in November 2025 and will support the ongoing governance effectiveness and development efforts.

Collectively, the initiatives outlined above will be explored and integrated through the April Generative / Strategic Directions Planning Session. This session is intended to support informed, forward-looking Board dialogue and may culminate in the Board confirming or approving the overall direction, priorities, and scope of the Governance Modernization Plan refresh.

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. 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 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 Board of Directors

Date : January 25, 2026

From : John Tzountzouris, Registrar & CEO

Subject : CMLTO Health Human Resource Framework Report

For the Period : November 26, 2025 – January 25, 2026

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	<p>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.</p> <p>2026 CMLTO Registration Renewal trends are similar to previous years, indicating ongoing stability of registrant numbers going into the start of 2026.</p>	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.

Issue	Risk Assessment	Trending Information & Analysis	Actionable Outcomes
Registration Pathways			
CAMLPR – Provision of PLA and examination services	Medium	<p>CAMLPR is fully operational now with the provision of PLA and examination services.</p> <p>Results from the first set of CAMLPR Fields of Practice examinations have been released, and individuals are actively applying for registration with the CMLTO.</p> <p>A fulsome briefing report related to risk is presented to the Board at the February meeting.</p>	<p>This is being actively monitored and is included in the 2026 Registrar & CEO Ends Interpretation and Operating Plan, with quarterly reporting to the Board.</p> <p>Continue to monitor and report to the Board and Registration Committee through scheduled reporting.</p>
Single Specialty Registration	Low	<p>CMLTO has had extensive experience dealing with single specialty registration requests 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>	<p>Continue to monitor and report to the Board and Registration Committee through scheduled reporting.</p>

Issue	Risk Assessment	Trending Information & Analysis	Actionable Outcomes
Ministry of Health Directives	Low	<p>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, 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>	Continue to monitor and report to the Board and Registration Committee through scheduled reporting.
Professional Practice Changes			
Professional Conduct Trends	Medium	<p>Professional Conduct trends are actively monitored. In 2025 there was a notable increase in privacy and confidentiality breaches by MLTs.</p> <p>A campaign to directly address privacy and confidentiality breaches by MLTs was launched on January 26, 2026.</p>	<p>Trends will continue to be monitored to determine if the campaign has an impact on this issue.</p> <p>Other professional practice trends are identified as they arise, but there are no others requiring CMLTO action at this time.</p>

Issue	Risk Assessment	Trending Information & Analysis	Actionable Outcomes
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.	This initiative is actively being addressed. The Board receives quarterly updates on progress.
Microcredentialing	Low	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. 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.
HPV testing	Low	The Ontario Cervical Screening Program through Cancer Care Ontario revised its standard of care such that molecular HPV testing has replaced the Pap test.	Continue to monitor deal with any requests for the added authorization to practice in Histology on a case-by-case basis through

Issue	Risk Assessment	Trending Information & Analysis	Actionable Outcomes
		<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 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. CMLTO recently met with MOH representatives to discuss this potential issue.</p>	<p>referral to a Panel of the Registration Committee.</p>



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:		Andrew Chan	
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:

Understanding of the discipline process for my role on the Discipline Committee

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

How a discipline hearing is conducted, the legal basis, Evidence, Penalties.

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 think this is a great introduction to the Discipline process.

Date Report Completed:

November 28, 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:		FARIS JOATAR	
Name of Conference/Course/Event:		Discipline Orientation Workshop Basic Session Conducting a Discipline Hearing	
Location:		Zoom Webinar	
Dates (mm/dd/yy)	Start Date: 10/30/2025	End Date: 10/30/2025	# of days: One

Purpose for Attending Conference/Course/Event:

Witness virtual the process of conducting a discipline hearing.

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

1. Legal framework of discipline process
2. Participants obligation during hearing process
3. Understanding some principles of administrative law.

Any Other Relevant Feedback:

When possible, more training would be a good idea.

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

Please Explain:

Sharing awareness of discipline hearing with others, I believe is always a great idea

Date Report Completed:

01/10/2026



**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:		VIVIAN UFODIKE	
Name of Conference/Course/Event:		CMLTO: HPRO's Spring 2025 Discipline Orientation Workshop	
Location:		VIRTUAL	
Dates (mm/dd/yy)	Start Date: Oct 30, 2025	End Date: Oct 30,25	# of days: 1

Purpose for Attending Conference/Course/Event:

Fall Basic Sessions - Refresher

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board: Responsibilities of Panel Members

Any Other Relevant Feedback:

NA, webinar was very informative

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

Please Explain:

This course prepares and introduces you to legal framework & conduct as a disciplinary committee member.

Date Report Completed:

January 31, 2026



**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: NBCM Name:		Hsuan-Kai Tseng	
Name of Conference/Course/Event:		HPRO Discipline Orientation Workshop – Basic HPRO Discipline Orientation Workshop - Advanced	
Location:		Online	
Dates (mm/dd/yy)	Start Date: 2025 Oct 30 2025 Nov 06	End Date: 2025 Oct 30 2025 Nov 06	# of days: 2

Purpose for Attending Conference/Course/Event:
Education

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board:
-My role is to be a sponge; I have no bias towards or against college or professional member, my role is essentially similar to a jury

-What really resonance is the important of declaring potential conflict of interest to my chair and removal of potential bias based on personal opinion; eg. Heard conversation in the elevator and I'm unable to remove myself. Or as I'm also a professional member, never have the mind set of what I think I should/would have done in this scenario.

-Things I should not do during a hearing: my expectation is to not look up any relevant information at all, even including college professional practice. Everything needed will be presented and if it is not presented, it's not relevant.

-Things I should do during a hearing: Be formal at all times, don't make small talks. Have poker face, as to prevent potential having the ability to declare unfair bias towards

Any Other Relevant Feedback:

-I know there are different methods of learning, but considering I'm a MLT and looking back at how I was trained, I would very much prefer a copy of the power point as I like to make notes as we progress. In addition to the workbook manual given to us.



-I know the course is generic for all regulated healthcare professionals but having a specific example for MLTs would be nice. I know some scenarios can be applied to MLTs, such as the substance abuse.

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

Please Explain:

Being in the committee as a NBCM, we didn't have any official meeting so I have no idea what the expectation is. Taking the course absolutely helps me understand my role better.

Date Report Completed:
06/Dec/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:		Tammie Rix	
Name of Conference/Course/Event:		HPRO – Advance Discipline Workshop	
Location:		Virtual	
Dates (mm/dd/yy)	Start Date: 11/6/2025	End Date:	# of days: 1

Purpose for Attending Conference/Course/Event:
To prepare for Chairing Discipline Hearings

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

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 liked that it was more interactive and discussing cases rather than a slide show presentation

Date Report Completed:
January 12, 2026



APPENDIX 1
CMLTO New Board Member Mentor Program Report to Full Board (including checklist)

Name of New Board Member: Andrew Chan Name of Mentor: Tammie Rix

Date Report Completed and Submitted to CMLTO: Jan 23, 2026

COMPLETION OF THE PROGRAM
1. The Board Mentor Program Policy (GP # IV-130) phases and activities have been completed and the details are outlined in the completed checklist. [X] Yes [] No [] Partial Explanation

New Board Member Notes/Comments: Tammie was and continues to be a great resource in helping me through my initial onboarding as a board member.

2. Welcome Letter
The welcome letter provided enough initial information about the College and next steps for your initiation. If not, please provide suggested information to be included. [X] Yes [] No

New Board Member Notes/Comments:

3. Board Member Orientation Manual
Did the Manual provide enough information about the College, the MLT profession, the Board and the College's/Board's processes? If not, please list what might be included. [X] Yes [] No
Was there unnecessary information included in the Manual? If so, please provide examples. [] Yes [] No
Was the information presented logically? If not, please suggest improvements to the order of presentation. [X] Yes [] No



New Board Member Notes/Comments:

There was a lot of information to digest, I can't say I completely understood it by the end of the process, but Tammie helped a lot by answering my questions.

Did the Board Mentor Program significantly contribute to your learning and the ease with which you have been able to successfully become an active member of the CMLTO Board?

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

New Board Member Notes/Comments:

No matter how much reading is done during the mentorship program, it still doesn't give you the confidence at your first board meeting that you are voting correctly on the topics.

Please share any suggestions to enhance the Board Mentor Program:

New Board Member Mentor Program Checklist Attached: Yes



BOARD MENTOR PROGRAM CHECKLIST

In addition to the formal Board Mentor Program, new Board Members are encouraged to utilize all of the resources available to all Board Members as part of their ongoing orientation and continuing education, including: the CMLTO website, Board Policy Manual, Full Board Orientation Sessions, and the Board Member Orientation Manual.

Program Activities to Be Completed	Completed At Session “✓”	Requests More Orientation on Topic
<p>Phase 1 - Part 1 – First Connection Timeline: Within First Two Weeks of Announcement of Mentorship</p> <ul style="list-style-type: none"> • Initial welcome and introduction made by Mentor • Plan for the first mentor session (i.e., Phase 1- Part 2) 	✓	
<ul style="list-style-type: none"> • Introduction of both parties <ul style="list-style-type: none"> ○ Brief backgrounds of each party (professional, governance history and experience, and connection to CMLTO if any). 	✓	
<ul style="list-style-type: none"> • Further contact information and how best to contact each other to address any questions which may arise. 	✓	
<ul style="list-style-type: none"> • Confirm that the new Board Member has been assigned and has successfully connected with their assigned CMLTO email address, which is only for use in CMLTO business. 	✓	
<p>Date Completed: SEPT 12, 2025</p>		
<p>Phase 1 - Part 2 – First Mentor Session Timeline: Prior to New Board Member’s First Board Meeting</p> <ul style="list-style-type: none"> • General overview of what to expect at the new Board Member’s first Board meeting 	✓	
<ul style="list-style-type: none"> • Answer any top-of-mind questions by the new Board Member. 	✓	
<ul style="list-style-type: none"> • How to find the CMLTO offices and Board Room or to connect to virtual Board meetings through the Board Member’s designated CMLTO email. 	✓	
<ul style="list-style-type: none"> ○ The Board Member sign-in process upon arrival at office for in-person meetings 	✓	
<ul style="list-style-type: none"> • The general flow of Board meetings. 	✓	
<ul style="list-style-type: none"> • Where to find the Board pre-reading package online. 	✓	
<ul style="list-style-type: none"> • Using the CMLTO Board portal online. 	✓	
<ul style="list-style-type: none"> • How to read/follow the Board meeting agenda. 	✓	



Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<ul style="list-style-type: none"> How to link the Board meeting agenda to the Annual Integrated Board Strategic Agenda/Work Plan (where to find these documents in the Board materials) 	✓	
<ul style="list-style-type: none"> How to navigate the Board meeting material package for the upcoming Board meeting. 	✓	
<ul style="list-style-type: none"> Overview of how motions are made and passed at CMLTO Board meetings 	✓	
<ul style="list-style-type: none"> Difference between closed and open meetings and rationale 	✓	
<ul style="list-style-type: none"> The phases of the New Board Member Mentor Program 	✓	
<ul style="list-style-type: none"> Topics for the New Board Member to become familiar with and discuss with the Mentor as needed: <ul style="list-style-type: none"> Governing legislation: <i>Regulated Health Professions Act, 1991</i>, including Objects of the College, <i>Fair Access to Regulated Professions and Compulsory Trades Act, etc.</i> The CMLTO Board Purpose, Mandate, and Responsibilities regarding the Protection of the Public Interest as the most critical decision determinant in Board decision-making. CMLTO Regulations and By-Law. The CMLTO Strategic Framework. The CMLTO Board Policies on Ends (Critical Outcomes) and Executive Limitations. The CMLTO Board Policies on Governance Process and Board/Staff Relationship. Board's policy statement re commitment to equity, diversity, inclusion, and justice. Ministry of Health's College Performance Measurement Framework (CPMF). The CMLTO Public Assessment Framework. The CMLTO Board Comprehensive Linkage Plan. The CMLTO Governance Structure. Key CMLTO Stakeholders i.e., government, provincial & national professional associations, Canadian Alliance of Medical Laboratory Professionals Regulators, Health Profession Regulators of Ontario. Key acronyms (Orientation Manual) 	✓	



Program Activities to Be Completed	Completed At Session “✓”	Requests More Orientation on Topic
Date Completed: SEPT 18, 2025 – NEW BOARD ORIENTATION SESSION; SEPT 16, 2025 – MEETING WITH TAMMIE ON BOARD MATERIALS		
New Board Member Observations/Comment:		
<p><u>Phase 2 – Second Mentor Session</u> Timeline: Immediately Following New Board Member’s Initial Board Meetings</p> <ul style="list-style-type: none"> Answers to any outstanding questions which arose for the new Board Member from their first Board meetings. 	✓	
<ul style="list-style-type: none"> Review of the Board Member Job Description (Policy No. GP IV-70) and Board Member’s Code of Conduct (Policy No. GP IV-80). 	✓	
<ul style="list-style-type: none"> Review of the types and structure of the CMLTO Board Policies and the Board Policy Manual Table of Contents. 	✓	
<ul style="list-style-type: none"> Description, by Mentor, of the most helpful documents and/or experiences in learning the job of being a CMLTO Board Member. 	✓	
Date Completed: SEPT 29, 2025		
New Board Member Observations/Comments:		
<p><u>Phase 3 –Third Mentor Session</u> Timeline: Between New Board Member’s First and Second Set of Board Meetings</p> <ul style="list-style-type: none"> Any further questions/topics arising from the first Board meeting for which the new Board Member requires more input or context. 	✓	
<ul style="list-style-type: none"> Review of the upcoming topics on the Board’s Integrated Strategic Agenda/Work Plan. <ul style="list-style-type: none"> Review the topics coming up at the next Board meeting. A summary by the Mentor of the key strategic and governance issues on the Board’s upcoming Integrated Board Strategic Agenda/Work Plan. 	✓	



Program Activities to Be Completed	Completed At Session “✓”	Requests More Orientation on Topic
<ul style="list-style-type: none"> Any other outstanding questions by the new Board Member. 	✓	
Date Completed: SEPT, 29 2025		
New Board Member Observations/Comments:		
<p>Phase 4 - Fourth Mentor Session Timeline: Just Prior to the New Board Member’s Second Set of Board Meetings</p> <ul style="list-style-type: none"> Any topics, from the Board Meeting pre-reading package, for which the new member has questions or requires further background or context. 	✓	
<ul style="list-style-type: none"> Types of governance questions a Board Member may choose to ask throughout the different components of the Board meeting, including appreciative inquiry evaluation questions for CEO Monitoring Reports. 	✓	
<ul style="list-style-type: none"> Overview of Board and Board Members’ role in assessing the Registrar & CEO’s annual Ends Interpretation and monitoring Registrar & CEO performance (the process and relevant questions to ask). <ul style="list-style-type: none"> Review and discuss the layout/structure of one of the Registrar & CEO Monitoring Reports in the Board Meeting Package. 	✓	
Date Completed: DEC 5, 2025		
New Board Member Observations/Comments:		
<p>Phase 5 – Report to Full Board by New Board Member Timeline: At Least Two Weeks Prior to New Board Member’s Third Set of Board Meetings</p> <ul style="list-style-type: none"> Report to Full Board (using the standard template) completed by the new Board Member <ul style="list-style-type: none"> Signed off by new Board Member and Mentor and forwarded to CMLTO. 	✓	



Date Completed: JAN 23, 2026		
Any Final Comments/Observations by New Members:		

Mentor's Signature

New Board Member's Signature

Jan 24, 2026

Date Completed

JAN 23, 2026

Date Completed



APPENDIX 1
CMLTO New Board Member Mentor Program Report to Full Board
(including checklist)

Name of New Board Member: Nathan Clark **Name of Mentor:** Karen Persad

Date Report Completed and Submitted to CMLTO: Jan 15 / 2026

COMPLETION OF THE PROGRAM

1. The Board Mentor Program Policy (GP # IV-130) phases and activities have been completed and the details are outlined in the completed checklist. Yes
 No
 Partial Explanation

New Board Member Notes/Comments:
Very much valued this program and the opportunity to learn from Karen. Time well spent!

2. **Welcome Letter**
The welcome letter provided enough initial information about the College and next steps for your initiation. If not, please provide suggested information to be included. Yes
 No

New Board Member Notes/Comments:

3. **Board Member Orientation Manual**
Did the Manual provide enough information about the College, the MLT profession, the Board and the College's/Board's processes? If not, please list what might be included. Yes
 No

Was there unnecessary information included in the Manual? If so, please provide examples. Yes
 No



Was the information presented logically? If not, please suggest improvements to the order of presentation.

- Yes
 No

New Board Member Notes/Comments:

Did the Board Mentor Program significantly contribute to your learning and the ease with which you have been able to successfully become an active member of the CMLTO Board?

- Strongly Agree
 Agree
 Not Sure
 Disagree
 Strongly Disagree

New Board Member Notes/Comments:

Please share any suggestions to enhance the Board Mentor Program:

*The virtual orientation was also significantly helpful.
Strongly recommend continuing with this approach.*

New Board Member Mentor Program Checklist Attached: Yes



BOARD MENTOR PROGRAM CHECKLIST

In addition to the formal Board Mentor Program, new Board Members are encouraged to utilize all of the resources available to all Board Members as part of their ongoing orientation and continuing education, including: the CMLTO website, Board Policy Manual, Full Board Orientation Sessions, and the Board Member Orientation Manual.

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<p>Phase 1 - Part 1 – First Connection Timeline: Within First Two Weeks of Announcement of Mentorship</p> <ul style="list-style-type: none"> • Initial welcome and introduction made by Mentor • Plan for the first mentor session (i.e., Phase 1- Part 2) 	✓	
<ul style="list-style-type: none"> • Introduction of both parties <ul style="list-style-type: none"> ○ Brief backgrounds of each party (professional, governance history and experience, and connection to CMLTO if any). 	✓	
<ul style="list-style-type: none"> • Further contact information and how best to contact each other to address any questions which may arise. 	✓	
<ul style="list-style-type: none"> • Confirm that the new Board Member has been assigned and has successfully connected with their assigned CMLTO email address, which is only for use in CMLTO business. 	✓	
Date Completed: <i>Sept 11/2025</i>		
<p>Phase 1 - Part 2 – First Mentor Session Timeline: Prior to New Board Member's First Board Meeting</p> <ul style="list-style-type: none"> • General overview of what to expect at the new Board Member's first Board meeting 	✓	
<ul style="list-style-type: none"> • Answer any top-of-mind questions by the new Board Member. 	✓	
<ul style="list-style-type: none"> • How to find the CMLTO offices and Board Room or to connect to virtual Board meetings through the Board Member's designated CMLTO email. 	✓	
<ul style="list-style-type: none"> ○ The Board Member sign-in process upon arrival at office for in-person meetings 	✓	
<ul style="list-style-type: none"> • The general flow of Board meetings. 	✓	



Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<ul style="list-style-type: none"> • Where to find the Board pre-reading package online. 	✓	
<ul style="list-style-type: none"> • Using the CMLTO Board portal online. 	✓	
<ul style="list-style-type: none"> • How to read/follow the Board meeting agenda. 	✓	
<ul style="list-style-type: none"> • How to link the Board meeting agenda to the Annual Integrated Board Strategic Agenda/Work Plan (where to find these documents in the Board materials) 	✓	
<ul style="list-style-type: none"> • How to navigate the Board meeting material package for the upcoming Board meeting. 	✓	
<ul style="list-style-type: none"> • Overview of how motions are made and passed at CMLTO Board meetings 	✓	
<ul style="list-style-type: none"> • Difference between closed and open meetings and rationale 	✓	
<ul style="list-style-type: none"> • The phases of the New Board Member Mentor Program 	✓	
<ul style="list-style-type: none"> • Topics for the New Board Member to become familiar with and discuss with the Mentor as needed: <ul style="list-style-type: none"> ○ Governing legislation: <i>Regulated Health Professions Act, 1991</i>, including Objects of the College, <i>Fair Access to Regulated Professions and Compulsory Trades Act, etc.</i> ○ The CMLTO Board Purpose, Mandate, and Responsibilities regarding the Protection of the Public Interest as the most critical decision determinant in Board decision-making. ○ CMLTO Regulations and By-Law. ○ The CMLTO Strategic Framework. ○ The CMLTO Board Policies on Ends (Critical Outcomes) and Executive Limitations. ○ The CMLTO Board Policies on Governance Process and Board/Staff Relationship. ○ Board's policy statement re commitment to equity, diversity, inclusion, and justice. ○ Ministry of Health's College Performance Measurement Framework (CPMF). 	✓	



Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<ul style="list-style-type: none"> ○ The CMLTO Public Assessment Framework. ○ The CMLTO Board Comprehensive Linkage Plan. ○ The CMLTO Governance Structure. ○ Key CMLTO Stakeholders i.e., government, provincial & national professional associations, Canadian Alliance of Medical Laboratory Professionals Regulators, Health Profession Regulators of Ontario. ○ Key acronyms (Orientation Manual) 	✓	
Date Completed: <i>Sept 18 / 2015.</i>		
New Board Member Observations/Comment: <i>This session was very helpful prior to first meeting.</i>		
Phase 2 – Second Mentor Session		
Timeline: Immediately Following New Board Member's Initial Board Meetings		
<ul style="list-style-type: none"> • Answers to any outstanding questions which arose for the new Board Member from their first Board meetings. 	✓	
<ul style="list-style-type: none"> • Review of the Board Member Job Description (Policy No. GP IV-70) and Board Member's Code of Conduct (Policy No. GP IV-80). 	✓	
<ul style="list-style-type: none"> • Review of the types and structure of the CMLTO Board Policies and the Board Policy Manual Table of Contents. 	✓	
<ul style="list-style-type: none"> • Description, by Mentor, of the most helpful documents and/or experiences in learning the job of being a CMLTO Board Member. 	✓	
Date Completed: <i>Sept 23 / 2015.</i>		
New Board Member Observations/Comments:		



Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<p>Phase 3 –Third Mentor Session Timeline: Between New Board Member’s First and Second Set of Board Meetings</p> <ul style="list-style-type: none"> Any further questions/topics arising from the first Board meeting for which the new Board Member requires more input or context. 	✓	
<ul style="list-style-type: none"> Review of the upcoming topics on the Board’s Integrated Strategic Agenda/Work Plan. <ul style="list-style-type: none"> Review the topics coming up at the next Board meeting. A summary by the Mentor of the key strategic and governance issues on the Board’s upcoming Integrated Board Strategic Agenda/Work Plan. 	✓	
<ul style="list-style-type: none"> Any other outstanding questions by the new Board Member. 	✓	
<p>Date Completed: <i>Nov 20/2025</i></p>		
<p>New Board Member Observations/Comments:</p>		
<p>Phase 4 - Fourth Mentor Session Timeline: Just Prior to the New Board Member’s Second Set of Board Meetings</p> <ul style="list-style-type: none"> Any topics, from the Board Meeting pre-reading package, for which the new member has questions or requires further background or context. 	✓	
<ul style="list-style-type: none"> Types of governance questions a Board Member may choose to ask throughout the different components of the Board meeting, including appreciative inquiry evaluation questions for CEO Monitoring Reports. 	✓	
<ul style="list-style-type: none"> Overview of Board and Board Members’ role in assessing the Registrar & CEO’s annual Ends Interpretation and monitoring Registrar & CEO performance (the process and relevant questions to ask). 	✓	



<ul style="list-style-type: none"> ○ Review and discuss the layout/structure of one of the Registrar & CEO Monitoring Reports in the Board Meeting Package. 	/	
Date Completed: <i>Nov 20/2025</i>		
New Board Member Observations/Comments:		
<p>Phase 5 – Report to Full Board by New Board Member Timeline: At Least Two Weeks Prior to New Board Member’s Third Set of Board Meetings</p> <ul style="list-style-type: none"> • Report to Full Board (using the standard template) completed by the new Board Member <ul style="list-style-type: none"> ○ Signed off by new Board Member and Mentor and forwarded to CMLTO. 	/	
Date Completed: <i>Jan 13/2026</i>		
<p>Any Final Comments/Observations by New Members: <i>Karen has been a tremendous resource. I look forward to continuing to work with her post-mentorship program.</i></p>		

Karen [Signature]

Mentor’s Signature

January 22, 2026

Date Completed

[Signature]

New Board Member’s Signature

Jan 13/2026

Date Completed



APPENDIX 1
CMLTO New Board Member Mentor Program Report to Full Board (including checklist)

Name of New Board Member: Lin (Victor) Lan Name of Mentor: Jen Pilzecker

Date Report Completed and Submitted to CMLTO: Jan 20, 2026

COMPLETION OF THE PROGRAM
1. The Board Mentor Program Policy (GP # IV-130) phases and activities have been completed and the details are outlined in the completed checklist.
Yes No Partial Explanation

New Board Member Notes/Comments:
This is a wonderful program and help me a lot.

2. Welcome Letter
The welcome letter provided enough initial information about the College and next steps for your initiation. If not, please provide suggested information to be included.
Yes No

New Board Member Notes/Comments:

3. Board Member Orientation Manual
Did the Manual provide enough information about the College, the MLT profession, the Board and the College's/Board's processes? If not, please list what might be included.
Was there unnecessary information included in the Manual? If so, please provide examples.
Was the information presented logically? If not, please suggest improvements to the order of presentation.
Yes No Yes No Yes No



New Board Member Notes/Comments:

Did the Board Mentor Program significantly contribute to your learning and the ease with which you have been able to successfully become an active member of the CMLTO Board?

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

New Board Member Notes/Comments:

Please share any suggestions to enhance the Board Mentor Program:

New Board Member Mentor Program Checklist Attached: No Yes



BOARD MENTOR PROGRAM CHECKLIST

In addition to the formal Board Mentor Program, new Board Members are encouraged to utilize all of the resources available to all Board Members as part of their ongoing orientation and continuing education, including: the CMLTO website, Board Policy Manual, Full Board Orientation Sessions, and the Board Member Orientation Manual.

