



College of Medical
Laboratory Technologists
of Ontario

BOARD MEETING MATERIAL

Monday, May 25, 2026 / Time: 9:00 AM – 4:00 PM
Tuesday, May 26, 2026 / Time: 9:00 AM – 5:00 PM



College of Medical
Laboratory Technologists
of Ontario

**CMLTO
BOARD MEETING**

Monday, May 25, 2026

DAY 1

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

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

Monday, May 25, 2026 / Time: 9:00 a.m. – 4:00 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 | Land Acknowledgement | K. Persad | N/A | N/A | 9:02 am |
| 1.3 | Board Policy Manual Update | Board is Informed | J. Tzountzouris | Read Item 1.3 | 2 | 9:04 am |
| 1.4 | Board Meeting Effectiveness Evaluation by Board Members | Board is Informed | K. Persad | Read Item 1.4 | 3 | 9:06 am |
| 2.0 | APPROVAL OF MEETING AGENDA | | | | N/A | 9:10 am |
| 2.1 | Review and Approval of Meeting Agenda | Board Approval <i>(Motion)</i> | K. Persad | N/A | N/A | 9:10 am |
| 2.2 | Declaration of Conflict of Interest | Declaration of Conflict of Interest | K. Persad | N/A | N/A | 9:12 am |
| 3.0 | CONSENT AGENDA (ONE motion to approve agenda items (3.2 – 3.4)) | | | | 13 | 9:15 am |
| 3.1 | BOARD MINUTES AND ACTION ITEMS | | | | | |
| 3.1.1 | Approval of the Minutes of February 12 & 13, 2026 CMLTO Board Meetings | Board Approval <i>(Motion)</i> | K. Persad | Read Item 3.1.1 | 14 | |
| 3.1.2 | Status of Action Items – February 12 & 13, 2026 CMLTO Board Meetings | Board is Informed | J. Tzountzouris | Read Item 3.1.2 | 37 | |
| 3.1.3 | Approval of the Minutes of April 13, 2026 CMLTO Board Meeting | Board Approval <i>(Motion)</i> | K. Persad | Read Item 3.1.3 | 43 | |
| 3.1.4 | Status of Action Items – April 13, 2026 CMLTO Board Meeting | Board is Informed | J. Tzountzouris | Read Item 3.1.4 | 52 | |



| Agenda Item | Topic | Proposed Outcome | Lead | Report Type | Page Number | Start Time |
|-------------|---|-----------------------------------|--|---|--------------------|----------------|
| 3.2 | STATUTORY COMMITTEE MONITORING REPORTS | | | | | |
| 3.2.1 | Executive Committee | Board Acceptance | K. Persad | Read Item 3.2.1 | 53 | |
| 3.2.2 | Inquiries, Reports and Complaints Committee | Board Acceptance | W. Hewus | Read Item 3.2.2 | 55 | |
| 3.2.3 | Registration Committee | Board Acceptance | R. Soni | Read Item 3.2.3 | 58 | |
| 3.2.4 | Patient Relations Committee | Board Acceptance | J. Jose | Read Item 3.2.4 | 61 | |
| 3.2.5 | Discipline Committee | Board Acceptance | T. Rix | Read Item 3.2.5 | 63 | |
| 3.2.6 | Quality Assurance Committee | Board Acceptance | P. McLeman | Read Item 3.2.6 | 65 | |
| 3.3 | INCIDENTAL BRIEFING REPORTS | | | | | |
| 3.3.1 | Board Chair's Incidental Briefing Report | Board Acceptance | K. Persad | Read Item 3.3.1 | 67 | |
| 3.3.2 | Academic Member's Incidental Briefing Report | Board Acceptance | L. Bourne | Read Item 3.3.2 | 68 | |
| 3.4 | CONSENT AGENDA REPORTS | | | | | |
| 3.4.1 | Board Governance Scorecard (Q1) 2026 | Board Acceptance | J. Tzountzouris | Read Item 3.4.1 | 70 | |
| 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 | 72 | |
| 3.4.3 | CMLTO Artificial Intelligence (AI) Implementation Plan Update | Board is Informed | M. Cakar | Read Item 3.4.3 | 78 | |
| 3.4.4 | MLA/T Oversight Scanning Update | Board is Informed | J. Tzountzouris | Read Item 3.4.4 | 84 | |
| 3.4.5 | CAMLPR Integration/ Professional Standards Update | Board is Informed | J. Tzountzouris | Read Item 3.4.5 | 86 | |
| 4.0 | EXECUTIVE LIMITATIONS POLICY IMPLEMENTATION | | | | 89 | 9:20 am |
| 4.1 | EL II-12 Financial Audit and External Auditors – Presentation of the CMLTO 2025 Audited Financial Statements for Board Approval | Board Approval (Motion) | Umar Saeed | Presentation at meeting Read Items: 4.1.1 - 4.1.2 | 90 | 9:20 am |
| | 4.1.1 Report to the Board of Directors | | Welch LLP Chartered Professional Accountants | | | |