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<p><u>Phase 1 - Part 1 – First Connection</u> Timeline: Within First Two Weeks of Announcement of Mentorship</p> <ul style="list-style-type: none"> Initial welcome and introduction made by Mentor Plan for the first mentor session (i.e., Phase 1- Part 2) 	yes	
<ul style="list-style-type: none"> Introduction of both parties <ul style="list-style-type: none"> Brief backgrounds of each party (professional, governance history and experience, and connection to CMLTO if any). 	yes	
<ul style="list-style-type: none"> Further contact information and how best to contact each other to address any questions which may arise. 	yes	
<ul style="list-style-type: none"> Confirm that the new Board Member has been assigned and has successfully connected with their assigned CMLTO email address, which is only for use in CMLTO business. 	yes	
<p>Date Completed:</p>	Aug. 6, 2025	
<p><u>Phase 1 - Part 2 – First Mentor Session</u> Timeline: Prior to New Board Member’s First Board Meeting</p> <ul style="list-style-type: none"> General overview of what to expect at the new Board Member’s first Board meeting 	yes	
<ul style="list-style-type: none"> Answer any top-of-mind questions by the new Board Member. 	yes	
<ul style="list-style-type: none"> How to find the CMLTO offices and Board Room or to connect to virtual Board meetings through the Board Member’s designated CMLTO email. 	yes	
<ul style="list-style-type: none"> The Board Member sign-in process upon arrival at office for in-person meetings 	yes	
<ul style="list-style-type: none"> The general flow of Board meetings. 	yes	



Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<ul style="list-style-type: none"> Where to find the Board pre-reading package online. 	yes	
<ul style="list-style-type: none"> Using the CMLTO Board portal online. 	yes	
<ul style="list-style-type: none"> How to read/follow the Board meeting agenda. 	yes	
<ul style="list-style-type: none"> How to link the Board meeting agenda to the Annual Integrated Board Strategic Agenda/Work Plan (where to find these documents in the Board materials) 	yes	
<ul style="list-style-type: none"> How to navigate the Board meeting material package for the upcoming Board meeting. 	yes	
<ul style="list-style-type: none"> Overview of how motions are made and passed at CMLTO Board meetings 	yes	
<ul style="list-style-type: none"> Difference between closed and open meetings and rationale 	yes	
<ul style="list-style-type: none"> The phases of the New Board Member Mentor Program 	yes	
<ul style="list-style-type: none"> Topics for the New Board Member to become familiar with and discuss with the Mentor as needed: <ul style="list-style-type: none"> Governing legislation: <i>Regulated Health Professions Act, 1991</i>, including Objects of the College, <i>Fair Access to Regulated Professions and Compulsory Trades Act, etc.</i> The CMLTO Board Purpose, Mandate, and Responsibilities regarding the Protection of the Public Interest as the most critical decision determinant in Board decision-making. CMLTO Regulations and By-Law. The CMLTO Strategic Framework. The CMLTO Board Policies on Ends (Critical Outcomes) and Executive Limitations. The CMLTO Board Policies on Governance Process and Board/Staff Relationship. Board's policy statement re commitment to equity, diversity, inclusion, and justice. Ministry of Health's College Performance Measurement Framework (CPMF). The CMLTO Public Assessment Framework. The CMLTO Board Comprehensive Linkage Plan. 	yes	



Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<ul style="list-style-type: none"> ○ The CMLTO Governance Structure. ○ Key CMLTO Stakeholders i.e., government, provincial & national professional associations, Canadian Alliance of Medical Laboratory Professionals Regulators, Health Profession Regulators of Ontario. ○ Key acronyms (Orientation Manual) 		
Date Completed:	Sep. 10, 2025	
<p>New Board Member Observations/Comment:</p> <p>Thank so much my mentor Jennifer for her emails and guidance. I have learnt a lot of my role as a new board member of CMLTO</p>		
<p>Phase 2 – Second Mentor Session Timeline: Immediately Following New Board Member’s Initial Board Meetings</p> <ul style="list-style-type: none"> • Answers to any outstanding questions which arose for the new Board Member from their first Board meetings. 	yes	
<ul style="list-style-type: none"> • Review of the Board Member Job Description (Policy No. GP IV-70) and Board Member’s Code of Conduct (Policy No. GP IV-80). 	yes	
<ul style="list-style-type: none"> • Review of the types and structure of the CMLTO Board Policies and the Board Policy Manual Table of Contents. 	yes	
<ul style="list-style-type: none"> • Description, by Mentor, of the most helpful documents and/or experiences in learning the job of being a CMLTO Board Member. 	yes	
Date Completed:	Sep 11, 2025	
<p>New Board Member Observations/Comments:</p>		



Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<p>Phase 3 –Third Mentor Session Timeline: Between New Board Member’s First and Second Set of Board Meetings</p> <ul style="list-style-type: none"> Any further questions/topics arising from the first Board meeting for which the new Board Member requires more input or context. 	yes	
<ul style="list-style-type: none"> Review of the upcoming topics on the Board’s Integrated Strategic Agenda/Work Plan. <ul style="list-style-type: none"> Review the topics coming up at the next Board meeting. A summary by the Mentor of the key strategic and governance issues on the Board’s upcoming Integrated Board Strategic Agenda/Work Plan. 	yes	
<ul style="list-style-type: none"> Any other outstanding questions by the new Board Member. 	yes	
Date Completed:	Sept 29, 2025	
New Board Member Observations/Comments:		
<p>Phase 4 - Fourth Mentor Session Timeline: Just Prior to the New Board Member’s Second Set of Board Meetings</p> <ul style="list-style-type: none"> Any topics, from the Board Meeting pre-reading package, for which the new member has questions or requires further background or context. 	yes	
<ul style="list-style-type: none"> Types of governance questions a Board Member may choose to ask throughout the different components of the Board meeting, including appreciative inquiry evaluation questions for CEO Monitoring Reports. 	yes	
<ul style="list-style-type: none"> Overview of Board and Board Members’ role in assessing the Registrar & CEO’s annual Ends Interpretation and monitoring Registrar & CEO performance (the process and relevant questions to ask). 	yes	



<ul style="list-style-type: none"> ○ Review and discuss the layout/structure of one of the Registrar & CEO Monitoring Reports in the Board Meeting Package. 		
Date Completed:	various dates by email and over video call Feb 10, 2026	
New Board Member Observations/Comments:		
<p><u>Phase 5 – Report to Full Board by New Board Member</u> Timeline: At Least Two Weeks Prior to New Board Member’s Third Set of Board Meetings</p> <ul style="list-style-type: none"> • Report to Full Board (using the standard template) completed by the new Board Member <ul style="list-style-type: none"> ○ Signed off by new Board Member and Mentor and forwarded to CMLTO. 	upcoming	
Date Completed:		
Any Final Comments/Observations by New Members:		

Mentor’s Signature

January 20, 2026

Date Completed

New Board Member’s Signature

January 20, 2026

Date Completed



AGENDA ITEM 4.0

4.0	GOVERNANCE PROCESS: POLICY IMPLEMENTATION
4.1	Approval of Executive Committee Recommendations for Composition of 2026 Board Statutory Committees
4.2	Planning Part 2 for 2026 Integrated Board Strategic Agenda

Briefing Report to Board of Directors

Date : February 16, 2026

From : Karen Persad, Board Chair

Subject : Approval of Executive Committee Recommendations for Composition of 2026 CMLTO Statutory Committees

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 Statutory Committee compositions ensures a balanced and diverse representation of skills, experience, and perspectives, enabling effective governance that serves the public interest by promoting accountability, safeguarding professional standards, and supporting patient safety and care.

Recommended Motion:

Be it resolved that the Board moves to approve the proposed 2026 CMLTO Statutory Committee Compositions, as presented in Appendix 1.

BACKGROUND

Statutory Committee Appointment Recommendations and Considerations

The Executive Committee is responsible for recommending to Board:

- Which members of the Board should be appointed to each CMLTO Statutory Committee,
- Who should be appointed Chair of each Committee, and
- Which College Registrants, who are not part of the Board, should be appointed to each Committee as Non-Board Committee Member (NBCM)

The Executive Committee takes into consideration a number of factors, including:

- Ensuring continuity on the Committee (i.e. knowledge, experience, committee specific training completed, etc.),
- Introducing new members to a Committee to bring fresh ideas and perspectives,
- Any possible conflicts that may arise from an appointment to a Committee (e.g. may not be appointed to both the ICRC and Discipline Committees),
- Terms of Board Members and NBCMs and their eligibility to continue serving,
- Board and Non-Board Members' preferences (first, second and third choices) for the Statutory Committees on which they would like to serve in the coming year,
- Board Members' interest in chairing a Statutory Committee.

The Executive Committee met on January 8, 2026, to develop the proposed composition of the CMLTO Statutory Committees for 2026 for recommendation to Board at the first meeting of 2026. *(Please see Appendix 1)*

APPENDICES:

Appendix 1 – Proposed 2026 CMLTO Statutory Committee Compositions

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO) PROPOSED COMPOSITION OF STATUTORY COMMITTEES - 2026

COMMITTEE COMPOSITION	EXECUTIVE COMMITTEE	REGISTRATION COMMITTEE	INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)	DISCIPLINE COMMITTEE	FITNESS TO PRACTISE COMMITTEE	QUALITY ASSURANCE COMMITTEE	PATIENT RELATIONS COMMITTEE
CHAIR	K. Persad	R. Soni	W. Hewus	T. Rix	L. Bourne	P. McLeman	J. Jose
PROFESSIONAL MEMBERS	1. G. Broukhanski (V.C., Professional) 2. L. Bourne	1. G. Broukhanski 2. J. Jose	1. I. Vithana 2. J. McBane	1. M. Costantino 2. L. Di Pietro	1. M. Wong-Fung 2. K. Unruh	1. L. Di Pietro 2. M. Wong-Fung	1. M. Costantino 2. K. Unruh
PUBLIC MEMBERS	1. T. Rix (V.C., Public) 2. W. Hewus	1. J. Pilzecker 2. V. Ufodike	1. N. Clark 2. V. Lan	1. A. Chan 2. J. Pilzecker 3. P. McLeman	1. V. Ufodike 2. A. Chan	1. N. Clark 2. R. Soni	1. V. Lan 2. T. Rix
NON-BOARD COMMITTEE MEMBERS (NBCMs)	N/A	1. Rabindra Nepal 2. Polina Peretokina 3. Sanket Shah 4. Shweta Pant 5. Pamela Calverley 6. Trina Gilley	1. Yvette Williams 2. Chantelle Menezes 3. Maggie Kisiel 4. Anthony Battista 5. Rajan Dahal 6. Melissa Desaulnier 7. Danielle Menezes	1. Lisa Lindner 2. Stephanie Cote Girard 3. Tania Garshowitz-Dong 4. Kevin Tseng 5. Alison Nimetz Severini 6. Jenny Gan 7. Vanessa Lad	1. Omid Nouri 2. Geeta Seocharan 3. Mitzi Ann Estrada 4. Megan Spencer	1. Kayla Anderson 2. Azadeh Sajadian 3. Samira Ahmed 4. Anne Augustin 5. Hasit Patel 6. Tharani Thulaseetharan	1. Shirley Tham 2. Chirag Vyas 3. Justin Hahn 4. Sanya Sohal
CMLTO BY-LAW REQUIREMENT	<ul style="list-style-type: none"> Board Chair Vice-Chair, Professional Vice-Chair, Public At least one (1) Professional Board Member, and At least one (1) Public Board Member. 	<ul style="list-style-type: none"> At least two (2) Professional Board Members, At least two (2) Public Board Members, and At least three (3) NBCMs. 	<ul style="list-style-type: none"> At least two (2) Professional Board Members who are not members of the DC or FTP Committee, At least two (2) Public Board Members who are not members of the DC or FTP Committee, At least five (5) NBCMs who are not members of the DC or FTP Committee. 	<ul style="list-style-type: none"> At least two (2) Professional Board Members who are not members of the ICRC, At least three (3) Public Board Members who are not members of the ICRC, and At least five (5) NBCMs who are not members of the ICRC. 	<ul style="list-style-type: none"> At least two (2) Professional Board Members who are not members of the ICRC, At least two (2) Public Board Members who are not members of the ICRC, and At least two (2) NBCMs who are not members of the ICRC. 	<ul style="list-style-type: none"> At least two (2) Professional Board Members, At least two (2) Public Board Members, and At least three (3) NBCMs. 	<ul style="list-style-type: none"> At least two (2) Professional Board Members, At least two (2) Public Board Members, and At least one (1) NBCM.



Briefing Report to Board of Directors

Date : February 5, 2026

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

Subject : 2026 Part 2 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: |

RECOMMENDED MOTIONS:

Be it resolved that:

- 1) The Board approves the Summary of 2026 Board 2026 Priorities as identified at the December 2025 Board meeting outlined in Figure 1 as an accurate reflection of the Board’s learning and desired next steps/action plan for governance development.
- 2) The Board approves in principle, the 2026 Board goals as developed and discussed at the February 2026 Board meeting.
- 3) The Board approves the Integrated Board Strategic Agenda/Work Plan (IBSA) for 2026 as discussed at the February Board meeting.

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. Once the Board priorities are identified by the Board they are recorded in official Board Goals and in the Annual Integrated Board Strategic Agenda/Work Plan (IBSA).

What to Expect: Board Planning Session Number 2 and 2026 Integrated Board Strategic Agenda/Work Plan

In December 2025, the Board engaged in a structured discussion to identify its key priorities for the coming year. These priorities were organized across three interconnected dimensions of Board development:

1. Board Orientation and Continuing Education
2. Board Process Development and Continuous Improvement
3. Board Structure Modernization

The priorities identified through this discussion are summarized in Figure 1 of this Briefing Note. Figure 1 outlines the Board identified focus areas within each of the three dimensions and presents a draft Board Action Plan developed directly from the Board's December input.

The goals for the Integrated Board Strategic Agenda/ Work Plan Part 2 Planning Session include:

- a careful review of the Board priorities for Board development (including Board Orientation and Continuing Education, Board Process Development and Continuous Improvement, and Governance Structure Modernization) to ensure that the priorities as the Board has identified, evaluated, and discussed them are accurately represented in the Workplan Worksheet in this Briefing Note,
- a presentation and discussion on the appropriate sequencing and timing of these priorities and the nature of the action steps to be taken by the Board and those who support the Board, and
- using the insights and further understanding gained through the two above goals, reviewing a 2026 Integrated Board Strategic Agenda/ Work Plan Worksheet Tool to finalize the plan as a working guide for the Board's 2026 meeting agendas.

At the February Board meeting, the Board will be invited to:

- Confirm the proposed Board Action Plan,
- Add or refine related Board Goals for 2026, and
- Provide direction that will inform the further development of the 2026 Integrated Board Strategic Agenda/Work Plan.

Board Members are encouraged to review Figure 1, the Draft Board Action Plan, in advance of the February discussion to support a focused and efficient planning conversation.

As part of the February Board meeting, the Board will also have the opportunity to discuss the timing and sequencing of Board Action Plan items across the 2026 calendar year. An updated draft of the Integrated Board Strategic Agenda/Work Plan will be provided as a handout and working document to support this discussion and enable practical planning for the year ahead.



FIGURE 1
CMLTO PART 2 PLANNING
-2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN -
2026 BOARD PRIORITIES IDENTIFIED AS AT DECEMBER 2025

BOARD PRIORITIES	DRAFT BOARD ACTION PLAN
Board Orientation and Continuing Education	
<p>1. Refresh New Board Member Orientation</p> <ul style="list-style-type: none"> ▪ Layer this New Board Member Orientation so that it is not overwhelming at the beginning. ▪ Adjust learning process so that it aligns with start time of any new Board Member. 	<ul style="list-style-type: none"> • Develop New Board Member Orientation (core topics & skills) to address need to know: <ul style="list-style-type: none"> ▪ First 90 days ▪ Second 90 days ▪ Third remaining (180 days) • Build knowledge and skills through Board applied continuing education to enhance Board Member knowledge in engaging in Board dialogue including key questions to use – fiduciary, generative, strategic.
<p>2. Build Board Member Knowledge in the Medical Laboratory Profession, Workforce Trends, and Their Impact</p> <ul style="list-style-type: none"> ▪ Related periodic environmental scanning information required by Board – including trends, MLT and MLA/T demographic shifts, foreign trained applicants/numbers, new registration pathways use and impact, evolving professional practice requirements, and related practice risks. 	<ul style="list-style-type: none"> • Continue an annual substantive orientation/re-orientation for Board Members to ensure all are well versed in understanding the medical laboratory professional sector. • Periodic updates from the R/CEO are requested on MLT and MLA/T sector trends as changes emerge. • Board requests availability of a visit to an appropriate lab to better understand the MLT role.
<p>3. Understanding Risk Informed, Transparent Regulation</p> <ul style="list-style-type: none"> ▪ Board to better understand what “risk informed” regulation is and how transparency fits in, in order to better inform Board policy regarding Ends (Critical Outcomes) in this area. 	<ul style="list-style-type: none"> • Board continuing education session on risk informed (including practice risk) and transparent regulation. • Board to then review its policy in this area [Ends (Critical Outcomes)] – do any Ends (Critical Outcomes) Policies require clarification or increased specificity.



BOARD PRIORITIES	DRAFT BOARD ACTION PLAN
Board Process Development and Continuous Improvement	
<p>1. Use of Artificial Intelligence in Board Work</p> <ul style="list-style-type: none"> ▪ Examine next phase of AI development and use by the CMLTO Board of Directors <ul style="list-style-type: none"> ○ Build a Board knowledge in possible Board uses. ○ Build agreed upon Board uses of AI. 	<ul style="list-style-type: none"> • Develop a follow-up Board continuing education applied session to build specific Board knowledge in safe and appropriate Board uses and applications of AI to support Board work. • Conduct a strategic Board discussion to determine the first steps in agreed upon applied AI use at the Board. <ul style="list-style-type: none"> ○ Monitor effectiveness of Executive Limitations Policy on AI which addresses organizational AI strategy and operations. ○ Update Governance Process Policy on Use of AI and monitor Board progress.
<p>2. Agenda Clarity and Space for Generative Dialogue – The Board’s Strategic Direction Role</p> <ul style="list-style-type: none"> ▪ Fine-tune and further clarify framing/listing of purpose of agenda items (e.g. For Discussion, For Information, To Inform Board Decisions, For Monitoring R/CEO Performance, For Generative Dialogue, etc.) ▪ Further create and emphasize blocked timed for facilitated generative exploration of key governance issues. ▪ Continue to emphasize the Board’s strategic direction role – stay focused on strategic direction and oversight/accountability. 	<ul style="list-style-type: none"> • Ensure through an annual focused orientation/re-orientation session that all Board Members (continuing and new) have a thorough understanding of the history, context, rationale, and meaning of CMLTO’s Board Strategic Direction, i.e. Ends (Critical Outcomes). • Schedule a generative topic for 1 to 2 hours per Board meeting, i.e. quarterly, and also in annual spring planning and development Board session. • Create a running list of topics that the Board wishes to explore with generative discussion techniques. • Work to increase discipline to frame agenda topics and conduct the required discussion in the reasonable amount of time assigned to the topic. • Continue with the post meeting effectiveness survey. • Continue with meeting monitors for two meetings a year. • Use Consent Agenda fully.



BOARD PRIORITIES	DRAFT BOARD ACTION PLAN
Board Process Development and Continuous Improvement	
<p>3. Effective Evaluation of Monitoring Reports on Registrar & CEO Achievement of Ends (Critical Outcomes) and Executive Limitations</p> <ul style="list-style-type: none"> ▪ Board agreed this is a crucial responsibility of the Board. ▪ Strong agreement exists that Ends (Critical Outcomes) Monitoring Reports are timely, regular, and support Board understanding; there is a recommendation that the Board request advancement of stronger indicators of Ends (Critical Outcomes) evaluation. 	<ul style="list-style-type: none"> • Build applied continuing education session for effective Board Monitoring R/CEO/Organizational Performance. <ul style="list-style-type: none"> ▪ Purpose to develop applied/relevant questions, deeper questioning, and stronger participation in monitoring discussions. ▪ Practise case scenarios in monitoring in a continuing education session. ▪ Practise a real-time actual Ends (Critical Outcomes) and Executive Limitations Monitoring Report with simultaneous dialogue on how the evaluation of the report by the Board progressing. ▪ Explore alternative processes for Board monitoring to increase efficiency of Board meeting time (e.g. online initial feedback and questions by the Board) – hold a specific exploratory Board discussion to review pros and cons of alternative approaches to evaluation of Monitoring Reports.
<p>4. Strengthening Public Trust and Safety Through Risk Informed, Transparent Regulation</p> <ul style="list-style-type: none"> ▪ Focus on risk-informed regulation and ensure clear communication from CMLTO to registrants on this topic. 	<ul style="list-style-type: none"> • In a strategic/generative Board conversation, the Board is to ensure its policy is clear in this area.

Note: There is also strong agreement that the Board Meeting Package should be simplified. Consider moving some of the “For Information” pieces to a separate “For Information Briefing Package”.

BOARD PRIORITIES	DRAFT BOARD ACTION PLAN
Board Structure Modernization	
<p>1. Explore the Benefits and Risks of Creating Some New Board Committees</p>	<ul style="list-style-type: none"> • Conduct a focused Board discussion on the future use of Board Committees



BOARD PRIORITIES	DRAFT BOARD ACTION PLAN
<p>Board Structure Modernization</p> <ul style="list-style-type: none"> ▪ Committee options could include: <ul style="list-style-type: none"> ▪ Nominations or HR Committee ▪ Governance Committee ▪ Audit Committee ▪ Policy Review Committee ▪ Re-evaluate Executive Committee Scope and Terms of Reference (recognizing it is a Statutory Committee) 	<p>including why, which ones, refocusing of Board Members attention to different committee work.</p> <ul style="list-style-type: none"> • Review and approve Terms of Reference Policies for new Board Committees. • Explore with R/CEO CMLTO’s capacity to support a small number of Board Committees.
<p>2. Review Board Officers Structure, Terms, Orientation, Succession</p> <ul style="list-style-type: none"> ▪ Consideration was given to elimination of Vice Chairs or reducing to one Vice Chair (this concept from GSI was rejected by the Board). <ul style="list-style-type: none"> ○ Consider updating the role of Vice Chair to lead and support some Board process as delegated by the Board, in support of the Board Chair. ▪ Extend Board Chair term to 2 -years (i.e. 2 year terms x 2 possible terms if Board hair remains eligible to be on the Board). ▪ Build Board Chair competencies orientation and training. ▪ Build and clarify Board officers suction plan. ▪ Examine the role of Past Chair and consider formalizing this role in Board policy. 	<ul style="list-style-type: none"> • Evaluate Board Chair and Vice Chair roles and determine if increased work sharing would have value. <ul style="list-style-type: none"> ▪ Board to hold discussion to review options. • Update Role of Board Officers Policy (GP IV-15) accordingly. • Change term of Board Chair once elected by the Board to be a two (2) year term (as long as the Board Member is eligible to serve as a Board Member). <ul style="list-style-type: none"> ▪ Requires a policy and By-Law change. • Update policy to allow a second term as Chair for up to two (2) years. • Build specific training/orientation plan for the role of Chair and Vice-Chair. • Board to discuss a proposed clear succession plan/intention for Board officers. • Board to hold a discussion to evaluate the options for a Past Chair role (followed by relevant By-Law and policy updates as needed).
<p>3. Continue Implementation of Board Competency and Characteristics Framework</p> <ul style="list-style-type: none"> ▪ This remains a priority for the Board. ▪ Board work plan exists to incorporate this Framework in Board development and recruitment. 	<ul style="list-style-type: none"> • Implement next steps of this work plan to incorporate the Board Competencies and Characteristics Framework into the nominations process. • Seek input from current Board Members on their related learning needs.

APPENDIX 1

REMAINING BOARD ACTION ITEMS FOR BOARD DEVELOPMENT THROUGH BOARD EVALUATION PROCESSES AND THROUGH BOARD ACTION IN 2025

These items all remain important to the Board. They were not selected by the Board as top priorities for 2026; however, progress on a number of these Board development items are underway and/or are addressed on a lower priority basis in the Annual Integrated Board Strategic Agenda/Work Plan.

	BOARD ACTION PLAN
BOARD CONTINUING EDUCATION	
Board Question – Asking Guidelines <ul style="list-style-type: none"> Build orientation module on governance aligned questions versus operational curiosity. <ul style="list-style-type: none"> Incorporate examples/non-examples. 	
Impact of CAMLPR in the Evolving Regulatory Framework <ul style="list-style-type: none"> Board Members request more clarity/insight into how these changes will affect the CMLTO Board’s role, expectations, risk, and accountability. 	<ul style="list-style-type: none"> R/CEO addressing next level of understanding of impact and risk at the February 2026 Board meeting.
Keep Building Board Insight into Regulatory and Political Landscape Risks <ul style="list-style-type: none"> Board is keen to continually learn more about the potential impacts of the MLAT regulation process, legislative landscape, and shifts in how health regulation is being mandated/designed. 	<ul style="list-style-type: none"> R/CEO will provide annual overview as part of the 2026 Annual Board Orientation/Continuing Education Program.
BOARD PROCESS DEVELOPMENT	
Review and Streamline Process for Board Monitoring Achievements of Board Processes	
CEO Performance Evaluation <ul style="list-style-type: none"> More intentionally address CEO professional development in the process. 	<ul style="list-style-type: none"> An intentional written R/CEO Development Plan was requested as part of the 2025 R/CEO Performance Evaluation process. It will be shared with the Board.
Board Team Building <ul style="list-style-type: none"> Encourage in-person meeting attendance (recognizing some Board Members choose remote participation for person/professional reasons). Examine feasible team gatherings (virtual, hybrid, in-person, etc.) to build team 	



	BOARD ACTION PLAN
<p>Policy Champion Role Refresh</p> <ul style="list-style-type: none"> • Assign annual policy portfolio for Policy Champions. • Encourage in-meeting feedback if related policy matters arise. • Fine-tune role/succinct role description. 	<ul style="list-style-type: none"> • A full orientation is planned for the February 2026 Board orientation meeting outlining the four (4) key roles of Policy Champions and the related processes.
<p>Exit Interviews for Departing Board Members</p> <ul style="list-style-type: none"> • Develop short question set, introduced optional, standardized exits interviews for all departing Board Members, share anonymized themes with Board. 	
<p>Board Meeting Evaluations</p> <ul style="list-style-type: none"> • Conduct post-Board meeting online brief Board meeting evaluations linked to reimbursement Board Member email (use information to feed governance scorecard). 	
<p>Board Member Expense Workflow</p> <ul style="list-style-type: none"> • Retain PDF-based expense form, confirm process in administrative procedure manual. 	
<p>Board Mentorship</p> <ul style="list-style-type: none"> • With the goal of accelerating onboarding effectiveness, clarify reciprocal mentoring goals to build culture and capacity and extend timeframe of check-in points to 6 months, clarify role expectations, fine-tune description of role. 	
<p>Intentionally Continue to Build Psychological Safety and Related Meeting Norms</p> <ul style="list-style-type: none"> • Build into clear existing Board policy, succinct Board meeting norms (e.g. inquiry before judgment, no interruptions, deep listening). • Evaluate the Board self-evaluation key questions for Board assessment of Board dynamics and psychological safety. 	
<p>Recognize Collective Board Achievements</p> <ul style="list-style-type: none"> • Share Board collective achievements in CMLTO Annual Report – Board Reporting Section. 	
GOVERNANCE OF RISK	
<p>Cyber Security Risk Clause in Policy</p>	<ul style="list-style-type: none"> • Planned for policy review in 2026.
<p>More Intentionally, Overtly Include Assessment of Risk in Board Conversations Leading to Decision-Making (public protection lens, EDIJ lens, governance of risk lens).</p>	<ul style="list-style-type: none"> • Board Decision-Making Continuing Education session, including use of governance of risk lens is planned for 2026.



	BOARD ACTION PLAN
BOARD STRUCTURE MODERNIZATION	
Continue to Focus on Policy Development Related to EDIJ (including use of the Global Diversity, Equity, and Inclusion Benchmark)	<ul style="list-style-type: none"> • Continue at Board to use the EDIJ lens for decision-making. • Board to receive update on CMLTO EDIJ benchmarking process.
Pre-Nomination Process <ul style="list-style-type: none"> • Discuss with Public Appointments Secretariat (PAS) inclusion of an orientation step. • Explore inclusion of orientation video/documents in the appointment description on website. • Explore expanded role of Board Members in Board Member recruitment, e.g. inclusion of existing Board Members in candidate interviews. 	
Inclusion Champion <ul style="list-style-type: none"> • Create and pilot with a role description (observe/prompt/not-control) to prompt inclusion governance practice in real time with goal of connecting EDIJ Governance Policy to boardroom practice – try of a pilot year. 	
SUPPORTING THE CEO	
Innovation and Safe to Fail Culture for CEO <ul style="list-style-type: none"> • Build awareness and commitment at the Board level to strategic/operational innovation recognizing this needs to be supported by a safe-to-fail within limits culture. • Clarify the type of information the Board would require in terms of incidental reporting to inform the Board on such strategic/operational decisions/directions/plans. 	



AGENDA ITEM 5.0

5.0	GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING
5.1	Overview of: <ul style="list-style-type: none">• CMLTO Organization• CMLTO Strategic Framework 2024-2027• CMLTO Key Strategic Priorities
5.2	Fundamental Principles of Governance (brief overview story told by experienced Board Members) Case Study/Board Rehearsal on Board Delegation to the CEO Reasonable Interpretation and Monitoring Series of Case Vignettes to Practice/Apply CMLTO's Governance Principles
5.3	Legal Perspectives of Regulation <ul style="list-style-type: none">• Board Member's Role & Responsibilities• Trends in Health Regulation
5.4	The history of and update on current strategies to achieve MLA/T regulation



Briefing Report to Board of Directors

Date	: January 26, 2026
From	: John Tzountzouris, Registrar & CEO
Subject	: History of CMLTO's Journey to Regulate Medical Laboratory Assistant and Technicians / Update on Current State

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 | |

HISTORY AND CONTEXT

The College of Medical Laboratory Technologists of Ontario (CMLTO) was formed at the time of the establishment of the *Regulated Health Professions Act, 1991* (RHPA) in the early 90s. At that time our understanding is that the Ontario Society for Medical Technologists (OSMT) advocated for the inclusion of MLTs in the RHPA. It is also our understanding that the intention at the time was to regulate medical laboratory assistants and technicians at the same time. While there is no formal historical record to support this, documentation from 1997 indicates that the CMLTO Council at the time had investigated the development of a voluntary registry for medical laboratory assistants and technicians in the absence of regulation under the CMLTO.

The *Laboratory and Specimen Collection Center Licensing Act, 1991* (LSCCLA) was in place at the time that the College came into being. This same piece of legislation exists today and among other things is the only place where a formal definition of a "Laboratory Technician" role can be found. The LSCCLA also defines a "Laboratory Technologist" as an individual registered with the CMLTO, however it also has a provision within it that would allow the Director of Laboratories at the

Ministry of Health to approve an individual to practice as a “Laboratory Technologist” without being registered with the College.

In 2009 the CMLTO Council of the time had included the regulation of medical laboratory assistants and technicians into their strategic priorities or Ends Policies for the first time. Since that time the CMLTO has taken a deliberate and measured approach to pursuing the regulation of medical laboratory assistants and technicians in Ontario. This approach has been informed by political thinking of the day, trends in health professional regulation in Ontario, Canada and from around the world, with a strategic view to being prepared to regulate this group of health professionals when asked to do so by the Ontario Ministry of Health.

PUBLIC INTEREST RATIONALE

The current situation in Ontario, whereby medical laboratory assistants and technicians are not subject to comprehensive professional oversight through established regulatory mechanisms poses significant risks to patient safety, system performance, and public trust.

Without regulation, individuals who have direct contact with patients and access to sensitive health information are not subject to enforceable standards of practice, discipline, or privacy protections. Inconsistent education and training requirements increase the risk of errors—particularly during specimen collection, where most laboratory mistakes occur—leading to misdiagnosis, delayed treatment, and poorer patient outcomes.

Ongoing labour shortages may worsen as the profession lacks recognition and clear career pathways, further limiting access to care, especially in rural and northern communities. Ultimately, the absence of regulation undermines quality, accountability, and efficiency across the health-care system.

Regulating medical laboratory assistants and technicians (MLA/Ts) is in the public interest because it strengthens Ontario’s health-care system, protects patients, and improves value for money.

Regulation would help stabilize a workforce facing significant labour shortages by recognizing MLA/Ts as full health professionals with clear career pathways, improving recruitment, retention, and labour mobility—particularly important for Northern and rural communities and in light of other jurisdictions moving to regulation.



It would also enhance public safety by ensuring that workers who have direct patient contact and access to confidential health information are subject to enforceable standards, oversight, and discipline. Regulation would establish consistent, province-wide standards for education, training, ongoing competence, and professional accountability, reducing variability in practice.

Finally, by improving the quality and accuracy of specimen collection—where most laboratory errors occur—regulation would reduce costly diagnostic errors, improve patient outcomes, and generate savings across the health-care system.

GOVERNANCE RESPONSE TO RISK

Since the inception of the College, the CMLTO Council has seen the lack of regulation of MLA/Ts as a risk to public safety. Up to 2009, there was always a belief that regulation would be in the public interest, however, it was not until 2009 that the regulatory initiative was identified by the Council as a key strategic outcome. In 2009, the regulation of MLA/Ts was adopted as one component of the Council's strategic directions through incorporation into the "Ends Policies".

Under the Policy Governance model then, this signaled an overt focus to regulate MLA/Ts to the public and provided the Registrar with an expectation to achieve that specific outcome. Additionally, the initiative was resourced financially as a result of its incorporation into the Ends Policies and a formal plan to pursue regulation was drafted. The key initiatives which advanced the regulatory initiative are described elsewhere in this briefing report. From a governance perspective, the key point is that since 2009, the CMLTO Council (now called the Board of Directors) has consistently included the regulation of MLA/Ts as a component of their Ends Policies.

Additionally, at its September 2012 meeting, CMLTO Council approved the establishment of a voluntary roster for medical laboratory assistants and technicians as a public interest activity under paragraph 3 (1),11 of the Procedural Code of the *Regulated Health Professions Act, 1991*.

STRATEGIC OPERATIONAL RESPONSE TO RISK

Since 2009, the advancement of the regulatory initiative has been guided by a few key principles:

- The CMLTO will continue to pursue regulation of MLA/Ts, as long as the Board continues to include this as a strategic initiative under the Board's Ends Policies.



- Regulation would only come about through regulatory change, which would need to be driven and supported by the Government of Ontario.
- The plan to achieve regulation would be developed in an iterative manner, accounting for many factors, including the current policy thinking provincially and beyond, as it relates to health professional regulation.
- The regulatory plan would evolve with a strategic eye to create as many processes as possible to demonstrate the CMLTO's ability to regulate a new health profession, even in the absence of statutory regulation.
- The CMLTO would prepare itself so that when the external environment was ready for regulation, that the College would be prepared.
- Key stakeholders would be engaged on a regular basis to understand the evolution of the MLA/T role in the laboratory, continue to understand the level of support for the regulatory initiative, and to share updates as they develop.

This general approach to the regulatory initiative was primarily driven by an analysis of risk from many perspectives, including that of public safety, strategic and operational risk, financial and reputational risk. This approach has been informed by political thinking of the day, trends in health professional regulation in Ontario, Canada and from around the world, with a strategic view to being prepared to regulate this group of health professionals when asked to do so by the Ontario Ministry of Health.

A detailed account of the project timelines and outcomes from 2008 to present is attached as Appendix 1.

KEY PARTNER ENGAGEMENT

A key enabler to the ongoing pursuit of regulation of MLA/Ts has been sustained, ongoing engagement with key partners. A very high-level summary of these initiatives is presented below.

Government

The Ministry of Health has been kept up to date on the regulatory initiative consistently throughout its history. There has always been support, in concept, for the way in which CMLTO has pursued the regulation of MLA/Ts, and specifically certain key initiatives, such as the development of the Voluntary Roster.



Employers

Employers have always been supportive of the initiative, in general. In more recent years, inclusion on the Voluntary Roster has become a requirement for employment in one hospital setting, and a preferred asset in eight other hospital laboratories.

Educators

The educational sector for MLA/Ts changed many years ago as a result of a decision from the CSMLS to require programs to be accredited to allow for their students to write the national MLA examination. As such, all MLA programs are now in some stage of accreditation and the former OSMT/MLPAO educational approval process is no longer in place. Educators have been supportive of the regulatory initiative from the beginning, and continue to be.

Professional Associations

Both the Canadian Society for Medical Laboratory Science (CSMLS) and the Medical Laboratory Professional Association of Ontario (MLPAO) have formal public facing statements supporting the regulation of MLA/Ts.

Medical Laboratory Technologists

MLTs have been consistently kept up to date on the regulatory initiative and have been engaged at least once every two years to determine their support for the regulatory initiative. Support from MLTs has consistently been positive.

Medical Laboratory Assistants & Technicians

Prior to the launch of the Voluntary Roster in 2015, CMLTO staff had discussed the regulatory initiative with students in MLA programs around Ontario on many occasions. Support for the regulatory initiative overall, and the Voluntary Roster specifically was generally positive. Uptake on the Voluntary Roster has historically been low, which has been discussed by the Board on numerous occasions. Discussions with MLA/Ts post-launch of the Voluntary Roster indicated that they were still supportive of the regulatory initiative, but would choose not to pay to apply to the Voluntary Roster and become a Voluntary Roster Affiliate.

CURRENT STATE & NEXT STEPS

It is clear from inquiries received by the CMLTO from employers, MLTs and MLA/Ts that the public interest rationale for regulating MLA/Ts is more pressing than ever before. MLA/Ts are taking a more active role within the laboratory, and are accessing patients within their homes and retirement communities. Furthermore,

the number of complaints from patients regarding non-regulated laboratory practitioners continues to increase on an annual basis, with over two hundred received from 2020 – 2025.

The CMLTO is well positioned to take on the regulation of medical laboratory assistants and technicians in Ontario, when called upon to do so by the Government of Ontario. Key partners, including the Government, are aware of the regulatory initiative and the accomplishments of the CMLTO to date. However, there still is a lack of public awareness of the need for regulation, and more importantly the lack of regulation of MLA/Ts. In a public linkage focus group held by the CMLTO in the summer of 2025, all participants had expressed surprise and shock at the lack of regulation, with one participant articulating that they had always assumed that regulation was in place, expressing this as “passive trust” in the laboratory sector. It is this lack of public awareness that one of the key reasons why the regulation of medical laboratory assistants and technicians has yet to come to fruition.

In the summer of 2025, Nova Scotia became the first province in Ontario to regulate medical laboratory assistants and technicians. This was done by the Nova Scotia College of Medical Laboratory Technologists, which on February 2, 2026 transitioned under the NS Regulated Health Professions Act and became known as the Nova Scotia Regulator of Medical Laboratory Sciences (NSRMLS).

Over the past nine months, CMLTO has been working with a Government Relations firm to advance the regulatory initiative. The key focus has been to raise awareness and garner support for the regulation of MLA/Ts from the Office of the Premier of Ontario, through to other relevant Ministries, and Ministers.

The key focus in 2026 of the strategic operational response to the current situation is the development of a “playbook” which will outline the steps required to regulate medical laboratory assistants and technicians in Ontario. Interest has been expressed by the Government to see this document, once it has been completed. Appendix 2 provides a high-level outline of the many various aspects that will be addressed in this document.

November 2008 - CMLTO Council approves 2009-2011 Strategic Priorities

Based on member feedback, CMLTO Council made regulating medical laboratory assistants and medical laboratory technicians one of its priorities in the 2009-2011 Strategic Plan.

Under the Council's High Level Ends Policy #4, sub-end 4.1 defines the focus of this initiative:

"Medical laboratory assistants and technicians are regulated in the province of Ontario for the protection of the public."

February 2009 - HPRAC Critical Links report released

In response to an unsolicited April 2008 invitation from the Health Professions Regulatory Advisory Council (HPRAC) to be one of six professions participating in scope of practice reviews, the CMLTO, the Ontario Society of Medical Technologists (OSMT) and the Canadian Society for Medical Laboratory Science (CSMLS) prepared a written submission that consisted of a proposal to regulate medical laboratory assistants and medical laboratory technicians ("MLA/Ts") as a separate CMLTO class of members, among other things.

In January 2009, HPRAC submitted *Critical Links: Transforming and Supporting Patient Care* to the Minister of Health and Long-Term Care, who made the report public on February 2, 2009. The report focused on interprofessional collaboration, the prescribing and use of drugs by non-physician regulated health professions, and scope of practice reviews for the medical laboratory technology and medical radiation technology professions. None of the recommendations provided by the CMLTO, OSMT and CSMLS were accepted in HPRAC's final report.

June 2010 - Volunteers sought: Advisory Working Group

The CMLTO issued a call for volunteers to participate in the Regulation of Medical Laboratory Assistants and Medical Laboratory Technicians Advisory Working Group. Medical laboratory technologists, assistants and technicians expressed considerable interest in this working group.

October 2010 - Membership of Advisory Working Group announced

The Regulation of Medical Laboratory Assistants and Medical Laboratory Technicians Advisory Working Group included three medical laboratory technologists, who are not Council members, and five medical laboratory assistants and medical laboratory technicians who were not CMLTO members.

October 2010 – Dedicated website launched

The website was launched to provide CMLTO members, medical laboratory assistants, medical laboratory technicians, the public, employers, professional associations and other stakeholders the most up-to-date information about this initiative. Users were encouraged to register for news updates, offer feedback and request CMLTO speakers to address them in person.

March 2011 – Official Marks Registered

The Official Mark “Registered Medical Laboratory Technician” was registered with the Canadian Intellectual Property Office. This Official Mark was to be used for those accepted onto the CMLTO Voluntary Roster.

March 2011 - Draft Scope of Practice released

The draft scope of practice for Registered Medical Laboratory Technicians was developed to define the criteria and establish the processes for medical laboratory assistants and medical laboratory technicians to apply for inclusion on a CMLTO voluntary roster. The CMLTO’s Regulation of Medical Laboratory Assistants and Technicians Advisory Working Group was consulted to assist in the development. The draft Scope of Practice statement was presented to, and supported by, the CMLTO Council in February 2011.

November 2011 – CMLTO Council 2012-2015 Strategic Priorities approved

CMLTO Council reaffirmed its direction to pursue the regulation of medical laboratory assistants and technicians by including the initiative as one of its strategic priorities in its Ends Policies.

November 2011 – Voluntary Roster criteria approved by Council

Criteria for a voluntary roster for medical laboratory assistants and technicians were developed by CMLTO staff with feedback from the Regulation of Medical Laboratory Assistants and Technicians Advisory Working Group. These criteria were presented to, and approved by, CMLTO Council at its November 2011 meeting.

February 2012 – Academic program update provided to Council

At the request of CMLTO Council, staff presented a report at Council’s February 2012 meeting regarding the medical laboratory assistant and technician academic programs in Ontario. The report focused on which programs were approved by which branch of the Ontario Ministry of Training, Colleges and Universities and the Ontario Society of Medical Technologists.

September 2012 – CMLTO Council passes resolution

At its September 2012 meeting, CMLTO Council approved the establishment of a voluntary roster for medical laboratory assistants and technicians as a public interest activity under paragraph 3 (1),11 of the *Procedural Code of the Regulated Health Professions Act, 1991*.

March 2013 – CSMLS calls for regulation of medical laboratory assistants

The Canadian Society for Medical Laboratory Science (CSMLS) endorsed the regulation of medical laboratory assistants (MLAs) in all jurisdictions across Canada by re-releasing a formal position paper.

July 2013 – Draft Standards of Practice for Registered Medical Laboratory Technicians developed

The draft standards of practice for Registered Medical Laboratory Technicians was developed to outline the level of quality and safety expected for professional services provided to the public by Registered Medical Laboratory Technicians included on the CMLTO Voluntary Roster. The CMLTO's Regulation of Medical Laboratory Assistants and Technicians Advisory Working Group was consulted to assist in the development. The draft standards of practice statement was presented to, and supported by, the CMLTO Council in November 2013.

August 2013 – Advisory Working Group re-convened

The Regulation of Medical Laboratory Assistants and Technicians Advisory Working Group was reconvened, and held its first meeting in August 2013. The focus of the Advisory Working Group is to assist CMLTO in developing policies, procedures and processes (application, quality assurance, and conduct) for the Registered Medical Laboratory Technician Voluntary Roster, and to assist in the development of professional practice resource documents.

January 2014 – Draft Code of Ethics for Registered Medical Laboratory Technicians developed

The draft code of ethics for Registered Medical Laboratory Technicians was developed to outline the expectations for professional behaviours exhibited by Registered Medical Laboratory Technicians included on the College of Medical Laboratory Technologists of Ontario (CMLTO) Voluntary Roster. The draft code of ethics will be presented to the CMLTO's Regulation of Medical Laboratory Assistants and Technicians Advisory Working Group for feedback, and subsequently to CMLTO Council for support in 2014.

March 2014 – Voluntary Roster processes developed

Application, registration and renewal processes have been developed for the CMLTO Voluntary Roster for Registered Medical Laboratory Technicians. The voluntary roster criteria have been published on the CMLTO website, and stakeholder communications have begun. It is anticipated that the voluntary roster will be launched in 2015.

May 2014 – Bylaw establishing Voluntary Roster committees discussed by Council

At its May 2014 meeting, and as the next step in the process of establishing the voluntary roster, Council was asked to consider proposed additions to the CMLTO Consolidated Bylaws aimed at defining non-statutory (voluntary roster) committees in support of a Voluntary Roster for Medical Laboratory Assistants and Technicians. The proposed bylaw amendments will be circulated to members for a 60 day consultation period.

May 2014 – Regulation of medical laboratory assistants & technicians website content updated

Information related to the regulation of medical laboratory assistants & technicians has been found at a website separate from the main CMLTO website. In May 2014, the content of the website was updated and migrated under the main CMLTO website. These updates were communicated to all stakeholders and individuals who had previously signed up to receive updates on the initiative.

November 2014 – Voluntary Roster Fees and Professional Obligations

The CMLTO Council passed motions to amend the CMLTO By-Laws to incorporate fees for the Voluntary Roster. Additionally at the same meeting, the professional obligations and quality assurance requirements for the Voluntary Roster were supported by the Council.

October 2015 – Voluntary Roster Launched

The CMLTO launched the Voluntary Roster for Registered Medical Laboratory Technicians.

November 2015 – CMLTO Council 2016-2019 Strategic Priorities approved

CMLTO Council reaffirmed its direction to pursue the regulation of medical laboratory assistants and technicians by including the initiative as one of its strategic priorities in its Ends Policies.

June 2016 – Self-Assessment of Voluntary Roster Against PSA Standards

The CMLTO undertook a comparison of the CMLTO Voluntary Roster to the UK Professional Standards Authority (PSA) for Health and Social Care Standards for

Accredited Registers, and offered recommended enhancements to the current CMLTO approach in the interest of public protection.

November 2016 – Professional Practice Guidelines Developed

Three professional practice guidelines for Voluntary Roster Affiliates were developed:

- Ethical Decision-Making
- Consent to Treatment
- Confidentiality and Privacy

February 2017 – Changes Proposed to LSCCLA to Regulate MLA/Ts

CMLTO proposed changes to the Laboratory and Specimen Collection Centre Licensing Act, 1991, to regulate medical laboratory assistants and technicians. The proposal was presented to the Ontario Ministry of Health.

October 2017 – Voluntary Roster Registration Committee (VRRRC) Convened

The VRRRC, as established by the CMLTO By-Laws, was convened for the first time to review applications for inclusion on the CMLTO Voluntary Roster.

November 2017 – Voluntary Roster Criteria Refreshed

The CMLTO Council approved proposed changes to the Voluntary Roster Criteria to align more closely with the registration requirements for MLTs in Ontario.

July 2019 – Proposal to Regulate MLA/Ts

CMLTO submitted a formal proposal to regulate MLA/Ts under the Medical Laboratory Technology Act, 1991. The proposal was presented to the Ontario Ministry of Health.

November 2019 – CMLTO Council 2020-2023 Strategic Priorities approved

CMLTO Council reaffirmed its direction to pursue the regulation of medical laboratory assistants and technicians by including the initiative as one of its strategic priorities in its Ends Policies.

September 2020 – Professional Portfolio Launched

A voluntary Professional Portfolio (PP), similar to that of the mandatory PP for MLTs, was launched for Voluntary Roster Affiliates.

May 2021 – Presentation to Standing Committee on Social Policy

CMLTO presented proposed amendments to Bill 283, *Advancing Oversight and*



Planning in Ontario's Health System Act, 2021 to the Standing Committee on Social Policy. The amendments called for the regulation of medical laboratory assistants and technicians under the *Medical Laboratory Technology Act, 1991*.

October 2021 – Changes Proposed to LSCCLA to Regulate MLA/Ts

CMLTO proposed changes to the Laboratory and Specimen Collection Centre Licensing Act, 1991, to regulate medical laboratory assistants and technicians. The proposal was presented to the Ontario Ministry of Health.

August 2023 – Submission to Standing Committee on Social Policy

CMLTO presented proposed amendments to Bill 60, *Your Health Act, 2023* to the Standing Committee on Social Policy. The amendments called for the regulation of medical laboratory assistants and technicians under the *Medical Laboratory Technology Act, 1991*.

December 2024 – Voluntary Roster Renewal Revised

The Voluntary Roster renewal processes was aligned with that of MLTs, starting on November 1st and ending on December 31st, annually.

January 2025 – Mandatory Professional Portfolio Launched

The voluntary Professional Portfolio (PP) was made mandatory for all CMLTO Voluntary Roster Affiliates.

LEGAL AND LEGISLATIVE FRAMEWORK

In Ontario, regulation of health professions is governed by the *Regulated Health Professions Act, 1991* (RHPA) and profession-specific Acts administered by health regulatory colleges under oversight of the Ministry of Health.

To bring a new profession under regulation the government must amend the RHPA to add the profession as a regulated health profession, and amend the *Medical Laboratory Technology Act, 1991* (MLT Act).

Of special note would be the requirement for transitional provisions in the relevant regulation under the MLT Act to address “Grandparenting” clauses for existing practitioners, and likely temporary certificates or supervised practice.

The CMLTO would suggest amendments to the Laboratory and Specimen Collection Centre Licensing Act, 1991 at the same time.

REGULATORY MODEL AND SCOPE

As part of the proposed amendments to the RHPA and MLT Act, the scope of practice would need to be defined, including an explicit listing of which (if any) of the 14 controlled acts are authorized, and the conditions or limits on those acts, if required.

GOVERNANCE AND COLLEGE STRUCTURE

By-Law Amendments related to governance and College structure will need to be drafted to account for many variables, including but most definitely not limited to Board and Statutory Committee composition and selection processes.

Due to the extensive nature of the CMLTO By-Law, a thorough review will be required, especially in relation to current Board Policies, in all four of the policy quadrants (Ends, Executive Limitations, Governance Process & Board-CEO Relationship).

Finally, each of the Board Policies will need to be reviewed and revised, as required.

REGISTRATION AND PROFESSIONAL STANDARDS

Registration requirements would need to be established, in line with the current registration requirements for MLTs including, but not limited to education and training requirements, accreditation or recognition of educational programs,

recognized entry-to-practice competencies, and labour mobility provisions, as required.

Quality assurance requirements would need to be established, in line with the current requirements for MLTs.

Professional conduct requirements and processes would need to be established, in line with the current requirements for MLTs, with an eye to the professional misconduct regulations under the MLT Act.

Finally, professional practice supports would need to be established specific to MLA/Ts and those that exist for MLT would need to be reviewed and revised, as required, to apply to both group of health professionals.

OPERATIONAL AND RESOURCE IMPLICATIONS

Operational readiness for regulation will require a thorough budget projection, which would take into account staffing required, external supports (e.g. legal counsel), and internal supports (e.g. computer systems). This would lead to a proposed registration fee for MLA/Ts.

Internal processes, especially related to the CMLTO database systems, would need to be modified and/or developed to accommodate a new class of Registrant.

KEY PARTNER ENGAGEMENT

Resources would need to be dedicated for comprehensive and consistent messaging to key partners including MLTs, MLA/T, professional associations, employers, and educational institutions.

Communications would also need to be managed for other professions to address any potential controlled-act and/or scope of practice concerns.

Finally, communication to the general public would need to clearly define the changes, what regulation does (and does not) do, and how patients can file complaints.



AGENDA ITEM 6.0

6.0	ADJOURNMENT
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College of Medical
Laboratory Technologists
of Ontario

CMLTO BOARD MEETING

Friday, February 13, 2026

DAY 2

AGENDA
CMLTO BOARD OF DIRECTORS MEETING
Hybrid (In-Person / Virtual) Meeting

CMLTO Boardroom
25 Adelaide Street East, Suite 2100
Toronto, Ontario

Friday, February 13, 2026 / Time: 8:30 a.m. – 4:45 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						8:30 am
1.1	Introductions and Roll Call	Board Attendance	K. Persad	N/A	N/A	8:30 am	
2.0	APPROVAL OF MEETING AGENDA						8:35 am
2.1	Review and Approval of Meeting Agenda	Board Approval (<i>Motion</i>)	K. Persad	N/A	155	8:35 am	
2.2	Declaration of Conflict of Interest	Declaration of Conflict of Interest	K. Persad	N/A	N/A	8:37 am	
3.0	ENDS POLICY DEVELOPMENT & IMPLEMENTATION						8:45 am
3.1	CAMLPR Integration / Professional Standards Risk Analysis	Board is Informed	J. Tzountzouris	Read Item 3.1	161	8:45 am	
4.0	GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING						9:15 am
4.1	CMLTO Governance Approach: The Role of the Policy Champion – GP IV-60	Board is Oriented	K. Fryday-Field, Meridian Edge	Read Item 4.1 Presentation at meeting	168	9:15 am	
BREAK						10:30 am	
5.0	GOVERNANCE PROCESS: POLICY IMPLEMENTATION						10:45 am
5.1	Planning for April Board Generative / Strategic Directions Planning Session	Board Discussion	J. Tzountzouris M. Cakar	Read Item 5.1	187	10:45 am	
5.2	CMLTO By-Law Consultation Results RE: CMLTO Board Competency and Leadership Characteristics Profile & Related Competency-Based Eligibility Requirements	Board Approval (<i>Motion</i>)	M. Cakar J. Tzountzouris	Read Item 5.2	203	11:30 am	



Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time	
6.0	GOVERNANCE PROCESS: BOARD POLICY REVIEW						11:45 am
6.1	GP IV-20 Statutory and Board Committee Principles Policy	Board Approval (<i>Motion</i>)	M. Costantino M. Cakar	Read Item 6.1	224	11:45 am	
6.2	GP IV-45.05 Board Meeting Process and Minutes Policy	Board Approval (<i>Motion</i>)	N. Clark K. Fryday-Field, Meridian Edge	Read Item 6.2	230	12:00 am	
6.3	GP IV 130 Board Mentor Program Policy	Board Approval (<i>Motion</i>)	J. McBane M. Cakar	Read Item 6.3	255	12:15 pm	
LUNCH						12:30 pm	
7.0	EXECUTIVE LIMITATIONS: BOARD POLICY REVIEW						1:15 pm
7.1	EL II-09 Investment Policy	Board Approval (<i>Motion</i>)	L. Lan K. Fryday-Field, Meridian Edge	Read Item 7.1	278	1:15 pm	
7.2	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 7.2	289	1:35 pm	
8.0	BOARD-CEO RELATIONSHIP: BOARD POLICY REVIEW						2:00 pm
8.1	BCR III-20 Board Support of the Registrar & CEO Policy	Board Approval (<i>Motion</i>)	W. Hewus K. Fryday-Field, Meridian Edge	Read Item 8.1	307	2:00 pm	
9.0	BOARD MONITORING OF BOARD POLICY COMPLIANCE						2:15 pm
9.1	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 9.1	314	2:15 pm	



Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
10.0	BOARD MONITORING AGENDA – EXECUTIVE LIMITATIONS					2:30 pm
10.1	EL II-11 Financial Condition Policy	Board Approval (Motion)	J. Tzountzouris	Read Item 10.1	345	2:30 pm
10.2	EL II-50 Corporate Identity / Communications and Public Image	Board Approval (Motion)	J. Tzountzouris	Read Item 10.2	360	2:45 pm
BREAK						3:00 pm
11.0	MOTION TO CLOSE THE MEETING					3:15 pm
11.1	Motion to Close the Board Meeting in accordance with RHPA s.7(2)(d) RE Personnel Matters	Board Approval (Motion)	K. Persad	N/A	N/A	3:15 pm
12.0	BOARD MONITORING AGENDA OF REGISTRAR & CEO – CMLTO ENDS & EXECUTIVE LIMITATIONS POLICIES					3:15 pm
12.1	Board Performance Feedback to Registrar & CEO Regarding Policies Monitored at the December Meeting (As Required)	Board Approval (Motions)	K. Persad	N/A	N/A	3:15 pm
12.2	Registrar & CEO Incidental Briefing / Environmental Scan Report	Board Approval (Motion)	J. Tzountzouris	Read Item 12.2	369	3:30 pm
12.3	Registrar & CEO Performance Tracking Through Monitoring Reports	Board is Informed	J. Tzountzouris	Read Item 12.3	404	3:50 pm
12.4	Report on Completion of Registrar & CEO Performance Evaluation Process and Compensation (January – December 2025)	Board is Informed	K. Persad	Verbal Report	N/A	4:00 pm
13.0	MOTION TO REOPEN BOARD MEETING				N/A	4:30 pm
13.1	Motion to Open the Board Meeting to the Public	Board Approval (Motion)	K. Persad	N/A	N/A	4:30 pm
14.0	RISE AND REPORT				N/A	4:30 pm
14.1	Report on Matters Discussed in Closed Board Meeting	Public is Informed	K. Persad	Verbal Report	N/A	4:30 pm
15.0	ADJOURNMENT					4:45 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	ENDS POLICY DEVELOPMENT & IMPLEMENTATION
3.1	CAMLPR Integration / Professional Standards Risk Analysis



Briefing Report to Board of Directors

Date : January 25, 2026
From : John Tzountzouris, Registrar & CEO
Subject : CAMLPR Risk Analysis

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 | |

As requested by the Executive Committee, please accept this report as a fulsome analysis of the financial, reputational, and operational risks to the CMLTO based on the new role of the Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR) and the relationship between CAMLPR and the College of Medical Laboratory Technologists of Ontario (CMLTO). This report was created with input from Adam Chrobak, Executive Director, CAMLPR and Julie Maciura, SML Law, who is familiar with the development and evolution of CAMLPR.