| Agenda Item | Topic | Proposed Outcome | Lead | Report Type | Page Number | Start Time | |
|--------------|--|-----------------------------------|-----------------------------------|-------------------------|---------------------|---------------------|-----------------|
| | 4.1.2 Draft 2025 Audited Financial Statements | | J. Tzountzouris | | | | |
| 5.0 | GOVERNANCE PROCESS: POLICY DEVELOPMENT / IMPLEMENTATION | | | | | | 9:50 am |
| 5.1 | Appointment of New Board Member to Statutory Committee (J. Dorfman) | Board Approval <i>(Motion)</i> | K. Persad | Read Item 5.1 | 115 | 9:50 am | |
| 5.2 | Appointment of Auditors for Fiscal Year 2026 Executive Limitations Policy EL II-12 – Financial Audit and External Auditors | Board Approval <i>(Motion)</i> | J. Tzountzouris | Read Item 5.2 | 116 | 10:00 am | |
| 5.3 | 2026 Board Priorities & Integrated Board Strategic Agenda | Board is Informed | K. Persad J. Tzountzouris | Read Item 5.3 | 118 | 10:10 am | |
| BREAK | | | | | | 10:40 am | |
| 6.0 | BOARD LINKAGE AGENDA | | | | | 143 | 10:55 am |
| 6.1 | Approval of CMLTO 2025 Annual Report | Board Approval <i>(Motion)</i> | J. Tzountzouris M. Price | Read Item 6.1 | 144 | 10:55 am | |
| 7.0 | BOARD MONITORING AGENDA OF REGISTRAR & CEO – CMLTO ENDS POLICIES | | | | | 202 | 11:10 am |
| 7.1 | Ends Policy 2 – Accountable Professionals (Update to year-end report provided to the Board in December 2025 RE: Quality Assurance Program Outcomes) | Board Approval <i>(Motion)</i> | J. Tzountzouris | Read Item 7.1 | 203 | 11:10 am | |
| 8.0 | ENDS POLICY BRIEFING, DEVELOPMENT & IMPLEMENTATION | | | | | 210 | 11:25 am |
| 8.1 | Generative Discussion - Board's Required Duties vs. Board's Future-Focused Goals | Board Discussion | K. Fryday-Field, Meridian Edge | Presentation at Meeting | N/A | 11:25 am | |
| LUNCH | | | | | | 12:30 pm | |



| Agenda Item | Topic | Proposed Outcome | Lead | Report Type | Page Number | Start Time |
|--------------|---|-------------------|-----------------------------------|-------------------------|---------------------|----------------|
| 9.0 | GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING | | | | 211 | 1:30 pm |
| 9.1 | Module 2 – Board Monitoring CEO/Organization Performance Part 1: Refresh of Monitoring Principles | Board is Oriented | K. Fryday-Field, Meridian Edge | Read Item 9.1 | 212 | 1:30 pm |
| BREAK | | | | | | 2:45 pm |
| 9.2 | Module 2 – Board Monitoring CEO/Organization Performance Part 2: Evaluation of Options for the Process for Monitoring CEO Results/Compliance with Board Policy | Board is Oriented | K. Fryday-Field, Meridian Edge | Presentation at Meeting | N/A | 3:00 pm |
| 10.0 | ADJOURNMENT | | | | | 4:00 pm |



AGENDA ITEM 1.0

| | |
|------------|---|
| 1.0 | WELCOME, INTRODUCTIONS AND CALL TO ORDER |
| 1.1 | Introductions and Roll Call |
| 1.2 | Land Acknowledgement |
| 1.3 | Board Policy Manual Update |
| 1.4 | Board Meeting Effectiveness Evaluation by Board Members |



MEMO

Date : April 21, 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 2026 February Board meeting.

| Binder Section and Document | Action |
|---|-----------|
| Policy Review Schedule | Replaced |
| Executive Limitations Policies Profile | Replaced |
| EL II-09 Investment | Replaced |
| EL II-10 Financial Planning and Budget Cycle Policy – Special review | Rescinded |
| EL II-11 Financial Condition Policy – Special review | Rescinded |
| EL II-10 Financial Health – New Policy | Added |
| BCR III-20 Board Support of the Registrar & CEO Policy – Regular review | Replaced |
| GP IV-20 Statutory and Board Committee Principles Policy – Regular review | Replaced |
| GP IV-45.05 Board Meeting Process and Minutes Policy – Regular review <i>(Appendices updated)</i> | Replaced |
| GP IV-60 Board Policy Champion Role <i>(Appendix updated)</i> | Replaced |
| GP IV-130 Board Mentor Program Policy – Regular review | Replaced |
| GP IV-50.10 Board Monitoring System Policy <i>(Appendix updated after each Board meeting)</i> | Replaced |
| GP IV-70 Board Effectiveness Evaluation Policy <i>(Appendix updated after each Board meeting)</i> | Replaced |



Briefing Report to CMLTO Board

Date : May 13, 2026

From : Karen Fryday-Field, Governance Counsel/Senior Governance and Strategy Consultant, Meridian Edge Leadership & Governance Consulting

Subject : CMLTO Board Meeting Evaluation (conducted by all Board Members)

Report Purpose:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Board Policy Development, Review, and Approval <input type="checkbox"/> Ends Policy <input type="checkbox"/> Executive Limitations Policy <input type="checkbox"/> Board-Staff Relationship Policy <input type="checkbox"/> Governance Process Policy <input checked="" type="checkbox"/> Board Implementation of Policy <input type="checkbox"/> Board-Staff Relationship Policy <input checked="" 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: |
|--|--|
-

Background:

As part of the Board’s commitment to governance excellence, the Board has decided to deeply and formally evaluate two (2) of its Board meetings each year as part. This meeting evaluation takes place as the meeting progresses. In addition, the Board provides brief responses to electronic questions after each meeting.

The May 2026 Board meeting is scheduled to be one of the meetings which is evaluated in more detail in 2026. The process for this meeting is for each Board Member to take succinct notes on the meeting using a brief Board Meeting Evaluation Report Form which is attached for your information. At the end of the meeting, the Board Members will have an opportunity to briefly discuss their observations and insights regarding the May meeting.

The topics for evaluating the meeting effectiveness are outlined in the meeting evaluation tool in Appendix 1 for your information. You will receive an email at 8:00 am on Monday, May 25, 2026, with a personalized link to this “deeper dive” meeting evaluation. To open the evaluation form you will click on the personalized link. You can come and go from the questionnaire until you have completed your feedback by selecting the “resume later” button, following the system prompts, and then selecting the “save now” button. Once you have completed your feedback select the “Submit” button to finalize your input.



You will receive a confirmation message that your feedback has been received. Your feedback will be combined with that of your Board peers. All of the information will then be used to develop key learning themes from the feedback.

See Appendix 1 – Board Meeting Evaluation Form (Deeper Dive).



APPENDIX 1

BOARD MEETING EVALUATION TOOL

[Board Self-Evaluation Conducted by All Board Members]

INTRODUCTION

The CMLTO Board is committed to continuous improvement and excellence in governance in service of its public protection mandate.

This evaluation tool supports reflective assessment of the effectiveness of an individual Board meeting, with a focus on governance performance, strategic leadership, Policy Governance principles, and Board culture. Board Members are encouraged to complete the evaluation throughout the meeting by observing the substance of discussions, the quality of Board processes, and the dynamics of the Board meeting.

Feedback will be compiled and summarized to support ongoing governance learning, continuous improvement, and effective stewardship. The overall report will be shared with Board Members shortly after the meeting.

Each Board Member is asked to complete this “deeper dive” Board Meeting Evaluation. There are two ways that you can complete this Board Meeting Evaluation, including:

1. You can access the questions using the link that will be provided to you on Monday, May 25, 2026, at 8:00 am to share your input into the electronic questionnaire throughout the meeting, or
2. You can take notes in hard copy on the form attached and then enter your feedback into the link at the end of the meeting.

Please be sure to submit your online feedback by Friday, May 29, 2026, by noon.