History and Context

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. The members of CAMLPR are statutory regulatory bodies (“Colleges”) of the medical laboratory technology profession in Canada, except for Alberta.

CAMLPR works with the provincial MLT regulators to develop and establish standards for knowledge, skills, and judgement in the practice of medical laboratory technology. CAMLPR is focused on fair, efficient, effective, ethical, transparent, and inclusive regulatory approaches, and practices for medical laboratory professional regulation across Canada.

CAMLPR’s Board of Directors provides leadership to CAMLPR and is responsible for providing strategic direction, setting organizational policies, and ensuring accountability, using 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 Employment and Social Development Canada, (ESDC), undertook steps to enhance the registration of medical laboratory technologists. Both ESDC funded projects were successfully completed. The Field of Practice competency profiles, prior learning assessments/processes, and entry to practice assessments in eight 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 enabled the development of prior learning assessments and entry to practice examinations, which will be required for all for internationally educated MLTs starting in November 2025, and for all applicants for registration (including those educated in Canada) across Canada starting in March 2026.

The decision for CAMLPR to provide these services to the MLT Regulatory Colleges means that it has transformed from being a member-driven, representative organization, to a service delivery organization.

CAMLPR is governed by a Board of Directors composed of Registrars from provincial regulatory bodies for the same profession across Canada. A Memorandum of Understanding (MOU) is in place to address real or perceived conflicts of interest arising from this shared governance model. One Registrar from one of the member organizations is elected by the CAMLPR Board to serve as the

Chair, and another is elected to serve as the Vice-Chair. I am the current Chair of the CAMLPR Board of Directors, and the current Vice-Chair is Colin Power, Chair, Newfoundland and Labrador College of Medical Laboratory Sciences.

The current governance structure of CAMLPR offers efficiencies, professional consistency, and sector expertise, but it also creates identifiable risks that are being actively managed, as outlined below.

Public Interest Rationale

The CAMLPR Board of Directors approved the fields of practice competency profiles in May 2024. At that time, the provincial regulators recognized the national competency profiles from the Canadian Society for Medical Laboratory Science (CSMLS), who had been providing prior learning assessment and certification examination services to provincial regulators. The CAMLPR Board of Directors determined that it would be in the public interest to extend the usage of the CAMLPR Field of Practice competency profiles for all applicants for registration across Canada at their Board of Directors meeting in June 2024. This would allow for one consistent approach to prior learning assessment and entry to practice examinations for all applicants seeking registration in any regulated province in Canada, rather than having two parallel processes. This decision enabled the development of prior learning assessments and entry to practice examinations, which have been required for all internationally educated MLTs starting in November 2025, and for all applicants for registration across Canada starting in March 2026. CAMLPR and CSMLS worked collaboratively and in line with the contractual obligations between the CSMLS and the individual provincial regulators.

ANALYSIS OF FINANCIAL, REPUTATIONAL AND OPERATIONAL RISKS

Financial Risk Analysis

Direct Financial Exposure

If CAMLPR experiences financial instability (e.g., cost overruns, declining candidate volumes, poor financial controls, or insolvency), regulators may have to source alternative assessment mechanisms on short notice. The implication of this could be unplanned expenditures to secure alternative assessment services.

The risk to CMLTO of this is very low. CAMLPR mitigates this risk by forecasting costs based on national volumes, and representation on the CAMLPR Board by individual regulators ensures shared oversight. CAMLPR has and continues to

with closely with an independent Consultant, Directions Evidence and Policy Research Group, who developed a detailed business model that was used to develop the initial CAMLPR budgets. Since launching the prior learning assessment and examination services, CAMLPR has far exceeded the projections developed in the business model. Finally, regulators will be finalizing contracts with CAMLPR, which will be consistent across regulators with respect to pricing, notice periods, and termination. Further, this risk relates mainly to CAMLPR itself, unless CMLTO would have to source alternative assessment mechanisms on short notice, the implications of which could be unplanned expenditures to secure alternative assessment services. This outcome is very unlikely.

Dependency Risk

Over-reliance on a single third-party provider creates financial vulnerability if the organization cannot continue delivering services or if the relationship must be terminated for some other reason. The implications of this could include time-consuming transition to alternative providers, and potential extended registration timelines or in the worst-case scenario, interruption of registration services by the regulator.

The risk to CMLTO of this is very low and is mitigated by contractual exit clauses, periodic market scans and contingency planning, and for CMLTO the presence of an Emergency Class of Registration if there is an interruption of examination or assessment services by CAMLPR. It should be noted that these same risks existed when CSMLS was the provider of services. Finally, it would be very difficult to have two providers for PLA and exam services. CMLTO would need to conduct a comparative study to ensure that both services are providing a substantially equivalent service.

Reputational Risk Analysis

Perceived Conflict of Interest

The dual role of Registrar & CEO and Chair of the CAMLPR Board may give rise to a perception that the regulator lacks independence from the assessment and examination processes it relies upon. The implications of this have been provided to the full Board of Directors at the December meeting.

The risk to CMLTO of this is low and has been mitigated by the conflict-of-interest provisions in the Memorandum of Understanding between CMLTO and CAMLPR, including a provision for recusal from decisions that directly affect the

regulator. Further, should there ever be a legal challenge or suit made against CAMLPR and/or CAMLPR Board of Directors members, CAMLPR holds liability insurance for its Board of Directors members. Finally, regulators always retain authority to overrule any decision made by CAMLPR.

Accountability for CAMLPR Outcomes

Although assessments and examinations are delivered by CAMLPR, the regulator remains accountable for registration decisions that rely on those assessments and examinations. The potential reputational risk here is if assessments are seen as inequitable, outdated, or inaccessible.

The risk to CMLTO of this is low as there are currently clear and industry standard regular psychometric and process audits, as well as transparent appeal and review mechanisms offered by CAMLPR. Furthermore, in the service agreements between CMLTO and CAMLPR, there will be clear contractual accountability for quality, validity, and fairness.

Sector-Wide Reputational Spillover

As CAMLPR serves multiple regulators nationally, any controversy or failure (e.g., exam security breach, systemic bias, data breach) can have a cascading reputational effect across all participating regulators. The potential implications of this include loss of confidence in national standards and collective reputational harm even where a particular regulator was not directly responsible.

This is a moderate risk to the CMLTO, which is being mitigated by strong board-level oversight of risk and quality. Further, the same risk applied when CSMLS was providing these services to the CMLTO, and would exist for any service provider.

Operational Risk Analysis

Service Continuity and Performance Risk

Operational failures by CAMLPR (e.g., delays, system outages, insufficient capacity, staff turnover) may directly affect CMLTO's ability to process applications for registration efficiently. If this were to occur, the outcomes may include backlogs in registration, along with applicant dissatisfaction and complaints.

The risk to CMLTO of this is low and is mitigated by measurable performance indicators, Board oversight, and regular reporting to CMLTO. Further, the same

risk applied when CSMLS was providing the same services to CMLTO, and would exist for any service provider.

Information and Data Security Risk

CAMLPR handles sensitive applicant data, including personal and professional information. The implications of this include legal liability from privacy breaches, and reputational harm associated with data mismanagement.

The risk to CAMLPR of this is moderate as it would be with any organization. However, these risks are being mitigated by CAMLPR through compliance with applicable privacy legislation and robust privacy and cybersecurity requirements, and cybersecurity insurance. The risk to CMLTO is low as this potential issue and the possible ramifications would be strictly the responsibility of CAMLPR.

Summary and Conclusions

The provision of prior learning assessment and certification examination services by CAMLPR to the CMLTO, and all other provincial regulators, presents manageable financial, reputational and operational risk.

The risks are not unusual for shared national assessment models in regulated professions, requiring continuous, proactive governance, strong documentation, and transparent communication. In terms of the current governance arrangement, the benefits of consistency, expertise, and efficiency can reasonably be viewed as outweighing the identified risks. However, the current governance arrangement will also be reviewed to ensure that risks are appropriately mitigated in the future.

The risks to CMLTO directly are further mitigated through a memorandum of understanding and services agreements which are actively enforced and periodically reviewed. This also ensures that conflicts of interest are actively and rigorously managed. The outcome of this approach also ensures the independence of regulatory decision-making.



AGENDA ITEM 4.0

4.0	GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING
4.1	CMLTO Governance Approach: The Role of the Policy Champion – GP IV-60



College of Medical
Laboratory Technologists
of Ontario

Board Policy Champion Guidebook



**A Practical Guide to Support Board Members in
Stewarding Board Policy as the Authoritative Expression
of the Board's Collective Intent**

TABLE OF CONTENTS

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1

PURPOSE OF THIS GUIDE

This guide on the Board Policy Champion is designed to equip Board Members to effectively fulfill the role as Policy Champion, understanding the role, the process and the tools available. This reference guide will assist Policy Champions in advancing integrity, coherence, relevance, and authority of Board policy.

The role of the Policy Champion is to provide guidance for Board Members to ensure Board policy is understood, valued, respected, and applied as the Board's governing voice.



2 BACKGROUND ON BOARD POLICY

Board Policy Defined

Board policy is a value or belief expressed collectively by the Board of Directors. Board policy is designed to be the formal voice and direction of the Board.



A Board of Directors 'policy' is the Board's collective expression of its values and beliefs and is intentionally designed to guide and cause Board or organizational action and/or impact.

Formal Voice and Authority of the Board

- Board policy provides clear, documented direction that speaks on behalf of the full Board of Directors.
- Serves as the formal, authoritative voice of the Board.
- Is designed to guide or cause action of the Board, or Registrar & CEO/organization.

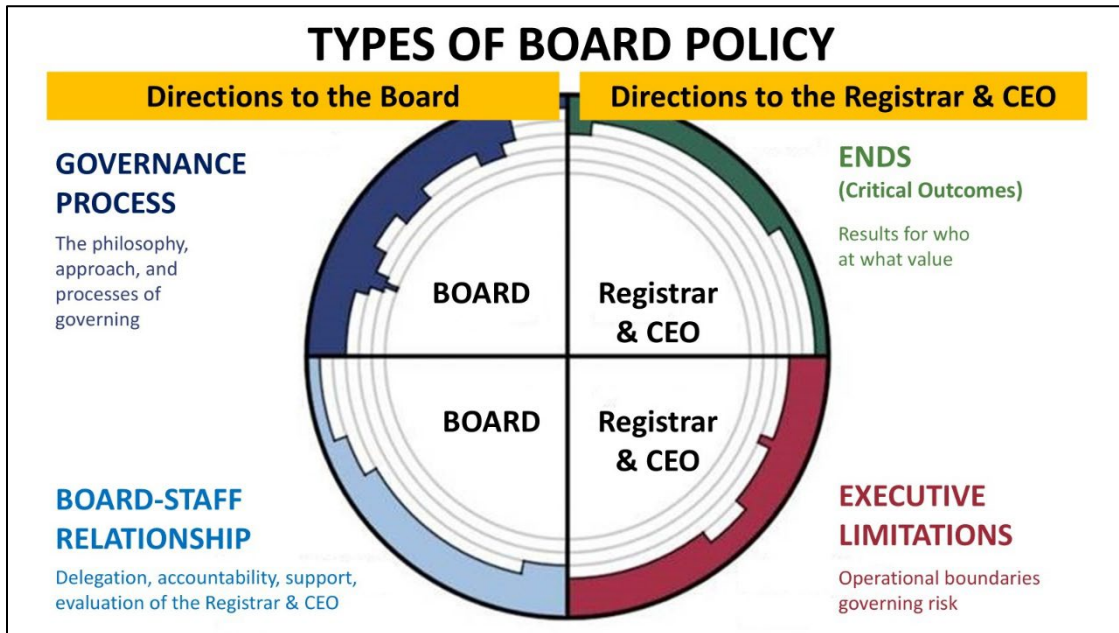
Collective Beliefs and Values Statements

- Board policy articulates what the Board, as a body, believes and considers essential – it is not about individual Board Member preferences.

Action-Causing Guidance

- Board policy establishes expectations for impact and boundaries that prompt, shape, and constrain organizational action in pursuit of desired outcomes.
- Board policy provides clear, documented direction that speaks on behalf of the Board and anchors future governance by the Board or strategic/operational decisions of the Registrar & CEO.

The CMLTO Board of Directors develops Board policy in four (4) key categories outlined below.



ENDS (CRITICAL OUTCOMES) POLICIES – The Board’s Most Important Work
 The Board defines which needs are to be met, for what people, and at what cost/investment/priority level. Ends (Critical Outcomes) are focused on the long term good/impact CMLTO will achieve. Written with a long-term perspective, these purpose related policies embody most of the Board’s part of long-range strategic direction.

EXECUTIVE LIMITATIONS POLICIES
 The Board establishes values and risk boundaries/tolerance policies which establish the boundaries of executive (Registrar & CEO) authority for strategy and operations. These limiting policies, apply to and provide guidance to staff means (operations).

BOARD/REGISTRAR & CEO RELATIONSHIP POLICIES
 The Board clarifies the manner in which it delegates authority to the Registrar & CEO and therefore the staff as well as how it supports and evaluates Registrar & CEO performance on the achievement of Ends (Critical Outcomes) and operations within Executive Limitations policies. These policies govern the Board/Registrar & CEO relationship.

GOVERNANCE PROCESS POLICIES
 The Board determines its governing philosophy, and approach, its accountability, its governing process, and the specifics of its own job.

3 THE ROLE AND RESPONSIBILITIES OF THE POLICY CHAMPION

The CMLTO Board Policy Champion role exists to ensure that there is at least one Board Member who has comprehensive knowledge and understanding of one or more Board policies. This role ensures that relevant Board policies are referred to by the Board during related Board discussions.

The Board does expect that every Board Member will be very familiar with the CMLTO Ends (Critical Outcomes) Policies – every Board Member is accountable for this awareness and policy knowledge. In addition, Board Members should be aware of all Board policies and be referring to these policies, on an ongoing basis, as key inputs to Board discussions and further decision-making. One process that will support this is for Board Members to read through the Board policy set on an annual basis.

Beyond this, Board Members are assigned to be a ‘Policy Champion’ for one or more Board policies for the duration for the year. While Board Policy Champions are assigned specific policy areas for which they are expected to be familiar, they are not required to be subject-matter experts. The role of the Policy Champion is to understand and uphold the Board’s principles and intent underlying the policy, rather than to possess technical or operational expertise in the subject matter. Technical and operational expertise resides appropriately with CMLTO staff and external advisors, as required.

The CMLTO Policy Champions have four (4) key responsibilities, including:

- 1) Being aware of and knowledge regarding a particular policy (policies).
- 2) Referring the Board to a particular policy when the policy content is relevant to the Board’s discussion and could inform that discussion and related Board subsequent decisions.
- 3) Contributing and assisting in the regular, periodic review of particular, assigned policies to ensure ongoing policy content relevance.
- 4) Supporting the Board in the evaluation of the Board’s achievement of particular, assigned policies.

Note: All Board Members share the responsibility for effective Board performance and as such for referring the relevant Board policies during Board discussion and decision-making. This responsibility does not rest with the Policy Champion alone.

4 POLICY AWARENESS

Stewardship of Assigned Policies

Each Board Member serving as a Policy Champion is expected to be thoroughly familiar with the Board policies assigned to them. Board policies typically include contextual background (where relevant), the purpose and intent of the policy, and the core policy principles or directives adopted by the Board. In some cases, policies are supported by definitions, interpretive guidance, or reference documents intended to deepen understanding of the policy area.



Ongoing Familiarity and Preparation

To support sustained policy fluency, Policy Champions are encouraged to review their assigned policies on a regular basis and, at minimum, in advance of each Board meeting. This practice ensures that Policy Champions are well positioned to ensure that the policy criteria are appropriately applied to Board processes, recognize alignment, emerging issues, or areas requiring clarification or future review. Each Policy Champion has a specific and limited number of policies assigned each year.

Use of Governance Resources

When questions arise regarding the intent, interpretation, or application of an assigned policy, Board Members are encouraged to draw on appropriate governance resources. These may include the Board Chair, CMLTO staff, and external advisors, as appropriate. Accessing these resources supports informed dialogue while respecting the distinction between governance oversight and operational responsibility.

5 POLICY REFERENCE AND CONNECTION FOR THE BOARD OF DIRECTORS

A core responsibility of a Board Policy Champion is to serve as an informed steward of the Board’s existing policy framework. Policy Champions maintain a working knowledge of the policies assigned to them and remain alert to situations in which those policies are relevant to emerging discussions, decisions, or strategic considerations before the Board. In this role, Policy Champions are expected to thoughtfully draw the Board’s attention to applicable Board policies that may help inform, shape, or clarify Board deliberations and decision-making.

At times, the Board may be considering a matter on which it has already expressed a clear policy position, or it may be engaging in discussion without full awareness that a relevant policy already exists. In such circumstances, the Policy Champion plays a critical connecting role—reminding the Board of its prior decisions and articulated expectations. This connection is not intended to constrain generative discussion, but rather to ensure continuity, coherence, and integrity in the Board’s governance voice over time.

Given the breadth and depth of the Board’s overall policy portfolio, this responsibility is essential to preventing policy drift and inadvertent inconsistency. By surfacing relevant policies at appropriate moments, Policy Champions help the Board govern with intention, honour its previous decisions, and reinforce the role of Board policy as the primary instrument for guiding both Board decision-making and, where applicable, the operational decision-making of the Registrar & CEO. In doing so, Policy Champions contribute to a disciplined, values-aligned governance system that remains connected to the Board’s long-term direction and accountability framework.

6 REGULAR POLICY REVIEW/REFRESH

WHY REGULAR POLICY REVIEW MATTERS

Board policies are the formal expression of the Board's collective voice. To remain effective, credible, and forward-looking, policies must be intentionally reviewed and refreshed over time. Regular review ensures that the Board's policy portfolio continues to reflect current realities, emerging risks, evolving best practices, and the Board's strategic intent.

THE BOARD'S COMMITMENT

The CMLTO Board of Directors is committed to a systematic and disciplined policy review process:

- All Board policies are reviewed at least once every four years.
- Some policies are reviewed more frequently, as determined by the Board based on risk, relevance, or strategic importance.
- The policy review schedule is embedded in the Board Policy Manual Table of Contents, available in the Board Portal. It is also outlined in the Annual Integrated Board Strategic Agenda/Work Plan.

This schedule ensures that policy review is predictable, transparent, and manageable, rather than reactive or ad hoc.

THE ROLE OF BOARD POLICY CHAMPION

Board Policy Champions play a key role in supporting this process by:

- Preparing for scheduled policy reviews,
- Helping the Board reflect on whether a policy still clearly expresses the Board's intent and risk tolerances,
- Identifying where language may need clarification or modernization, and
- Ensuring alignment across the policy set, without drifting into operational detail

Policy Champions do not rewrite policies independently. Their role is to support thoughtful Board deliberation and help ensure that the Board's collective voice remains clear and coherent.

THE VALUE OF REGULAR REFRESH

A consistent policy review and refresh process helps ensure that the Board's Policy Framework:

- Remains relevant and current,
- Reflects modern governance thinking, including Policy Governance® thinking and principles in the regulatory context,
- Maintains clarity of accountability between the Board and the Registrar & CEO, and
- Continues to support effective governance over time.

Regular review strengthens the integrity of the Board's policy portfolio—and reinforces policy as a living governance tool, not a static document.

THE REGULAR BOARD POLICY REVIEW PROCESS

All Board policies are reviewed on a regular cycle (at least every four years, and more often where required) to ensure they continue to reflect the Board's collective voice and support effective governance of the public-interest mandate.

WHAT THE POLICY REVIEW PROCESS INCLUDES

Each policy review is thoughtful and deliberate. It typically includes the following considerations:

Consistency With Current Governance Language

- Reviewing policy language to ensure it aligns with current CMLTO governance terminology, policy structure, and Board-approved frameworks.

Governance and Regulatory Sector Benchmarking

- Comparing policies against:
- Leading policy-driven governance practices
- Current regulatory sector trends
- Relevant practices both within and outside the regulatory sector

This benchmarking helps ensure policies remain modern, credible, and fit for purpose.

Alignment With Prior Board Decisions

- Reviewing whether the Board has addressed related policy matters, principles, or positions since the last policy review, and ensuring these are appropriately reflected.

Values Alignment and Emerging Considerations

- Ensuring the policy reflects the Board’s current values, including **Equity, Diversity, Inclusion, and Justice (EDIJ)** where relevant.

This may include confidential scrutiny of the policy and limited, secure use of artificial intelligence tools to scan for emerging policy issues or comparable governance practices.

Public Interest Lens

- Reviewing the policy in light of the Board’s commitment to **intentionally and transparently evaluate the impact of its policy decisions on the protection of the public interest.**

Summary of How Policy Changes Typically Arise

In practice, most policy updates usually fall into one or more of the following four areas:

- 1) *Alignment With Board Processes and Governance Language*
Ensuring clarity, consistency, and coherence across the Board’s policy framework.
- 2) *Governance and Regulatory Sector Benchmarking*
Reflecting evolving policy-driven governance thinking and regulatory best practices.
- 3) *Public Interest Impact*
Strengthening the Board’s ability to evaluate and demonstrate how its policies support its public protection mandate.
- 4) *Equity, Diversity, Inclusion, and Justice (EDIJ)*
Ensuring Board policies reflect the Board’s values and contemporary expectations for inclusive, fair, and just governance.

Key Takeaway for Policy Champions

Policy review is not about rewriting policy for its own sake. It is about **keeping the Board’s voice relevant, values-aligned, and effective over time.**

Policy Champions help the Board stay connected to its prior decisions, its evolving context, and its ongoing responsibility to govern in the public interest.

REGULAR BOARD POLICY REVIEW AND REFRESH PROCESS

The Board of Directors is committed to maintaining a relevant, modern, and effective Board policy portfolio. To support this commitment, all Board policies are reviewed and refreshed on a regular cycle—at least once every four years, or more frequently where directed by the Board. **Board Policy Champions play a key role in supporting this process.**

Advance Notice and Preparation

- At the beginning of each year, and again in advance of each Board meeting, Policy Champions are notified of upcoming regular policy reviews for their assigned policies.
- Policies scheduled for review are identified in the Board Policy Manual Table of Contents located in the Board Portal. They are also summarized in the Integrated Board Strategic Agenda/Work Plan.
- Each policy review is processed in advance of the Board meeting to support efficient and informed Board deliberation.

Development of Proposed Policy Update

Draft policy updates are developed through consultation involving CMLTO staff and external advisors.

Policy Champions are provided with:

- the existing policy,
- proposed revisions, and
- a draft Policy Review Briefing Note which contains background information on the policy review.

Policy Champion Review and Input

- Policy Champions are invited to review the proposed policy updates in advance of the Board meeting.
 - As needed, the Policy Champion may seek clarification or additional context from CMLTO staff and/or external advisors suggest refinements or additional considerations related to the Board’s policy intent.
- Typically, there is a follow-up discussion with the Policy Champion before the policy review is finalized for Board consideration.
- Following this input, the Briefing Note and draft policy revisions are updated and refined accordingly.

Pre-Board Meeting Input from the Full Board

- For most Regular Policy Reviews, Board Members are invited to provide input in advance of the final briefing report and proposed policy changes are provided to the Board as part of the Board meeting package.

- This process allows Board Members to offer insights and perspectives in advance, and support a more focused and efficient policy discussion at the Board meeting.
- Pre-meeting feedback is reviewed and summarized:
 - where direction is clear, feedback is incorporated into the draft policy;
 - where perspectives differ or further clarification is required, these items are highlighted in the Briefing Note for Board discussion at the Board meeting.
- The finalized Policy Review Briefing Note and draft policy are included in the Board meeting package.

Regular Policy Review at the Board Meeting

During the Board meeting, the regular policy review is conducted as follows:

- The Board Chair introduces the policy by title and number and confirms that it is scheduled for regular review, providing any relevant contextual remarks.
- The Policy Champion is invited to speak to:
 - any outstanding issues requiring discussion, and
 - areas where additional Board dialogue or clarification may be helpful.
 - The Policy Champion does not review changes where there is clear Board consensus.
- The Board Chair facilitates discussion on:
 - proposed revisions requiring consideration,
 - questions of clarity or interpretation, and
 - any remaining areas of divergent opinion.
- As needed, the Board Chair may call upon CMLTO staff and external advisors, where appropriate, to provide technical, legal, or governance insight.
- The Board Chair guides the Board toward consensus, where possible.
- A motion and vote are then called to approve the revised policy.

Post-Meeting Follow-Up

- Approved policies are incorporated into the Board of Directors Policy Manual following the meeting.
- On occasion, the Board may determine that:
 - additional research,
 - further refinement, or
 - extended deliberation is required.
- In such cases, the Regular Policy Review may be continued to a subsequent Board meeting.

7 PREPARING A POLICY COMPLIANCE MONITORING REPORT

ASSESSMENT OF BOARD POLICY ACHIEVEMENT

A core responsibility of a Board Policy Champion is to support the Board Chair in assessing whether the Board is living its own policies. This role focuses on assisting the Board in monitoring the Board's achievement of specific Governance Process and Board-CEO Relationship Policies assigned to the Policy Champion.

Monitoring helps the Board by :

- Confirming that its behaviours and processes align with its stated values and commitments,
- Keeping Board policies relevant, credible, and active over time,
- Using Board meeting time effectively by avoiding unnecessary operational or performance review.