APPENDIX 1
BOARD MEETING EVALUATION TOOL
[Board Self-Evaluation Conducted by All Board Members]

Meeting Date : May 25 & 26, 2026

1. OVERALL MEETING EFFECTIVENESS

1.1 Overall, how effective was this Board meeting?

- Extraordinary
- Excellent
- Good
- Adequate
- Needs Improvement

1.2 What contributed most to the effectiveness of the meeting?

1.3 What is one thing that could have improved the meeting?

2. GOVERNANCE FOCUS & STRATEGIC DIRECTION LEADERSHIP

2.1 During this meeting, the Board remained appropriately focused on governance role and responsibilities rather than engaging on discussion about operational detail.

- Strongly Agree
- Agree
- Neutral
- Disagree



APPENDIX 1 BOARD MEETING EVALUATION TOOL [Board Self-Evaluation Conducted by All Board Members]

2.1.1 Examples or observations of governance focused topics:

2.1.2 Were there examples where discussion became overly operational or prescriptive?

2.2 The Board focused sufficiently on:

| Governance Focus Area | Fully | Partially | Not Sufficiently |
|--|--------------------------|--------------------------|--------------------------|
| Strategic/Ends Thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Future-focused Governance Approaches/Processes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public Protection/Public Interest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk Governance/Oversight and Executive Limitations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitoring of Achievement of CEO Interpretation Results | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equity, Diversity, Inclusion, and Accessibility Considerations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2.2.1 Examples or comments regarding governance areas of focus:



APPENDIX 1 BOARD MEETING EVALUATION TOOL [Board Self-Evaluation Conducted by All Board Members]

3. BOARD CULTURE, DYNAMICS & DECISION-MAKING

3.1 Board discussion and debate were:

| Board Dynamic | Always | Usually | Sometimes | Rarely |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Respectful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inclusive of diverse viewpoints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Focused and disciplined to the topic/discussion at hand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strategic and proactive rather than reactive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Honest and candid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Constructive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.2 Psychological Safety

Board Members appeared able to:

| Statement | Always | Usually | Sometimes | Rarely |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Ask challenging questions respectfully | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Express differing views openly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explore and better understand disagreement constructively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contribute without fear of dismissal or criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.2.1 Examples or observations of psychological safety in the meeting:

3.3 One Voice Governance

| Statement | Always | Usually | Sometimes | Rarely |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| In this meeting, the Board demonstrated commitment to working toward informed consensus and speaking with one voice once decisions were made. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



APPENDIX 1 BOARD MEETING EVALUATION TOOL [Board Self-Evaluation Conducted by All Board Members]

3.3.1 Examples or comments of one voice governance in the meeting:

4. BOARD–CAREHOLDERSHIP/PUBLIC LINKAGE

4.1 The Board demonstrated awareness of careholdership/public perspectives and the broader regulatory environment.

- Strongly Agree
- Agree
- Neutral
- Disagree

4.1.1 Examples of the Board’s awareness/insight into careholdership/public perspectives:

4.2 Did Board discussions appropriately reflect the Board’s public protection responsibility?

- Consistently
- Mostly
- Occasionally
- Not Evident

4.2.1 Examples of the Board’s focus on its public protection responsibility:



APPENDIX 1 BOARD MEETING EVALUATION TOOL [Board Self-Evaluation Conducted by All Board Members]

5. CEO, STAFF & ADVISOR SUPPORT

5.1 Information and presentations provided by the Registrar & CEO, staff, consultants, and advisors supported effective governance decision-making.

- Excellent
- Good
- Adequate
- Needs Improvement

5.1.1 Examples or suggestions for the content or approach to information or presentations provided for the Board:

5.2 Board evaluative and clarification questions regarding the CEO Monitoring Reports reviewed, helped to clarify:

| Governance Oversight Area | Yes | Somewhat | No |
|--|--------------------------|--------------------------|--------------------------|
| Critical Outcomes (Ends) Policy CEO Interpretation achievement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Executive Limitations Policy CEO Interpretation compliance | | | |
| Key risks emerging and implications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strategic implications/future impacts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5.2.1 Examples:



APPENDIX 1
BOARD MEETING EVALUATION TOOL
[Board Self-Evaluation Conducted by All Board Members]

6. CONTINUOUS IMPROVEMENT AND MEETING EFFECTIVENESS

6.1 What should the Board continue doing in future meetings?

6.2 Overall, what factors do you believe contributed to the effectiveness of the Board's governance at this meeting?

6.3 What could the Board do differently to improve future meetings?

6.4 Do you have any final comments or observations?

Thank you for your feedback and commitment to governance excellence at CMLTO.