The Board is committed to making monitoring as automatic and efficient as possible so that meeting time can be focused on generative and strategic governance conversations.

Note: Not all Governance Process and Board-Registrar & CEO Policies are monitored through this process. Some Governance Policies are assessed through the Annual Board Effectiveness Evaluation.

THE POLICY CHAMPION'S ROLE IN MONITORING

The Policy Champion assists by:

- Reviewing draft policy interpretations,
- Identifying and validating evidence of policy achievement,
- Recommending a conclusion to the Board regarding whether the policy has been achieved.

The Policy Champion does not evaluate management performance and does not conduct operational assessments.

BEFORE THE MEETING

Preparation and Review

- The Policy Champion will be provided with a draft Board Monitoring Report for the assigned policy.
- The draft report will:
 - Include all policy criteria being monitored, and
 - Reflect any prior Board interpretations of the policy, where applicable.

Policy Champion Responsibilities

The Policy Champion is expected to:

- Review the draft policy interpretation,
- Recommend any updates or refinements to the interpretation, if needed,
- Identify and suggest evidence that demonstrates how the Board has met each policy criterion, and
- Be prepared to recommend an overall conclusion regarding the Board's achievement of the policy.

Available Support

- CMLTO staff and external advisors, as appropriate, are available to advise on policy interpretation, and support identification and validation of appropriate evidence.

Board Package

- Once finalized, the Monitoring Report—completed by the Policy Champion with appropriate support—is included in the Board meeting package for advance review by all Board Members.

AT THE BOARD MEETING

Policy Champion's Role

During the meeting, the Policy Champion:

- Provides a brief verbal overview of only the highlights of the Monitoring Report.
- Highlights only:
 - Areas requiring clarification.
 - Items where there may be a question about whether the evidence demonstrates policy achievement.

The Policy Champion does not:

- Read the full report aloud.
- Walk through every policy criterion in detail.

It is expected that all Board Members have reviewed the report in advance.

Board Decision

- Following the Policy Champion’s brief report, the Board Chair will:
 - Call for a motion.
 - Facilitate a vote on the Board’s determination regarding its achievement of the policy.




This formal decision confirms the Board’s collective assessment and reinforces the integrity of the Board’s governance framework.

BOARD ACHIEVEMENT OF BOARD POLICY

Outlined below is the template for the Board Monitoring Report on Board Achievement of Its Own Policies.


Board Compliance				
#	Policy Criteria	Board Interpretation of the Policy Criteria	Evidence Board Has Met Each of the Policy Criteria	Conclusion

LEGEND: Level of Achievement

	Compliance Fully Achieved		Compliance Partially Achieved		Compliance Not Achieved
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Note: At the February Board meeting there will be a brief continuing education session on the Board Policy Champion Role using a specific example and sharing the tools used for the processes involved.

Board Policy Champion Role (GP IV-60) A Governance Process Policy

Policy Title: BOARD POLICY CHAMPION ROLE		Policy Section: IV Governance Process		Policy Number: IV-60
Approved By: Board of Directors	Date Approved: Feb. 1, 2006	Date Reviewed/ Revised:		President's Signature: 
		Feb 1, 2006 Feb 9, 2010 Feb 14, 2012 Jan 23, 2015	Mar 6, 2018 Mar 22, 2021 Feb 16, 2024	

BACKGROUND

The Board has developed a set of governing policies which are designed to reflect the Board's governing values and governance approach. The Board's Governance Policy set includes Board policy decisions regarding the Ends (Critical Outcomes) Policy direction to CMLTO, and the Executive Limitations, which describe the Board's risk boundaries within which delegation takes place to the Registrar & CEO. Further, the Board's Governance Policy set also addresses Board decisions regarding the Board and Registrar & CEO relationship parameters. In order to make the best use of its policy decisions, the Board recognizes that Board Members must have a clear working knowledge of these policies. It is further recognized that Board Members cannot have detailed knowledge of all the policies at all times; hence, Board Members are delegated as resource champions for specific policies.

POLICY PURPOSE

The CMLTO Board Policy Champion role exists to ensure that there is at least one Board Member who has comprehensive knowledge and understanding of one or more Board policies. This policy also ensures that all Board policies are assigned to and covered by a Board Policy Champion.

POLICY

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 1 to 4 policies each year).

Ends (Critical Outcomes) Policies outline the purpose and expected outcomes of CMLTO and are the most critical of all Board policies. Given this, all Board Members are assigned to be Policy Champions for all of the Ends (Critical Outcomes) Policies.

Board Policy Champion Role (GP IV-60)

A Governance Process Policy

The Board will also ensure that there is a specific Board Member assigned to each policy in the Executive Limitations, Governance Process, and Board-CEO Relationship Policy Categories.

The Policy Champion role includes having a clear knowledge of the background, purpose, and content of the policy such that the Board Member:

- can alert the Board to situations where the policy should be considered or applied,
- can alert the Board to situations where the policy may not or is not being followed appropriately,
- contributes to the further interpretation of assigned policies on behalf of the Board Chair and according to the “Board Monitoring the Board Schedule”, identifies evidence to assess the level of the Board’s achievement of the policies assigned to the champion, and
- is aware of, and where appropriate, provides input to the regular Board policy review process on behalf of the Board (as part of this policy review the Board incorporates its key values for keeping the public interest at the forefront of its decision-making and for engaging equity, diversity, inclusion, and justice principles in its decision-making).

See Appendix 1 of the policy for current Board Policy Champion assignments.



AGENDA ITEM 5.0

5.0	GOVERNANCE PROCESS: POLICY IMPLEMENTATION
5.1	Planning for April Board Generative / Strategic Directions Planning Session
5.2	CMLTO By-Law Consultation Results RE: CMLTO Board Competency and Leadership Characteristics Profile & Related Competency-Based Eligibility Requirements



Briefing Report to Board of Directors

Date : January 30, 2026

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

Subject : Planning for April Board Generative / Strategic Directions Planning Session

- | | |
|---|---|
| <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 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:

In addition to its four regular Board meetings each year, the Board holds a dedicated **Generative / Strategic Directions Planning Session** to support longer-range strategic thinking and informed governance oversight. This session is intentionally designed to provide space for generative dialogue and strategic exploration, rather than formal decision-making, and to allow the Board to focus on emerging issues, system-level trends, and significant initiatives that may shape the College's future direction.

The session provides an opportunity for the Board to engage in broad, forward-looking discussions on matters such as evolving regulatory and public interest considerations, sector and environmental trends, major organizational initiatives, and the identification of emerging risks and opportunities. It also allows for deeper



exploration of complex or evolving issues that may require additional context, scenario-based discussion, or further development before being advanced through the regular Board agenda cycle.

Unlike regular Board meetings, which are structured around time-limited agendas and formal governance responsibilities, this session is designed to allow the Board to take the time needed for comprehensive discussion, reflection, and inquiry. This approach supports deeper insight and more informed strategic guidance, helping to ensure that future Board priorities and decisions are grounded in thoughtful, well-considered dialogue.

From a governance perspective, this session is important because it strengthens the Board's ability to exercise effective regulatory and strategic oversight by creating dedicated space for informed regulatory judgment and forward-looking dialogue that informs future policy direction, priorities, and decision-making in support of the College's statutory mandate and its duty to serve and protect the public interest.

In accordance with the **GP IV-30 Annual Planning Cycle & Annual Integrated Board Strategic Agenda/Work Plan Policy**, topics for the 2026 April Generative / Strategic Directions Planning Session are drawn from the Board's annual strategic agenda and work plan, which are shaped through ongoing environmental scanning, re-exploration of Ends (Critical Outcomes) policies, consultation with diverse stakeholders, Board member input, and consideration of governance, regulatory, public interest, and emerging issues to ensure alignment with the College's statutory mandate and strategic priorities.

Consistent with the 2025 annual planning process, the following topics have been identified for discussion at the 2026 April Generative / Strategic Directions Planning Session:

1. CMLTO Governance Modernization Plan Refresh
2. Implementation of the Global Diversity, Equity, & Inclusion Benchmark (GDEIB) Framework at CMLTO
3. CMLTO Board/Careholdership Linkage Plan

This briefing report is intended to prepare the Board for the April Generative / Strategic Directions Planning Session by:

1. Providing concise background information on each identified initiative,
2. Outlining the current status of each initiative,
3. Describing the proposed scope and focus of discussion for the April session, and



4. Confirming whether the proposed approach and planned areas of discussion align with the Board's expectations, priorities, and intended outcomes for the April planning session.

The report is intended to support informed, forward-looking discussion and shared understanding in preparation for the April session.

TOPIC #1: CMLTO GOVERNANCE MODERNIZATION PLAN REFRESH

Background

Approval of Governance Modernization Principles & Regular Updates to Board

The CMLTO Board of Directors approved the [CMLTO Governance Modernization Principles](#) in September 2022, establishing a framework to strengthen governance effectiveness, regulatory oversight, and public interest accountability. An Operational Plan supporting these principles was presented to the Board as part of the 2023 Registrar and CEO Ends Interpretation, which the Board accepted as reasonable at its February 2023 meeting. Since that time, the Board has received regular quarterly status updates on the Governance Modernization Plan as part of its ongoing oversight responsibilities.

Further information on governance modernization activities has also been provided through the Board's Ends Policy monitoring process and schedule. The Governance Modernization Plan Refresh builds on this established work and provides an opportunity to reflect on progress to date and support informed, forward-looking discussion at the April Generative / Strategic Directions Planning Session.

Key Developments

As part of its ongoing governance modernization efforts, the Board has advanced several important initiatives since the approval of the **CMLTO Governance Modernization Principles** in September 2022, including:

- 1. Governance Modernization Through a Comprehensive By-Law Rewrite:**
The Board approved a new CMLTO By-Law in December 2022 as a foundational governance instrument to strengthen regulatory oversight, clarify governance authorities and accountabilities, and support the Board's ability to fulfill its statutory mandate and public interest responsibilities.
- 2. Board Oversight of By-Law Alignment Through a Board Policies Gap Analysis:**
To support effective governance oversight, the Board approved a By-Law Action Items List and undertook a comprehensive Board Policies Gap Analysis to assess alignment between the new By-Law and existing Board policies from a risk-based perspective. This work established a structured



approach for achieving full alignment through the Board's regular policy review cycle, with ongoing monitoring and reporting to the Board.

3. Embedding Public Interest Considerations Through a Public Interest Assessment Framework:

In furtherance of its statutory duty under the *Regulated Health Professions Act, 1991* to serve and protect the public interest, and consistent with High Level Ends Policy 1 – Public Trust in Health Professions Regulation, the Board has advanced the development of a Public Interest Assessment Framework to support systematic, transparent, and Board-level oversight of how public interest considerations are assessed and reflected in Board and statutory committee decisions.

Updates on both the **CMLTO By-Law – Board Policies Gap Analysis** and the **CMLTO Public Interest Assessment Framework** are provided to the Board on a quarterly basis as part of the Board's ongoing governance oversight and monitoring of the Governance Modernization Plan.

4. Strengthening Board Effectiveness Through a Board Competency Framework:

The Board approved the CMLTO Board Competency Framework and Board Competency and Leadership Characteristics Profile, and subsequently endorsed the CMLTO Board Competency Framework Implementation Plan, establishing a competency-based approach to Board composition and development.

5. Launch of the Implementation of the Global Diversity, Equity, & Inclusion Benchmark (GDEIB) Framework:

The Board has initiated the implementation of the **GDEIB Framework** to embed equity, diversity, inclusion, and justice (EDI-J) principles across governance and organizational practices. At its May 2025 meeting, the Board committed to using the Framework as a validated, structured tool to support measurable progress, meaningful reporting, and evidence-based governance decision-making.

6. Initiation of the Responsible Use of Artificial Intelligence (AI):

In November 2025, the Board initiated the responsible use of Artificial Intelligence (AI) through the approval of the CMLTO Artificial Intelligence (AI) Strategy, the AI Governance Framework, and the Executive Limitations Policy EL II-60 – Use of Artificial Intelligence. Collectively, these instruments establish the Board's strategic intent, governance oversight and monitoring expectations, ethical and risk-based guardrails, and clear delegation of authority to the Registrar & CEO, ensuring that the College's use of AI



remains transparent, accountable, and aligned with its statutory mandate to serve and protect the public interest.

7. Completion of an External Evaluation of Board Effectiveness (2025):

In 2025, the Board completed an External Evaluation of Board Effectiveness, prepared by **Governance Solutions Inc.**, as part of its governance oversight and continuous improvement responsibilities, to assess Board performance and inform future governance effectiveness.

Collectively, these initiatives demonstrate the significant progress made since the Board approved the CMLTO Governance Modernization Principles in September 2022 and reflect a sustained, multi-year approach to strengthening governance, oversight, and public interest accountability. With this foundation in place, the Board is now positioned to step back and consider how effectively these efforts are advancing the intended governance outcomes and where further focus or refinement may be required.

Inputs to the April Generative / Strategic Directions Planning Session

Building on the governance modernization work undertaken to date, the Board reviewed the outcomes and recommendations of the 2025 External Evaluation of Board Effectiveness, prepared by *Governance Solutions Inc.*, along with the Executive Committee's general feedback, at its meeting on November 21, 2025.

At the same meeting, the Board also reviewed a report summarizing key takeaways from the 2025 *Govern for Impact* Annual Learning & Connecting Conference, including emerging insights, initial considerations for next steps, and potential applications for strengthening the College's governance practices.

The April Generative / Strategic Directions Planning Session provides an opportunity for the Board to collectively examine these two inputs—the external assessment of Board effectiveness and the governance insights emerging from *Govern for Impact*—and to confirm which elements should inform the **Governance Modernization Plan Refresh**, consistent with the Board's strategic priorities, governance role, and public interest mandate.

This discussion is intended to inform and confirm the Board's preferred direction for the Governance Modernization Plan Refresh; detailed implementation decisions will follow through regular Board processes.

Governance Perspective and Considerations

From a governance perspective, the **Governance Modernization Plan Refresh** represents an important opportunity for the Board to step back from individual initiatives and assess, at a system level, whether the collective body of governance modernization work undertaken since 2022 is coherently advancing the Board's



intended governance outcomes and public interest obligations. With multiple foundational governance instruments now in place, the focus of this refresh is less on initiating new work and more on confirming strategic alignment, effectiveness, and sufficiency.

As governance modernization efforts now span multiple interconnected domains – including governance structure and authorities, Board effectiveness and competency-based governance, public interest assessment, equity, diversity, inclusion and justice, and the responsible use of emerging technologies—it is important that these initiatives are considered as an integrated governance framework rather than as discrete or standalone activities. Doing so supports clarity of Board intent, reinforces appropriate role discipline between governance and management, and strengthens the Board’s ability to exercise effective oversight and assurance.

Potential governance considerations associated with this work include the risk of initiative fragmentation, misalignment between governance intent and implementation, and unintended impacts on Board capacity or role clarity if priorities are not clearly articulated. There is also a need to ensure that modernization efforts remain appropriately scoped to the Board’s governance role, avoid operational drift, and are sequenced in a way that supports sustainable change and effective oversight.

The April Generative / Strategic Directions Planning Session provides an appropriate forum for the Board to reflect on these considerations, confirm shared understanding, and provide strategic guidance on the direction and scope of the Governance Modernization Plan Refresh.

Questions for Board Reflection and Alignment

To support generative discussion and confirm alignment, the Board may wish to consider the following questions during the April session:

1. What must be in place, from an Ends and oversight perspective, to ensure the ongoing protection and advancement of the public interest as the Governance Modernization Plan is refreshed and implemented?
2. Do the initiatives proposed for inclusion in the Governance Modernization Plan Refresh appropriately reflect the Board’s current governance priorities and support the Board’s Ends (Critical Outcomes) and understanding of its governance role?



3. Are there governance risks, gaps, or unintended consequences that the Board believes should be more explicitly addressed to ensure effective oversight and accountability?
4. Is the scope and sequencing of the proposed modernization initiatives proportionate to the College's regulatory context and aligned with the Board's role, capacity, and oversight responsibilities?
5. Are there additional areas of governance practice or oversight that the Board believes warrant further exploration or inclusion as part of the Governance Modernization Plan Refresh?

Intended Outcome of the April Generative / Strategic Directions Planning Session

The April Generative / Strategic Directions Planning Session is intended to support informed, forward-looking dialogue and may culminate in the Board confirming or approving the overall direction and scope of the Governance Modernization Plan Refresh.

TOPIC #2: IMPLEMENTATION OF THE GLOBAL DIVERSITY, EQUITY, & INCLUSION BENCHMARK (GDEIB) FRAMEWORK AT CMLTO

Background

CMLTO is advancing a strategic shift from equity, diversity, inclusion, and justice (EDI-J) as principle to EDI-J as practice, with a focus on ensuring that actions are tangible, measurable, and aligned with organizational accountability. This approach reflects the Board's commitment to embedding EDI-J as a core governance and organizational priority, rather than treating it as a standalone initiative.

At its May 2025 meeting, the CMLTO Board of Directors received a presentation from Darcy Belisle of Decibel DEI Consulting introducing the Global Diversity, Equity & Inclusion Benchmark (GDEIB) Framework. The GDEIB Framework provides a validated, structured approach to assessing organizational progress, supporting meaningful reporting, and informing evidence-based decision-making in the advancement of EDI-J.

Following this introduction, the Board committed to the use of the GDEIB Framework as the foundational structure for CMLTO's EDI-J implementation and accountability model. The Framework provides a comprehensive, internationally recognized benchmark system covering leadership, workforce, culture, equitable practices, and accountability, and evaluates progress across 15 categories organized into four benchmark groupings: Foundation, Internal, External, and



Bridging. Progress is assessed using a five-level maturity model, with Level 5 representing recognized best practice.

This model enables organizations to assess current state, identify gaps, and plan structured, measurable improvements over time.

Key Developments

As part of the Board's commitment to embedding EDI-J within governance and organizational practice, the following foundational steps have been advanced:

- 1. Adoption of the GDEIB Framework as CMLTO's EDI-J Benchmarking Model:**
The Board has committed to the use of the GDEIB Framework as a validated, structured tool to support evidence-based assessment, meaningful reporting, and measurable progress in EDI-J across governance and organizational domains.
- 2. Establishment of a Phased Implementation Model:**
CMLTO's GDEIB implementation has been structured into three integrated phases:
 - Step 1 – Inventory of Current EDI-J Activities and Evidence
 - Step 2 – Baseline Assessment and Gap Analysis
 - Step 3 – Implementation Planning and EDI-J Strategy Development

This phased approach supports disciplined sequencing, governance oversight, and sustainable organizational change.

Current Status

CMLTO is in the final stages of completing **Step 1 – Inventory of Current EDI-J Activities and Supporting Evidence**.

This work involves identifying and documenting existing EDI-J commitments, practices, processes, and supporting evidence across the organization.

CMLTO's EDI-J commitments are articulated across a set of core governance and organizational documents, which collectively establish expectations for behaviour, guide Board governance, define organizational priorities, and communicate CMLTO's values to staff, Registrants, applicants, and the public. This inventory forms the evidentiary foundation for the GDEIB assessment process.

Concurrently, the **CMLTO Global Diversity, Equity & Inclusion Benchmark Gap Analysis** is underway, consolidating this inventory into a structured assessment framework.



Inputs to the April Generative / Strategic Directions Planning Session

At the April Generative / Strategic Directions Planning Session, the Board will be presented with Step 2 – Baseline Assessment and Gap Analysis, which will:

- Assess CMLTO's standing across all GDEIB categories and benchmarks,
- Document current strengths and accomplishments, and
- Identify gaps that may be translated into short-term and medium-term priorities.

Subject to timing and readiness, the session may also introduce elements of Step 3 – Implementation Planning, including the early structure of a formal CMLTO EDI-J Strategy, aligned with global best practices and informed by the GDEIB assessment results.

The April session will therefore serve as the Board's first opportunity to engage at a strategic level with the organization's baseline EDI-J maturity profile and to shape the direction, scope, and ambition of CMLTO's EDI-J implementation trajectory.

Governance Perspective and Considerations

From a governance perspective, the implementation of the GDEIB Framework represents a shift from values articulation to **governance accountability architecture**. It provides the Board with a structured, evidence-based mechanism to exercise oversight of EDI-J as a core dimension of organizational performance, risk, and public trust.

The GDEIB Framework enables the Board to move beyond aspirational commitments toward measurable governance outcomes, supporting transparency, comparability, and accountability in how EDI-J is embedded across governance, culture, operations, and external relationships.

Key governance considerations include ensuring that:

- EDI-J implementation remains aligned with the Board's Ends and public interest obligations,
- The scope and pace of implementation are proportionate to organizational capacity,
- Accountability mechanisms are clear and monitorable, and
- EDI-J governance remains integrated into core oversight structures rather than treated as a parallel or siloed initiative.



The April Generative / Strategic Directions Planning Session provides a strategic forum for the Board to confirm its governance expectations for EDI-J maturity, oversight, and accountability as this work advances.

Questions for Board Reflection and Alignment

To support generative discussion and confirm alignment, the Board may wish to consider:

1. What level of EDI-J maturity and accountability should the Board expect CMLTO to achieve over the next governance cycle, and how should this be reflected in strategic priorities and oversight expectations?
2. How should the Board use the GDEIB Framework to support its understanding and oversight of organizational performance, risk exposure, and public trust?
3. What must be in place to ensure that EDI-J implementation remains measurable, evidence-based, and aligned with the College's public interest mandate?
4. How should EDI-J governance be integrated into existing oversight, monitoring, and reporting structures to avoid fragmentation or duplication?
5. What direction and expectations does the Board wish to set regarding the priority, pace, and scope of EDI-J implementation at CMLTO?

Intended Outcome of the April Generative / Strategic Directions Planning Session

The April Generative / Strategic Directions Planning Session is intended to support informed, forward-looking dialogue and may culminate in the Board confirming the strategic direction, governance expectations, and implementation scope for the GDEIB Framework at CMLTO, including the alignment of EDI-J priorities, accountability mechanisms, and oversight structures with the College's statutory mandate and public interest responsibilities.

TOPIC #3: CMLTO BOARD/CAREHOLDERSHIP LINKAGE PLAN

Background

Board/Careholdership (Ownership) Linkage is a core governance responsibility that supports the Board's accountability to Ontarians by intentionally seeking perspectives on Ends (Critical Outcomes) Policies and on the ethics, prudence, and equity by which outcomes are pursued.

CMLTO's linkage approach is grounded in Governance Process Policy [GP IV-45 Board Linkage With Ownership/Careholdership](#), and is designed to ensure that



Board policy direction remains informed by careholder values, emerging system-level concerns, and public trust considerations, without drifting into operational service matters that are delegated to the Registrar & CEO and monitored through Ends results and Executive Limitations reporting.

The Board's linkage work accelerated beginning in 2022–2023 through focused learning and "deep dive" engagement with representative careholder groups. Insights from those engagements were used to inform the Board's refreshed 2024–2026/2027 Ends (Critical Outcomes) Policy direction and related strategic framing.

Key Developments

Since 2022, the CMLTO Board has advanced its linkage work through a multi-year, evolving approach:

- 1. Foundational learning and design (2021–2023):** The Board strengthened shared understanding of linkage concepts, clarified the purpose of linkage as a governance function, and undertook structured engagement with key careholder groups to guide Ends policy direction.
- 2. Shift to an ongoing/perpetual linkage model (2024–2025):** The Board moved from episodic engagement toward a more continuous plan designed to (a) build relationships and trust, (b) share accountability/education messages about CMLTO's role and impacts, and (c) seek systemic input on priority governance questions (e.g., public interest, trust, equity, regulatory gaps).
- 3. Expanded careholder scope and inclusion intent:** The plan broadened linkage beyond traditional channels by identifying additional sub-groups and exploring ways to hear from people who may experience barriers to accessing laboratory services, with an explicit emphasis on listening, learning, and risk mitigation.

Current Status

The CMLTO Board approved the **2024–2025 Board/Careholdership Linkage Plan** and implementation has proceeded through multiple channels and engagement methods. Recent reporting (including the September–December 2025 update period) indicates the plan has supported both:

- **Education/accountability outreach** (e.g., governance and regulatory information shared through website, newsletter, and social media channels), and
- **System-level input gathering** (e.g., structured focus groups and consultations with careholder groups).



Early themes emerging from careholder input continue to reinforce governance-significant issues tied to public trust, transparency, accountability, and perceived regulatory gaps, including questions related to unregulated roles in the laboratory system and the public interest implications for oversight.

Proposed Scope and Focus of the April Generative / Strategic Directions Planning Session

The April Generative / Strategic Directions Planning Session will involve reviewing the key concepts and first principles of Careholdership (Ownership) Linkage to further understand the differentiation between true “owner” or “Careholder” level feedback, and customer level feedback. The session will also be an opportunity for the CMLTO Board to step back from the mechanics of specific engagement activities and focus on governance-level learning and direction-setting, including:

- Whether the current linkage approach is yielding the type of Ends-relevant insight the Board needs,
- What the Board is learning about public trust, system risks, and careholder values, and
- What direction should shape the next iteration of the linkage plan (e.g., 2026–2027), including priorities, target groups, and cadence.

Governance Perspective and Considerations

From a governance perspective, the linkage plan is a primary tool through which the Board ensures its policy direction remains connected to the values and lived realities of the careholdership, particularly on questions of public interest protection and trust in regulation. The Board’s opportunity (and responsibility) is to ensure linkage is designed to produce usable governance insight that informs Ends (Critical Outcomes) Policies, strengthens strategic foresight, and surfaces emerging risks.

Key governance considerations include:

- **Role discipline:** ensuring linkage stays focused on “what/why” (Ends and values) rather than operational “how,” while still capturing meaningful insight about how the public experiences system impacts.
- **Representativeness and equity:** ensuring the Board hears from a sufficiently broad and diverse set of careholders, including those who may face barriers, in a way that is meaningful rather than symbolic, and without over-reliance on any single channel.



- **Risk and expectation management:** mitigating reputational and trust risks by being transparent about what input will be used for, what changes are possible, and how CMLTO will communicate back (“closing the loop”).
- **Use of linkage insights:** ensuring what is learned is clearly reflected in Board sense-making and, where appropriate, policy direction, monitoring focus, or strategic priorities.

In developing the next Board/Careholdership Linkage Plan, the Board may also wish to clarify how linkage insight will be used in Board decision-making, what types of signals warrant Board-level attention, and how linkage complements risk oversight, Ends monitoring, and transparency expectations.

Communications Perspectives and Considerations

Effective Careholdership (Ownership) Linkage depends on a clear distinction between Careholder/Owner input and other forms of customer-level feedback. True Careholder/Owner input relates to ownership of the organization, rather than experiences key partners have associated with receiving services. Understanding where Careholders/Owners fit in relation to the Board, and the purpose of maintaining linkage with them, is foundational to guiding the strategic direction of the College.

In advance of further engagement activities, it is recommended that the Board revisit key concepts and first principles of Careholdership/Ownership Linkage, including how the Board defines Careholders/Owners that it wishes to connect with. Research indicates that many Boards face challenges in developing linkages with fully representative Careholder or Owner groups.

The proposed facilitation is intended to support structured discussion and reflection on who the Board is seeking to link with, why those groups have been identified, and how representative Careholder/Owner input is defined. This discussion is intended to inform the development of the next iteration of the Careholdership (Ownership) Linkage Plan.

The intended outcome of this session is to support and enhance Board understanding of Careholdership (Ownership) Linkage principles and to inform future approaches to Careholder engagement within an accountable governance framework.

Proposed Approach for Developing the Next Linkage Plan

To support continuity and governance clarity, the following approach can guide development of the next plan cycle:



1. In alignment with the first principles and key concepts of Careholdership (Ownership) Linkage, how can the Board define the Careholdership that would help guide the College to achieve its Ends?
2. **Confirm Board intent and priority questions (April):** Identify the 3–5 priority “Ends and values” questions the Board most needs answered over the next cycle.
3. **Confirm careholder groups and inclusion strategy (April):** Validate which groups must be engaged, where representation needs strengthening, and what engagement methods are most credible and feasible.
4. **Define governance outputs and feedback loops (April):** Confirm how results will be synthesized for Board use (themes, risk signals, Ends implications), and how the CMLTO will communicate outcomes back to participants and the public.
5. **Integrate into the annual planning cycle:** Align timing, resourcing, and reporting cadence with GP IV-30 and Board work plan priorities, including how linkage insight will be brought into Ends re-exploration and monitoring emphasis.
6. **Establish a monitoring rhythm:** Confirm how progress and themes will be reported to the Board (e.g., quarterly highlights plus an annual analysis).

Questions for Board Reflection and Alignment

To support generative discussion and confirm alignment, the Board may wish to consider:

1. **Purpose and use:** What are the most important governance decisions or policy areas the Board wants linkage insight to inform over the next cycle?
2. **Ends and values focus:** What “what/why” questions should be prioritized to strengthen Ends (Critical Outcomes) direction and the Board’s understanding of careholder values?
3. **Risk awareness and trust considerations:** What risks to public trust, public safety, or regulatory credibility does the Board most need linkage to help identify early?
4. **Inclusion and representation:** Which careholder voices are currently underheard, and what approach should be used to engage them respectfully and credibly?
5. **Closing the loop:** What does the Board expect in terms of transparency and accountability back to careholders (i.e., how CMLTO communicates what was heard and how it was used)?



Alignment of the Board/Careholdership Linkage Plan with the Ends Policy Refresh

As the Board prepares for the next refresh of the Ends (Critical Outcomes) Policies following the current 2024–2026/27 period, the Board/Careholdership Linkage Plan plays a critical role in supporting informed governance judgment. The Linkage Plan is intended to provide the Board with structured, relevant insight into careholder values, expectations, and emerging risks that may affect the achievement of the College's Ends, including public trust, access to effective regulation, and professional accountability.

Rather than functioning as a general engagement exercise, linkage activities are designed to provide information that assists the Board in testing whether its Ends continue to reflect the most significant public interest needs, whether assumptions underlying existing Ends remain valid, and whether emerging trends or risks warrant refinement or clarification of the Board's strategic direction. This approach supports evidence-informed Ends development while preserving the Board's role in setting outcomes and the Registrar & CEO's role in interpretation and implementation.

Insights from linkage will guide Board discussion and deliberation at the April Generative / Strategic Directions Planning Session, with any subsequent amendments to the Ends Policies advanced through the Board's regular governance processes.

Intended Outcome of the April Generative / Strategic Directions Planning Session

The April Generative / Strategic Directions Planning Session is intended to support informed, forward-looking Board discussion and may culminate in the Board confirming the priority focus, governance questions, and design parameters for the next Board/Careholdership Linkage Plan, with detailed implementation planning to follow through regular Board processes.

TOPIC #4: CMLTO FINANCIAL PLANNING

As part of the Registrar & CEO 2025 Summative Performance Appraisal process, the Executive Committee (EC) had asked the Registrar & CEO to engage the Board in a focused discussion on the organization's medium and long-term financial planning and overall financial condition (i.e., financial health) at the April meeting.

This request is made directly within the context of CMLTO's governance approach and the Board's desire for the CMLTO to have an effective financial plan and for the Board to fulfill its related fiduciary role. This request is made outside of the Board's policy parameters regarding budget assumptions and presentation of an annual budget. As such, there will not be a motion to approve a budget. That process will continue on throughout 2026 as per Board policy.



The information presented and the related discussion will contribute to a high-level, forward-looking exploration of CMLTO's future financial model.

Briefing Report to Board of Directors

Date	: January 25, 2026
From	: John Tzountzouris, Registrar & CEO Maggie Cakar, Governance Specialist
Subject	: CMLTO Board Competency Framework Implementation: 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 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.

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**.

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.

In December 2025, the Board approved the proposed revisions to the CMLTO By-Law, outlined in Appendix 1, and the circulation of the proposed By-Law requirements to Registrants to 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

As noted at the December 2025 Board meeting, the proposed amendments to the election processes are **not subject to mandatory circulation** under the *Regulated Health Professions Act, 1991 (RHPA)*.

Although circulation is **not required** by the RHPA for these types of By-Law amendments, the Board agreed that doing so remains a recognized **governance best practice** that promotes transparency, fairness, and member confidence in the College's election and governance systems. There was no requirement for a statutory circulation timeframe, and therefore, a reasonable approach was taken to demonstrate transparency and fairness, which ensuring that feedback could be received and compiled for consideration by the Board at the February 2026 meeting.

The details and outcomes of the consultation are outlined below:

CMLTO Website

On December 22nd, 2025, a blog post was published about the revised by-law and consultation. Engagement metrics related to the blog post are as follows:

- 31 views (0.13% of total)
- 26 active users
- 1.19 views per active user
- 84 events total

The blog post had limited reach, with 31 views from 26 mostly unique users, indicating it wasn't widely seen but did attract individual readers rather than repeat visits. The average of 1.19 views per user suggests most people read the post once, while the 84 recorded events show that users engaged with the content through actions like scrolling or clicking, rather than leaving immediately.

FOCUS Newsletter

An article about the revised by-law and consultation was included in the winter issue of FOCUS newsletter and was released on December 30, 2025. This newsletter is sent to all CMLTO Registrants, Voluntary Roster Affiliates, and key partners in the laboratory, educational and regulatory sectors.

Engagement metrics related to the newsletter and article are below:

- The newsletter containing the article was distributed to 7263 individuals
- 69.3% of these individuals opened the newsletter
- The newsletter had a 1.3% click rate

Within the article, specifically:

- The link to “CMLTO By-Law Amendment Consultation: Incorporation of Competency-Based Board Member Eligibility Requirements” received 26 clicks
- The link to “Below you will find explanatory notes regarding the proposed changes to the CMLTO By-Law, regarding revisions to the CMLTO By-Law related to the Incorporation of Competency-Based Board Member Eligibility Requirements. New additions are in blue / italicized font.” received 16 clicks
- The By-Law itself received 10 clicks

In other words, the winter issue of FOCUS had a strong open rate of 69.3%, indicating high reader interest. Overall click-through was modest at 1.3%, but within the featured article on the by-law changes, there was targeted engagement, with readers clicking through to the by-law amendment consultation (26 clicks), explanatory notes (16 clicks), and the by-law document itself (10 clicks), demonstrating focused interest among a subset of readers in the consultation materials.

Consultation Outcomes

During the consultation period, zero (0) feedback was provided to the CMLTO.

CONCLUSION & RECOMMENDATION

Based on the outcomes of the consultation period, and the nature of the proposed revisions to the CMLTO By-Law, we suggest that there is very little risk in the Board approving the proposed revisions to the CMLTO By-Law. Doing so would in fact align the Board’s recruitment, nomination, election, and appointment processes with the CMLTO Board Competency Framework, and is an important step in the overall Implementation Plan.

Therefore, we would recommend that the Board move to approve 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.

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 By-Law Consultation Letter, December 22, 2025

Appendix 3 – CMLTO By-Law Consultation Explanatory Notes

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](#).



December 22, 2025

**CMLTO By-Law Amendment Consultation:
Incorporation of Competency-Based Board Member Eligibility Requirements**

Since 2022, the CMLTO Board of Directors has been strengthening public-interest governance through a focus on developing and implementing competency-based Board composition. Moving to a competency-based Board is important because it ensures decisions are informed by the right mix of skills, experience, and behaviors needed to effectively govern the organization, adapt to change, and deliver sustainable outcomes. Since that time, the CMLTO Board approved:

- Governance Modernization Principles in September 2022;
- A Board Competency Framework and Leadership Characteristics Profile to define the skills and attributes needed for effective governance in December 2023;
- Refined these documents, approved clarifying revisions and endorsed the final Framework, Profile, and an Implementation Plan in May and September 2024.

At their December 2025 meeting the CMLTO Board of Directors:

- Endorsed the Board Competencies and Leadership Characteristics Self-Assessment for the 2026 Board election;
- Approved the circulation of the proposed By-Law amendments to incorporate competency-based eligibility requirements into the Board election process.

The proposed By-Law amendments aim to keep the CMLTO By-Law high-level and flexible while supporting a competency-based approach to Board eligibility. They encourage candidates to apply if they meet or are developing required competencies, require completion of a self-assessment and confirmation of competency alignment, and reference supporting election and application documents that can be updated by the Board without amending the By-Law.



The proposed amendments to the CMLTO By-Law along with explanatory notes can be accessed [here](#).

Election-related and governance By-Law amendments are not subject to mandatory circulation under the *Regulated Health Professions Act, 1991*, as they fall outside the specified clauses requiring Registrant circulation. However, circulating these amendments is considered a governance best practice that supports transparency, fairness, and Registrant confidence.

The CMLTO Board of Directors invites Registrants and interest parties to submit feedback to the proposed CMLTO By-Law amendments.

Please send your feedback and/or comments by email to executiveoffice@cmlto.com by Monday, January 26, 2026 at 4:30 PM EDT.

Feedback will be anonymized and presented to the Board of Directors for their deliberations on the proposed amendments to the CMLTO By-Law at their February 13, 2026 meeting.



Below you will find explanatory notes regarding the proposed changes to the CMLTO By-Law, regarding revisions to the CMLTO By-Law related to the Incorporation of Competency-Based Board Member Eligibility Requirements. New additions are in blue / italicized font.

Current By-Law Clause	Proposed By-Law Clause	Rationale for Proposed By-Law Clause
<p>4.4.5.1 ELIGIBILITY TO STAND FOR ELECTION</p> <p>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:</p> <ul style="list-style-type: none"> • 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 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 	<p>4.4.5.1 ELIGIBILITY TO STAND FOR ELECTION</p> <p>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:</p> <ul style="list-style-type: none"> • 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, • <i>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</i> 	<p>Including this provision in the By-Laws ensures that Board candidates are assessed against transparent, Board-approved competency and leadership standards, supporting effective governance and informed decision-making.</p> <p>Requiring candidates to complete a self-assessment and publicly confirm their alignment with these competencies promotes accountability, encourages continuous professional development, and provides registrants with meaningful, comparable information when voting.</p> <p>Overall, it strengthens confidence in the election process and helps ensure the Board collectively possesses the skills and leadership capacity required to fulfill its regulatory mandate.</p>



Current By-Law Clause	Proposed By-Law Clause	Rationale for Proposed By-Law Clause
<p>which they have been nominated in accordance with this By-Law,</p> <ul style="list-style-type: none"> • 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, 	<p><i>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.</i></p> <ul style="list-style-type: none"> • 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 	



Current By-Law Clause	Proposed By-Law Clause	Rationale for Proposed By-Law Clause
<ul style="list-style-type: none"> • 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 	<p>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,</p> <ul style="list-style-type: none"> • 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, 	



Current By-Law Clause	Proposed By-Law Clause	Rationale for Proposed By-Law Clause
<p>conflict of interest is not removed before taking the office,</p> <ul style="list-style-type: none"> • 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. <p>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.</p>	<ul style="list-style-type: none"> • 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 	



Current By-Law Clause	Proposed By-Law Clause	Rationale for Proposed By-Law Clause
	<ul style="list-style-type: none"> The Registrant is not ineligible as a result of Cooling-off Period in the Cooling-Off Period Section of this By-Law. <p>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.</p>	
<p>4.4.5.3.C BOARD ELECTION VOTING PACKAGE</p> <p>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.</p> <p>The CMLTO Board Election – Voting Package shall include:</p> <ul style="list-style-type: none"> A ballot listing of all eligible candidates in the electoral district, Election biography, personal statement 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 	<p>4.4.5.3.C BOARD ELECTION VOTING PACKAGE</p> <p>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.</p> <p>The CMLTO Board Election – Voting Package shall include:</p> <ul style="list-style-type: none"> A ballot listing of all eligible candidates in the electoral district, Election biography, personal statement of each candidate, <i>and CMLTO Board Competencies and Leadership Characteristics Self-Assessment summary of each candidate</i>, in the form and manner and by the date determined by the Registrar and CEO, 	<p>Alignment with the proposed addition to By-Law Clause 4.4.5.1 ELIGIBILITY TO STAND FOR ELECTION</p>



Current By-Law Clause	Proposed By-Law Clause	Rationale for Proposed By-Law Clause
<p>online voting system,</p> <ul style="list-style-type: none"> • Closing date and time of the election period, and • A voting guide with instructions. <p>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.</p>	<ul style="list-style-type: none"> • 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. <p>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.</p>	
<p>4.3 BOARD MEMBERS</p> <p>4.3.4 COOLING-OFF PERIOD</p> <p>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.</p>	<p>4.3 BOARD MEMBERS</p> <p>4.3.4 COOLING-OFF PERIOD</p> <p>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.</p> <p><i>Eligibility following the cooling-off period remains subject to the criteria set out in section 4.4.5.1 of this By-Law.</i></p>	<p>Alignment with the proposed addition to By-Law Clause 4.4.5.1 ELIGIBILITY TO STAND FOR ELECTION</p>
<p>4.5 APPOINTMENT OF ACADEMIC BOARD MEMBER</p>	<p>4.5 APPOINTMENT OF ACADEMIC BOARD MEMBER</p>	<p>Alignment with the proposed addition to By-Law Clause 4.4.5.1 ELIGIBILITY TO STAND</p>



Current By-Law Clause	Proposed By-Law Clause	Rationale for Proposed By-Law Clause
<p>4.5.3 COOLING-OFF PERIOD</p> <p>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.</p>	<p>4.5.3 COOLING-OFF PERIOD</p> <p>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.</p> <p><i>Eligibility following the cooling-off period remains subject to the criteria set out in section 4.4.5.1 of this By-Law.</i></p>	<p>FOR ELECTION</p>
<p>4.5.7 APPOINTMENT PROCESS</p> <p>4.5.7.1 ELIGIBILITY FOR APPOINTMENT</p> <p>A Registrant is eligible for appointment to the Board of Directors as an Academic Board Member provided that on the date of appointment,</p> <ul style="list-style-type: none"> • 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’s primary employment is to 	<p>4.5.7 APPOINTMENT PROCESS</p> <p>4.5.7.1 ELIGIBILITY FOR APPOINTMENT</p> <p>A Registrant is eligible for appointment to the Board of Directors as an Academic Board Member provided that on the date of appointment,</p> <ul style="list-style-type: none"> • 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, • <i>The Registrant has completed the CMLTO</i> 	<p>Including this provision in the By-Laws ensures that Academic Board Member candidates are assessed against transparent, Board-approved competency and leadership standards, supporting effective governance and informed decision-making.</p> <p>Requiring candidates to complete a self-assessment and publicly confirm their alignment with these competencies promotes accountability, encourages continuous professional development, and provides registrants with meaningful, comparable information when voting.</p> <p>Overall, it strengthens confidence in the election process and helps ensure the Board collectively possesses the skills and leadership</p>



Current By-Law Clause	Proposed By-Law Clause	Rationale for Proposed By-Law Clause
<p>teach a course of study in Medical Laboratory Technology accredited by Accreditation Canada's Equal Canada Program.</p>	<p><i>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</i></p> <ul style="list-style-type: none"> • The Registrant's primary employment is to teach a course of study in Medical Laboratory Technology accredited by Accreditation Canada's Equal Canada Program. 	<p>capacity required to fulfill its regulatory mandate.</p>



AGENDA ITEM 6.0

6.0	GOVERNANCE PROCESS: BOARD POLICY REVIEW
6.1	GP IV-20 Statutory and Board Committee Principles Policy
6.2	GP IV-45.05 Board Meeting Process and Minutes Policy
6.3	GP IV 130 Board Mentor Program Policy



Briefing Report to Board of Directors

Date : January 26, 2026

From : Mary Costantino, Policy Champion
Maggie Cakar, Governance Specialist
John Tzountzouris, Registrar & CEO

Subject : Regular Review: GP IV-20 Statutory and Board Committee Principles Policy

Report Purpose:

- | | |
|--|--|
| <input checked="" 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 checked="" type="checkbox"/> Governance Process Policy
<input type="checkbox"/> Board Implementation of Policy
<input type="checkbox"/> Board-CEO Relationship Policy
<input type="checkbox"/> Governance Process Policy | <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 type="checkbox"/> Incidental Report
<input type="checkbox"/> Registrar & CEO
<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-20 Statutory and Board Committee Principles Policy outlined in Figure 1 as relevant and current.

BACKGROUND

The GP IV-20 Statutory and Board Committees Principles Policy articulates the principles the Board uses to establish and operate Statutory and Board Committees, including Standing and Ad Hoc Committees.

The policy was last reviewed on February 7, 2023, as part of a special policy review, and is now coming forward for regular policy review at the February 2025 Board meeting. Figure 1 outlines the proposed revisions to the policy.

The proposed revisions are primarily editorial and structural in nature and are intended to improve clarity and readability without altering the intent, authority, or governance framework of the policy.

Board Members are asked to review the attached policy from the following perspectives:



- 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's principles and values, the Board's role in protecting the public interest, and the overall purpose of the CMLTO?

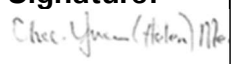
Figure 1 outlines the proposed revisions to GP IV-20 Statutory and Board Committees Principles Policy.

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-20 Statutory and Board Committees Principles Policy

Policy Title: STATUTORY AND BOARD COMMITTEE PRINCIPLES		Policy Section: IV Governance Process		Policy Number: IV-20
Approved By: Board of Directors	Date Approved: Jan 23, 1996	Date Reviewed/ Revised:		Board Chair's Signature: 
		Sept 9, 2005 May 3, 2007 Feb 9, 2010 Dec 12, 2011	Jan 24, 2014 Sept 18, 2014 Feb 7, 2017 Feb 4, 2020 Feb 7, 2023 <u>Ready for February 12, 2026</u>	

PURPOSE

The purpose of the GP IV-20 Statutory and Board Committee Principles Policy ~~this policy~~ is to articulate the guiding principles ~~that used by~~ the Board ~~uses~~ to establish and operate the Statutory and Board Committees (Standing and Ad Hoc Committees).

BACKGROUND

The ~~GP IV-20 Statutory and Board Committee Principles is~~ Policy applies to all Statutory Committees established under the Regulated Health Professions Act, 1991 (RHPA) and all Board Committees to be established by the Board.

~~Statutory Committees are required by the Regulated Health Professions Act, 1991, and Committee composition, appointment, terms of office, and eligibility are governed by their composition is set out in~~ the CMLTO By-Law.

Statutory Committees support the work of the Board and contribute to the operational achievement of the Board's Ends, under the responsibility and authority of the Registrar & CEO, as outlined in the Board-CEO Relationship Policies. Statutory Committees are accountable to the Registrar & CEO in the performance of their regulatory operational duties. ~~Statutory Committees can and may~~ also contribute to CMLTO governance through any recommendations to the Board regarding Board policy based on insights the Statutory Committee has developed through arising from their work.

The Board may also establish Board Committees (Standing and Ad Hoc Committees), ~~when required, to~~ assist the Board in carrying out its responsibilities.



POLICY

Statutory and Board Committees are intended to reinforce the 'wholeness' of the Board's job in facilitating the development of Board policies and processes, and ~~to~~ never shall not interfere with the authority delegated by the Board to the Registrar & CEO.

Accordingly, Statutory and Board Committees:

Role and Purpose:

1. Facilitate the work of the Board. Statutory Committees also conduct the independent regulatory work of the CMLTO. ~~As it relates~~ In relation to CMLTO governance work, Statutory and Board Committees will normally assist the Board by preparing policy alternatives and their implications for Board deliberations and will not normally have direct dealings with current staff operations.
2. Fulfill their purpose, mandate, and responsibilities with the protection of the public interest as the most critical decision determinant.
3. Must have a Board-approved Statutory or Board Committee Governance Process Terms of Reference ~~and Mandate~~ Policy which describes the purpose, scope and authority of the committee.

Authority and Limitations:

4. May not speak or act on behalf of the Board except when formally ~~given such authority~~ authorized for specific and time-limited purposes.
5. Cannot direct the work of the management or exercise authority over staff. The Registrar & CEO is not required to obtain the approval of a Statutory or Board Committee before taking an executive action related to the Registrar & CEO Position Description, Ends (Critical Outcomes) Policy achievement, or Executive Limitations Policy compliance.
6. Will not be used to monitor Registrar & CEO ~~/organizational performance, because~~ as the Board as a whole retains the sole responsibility and authority for such monitoring ~~Registrar & CEO/organizational performance.~~
7. Do not have the authority to commit CMLTO funds or resources, except for the Executive Committee, which has been given the specific authority by the Board to administer the Registrar & CEO Compensation Program under the direction of Board policy.

Conduct and Governance Expectations:



~~6.8.~~ Shall fulfill their obligations consistent with the Board Code of Conduct, Confidentiality and Conflict of Interest expectations outlined in the CMLTO By-Law and the GP IV-80 Code of Conduct, Confidentiality and Conflict of Interest Policy.

~~7.9.~~ Shall abide by the Board's commitment to conduct governance and regulatory work through the lens of equity, diversity, inclusion, and justice. Chairs of the Statutory and Board Committees shall abide by GP IV-22, Role of the Committee Chair Policy and lead the Committee processes based on the CMLTO's values including its dynamic commitment to equity, diversity, inclusion, and justice.

~~8.1.~~ Do not have the authority to commit CMLTO funds or resources, except for the Executive Committee, which has been given the specific authority by the Board to administer the Registrar & CEO Compensation Program under the direction of Board policy.

REFERENCES:

- CMLTO By-Law:
 - Article 6 – Code of Conduct
 - Article 7 – Conflict of Interest
 - Article 8 – Confidentiality

- GP IV-80 Code of Conduct, Confidentiality and Conflict of Interest Policy



FIGURE 2
**Board Feedback to Proposed Revisions to GP IV-20 Statutory and Board
Committees Principles Policy**

BOARD MEMBER FEEDBACK RECEIVED

4/19 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING

- Tammie Rix
- Walter Hewus
- Lucia Di Pietro
- Imaya Vithana

SUMMARY OF BOARD MEMBER FEEDBACK

Four Board Members provided feedback. Three indicated the proposed revisions were appropriate and had no additional comments.

One Board Member noted that the policy remains relevant and that the proposed revisions align with Board principles and values, supporting effective governance, transparency, and accountability.

Overall, feedback indicates general support for the proposed revisions.



Briefing Report to Board of Directors

Date	: January 29, 2026
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:

- | | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> <input checked="" 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 | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Governance Process Policy <input type="checkbox"/> Board Implementation of Policy <input type="checkbox"/> Board-CEO Relationship Policy <input type="checkbox"/> Governance Process Policy | <ul style="list-style-type: none"> <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 | <ul style="list-style-type: none"> <input type="checkbox"/> Incidental Report <input type="checkbox"/> Registrar & CEO <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 GP 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 February 13, 2026 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?


Figure 1 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 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

**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 February 2026		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 ~~apprise~~ **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 emotion 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, **unless it is to break a tie, or in the special case of passing a motion for a regulation change. 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.**

[R/CEO Note: The provision to have the Board Chair only vote on motions to break a tie is currently stated in Board Policy. Advice from external legal counsel also noted that the government asks for a record of the votes when regulations are being passed, which would require a Board Chair's vote.]

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.



FIGURE 2
Board Feedback to Proposed Revisions to
GP IV-45.05 Board Meeting Process and Minutes Policy

BOARD MEMBER FEEDBACK RECEIVED

4/19 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING

1. Tammie Rix
2. Mary Costantino
3. Lucia Di Pietro
4. Imaya Vithana

SUMMARY OF BOARD MEMBER FEEDBACK

Board Members expressed general support for the proposed revisions, noting that the updates are clear and well presented.

Positive feedback was provided on revisions related to committee provisions, meeting formality, the duties of the Chair, and updates referencing Bourinot's Rules.

Board Members also indicated that the appendices are clear and effectively communicate the intended processes.

One comment sought clarification regarding whether committees, other than the Executive Committee, should explicitly be noted as not having financial authority.



Briefing Report to Board of Directors

Date : January 29, 2026

From : Jessica McBane, Policy Champion
Maggie Cakar, Governance Specialist
John Tzountzouris, Registrar & CEO

Subject : Regular Review: GP IV-130 Board Mentor Program 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 proposed revisions to GP IV-130 Board Mentor Program Policy outlined in Figure 1 as relevant and current.

BACKGROUND

The GP IV-130 Board Mentor Program Policy sets out the goals of the Board Mentor Program, the respective responsibilities of the Board Mentor and the new Board Member (Mentee), and the structure of the program phases that support effective onboarding and Board readiness.

The policy was last reviewed on February 7, 2023, and is now coming forward for regular policy review at the February 2026 Board meeting. As part of this review, Figure 1 outlines the proposed revisions to the GP IV-130 Board Mentor Program Policy, and Figure 2 presents the policy with those proposed revisions incorporated.

Summary of Proposed Revisions

The proposed revisions are primarily editorial and structural in nature and are intended to improve clarity, governance alignment, and role delineation without altering the intent or mandatory nature of the Board Mentor Program.



The revisions also improve readability and internal coherence of the policy through structural reorganization and clearer sequencing of program phases, and the explicit articulation of the intended purpose of each program phase.

Key updates include:

- Clarification of roles and responsibilities, including a clearer distinction between Board Mentor responsibilities and those of the new Board Member in their role as *Mentee*, with consistent terminology applied throughout the policy.
- Streamlining and standardization of program phases, including clearer timing language, consistent terminology, and the inclusion of brief purpose statements (“this phase is intended to...”) to clarify the objective of each mentor session.
- Explicit confirmation that supporting tools and checklists are maintained administratively by the Executive Office and are not appended to, nor approved as part of, the policy.
- Improved governance risk management, including clearer escalation pathways where the Board Chair is acting as Mentor and added flexibility in designating back-up mentors.
- Under the revised policy, Phase 5 is limited to confirmation of completion. The Board will receive confirmation that the Board Mentor Program has been completed in accordance with policy requirements.
- Removal of Appendix 1 (CMLTO New Board Member Mentor Program Report to Full Board, including checklist) from the policy framework, and renaming of the associated administrative form to “CMLTO New Board Member Mentor Program Confirmation of Completion,” reflecting its internal, non-evaluative purpose.

To support clarity and consistent application of the policy, the following terminology clarification is provided.

Clarification of Terminology (New Board Member vs. Mentee)

As part of this review, the policy uses “Mentee” in contexts specific to the mentoring relationship, while retaining “new Board Member” where Board role, status, and Board-level accountability apply.



Rationale for Removal of Appendix 1

The Appendix 1 report and checklist were removed from the policy because they extend beyond the level of information required for Board-level assurance and introduce unnecessary governance risk.

Specifically, the former appendix:

- Functioned as an evaluative tool rather than a confirmation mechanism, requiring new Board Members to assess the quality of orientation materials, rate program effectiveness, and provide improvement feedback.
- Introduced ambiguity regarding Board responsibility, including whether negative feedback would require Board action, form part of Board self-evaluation, or indirectly assess mentor performance.
- Conflicted with the stated policy intent of Phase 5, which is to provide assurance of program completion rather than operational evaluation.

The revised approach clarifies the distinction between Board-level assurance and operational program evaluation.

Board-Level Assurance Approach:

Under the revised policy, **Phase 5 is limited to confirmation of completion**. The Board will receive confirmation that:

- The Board Mentor Program has been completed,
- The required phases have occurred, and
- The new Board Member has completed the formal onboarding process.

Operational feedback, program improvement input, and detailed checklists remain the responsibility of the **Executive Office** and are managed outside the policy framework as part of continuous improvement processes.

Board Review Considerations:

Board Members are asked to review the attached policy from the following perspectives:

- Does the policy remain relevant and fit for purpose?
- Are the roles, responsibilities, and program phases clear?
- Do the revisions appropriately support the Board's principles and values?
- Is the revised approach to Phase 5 (confirmation rather than reporting) appropriate for Board-level assurance and the Board's role in protecting the public interest?



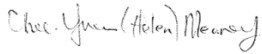
Figure 1 outlines the proposed revisions to GP IV-130 Board Mentor Program Policy.

Figure 2 presents the policy with the proposed revisions incorporated.

Figure 3 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 3 and will be discussed at the Board meeting.



FIGURE 1
Proposed Revisions to GP IV-130 Board Mentor Policy

Policy Title: BOARD MENTOR PROGRAM		Policy Section: IV Governance Policy		Policy Number: IV-130
Approved By: Board of Directors	Date Approved: Apr 25, 1997	Date Reviewed/ Revised: Sept 16, 2008 May 16, 2016 Feb 9, 2010 Nov 27, 2017 Feb 8, 2013 Feb 4, 2020 Feb 5, 2016 Feb 7, 2023 <u>Ready for Feb 12, 2026</u>		Board Chair's Signature: 

BACKGROUND

The [CMLTO](#) Board is ~~comprised~~[composed](#) of elected and appointed members who collectively have the ultimate authority and accountability for the achievement of the overall outcomes of the CMLTO. ~~Therefore~~[Accordingly](#), the Board is accountable for ensuring [that](#) its members can provide effective, equitable, and efficient governance.

The “Board Mentor Program” is a critical component of the CMLTO New Board Member Orientation and Training Program. Information and experience are shared by qualified Board Members who have significant tenure on the CMLTO Board to support new Board Members with their new role and responsibilities.

PURPOSE

The purpose of this policy is to ~~articulate the purpose and~~[set out the](#) goals [and structure](#) of the [Board Mentor Program; its processes and phases of the program, and the respective responsibilities of the Board Mentor and the new Board Member, in their role as Mentee, in support of the; and the responsibilities related to the Board Mentor and Mentee, in order to build clarity on the expectations for the program and to contribute to](#) new Board Members’ success.

[For the purposes of this policy, “Mentee” refers to a new Board Member participating in the Board Mentor Program.](#)

POLICY

All new [Professional and Public](#) Board Members are required to actively participate in and complete the CMLTO Board Mentor Program outlined below.

The goals of the Board Mentor Program are to:



1. Transfer specific knowledge and insights gained from existing Board Member experience to new Board Members.
2. Provide designated support for new Board Members as they learn the Board approach/philosophy, structure, dynamic/culture, and processes.
3. Provide a designated “~~go-go-to~~” experienced Board Member for each new Board ~~member~~ Member to provide answers to specific questions and provide insights as they learn the Board processes.
4. Expedite the experiential learning of new Board Members.
5. Reinforce the learning from the formal Full and New Board Member Orientation and Continuing Education sessions.

New Board Member ~~/(Mentee)~~ Responsibilities

All new CMLTO Board Members are assigned a Board Mentor and are required to fully engage in and complete the Board Mentor Program, ~~including completion of the required number of mentor sessions.~~

Throughout the program phases, it is the new Board Member’s responsibility the Mentee is responsible for scheduling to schedule the Mentor Sessions with the Mentor, except for other than the initial contact and introduction made by the Mentor.

The Mentee is also responsible for preparing a brief confirmation that the Board Mentor Program has been completed, as outlined in Phase 5 below. ~~New Board Members are also required to provide a report on successful completion of the program to the full Board in Phase 5, as outlined below.~~

Board Mentor Responsibilities

The CMLTO Board Chair and Registrar & CEO shall collaboratively select an experienced, qualified Board Member to provide mentoring to each ~~new Board Member~~ Mentee.

The Mentor will:

- Share a perspective on how the Board works, e.g., its governance philosophy/ approach structure, its dynamic/culture (norms), and its processes.
- Support the ~~new Board Member~~ Mentee’s learning journey throughout the ~~components~~ phases of the Board Mentor Program.
- Be willing and able to devote the time and energy required for the mentoring relationship.
- ~~Participate in the required number of mentor sessions.~~

Should either the Board Mentor or the new Board Member determine that the mentoring relationship is not working, they may contact the CMLTO Board Chair and/or the Registrar & CEO, other than where the Board Chair is the Mentor, in which case the Registrar & CEO shall be the point of contact. The Board Vice Chairs, or



another experienced Board Member as designated by the Board Chair or Registrar & CEO, will serve as back-up mentors as needed, in the case of an absent event where a mentor is unavailable or where if a mentoring relationship needs to be replaced. Throughout the program phases, it is the new Board Member's responsibility to schedule the Mentor Sessions with the Mentor, other than the initial contact and introduction made by the Mentor. The new Board Member is also responsible for generating a report to the full Board at the end of this formal orientation program in Phase 5, as outlined below.

Board Mentor Sessions may be conducted in a format agreed upon by the Mentor and the Mentee. The method for conducting each Board Mentor Session outlined below is up to the Mentor and the new Board Member (e.g., in person or virtual). Member to determine (phone, in person, etc.). Some sessions will may be more suited to in-person discussions, if where feasible.

Program Phases

The Board Mentor Program consists of the following official phases, each of which must be completed: There are official phases to the Board Mentor Program as outlined below. Each of these phases must be completed.

Phase Phase 1 – Initial Connection and First Mentor Session Part 1 – First Connection Prior to the New Board Member's First Board Meetings

1.1 Initial Connection

(Timeline: Within first two weeks of announcement of mentorship)

Upon announcement of the mentorship by the CMLTO Executive Office, the Mentor will first contact the new Board Member Mentee to introduce themselves and to schedule the first mentorship session (see Phase 1 – Part 2).

This first initial contact will ensure the new Board member Mentee feels welcome and has a connection with their Mentor. A discussion will be scheduled by the Mentor to meet with the new Board Member prior to their first Board meeting and after the Board package has been posted online.

Phase 1 – Part 2 First Mentor Session Prior to the New Board Member's First Board Meetings 1.2 – First Mentor Session

(Timeline: After the Board meeting material is posted on the CMLTO Board Portal and prior to the new Board Member's initial Board meetings.)

The Mentor will schedule a meeting with the Mentee after the Board meeting material has been posted on the CMLTO Board Portal and prior to the new Board Member's first Board meeting. A discussion will be scheduled by the Mentor to meet with the



new Board Member prior to their first Board meeting and after the Board package has been posted online.

This first ~~Mentor-mentor Session-session~~ is designed to prepare the new Board Member ~~for to engaging-engage~~ in their first set of Board meetings. ~~It should take place somewhere between the time the Board package is posted online and the first day of the new Board member's initial Board meetings. See Appendix 1 for the topics to be covered in the Mentor Session.~~

Phase 2 – Second Mentor Session Following New Board Member's Initial Board Meetings

(Timeline: Following the new Board Member's initial Board meetings)

The ~~new Board Member-Mentee~~ will meet with their Mentor for a brief period immediately following ~~the new Board Member's their~~ first ~~initial~~ Board meetings (usually ~~conducted~~ at the end of ~~day-Day~~ 2 ~~of the new member's initial Board meetings~~). ~~Topics to be covered are outlined in Appendix 1.~~ This second mentor session is intended to support reflection on that initial Board meeting experience and to address any questions arising from those meetings.

Phase 3 – Third Mentor Session Between New Board Member's First and Second Set of Board Meetings

(Timeline: Between the new Board Member's first and second set of Board meetings)

The third mentor session will take place between the new Board Member's first and second set of Board meetings, after the Board ~~package-meeting material~~ is posted ~~online~~ on the CMLTO Board Portal. ~~The new Board Member is responsible for scheduling this meeting with the Mentor. The topics to be covered are outlined in Appendix 1.~~ This third mentor session is intended to support the Mentee's continued learning between Board meetings and to provide context on upcoming agenda items and governance considerations.

Phase 4 – Fourth Mentor Session Just Prior to the New Board Member's Second Set of Board Meetings

(Timeline: Prior to the new Board Member's second set of Board meetings)

The Mentor and new Board Member will meet for approximately a half-hour prior to the new Board Member's second set of Board meetings. This fourth mentor session is intended to support final preparation for the Mentee's second set of Board meetings and to address any outstanding questions arising from the Board meeting materials.

Phase 5 – Confirmation of Program Completion REPORT TO FULL BOARD by New Board Member



(Timeline: At least two weeks prior to new Board Member's Third Set of Board Meetings)

Prior to the new Board Member's third set of Board meetings, confirmation that the Board Mentor Program has been completed will be provided to the Board. This confirmation is intended to provide assurance that the required phases of the program have been completed.

~~Prior to the new Board Member's third set of Board meetings, they will prepare a brief report to the full Board using the standard template as outlined in Appendix 1. This will give the Board assurance that the Board Mentor Program has been thoroughly and successfully completed.~~

~~The New Board Member Orientation Checklist is available to assist the new Board Member and the Mentor with completing the phases and content of the Board Mentor Program. The CMLTO New Board Member's Report to the Full Board re Board Mentor Program (including the checklist) should be completed by the new Board Member. This Report is due to be submitted following the new Board Member's second set of Board meetings. It will be included on the Consent Agenda of the Board meeting package for the new Board Member's third set of Board meetings.~~

Ongoing Support and Resources

~~The new Board Member is welcome to contact their Mentor informally over the remainder of the first year of their term if any specific questions arise. Other resources for Board Members include:~~ In addition to the formal Board Mentor Program, new Board Members are encouraged to utilize all of the resources available to all Board Members as part of their ongoing orientation and continuing education, including: [Moved from the checklist]

Key Reference Materials:

- CMLTO Website
- CMLTO Board Member Orientation Manual
- CMLTO Board Policy Manual
- Full and New Board Member Orientation and Continuing Education sessions.

Key Contacts:

~~==Mentor (The new Board MemberMentee is welcome to contact their Mentor informally over the remainder of the first year of their term if any specific questions arise.~~

- Board Chair
- Registrar & CEO
- ~~Executive Assistant~~ Governance Specialist
- Board Governance Consultant
- ~~Board Orientation Manual~~



Note: Administrative tools and checklists supporting the Board Mentor Program are maintained by the Executive Office and are not appended to this policy.

APPENDICES:

~~Appendix 1 – CMLTO New Board Member Mentor Program Report to Full Board (This is the Report Form and Checklist used by new Board Members to report on the completion of their official Mentor Program.)~~



APPENDIX 1
~~CMLTO New Board Member Mentor Program Report to Full Board~~
~~-(including checklist)~~

~~Name of New Board Member:~~ _____ **~~Name of Mentor:~~** _____

~~Date Report Completed and Submitted to CMLTO:~~ _____

~~COMPLETION OF THE PROGRAM~~

1. The Board Mentor Program Policy (GP # IV-130) phases and activities have been completed and the details are outlined in the completed checklist.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Explanation
---	--

~~New Board Member Notes/Comments:~~

2. Welcome Letter The welcome letter provided enough initial information about the College and next steps for your initiation. If not, please provide suggested information to be included.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

~~New Board Member Notes/Comments:~~

3. Board Member Orientation Manual Did the Manual provide enough information about the College, the MLT profession, the Board and the College's/Board's processes? If not, please list what might be included.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was there unnecessary information included in the Manual? If so, please provide examples.	<input type="checkbox"/> Yes <input type="checkbox"/> No



~~Was the information presented logically? If not, please suggest improvements to the order of presentation.~~

- ~~Yes~~
- ~~No~~

~~New Board Member Notes/Comments:~~

~~Did the Board Mentor Program significantly contribute to your learning and the ease with which you have been able to successfully become an active member of the CMLTO Board?~~

- ~~Strongly Agree~~
- ~~Agree~~
- ~~Not Sure~~
- ~~Disagree~~
- ~~Strongly Disagree~~

~~New Board Member Notes/Comments:~~

~~Please share any suggestions to enhance the Board Mentor Program:~~

~~New Board Member Mentor Program Checklist Attached: Yes~~



~~**BOARD MENTOR PROGRAM CHECKLIST**~~

~~In addition to the formal Board Mentor Program, new Board Members are encouraged to utilize all of the resources available to all Board Members as part of their ongoing orientation and continuing education, including: the CMLTO website, Board Policy Manual, Full Board Orientation Sessions, and the Board Member Orientation Manual.~~

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<p>Phase 1 – Part 1 – First Connection Timeline: Within First Two Weeks of Announcement of Mentorship</p> <ul style="list-style-type: none"> • Initial welcome and introduction made by Mentor • Plan for the first mentor session (i.e., Phase 1 – Part 2) 		
<ul style="list-style-type: none"> • Introduction of both parties <ul style="list-style-type: none"> ○ Brief backgrounds of each party (professional, governance history and experience, and connection to CMLTO if any). 		
<ul style="list-style-type: none"> • Further contact information and how best to contact each other to address any questions which may arise. 		
<ul style="list-style-type: none"> • Confirm that the new Board Member has been assigned and has successfully connected with their assigned CMLTO email address, which is only for use in CMLTO business. 		
Date Completed:		
<p>Phase 1 – Part 2 – First Mentor Session Timeline: Prior to New Board Member's First Board Meeting</p> <ul style="list-style-type: none"> • General overview of what to expect at the new Board Member's first Board meeting • Answer any top-of-mind questions by the new Board Member. • How to find the CMLTO offices and Board Room or to connect to virtual Board meetings through the Board Member's designated CMLTO email. 		



Program Activities to Be Completed	Completed At Session "-✓"	Requests More Orientation on Topic
<ul style="list-style-type: none"> ○ The Board Member sign in process upon arrival at office for in person meetings 		
<ul style="list-style-type: none"> ● The general flow of Board meetings. 		
<ul style="list-style-type: none"> ● Where to find the Board pre-reading package online. 		
<ul style="list-style-type: none"> ● Using the CMLTO Board portal online. 		
<ul style="list-style-type: none"> ● How to read/follow the Board meeting agenda. 		
<ul style="list-style-type: none"> ● How to link the Board meeting agenda to the Annual Integrated Board Strategic Agenda/Work Plan (where to find these documents in the Board materials) 		
<ul style="list-style-type: none"> ● How to navigate the Board meeting material package for the upcoming Board meeting. 		
<ul style="list-style-type: none"> ● Overview of how motions are made and passed at CMLTO Board meetings 		
<ul style="list-style-type: none"> ● Difference between closed and open meetings and rationale 		
<ul style="list-style-type: none"> ● The phases of the New Board Member Mentor Program 		
<ul style="list-style-type: none"> ● Topics for the New Board Member to become familiar with and discuss with the Mentor as needed: <ul style="list-style-type: none"> ○ Governing legislation: <i>Regulated Health Professions Act, 1991</i>, including Objects of the College, <i>Fair Access to Regulated Professions and Compulsory Trades Act, etc.</i> ○ The CMLTO Board Purpose, Mandate, and Responsibilities regarding the Protection of the Public Interest as the most critical decision determinant in Board decision-making. ○ CMLTO Regulations and By-Law. ○ The CMLTO Strategic Framework. ○ The CMLTO Board Policies on Ends (Critical Outcomes) and Executive Limitations. ○ The CMLTO Board Policies on Governance Process and Board-CEO Relationship. ○ Board's policy statement re commitment to equity, diversity, inclusion, and justice. 		



Program Activities to Be Completed	Completed At Session "-✓"	Requests More Orientation on-Topic
<ul style="list-style-type: none"> ○ Ministry of Health's College Performance Measurement Framework (CPMF). ○ The CMLTO Public Assessment Framework. ○ The CMLTO Board Comprehensive Linkage Plan. ○ The CMLTO Governance Structure. ○ Key CMLTO Stakeholders i.e., government, provincial & national professional associations, Canadian Alliance of Medical Laboratory Professionals Regulators, Health Profession Regulators of Ontario. ○ Key acronyms (Orientation Manual) 		
<p>Date Completed:</p>		
<p>New Board Member Observations/Comment:</p>		
<p>Phase 2 – Second Mentor Session Timeline: Immediately Following New Board Member's Initial Board Meetings</p> <ul style="list-style-type: none"> ● Answers to any outstanding questions which arose for the new Board Member from their first Board meetings. 		
<ul style="list-style-type: none"> ● Review of the Board Member Job Description (Policy No. GP IV 70) and Board Member's Code of Conduct (Policy No. GP IV 80). 		
<ul style="list-style-type: none"> ● Review of the types and structure of the CMLTO Board Policies and the Board Policy Manual Table of Contents. 		
<ul style="list-style-type: none"> ● Description, by Mentor, of the most helpful documents and/or experiences in learning the job of being a CMLTO Board Member. 		
<p>Date Completed:</p>		
<p>New Board Member Observations/Comments:</p>		



Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<p>Phase 3 – Third Mentor Session Timeline: – Between New Board Member’s First and Second Set of Board Meetings</p> <ul style="list-style-type: none"> • Any further questions/topics arising from the first Board meeting for which the new Board Member requires more input or context. 		
<ul style="list-style-type: none"> • Review of the upcoming topics on the Board’s Integrated Strategic Agenda/Work Plan. <ul style="list-style-type: none"> ○ Review the topics coming up at the next Board meeting. • A summary by the Mentor of the key strategic and governance issues on the Board’s upcoming Integrated Board Strategic Agenda/Work Plan. 		
<ul style="list-style-type: none"> • Any other outstanding questions by the new Board Member. 		
<p>Date Completed:</p>		
<p>New Board Member Observations/Comments:</p>		
<p>Phase 4 – Fourth Mentor Session Timeline: – Just Prior to the New Board Member’s Second Set of Board Meetings</p> <ul style="list-style-type: none"> • Any topics, from the Board Meeting pre-reading package, for which the new member has questions or requires further background or context. 		
<ul style="list-style-type: none"> • Types of governance questions a Board Member may choose to ask throughout the different components of the Board meeting, including appreciative inquiry evaluation questions for CEO Monitoring Reports. 		
<ul style="list-style-type: none"> • Overview of Board and Board Members’ role in assessing the Registrar & CEO’s annual Ends Interpretation and monitoring Registrar & CEO performance (the process and relevant questions to ask). 		



<p>○ Review and discuss the layout/structure of one of the Registrar & CEO Monitoring Reports in the Board Meeting Package.</p>		
<p>Date Completed:</p>		
<p>New Board Member Observations/Comments:</p>		
<p>Phase 5 — Report to Full Board by New Board Member Timeline: At Least Two Weeks Prior to New Board Member’s Third Set of Board Meetings</p> <ul style="list-style-type: none"> ● Report to Full Board (using the standard template) completed by the new Board Member <ul style="list-style-type: none"> ○ Signed off by new Board Member and Mentor and forwarded to CMLTO. 		
<p>Date Completed:</p>		
<p>Any Final Comments/Observations by New Members:</p>		

Mentor’s Signature

New Board Member’s Signature

Date Completed

Date Completed



FIGURE 2
GP IV-130 Board Mentor Program Policy (Proposed Revisions Incorporated)

Policy Title: BOARD MENTOR PROGRAM		Policy Section: IV Governance Policy		Policy Number: IV-130
Approved By: Board of Directors	Date Approved: Apr 25, 1997	Date Reviewed/ Revised: Sept 16, 2008 May 16, 2016 Feb 9, 2010 Nov 27, 2017 Feb 8, 2013 Feb 4, 2020 Feb 5, 2016 Feb 7, 2023 Feb 12, 2026		Board Chair's Signature:

BACKGROUND

The CMLTO Board is composed of elected and appointed members who collectively have the ultimate authority and accountability for the achievement of the overall outcomes of the CMLTO. Accordingly, the Board is accountable for ensuring that its members can provide effective, equitable, and efficient governance.

The “Board Mentor Program” is a critical component of the CMLTO New Board Member Orientation and Training Program. Information and experience are shared by qualified Board Members who have significant tenure on the CMLTO Board to support new Board Members with their new role and responsibilities.

PURPOSE

The purpose of this policy is to set out the goals and structure of the Board Mentor Program, and the respective responsibilities of the Board Mentor and the new Board Member, in their role as Mentee, in support of the new Board Members’ success.

For the purposes of this policy, “Mentee” refers to a new Board Member participating in the Board Mentor Program.

POLICY

All new Professional and Public Board Members are required to actively participate in and complete the CMLTO Board Mentor Program outlined below.

The goals of the Board Mentor Program are to:

1. Transfer specific knowledge and insights gained from existing Board Member experience to new Board Members.
2. Provide designated support for new Board Members as they learn the Board approach/philosophy, structure, dynamic/culture, and processes.



3. Provide a designated “go-to” experienced Board Member for each new Board Member to provide answers to specific questions and provide insights as they learn the Board processes.
4. Expedite the experiential learning of new Board Members.
5. Reinforce the learning from the formal Full and New Board Member Orientation and Continuing Education sessions.

New Board Member (Mentee) Responsibilities

All new CMLTO Board Members are assigned a Board Mentor and are required to fully engage in and complete the Board Mentor Program.

Throughout the program phases, the Mentee is responsible for scheduling the Mentor Sessions with the Mentor, except for the initial contact and introduction made by the Mentor.

The Mentee is also responsible for preparing a brief confirmation that the Board Mentor Program has been completed, as outlined in Phase 5 below.

Board Mentor Responsibilities

The CMLTO Board Chair and Registrar & CEO shall collaboratively select an experienced, qualified Board Member to provide mentoring to each Mentee.

The Mentor will:

- Share a perspective on how the Board works, e.g., its governance philosophy/ approach structure, its dynamic/culture (norms), and its processes.
- Support the Mentee’s learning journey throughout the phases of the Board Mentor Program.
- Be willing and able to devote the time and energy required for the mentoring relationship.

Should either the Board Mentor or the new Board Member determine that the mentoring relationship is not working, they may contact the CMLTO Board Chair and/or the Registrar & CEO, other than where the Board Chair is the Mentor, in which case the Registrar & CEO shall be the point of contact.

The Board Vice Chairs, or another experienced Board Member as designated by the Board Chair or Registrar & CEO, will serve as back-up mentors as needed, in the event where a mentor is unavailable or where a mentoring relationship needs to be replaced.



Board Mentor Sessions may be conducted in a format agreed upon by the Mentor and the Mentee (e.g., in person or virtual). Some sessions may be more suited to in-person discussions, where feasible.

Program Phases

The Board Mentor Program consists of the following official phases, each of which must be completed:

Phase 1 – Initial Connection and First Mentor Session

1.1 Initial Connection

(Timeline: Within first two weeks of announcement of mentorship)

Upon announcement of the mentorship by the CMLTO Executive Office, the Mentor will contact the Mentee to introduce themselves and to schedule the first mentor session

This initial contact will ensure the Mentee feels welcome and has a connection with their Mentor.

1.2 – First Mentor Session

(Timeline: After the Board meeting material is posted on the CMLTO Board Portal and prior to the new Board Member's initial Board meetings.)

The Mentor will schedule a meeting with the Mentee after the Board meeting material has been posted on the CMLTO Board Portal and prior to the new Board Member's first Board meeting. This first mentor session is designed to prepare the new Board Member to engage in their first set of Board meetings.

Phase 2 – Second Mentor Session

(Timeline: Following the new Board Member's initial Board meetings)

The Mentee will meet with their Mentor for a brief period immediately following their initial Board meetings (usually at the end of Day 2). This second mentor session is intended to support reflection on that initial Board meeting experience and to address any questions arising from those meetings.

Phase 3 – Third Mentor Session

(Timeline: Between the new Board Member's first and second set of Board meetings)

The third mentor session will take place between the new Board Member's first and second set of Board meetings, after the Board meeting material is posted on the CMLTO Board Portal. This third mentor session is intended to support the Mentee's



continued learning between Board meetings and to provide context on upcoming agenda items and governance considerations.

Phase 4 – Fourth Mentor Session

(Timeline: Prior to the new Board Member's second set of Board meetings)

The Mentor and Mentee will meet for approximately a half-hour prior to the new Board Member's second set of Board meetings. This fourth mentor session is intended to support final preparation for the new Board Member's second set of Board meetings and to address any outstanding questions arising from the Board meeting materials.

Phase 5 – Confirmation of Program Completion

(Timeline: At least two weeks prior to new Board Member's Third Set of Board Meetings)

Prior to the new Board Member's third set of Board meetings, confirmation that the Board Mentor Program has been completed will be provided to the Board. This confirmation is intended to provide assurance that the required phases of the program have been completed.

Ongoing Support and Resources

In addition to the formal Board Mentor Program, new Board Members are encouraged to utilize all of the resources available to all Board Members as part of their ongoing orientation and continuing education, including:

Key Reference Materials:

- CMLTO Website
- CMLTO Board Member Orientation Manual
- CMLTO Board Policy Manual
- Full and New Board Member Orientation and Continuing Education sessions.

Key Contacts:

- Mentor (The Mentee is welcome to contact their Mentor informally over the remainder of the first year of their term if any specific questions arise. Board Chair
- Registrar & CEO
- Governance Specialist
- Board Governance Consultant

Note: Administrative tools and checklists supporting the Board Mentor Program are maintained by the Executive Office and are not appended to this policy.



FIGURE 3

Board Feedback to Proposed Revisions to GP IV-130 Board Mentor Program Policy

BOARD MEMBER FEEDBACK RECEIVED

2/19 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING

- Lucia Di Pietro
- Imaya Vithana

SUMMARY OF BOARD MEMBER FEEDBACK

One Board Member indicated no comments on the proposed revisions. Another confirmed that the policy remains relevant and that the proposed revisions align with Board principles and values, supporting effective onboarding, development, integration of new Board members, and effective governance.



AGENDA ITEM 7.0

7.0	EXECUTIVE LIMITATIONS: BOARD POLICY REVIEW
7.1	EL II-09 Investment Policy
7.2	EL II-10 Financial Health Policy– Special Review of EL II-10 & EL II-11



Briefing Report to Board of Directors

Date : January 29, 2026

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 February 13, 2026 Board meeting.

EL II-09 Investment 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 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 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
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: Nov 29, 2012 Nov 27, 2014 Nov 28, 2016 Dec 3, 2018 Dec 1, 2020 Dec 2, 2022 Ready for February 13, 2026		Board Chair's Signature: 

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.



FIGURE 2
Board Feedback to Proposed Revisions to EL II-09 Investment Policy

BOARD MEMBER FEEDBACK RECEIVED

7/19 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING

1. Tammie Rix
2. Lucia Di Pietro
3. Lavern Bourne
4. Andrew Chan
5. Walter Hewus
6. Imaya Vithana
7. Victor Lan

BOARD MEMBER FEEDBACK

Tammie Rix:

I have a few thoughts and questions around adding limitations around liquidity and diversity.

Liquidity

Does the risk registry indicate any risks that would require cash quickly? If it does then what would the required amount be? If I recall correctly the current GIC laddering strategy has funds coming due every six months. Approximately how much comes due every six months? Does it cover the potential risk? If so then worst case scenario you get a line of credit and bridge for the few months? By keeping cash you are missing out on interest. Does this matter to the Board? If anything I would not give a percentage and simply state that the CEO should maintain liquidity to address risks as identified by the risk registry. Technically speaking the policy state (1.0) that the CEO must work with a Financial Professional and liquidity needs would be discussed as part of any good professional financial plan. You may want to say that the CEO must work with an Investment Professional from on of the five major banks. Without this EL the CEO could technically invest with anyone running a financial planning business out of their basement or strip mall. Lastly, there is no harm in defining liquidity but I am not sure it is necessary.

Diversity



When the policy states “guaranteed” your investment choices are quite limited. I am a firm believer in diversity but how does the board define diversity within the objective of only using guaranteed instruments? Geographical, industry? Would the board be open to corporate or foreign bonds? If not then choices are very limited. What risks are you mitigating by insisting on a certain diversity strategy? Does that risk outweigh the risk of expanding the investment risk tolerance?

Sidebar question, that I have not ever asked because it feels operational and in this interest rate environment not exactly a game changer, have you ever considered federal or provincial bonds? They are guaranteed if held to maturity and backed by the federal and provincial government. No need for CDIC limit concerns. They may pay slightly less than a GIC typically, but far more than a savings account if you are truly concerned about liquidity. They can be sold on the open market, settled within one day, if cash is required quickly. Adding some would diversify the portfolio and increase liquidity options. Finally, I think your current GIC laddering is spread over a 3 year period. Have you discussed laddering over 5 years with your advisor? It would typically yield a higher rate of return, has better income stability and reduces timing risk. Again, I don't want to stick my fingers in but since we are on this topic I thought I would stick my nose in.

R/CEO Notes: As discussed at a previous Board meeting, we do hold government bonds, which do meet the current policy criteria. We are currently laddering over 4 years, but most of the investments are laddered over three years. So in any given year, one third of the full amount of investments (approximately \$1M or 40% of our operating budget) could be made into cash, if required.

Investment Objectives and Risk Tolerances

1. should be - Preservation and protection of principal through guaranteed instruments. The word “investment” does not make sense here.

3. should be - Reasonable growth through guaranteed instruments. The term “value” does not make sense here.

i'm getting technical here but if we are reviewing the policy it might as well be totally accurate.

Lastly, in 1.0 and 4.0 - the financial professional is referred to as a Fund Manager. A Fund Manager is someone who manages a Mutual Fund or high net worth client stock funds called Managed Funds. Since the policy prohibits investing in Mutual Funds or stocks I believe the board means a Financial Professional or an Investment Advisor. What is your advisor at Scotia McLeod's title?



R/CEO Notes: The folks at Scotia McLeod are referred to as “Wealth Advisors”

Lucia Di Pietro

- I agree that the addition of the definition of liquidity would be beneficial
- As to: Consultant suggestion for addition: “Holding at least __% of the investments in assets that are easily converted to usable funds (cash).”
 - Re-2.3: This addition may go a long way in satisfying any of the Board's concerns about this risk, providing the percentage decided upon is also vetted by CMLTO financial consultants
 - Re-2.4: As above, with guidance of CMLTO financial consultants.

Lavern Bourne

I have reviewed this policy and found it to be clear. I have no suggestion for edits.

Andrew Chan:

Thanks Maggie. With some of the discussion items noted in Section 2.3 and 2.4, it would be interesting to see how our investment advisor would interpret those proposed policy wordings, as the advisor to a certain extent would need to interpret them in order to provide investment suggestions that meet our policies.

Another thought would be to have two investment advisors, if possible, from different institutions in order to have different views of investing in accordance to our policies. The intent would be to help with the diversification of our investments as suggested in the policy notes/discussions.

R/CEO Notes: We could consider this, however, I’m not clear what risk this would mitigate. My understanding from the current Wealth Advisors is that the same instruments are available to other institutions.

Walter Hewus:

Reviewed the agenda item 7.1 on investments and appreciate the addition comments on benchmarking, risk and diversity. Also the need to define liquidity as it pertains to the CMLTO.

When we last discussed investment vehicles we talked about “zero risk” with the investments and limiting them to interest bearing vehicles with a set time period based on the CMLTO’s needs and potential timing for use of those funds. In addition, the funds were further broken up in investment “buckets” of \$100K (if I remember) to further limit risk since they would be covered by CDIC deposit guarantees. The investment time frames enabled us to maintain an excellent level of liquidity in case things changed.



Perhaps we need to also look at equally safe and liquid (based on agreed time frames)ie government bonds, blue chip corporate bonds, municipal bonds etc. All of which would be measured against liquidity and time. Also does the Ontario Government demand certain investment parameters? Yes there are other “minimal risk investments” that would provide higher returnsbut they do not come with a 100% guarantee. In addition, they would likely fall outside our mandate since we are not a pension fund looking for a mix of returns and equity participation.

R/CEO Notes: Yes, we do currently hold government bonds, as reported to the Board in the past.

I also appreciate Andrew’s comments of an independent review and having our current investment manager to weigh in on our investment strategy and the competitiveness of Scotia’s current offerings to the college.

R/CEO Notes: At least annually, I meet with the entire Wealth Advisor team and discuss the investment strategy and if there are any changes to the Board’s EL policy on this topic, we meet to discuss.

The Canadian Bank rates for term deposits should be the same for most short term deposits (90days-3yrs) so I suspect minimal variation between them, however, we may have a slight chance of some leveraging for specific deposits due to the total value of our deposits. Worth pursuing to ensure Scotia Bank is in line with the top 6 Canadian banks.

R/CEO Notes: When an investment matures, I meet with the Wealth Advisor and discuss options. We look at short, medium and long term rates of returns, options for other investments and of course, how the options align with the Board’s EL parameters. I do feel that we take a very comprehensive approach.

I look forward to discussing the policy at the upcoming February board session where a consensus can be established based on our mandate.

Imaya Vithana:

The proposed revisions appear aligned with the Board’s principles and values. A bit more clarification on liquidity expectations and the definition of appropriate diversification would benefit from clearer, more specific guidance.

Victor Lan:

2.3 ... “Holding at least % of the investments in assets that are easily converted to usable funds (cash). Suggestion for [%] : “\$1M cash or cashable



investment" (Victor note: per 2024 Statement of Financial Position, there is a \$3M cash, it seems too much cash in the account without earning interests)

R/CEO Notes: There is over \$3M in investments, and approximately \$2.6M in cash which is where we usually start the calendar year, after annual registration renewal is complete, which is when we accrue the vast majority of our revenue. I have to keep an eye on how much cash we have in the bank throughout the year to ensure that I can fund the operations. That amount is actually earning interest, albeit less than if it was invested. I break this amount early in the year into two interest bearing accounts, and transfer what I need on a monthly and weekly basis to an operating account to cover accounts payable.

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



Briefing Report to Board of Directors

Date	: January 29, 2026
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 Planning and Budget Cycle Policy and EL II-11 Financial Condition Policy (proposed to be consolidated into EL II-10 Financial Health Policy)

Report Purpose:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Board Policy Development, Review, and Approval <input type="checkbox"/> Ends Policy <input checked="" type="checkbox"/> Executive Limitations Policy <input type="checkbox"/> Board-CEO Relationship Policy <input type="checkbox"/> Governance Process Policy <input type="checkbox"/> Board Implementation of Policy <input type="checkbox"/> Board-CEO Relationship Policy <input type="checkbox"/> Governance Process Policy | <ul style="list-style-type: none"> <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 type="checkbox"/> Incidental Report <input type="checkbox"/> Registrar & CEO <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 outlines the proposed new policy EL II-10 Financial Health Policy which consolidates financial policy parameters into one overarching Executive Limitations Policy.

Figure 2 shows the current EL II-10 Financial Planning and Budget Cycle Policy for the Board’s reference.

Figure 3 shows the current EL II-11 Financial Condition Policy for the Board’s reference.

Figure 4 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 4 and will be discussed at the Board meeting.

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 February 13, 2026	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 7, 2017	
		Feb 6, 2007	Feb 28, 2019	
		Feb 5, 2009	Mar 22, 2021	
		Feb 9, 2010	Feb 11, 2022	
		Feb 8, 2013	Feb 7, 2023	
		Jan 23, 2015	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.



FIGURE 4
Board Feedback to Proposed New Policy EL II-10 Financial Health Policy

BOARD MEMBER FEEDBACK RECEIVED

6/19 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING

1. Tammie Rix
2. Lucia Di Pietro
3. Walter Hewus
4. Lavern Bourne
5. Lucia Di Pietro
6. Imaya Vithana

BOARD MEMBER FEEDBACK

Tammie Rix:

I especially appreciate the appendix doc. I only have a few questions about why the suggestion is being made to modify or omit certain things in the new policy as outlined in the appendix.

Financial Planning points 3 & 6

R/CEO Notes: I only see in Appendix 1 that Policy Criteria 6 was not included?

This criteria stated that: Include a Budgeted Statement of Operations and a resulting Statement of Financial Position (Financial Condition).

I found this to be a redundant as this is common accounting practice and I'm not sure why it specifically has to be called out when this is what we do as common practice, and will continue to do. If the Board wants it left in, I'm fine with that, just trying to keep things tight, and to the point of managing risk.

Financial Conditions points 3 & 6

R/CEO Notes: I only see in Appendix 1 that Policy Criteria 6 was not included?

This criteria stated that: Indebt the organization in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 90 days.

This criteria is essentially saying that I can't take on financial obligations unless I'm confident the organization can pay them off within 90 days using available, uncommitted income. This is a safeguard to prevent me from putting the CMLTO at financial risk by taking on long-term or uncertain debt. This has never been a risk to the organization, and I can't see a situation where it would be a risk.



Having said all that, I can see why a Board would want to keep this here as a safeguard, so I'm fine leaving it in the revised policy.

Lucia Di Pietro:

Consolidation of these two policies into a single Financial Health Executive Limitations Policy

- I have no additions to propose.
- The new policy explains everything well and in a concise manner, but does not exclude any critical information.

Imaya Vithana:

The drafted policy addresses essential aspects of financial planning, budgeting, and maintaining the organization's financial stability. This proposed consolidated policy aligns with the Board's principles and values by strengthening clarity, coherence, accountability, and responsible stewardship of financial resources. Emerging risks such as inflationary pressures, liquidity challenges, and economic volatility may warrant additional or more explicit executive boundaries within the consolidated policy.

Two Board Members indicated the policy and supporting documentation are acceptable and comprehensive, with no additional comments or suggested changes.

**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.			
<p>10. Include a separate and identifiable budget section for:</p> <ul style="list-style-type: none"> a. Board initiatives including reasonable allowances for: <ul style="list-style-type: none"> 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
<p>11. Provide a high level budget with budget categories, such that Board can readily asses the 'big picture' implications of the budget on the CMLTO financial condition.</p>	YES	4	N/A
<p>12. Balance the budget (i.e. project expenditures in any one fiscal year not to exceed conservatively projected revenues without Board approval by motion).</p>	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.
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



Policy Criteria	Included?	New Policy Criteria	Notes
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
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 8.0

8.0	BOARD-CEO RELATIONSHIP: BOARD POLICY REVIEW
8.1	BCR III-20 Board Support of the Registrar & CEO Policy



Briefing Report to Board of Directors

Date	: January 29, 2026
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 February Board meeting for regular policy review.

BCR III-20 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 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.

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
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 February 13, 2026	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.



FIGURE 2
Board Feedback to Proposed Revisions to
BCR III-20 Board Support of the Registrar & CEO Policy

BOARD MEMBER FEEDBACK RECEIVED

5/19 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING

- Imaya Vithana
- Lavern Bourne
- Lucia Di Pietro
- Tammie Rix
- Walter Hewus

SUMMARY OF BOARD MEMBER FEEDBACK

Board Members expressed overall support for the proposed revisions, indicating that the policy remains clear, aligned with its intent, and consistent with Board principles and values supporting effective governance and appropriate support for the Registrar & CEO.

Board Members noted that the additions strengthen clarity regarding the policy's purpose and positively highlighted the inclusion of language aligning expectations, communication, and support with EDIJ principles.

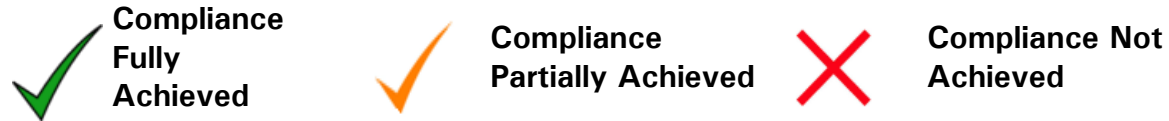
No further changes or additional policy criteria were suggested.



AGENDA ITEM 9.0

9.0	BOARD MONITORING OF BOARD POLICY COMPLIANCE
9.1	GP IV-80 Board Code of Conduct, Confidentiality, and Conflict of Interest Policy

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 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 The Board and Committee Members shall demonstrate their loyalty and accountability to the public by: 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, Their accountability to the public for their actions and decisions, 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 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 spokespersons 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 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 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: "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>	<p>Competence and diligence has been interpreted as active and constructive participation by Members on the Board and/or Statutory Committees</p>	<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>	<p>No further interpretation needed</p>	<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 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
	<p>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:</p> <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	
	<p>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:</p> <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.			
	<p>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.</p>	No further interpretation needed	No non-conformances reported	
	<p>7.6.4 GENERAL DECLARATION OF CONFLICT OF INTEREST</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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,</p>	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>			
	<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.</p>	No further interpretation needed	<p>Declarations of conflicts of interest have been recorded in the meeting minutes</p> <p>No non-conformances reported</p>	
	<p>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.</p> <p>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.</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>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 as 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.



College of Medical
Laboratory Technologists
of Ontario

Respectfully submitted,

November 28, 2025

Karen Persad

Date

Board Member Facilitating Review



AGENDA ITEM 10.0

10.0	BOARD MONITORING AGENDA – EXECUTIVE LIMITATIONS
10.1	EL II-11 Financial Condition Policy
10.2	EL II-50 Corporate Identity / Communications and Public Image

**Executive Limitations
Quarterly Monitoring Report to the Board of Directors**

Date : February 2, 2026
From : John Tzountzouris, Registrar & CEO
Subject : Financial Condition, Executive Limitations Policy EL II-11
For the Period : January 1, 2025 – December 31, 2025 (Q4)

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 December 31, 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-11 Financial Condition Policy for the period of January 1 to December 31, 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 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:			
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 December 31, 2025 preliminary Financial Statements (Appendix 1) provide evidence that the College's earned revenue (membership dues, investment income, other income) as of the end of Q4 2025 was \$2,545,982.</p> <p>Total disbursements as of December 31, 2025 were \$2,936,033 (total expenses – depreciation).</p> <p>The College had an operating deficit of \$390,051 as of the end of Q4 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 was projected in the 2025 budget that the College would end the year with an operating deficit of \$63,000 (before depreciation). The actual operating deficit surpassed projections by \$327,051.</p> <p>As of December 31, 2025, there is a cumulative surplus of working capital (current assets-current liabilities) of \$406,759, which represents a decrease from September 30, 2025 of \$847,718. This change can be attributed in part by the year-end HST liability associated with 2026 membership renewals that occurred during Q4 2025, in addition to the general decline in 2025 membership fee income as the year came to a close. Expenses recorded in Q4 2025 were also notably higher vs. Q3 with respect to Board & Committee, Strategic Leadership, Registrations, Professional Services (Conduct and Communications), and Office Operations (specifically merchant account processing fees from membership renewal payments).</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 Q4.	

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 Q4.	
DEBT			
5. Borrow from a financial institution.	No further interpretation is required.	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. Any borrowed funds would appear as Liability on the Balance Sheet. The Balance Sheet as at December 31, 2025 provides evidence that this has not occurred. (See Balance Sheet - Appendix 1)	
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 \$2,555,448 as at December 31, 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.	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. The Balance Sheet as at December 31, 2025 provides evidence that this has not occurred. (See Balance Sheet - Appendix 1)	

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 (\$3,266,309 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 (\$3,266,309 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 December 19, 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 December 22, 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: External support for registration functions was less than anticipated this year.</p> <p>Professional Conduct: The volume and complexities of Professional Conduct cases year to date have increased over previous years.</p> <p>Office & Administration: The overage in this area is attributed to an unexpected increase in computer requirements (hardware and software), the perpetuation of the government relations contract, and additional support required for iMIS development.</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 December 31, 2025. Please note however, that the figures represented in this report have not been independently audited.

Respectfully submitted,



February 2, 2026

John Tzountzouris
Registrar & CEO

Date

APPENDICES:

1. CMLTO Financial Report – December 31, 2025
2. Payworks Journal Entry Report – December 19, 2025
3. CMLTO EFT Report – December 22, 2025
4. Accounting Consultant declaration

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
FINANCIAL REPORT
DECEMBER 31, 2025

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BALANCE SHEET
AS AT DECEMBER 31, 2025

ASSETS

Current Assets	
Cash	\$ 2,555,448
Accounts Receivable	1,263
Investments - Short Term	317,674
Prepaid expense	182,574
	<hr/>
	3,056,959
Investments - long-term	2,948,635
Property and equipment	40,241
	<hr/> <hr/>
	\$ 6,045,835

LIABILITIES

Current Liabilities	
Accounts payable	\$ 90,382
Accrued liabilities	109,895
HST Payable	233,572
Deferred Revenue	2,216,350
	<hr/>
	2,650,200
Unearned 2025 revenue	-
Deferred lease inducement	2,071

NET ASSETS

Appropriated	
Invested in capital assets	40,241
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	1,283,323
	<hr/>
	3,393,564
	<hr/> <hr/>
	\$ 6,045,835

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
STATEMENT OF OPERATIONS
FOR THE PERIOD JANUARY 1, 2025 TO DECEMBER 31, 2025

REVENUES	
Dues	\$ 2,379,060
MLAT	890
Investment income	150,329
Other income	15,703
	<u>2,545,982</u>
<u>EXPENSES</u>	
Membership services	
Registration & professional practice	47,102
Professional conduct	236,822
Corporate communications	28,710
	<u>312,634</u>
Board and committees	326,018
Strategic leadership office	38,697
Payroll & Staff Benefits	1,423,361
Office & Administration	835,324
Depreciation	54,840
Total expenses	<u>2,990,874</u>
Net surplus for the period	<u>\$ (444,892)</u>

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BUDGET ANALYSIS
ACTUAL REVENUE RECEIVED BASIS
FOR THE PERIOD JANUARY 1, 2025 TO DECEMBER 31, 2025

	2025 Budget	Year To Date Actual	Variance	%
				Variance
<u>REVENUES</u>				
Dues	\$ 2,400,000	\$ 2,379,060	\$ (20,940)	-1%
MLAT	4,000	890	(3,110)	-78%
Investment income	125,000	150,329	25,329	20%
Other income	35,000	15,703	(19,297)	-55%
Total Receipts	2,564,000	2,545,982	(18,018)	-1%
<u>EXPENSES</u>				
Board and committees	205,000	326,018	121,018	59%
Strategic leadership office	50,000	38,697	(11,303)	-23%
Registration & professional practice	77,500	47,102	(30,398)	-39%
Professional conduct	110,000	236,822	126,822	115%
Corporate communications	30,000	28,710	(1,290)	-4%
Payroll & Staff Benefits (See Notes)	1,470,000	1,423,361	(46,639)	-3%
Office & Administration	684,500	835,324	150,824	22%
Total operating expenses	2,627,000	2,936,033	309,033	12%
Net revenue before strategic expenses	(63,000)	(390,051)	(327,051)	
Strategic budget	-	-	-	
Net revenue before capital budget or depreciation	(63,000)	(390,051)	(327,051)	
Capital budget	-	-	-	
Net Operating Surplus (Deficit) with Capital Budget	(63,000)	(390,051)	(327,051)	
Depreciation	76,000	54,840	(21,160)	-28%
Net Operating Surplus (Deficit) with Depreciation	(139,000)	(444,892)	(305,892)	

Notes:

Category includes: Wages; employer CPP, EI & EHT expense; group benefits; RRSP & pension benefits; payroll processing fees; staff gifts/meals; staff professional development; staff membership fees; professional fees (HR and recruitment)



I, Stephanie Vass, declare that I have reviewed EL II-11 Financial Condition Monitoring Report for Q4 (December 31, 2025) for accuracy.

Stephanie Vass
Enterprise Accountant

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**Executive Limitations
Biennial Monitoring Report to the Board**

Date : January 23, 2026

From : John Tzountzouris, Registrar & CEO

Subject : Corporate Identity / Communications & Public Image Policy EL II-50 Monitoring Report

For the Period : September 10, 2024 – January 23, 2026

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-CEO Relationship Policy <input type="checkbox"/> Governance Process <input type="checkbox"/> Board Implementation of Policy <ul style="list-style-type: none"> <input type="checkbox"/> Board-CEO 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 <ul style="list-style-type: none"> <input type="checkbox"/> Board 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 RATOINALE:

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-50 Corporate Identity / Communications & Public Image 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-50 Corporate Identity / Communications & Public Image for the period September 10, 2024 – January 23, 2026, in pursuit of public interest.

LEGEND: Level of Achievement



**Goal Fully
Achieved**



**Goal Partially
Achieved**



**Goal Not
Achieved**

Recommended Motion:



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-50 Corporate Identity / Communications & Public Image Policy for the period: September 10, 2024 – January 23, 2026.
 - The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-50 Corporate Identity / Communications & Public Image 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.
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The Policy

The Registrar & CEO shall not cause or permit harm to the corporate identity, public image, and reputation of CMLTO.

Accordingly, they shall not:

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:	Evidence <i>I believe compliance with the policy is demonstrated by the following:</i>	Conclusion
1	Change the organization's name, logo, and corporate seal or alter the organization's identity without Board approval.	No further interpretation required.	The organization's name, logo, or corporate seal were not altered in the reporting period.	
2	Operate without a high standard for external communications, including an effective corporate communications/public relations approach which is accessible and inclusive in its presentation.	No further interpretation required.	<p>The College did not operate without a high standard for external communications, including an effective corporate communications/public relations approach.</p> <p>Information is shared with all key partners via numerous communication vehicles, ensuring accessibility and transparency of information. Further, all communications are reviewed by at least the Corporate Communications Specialist and the Registrar & CEO prior to release, with input from other staff / consultants as appropriate.</p> <p>During the reporting period, the CMLTO launched a refreshed website, along with social media presence on LinkedIn, X/Twitter, and BlueSky. Internal and external policies for the appropriate use of social media are available..</p>	



#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:	Evidence <i>I believe compliance with the policy is demonstrated by the following:</i>	Conclusion
			<p>Consultations are included as blog posts on the CMLTO website, and are included in the CMLTO newsletter for Registrants, FOCUS, as required.</p> <p>Registrants and other key partners received direct e-blasts regarding statutory notifications, important regulatory topics, and other information deemed necessary to share broadly.</p> <p>Examples of communications practices which ensure accessibility and inclusiveness include:</p> <ul style="list-style-type: none"> • CMLTO information (all website content, external communications) is available in English and French. • Webinars available online included transcripts in both English and French. • All publicly available information is written in plain language. <p>With regards to public relations activities, the CMLTO actively engages in strong public relations practices by maintaining a visible presence at key industry conferences and events, as well as speaking opportunities at educational institutions. These practices ensure that the College continues to build and maintain relationships with key partners and positively represent the organization.</p>	



#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:	Evidence <i>I believe compliance with the policy is demonstrated by the following:</i>	Conclusion
	2.1 Operate without striving to communicate the CMLTO values related to equity, diversity, inclusion, and justice in the context of CMLTO's purpose, Ends (Critical Outcomes), and key regulatory processes.	No further interpretation required.	The CMLTO Board's EDIJ plan and fulsome information is publicly available: https://www.cmlto.com/equity-diversity-inclusion-justice-at-the-cmlto/	
3	Operate without making information regarding key Board decisions available and easily accessible to the public, Registrants, and the relevant Careholdership/ownership unless the Board considers the information confidential.	No further interpretation required.	All Board materials, with the exception of the limited information that is shared in-camera, is publicly available on the CMLTO website. https://www.cmlto.com/cmlto-board-meeting-documents/ Highlights of all Board meetings are included in the CMLTO newsletter FOCUS and are made publicly available on the CMLTO website. https://www.cmlto.com/college-publications/ Open Board meeting sessions are livestreamed on the CMLTO YouTube channel and advertised ahead of Board meetings to ensure transparency and public availability.	
	3.1 Operate without broadly communicating CMLTO's progress on equity, diversity, and inclusion practices.	No further interpretation required.	The CMLTO Board's EDIJ plan and fulsome information is publicly available:	



#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:	Evidence <i>I believe compliance with the policy is demonstrated by the following:</i>	Conclusion
			<p>https://www.cmlto.com/equity-diversity-inclusion-justice-at-the-cmlto/</p> <p>Further, any discussions and outcomes regarding progress on EDIJ (e.g. Board Policy reviews) are available as part of the publicly available Board meeting materials, and are summarized in the Board highlights included in the CMLTO newsletter, FOCUS.</p>	
4	Approve the use of any aspect of the corporate identity (logo, brand colours, corporate seal) for use with any external program or initiative, which is not consistent with CMLTO's values and Ends Policies.	No further interpretation required.	There were no requests to use the corporate logo, colour, or seal during the reporting period. Therefore, the College did not approve the use of any aspect of the corporate identity (logo, colour, seal) for use with any external program or initiative, which is not consistent with CMLTO's values and Ends Policies.	✓
	4.1 Operate without administrative policies for use of the CMLTO brand.	No further interpretation required.	<p>The College has administrative policies in place regarding use of the CMLTO brand. The College has Brand Standards guidelines in place and adhered to them in all of its communications.</p> <p>All materials that are produced by CMLTO staff that are to be shared with an external audience are reviewed and audited by the Corporate Communications Specialist prior to release.</p>	✓
5	Use the corporate seal for anything that deviates from the Board's Executive Limitations	No further interpretation required.	There have been no circumstances that required use of the corporate seal during the reporting period other than	✓



#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:	Evidence <i>I believe compliance with the policy is demonstrated by the following:</i>	Conclusion
	Signing Authority/Authorization of Expenditures Policy.		on certificates of registration and VISA screen documents, provided to registrants.	

OVERALL CONCLUSION:

✓ The evidence provided indicates that I am in full compliance with Executive Limitations Policy EL II-50 Corporate Identity / Communications & Public Image Policy for the period: September 10, 2024 – January 23, 2026.

Respectfully submitted,

John Tzountzouris, Registrar & CEO

January 23, 2026

Date



AGENDA ITEM 11.0

11.0	MOTION TO CLOSE THE MEETING
11.1	Motion to Close the Board Meeting in accordance with RHPA s.7(2)(d) RE Personnel Matters



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AGENDA ITEM 12.0

12.0	BOARD MONITORING AGENDA OF REGISTRAR & CEO – CMLTO ENDS & EXECUTIVE LIMITATIONS POLICIES
12.1	Board Performance Feedback to Registrar & CEO Regarding Policies Monitored at the December Meeting (As Required)
12.2	Registrar & CEO Incidental Briefing / Environmental Scan Report
12.3	Registrar & CEO Performance Tracking Through Monitoring Reports
12.4	Report on Completion of Registrar & CEO Performance Evaluation Process and Compensation (January – December 2025)



AGENDA ITEM 13.0

13.0	MOTION TO REOPEN BOARD MEETING
13.1	Motion to Open the Board Meeting to the Public



AGENDA ITEM 14.0

14.0	RISE AND REPORT
14.1	Report on Matters Discussed in Closed Board Meeting



AGENDA ITEM 15.0

15.0	ADJOURNMENT
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College of Medical
Laboratory Technologists
of Ontario

THANK YOU FOR YOUR ATTENDANCE