Using the personalized link provided to you by email at 8:00 am on Monday, May 25, 2026, please enter your feedback and select the "Submit" button when you have completed your feedback. You will receive a confirmation message that your feedback has been received. **Please submit your completed evaluation by Friday, May 29, 2026, by 12:00 pm (noon) EDT.**



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 February 12 & 13, 2026 CMLTO Board Meetings <i>(To be approved at the meeting)</i> |
| 3.1.2 | Status of Action Items – February 12 & 13, 2026 CMLTO Board Meetings |
| 3.1.3 | Approval of the Minutes of April 13, 2026 CMLTO Board Meeting <i>(To be approved at the meeting)</i> |
| 3.1.4 | Status of Action Items – April 13, 2026 CMLTO Board Meeting |
| 3.2 | STATUTORY COMMITTEE MONITORING REPORTS |
| 3.2.1 | Executive Committee |
| 3.2.2 | Inquiries, Reports and Complaints Committee |
| 3.2.3 | Registration Committee |
| 3.2.4 | Patient Relations Committee |
| 3.2.5 | Discipline Committee |
| 3.2.6 | Quality Assurance 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 (Q1) 2026 |
| 3.4.2 | Updated Board Policy Champion Assignments for 2026 (Related Board Policy: GP IV-60 Board Policy Champion Assignments) |
| 3.4.3 | CMLTO Artificial Intelligence (AI) Implementation Plan Update |
| 3.4.4 | MLA/T Oversight Scanning Update |
| 3.4.5 | CAMLPR Integration/ Professional Standards Update |



Committee Monitoring Report to Board of Directors

| | |
|-----------------------|-----------------------------|
| Date | : May 8, 2026 |
| From | : Karen Persad, Board Chair |
| Subject | : Executive Committee (EC) |
| For the Period | : January 24 – May 8, 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 by videoconference on **April 15, 2026**, and took the following actions:

- Approved the minutes of the January 8, 2026 Executive Committee meeting
- Received an update on the status of action items from the January 8, 2026 Executive Committee meeting
- Reviewed the Report to the Board of Directors, the CMLTO Draft 2025 Audited Financial Statements, and received a summary update from U. Saeed and K. Yoon of Welch LLP
- Discussed the governance consulting needs of the CMLTO Board of Directors.



Committee Monitoring Report to Board of Directors

Date : May 8, 2026

From : Walter Hewus, ICRC Committee Chair

Subject : Inquiries, Complaints and Reports Committee (ICRC)

For the Period : January 24 – May 8, 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 (“ICRC”) met by videoconference on **February 3, 2026**, and took the following actions:

- Administered an oral caution to one (1) Registrant

A Panel of the ICRC met by videoconference on **February 6, 2026**, and took the following actions:

- Concluded three (3) matters with no further action
- Directed one (1) Registrant to complete a SCERP
- Concluded one (1) matter with an undertaking from the Registrant to not reapply for registration.
- Approved the appointment of an investigator in one (1) matter.

A Panel of the ICRC met by videoconference on **March 10, 2026**, and took the following actions:

- Directed two (2) Registrants to complete a SCERP
- Approved the appointment of an investigator in five (5) matters.

The ICRC met by videoconference on **April 23, 2026**, and took the following actions:

- Received the November 2025 Board meeting highlights
- Received the December 2025 Board meeting highlights
- Received the ICRC January 2026 monitoring report
- Received the February 2026 Board meeting highlights
- Received the status update of MLTs Not Compliant with PC Declaration at 2026 Annual Renewal
- Received an update on the CMLTO Privacy Campaign
- Completed orientation and training on the responsibilities of the ICRC
- Received a presentation on Risk Based Decision Framework
- Considered two (2) matters and took the following actions:
 - Directed one (1) Registrant to complete a SCERP



- Requested one (1) Registrant to participate in an Acknowledgement and Undertaking



Committee Monitoring Report to Board of Directors

Date : May 8, 2026

From : Rohini Soni, Registration Committee Chair

Subject : Registration Committee (RC)

For the Period : January 24 – May 8, 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 (RC) Panel** met by videoconference on **March 27, 2026**, and took the following action:

Cases

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

The **Registration Committee (RC)** met by videoconference on **April 16, 2026**, and took the following actions:

- Approved the following Meeting Minutes and Action Items:
 - Meeting Minutes and Action Items of October 30, 2025, meeting
 - Meeting Minutes and Action Items of November 28, 2025, meeting
 - Meeting Minutes and Action Items of January 15, 2026, meeting
 - Meeting Minutes and Action Items of March 27, 2026, meeting
- Received the Nov 2025 – Jan 2026 RC Monitoring Report to the Board;
- Received November 2025 and February 2026 Board Meeting highlights;
- Received a briefing report on RC Case Decisions;
- Received a briefing report on the 2026 Annual Renewal;
- Participated in an orientation session presented by SML Law on the Committee Member Role and Responsibilities;
- Participated in an orientation session presented by the Ontario Fairness Commissioner;
- Participated in an orientation session presented by CAMLPR about the updates on the CAMLPR Registration Criteria
- Approved the 2026 Registration Committee Draft Work Plan;
- Approved the following revised RC Policies:
 - RC 02 - Policy Manual Review
 - RC 19 - Changing Class of Registration



- Approved a new refresher course from the Ontario Tech University – Interprofessional Education for Medical Laboratory Professionals Certificate Program



Committee Monitoring Report to Board of Directors

Date : May 8, 2026

From : James Jose, Patient Relations Committee Chair

Subject : Patient Relations Committee (PRC)

For the Period : January 24 – May 8, 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 Patient Relations Committee serves the public interest by monitoring and implementing the College's Patient Relations Program which provides educational and supportive resources for registrants and provides funding for therapy and counseling for persons who were sexual abuse by registrants of the College.

Committee Support of Governance Agenda

Ends Policy 1 – Effective Medical Laboratory Professions Regulation

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

Regulatory Mandate:

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



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

Evidence of Committee Results:

Outcomes/Outputs/Impacts

The Patient Relations Committee (PRC) met by videoconference on **April 30, 2026**, and took the following actions:

- Received the PRC September – November 2025 – Monitoring Report to the Board
- Received the November 2025 Board meeting highlights
- Received the December 2025 Board meeting highlights
- Received the February 2026 Board meeting highlights
- Received an orientation session regarding the roles and responsibilities of the Patient Relations Committee
- Approved the 2026 PRC Draft workplan.



Committee Monitoring Report to Board of Directors

Date : May 8, 2026

From : Tammie Rix, Discipline Committee Chair

Subject : Discipline Committee (DC)

For the Period : January 24 – May 8, 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 Discipline Committee serves the public interest by (1) developing policies and procedures that provide direction to the College and its staff when addressing allegations referred to it by the Inquiries, Complaints and Reports Committee, and (2) conducting panel hearings to consider allegations of professional misconduct or incompetence against a registrant and determine the penalty to be imposed if a finding has been made.

Committee Support of Governance Agenda

Ends Policy 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Technologists practise safely, effectively and collaboratively consistent with current and evolving practice 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 Discipline Committee is to (1) Develop policies and procedures that provide direction to the College and its staff when addressing allegations referred to it by the Inquiries, Complaints and Reports Committee, and to (2) Conduct panel hearings to consider allegations of professional misconduct or

incompetence against a registrant and determine the penalty to be imposed if a finding has been made.

Evidence of Committee Results:

Outcomes/Outputs/Impacts

The Discipline Committee (DC) met by videoconference on **March 12, 2026**, and took the following actions:

- Received a presentation from Independent Legal Counsel, Lonny Rosen of Rosen Sunshine, outlining the Committee's roles and responsibilities.

The Discipline Committee (DC) met by videoconference on **April 1, 2026**, and took the following actions:

- Participated in a discussion with a representative of Rosen Sunshine regarding questions arising from the Committee's observation of another health regulator's discipline hearing.



Committee Monitoring Report to Board of Directors

Date : May 8, 2026

From : Peter McLeman, Quality Assurance Committee Chair

Subject : Quality Assurance Committee (QAC)

For the Period : January 24 – May 8, 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 Quality Assurance Committee maintains a quality assurance program to ensure registrants maintain and continually enhance the quality of their practice which enables the public to receive accurate, reliable, and informed medical laboratory services.

Committee Support of Governance Agenda

Ends Policy 2 – Accountable Professionals

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

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

Regulatory Mandate:

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



Evidence of Committee Results:

Outcomes/Outputs/Impacts

The Quality Assurance Committee (QAC) met by videoconference on **March 26, 2026**, and took the following actions:

- Received an update regarding the status of the 2025 Stage 2 Portfolio audits and 2026 Stage 1 Portfolios;
- Received an update on the Status of MLTs Not Compliant with QA Declarations at 2026 Annual Renewal;
- Received an update on the Practice Review Question analysis;
- Received an update on the Competence Evaluation Handbooks;
- Received an update on the CMLTO Privacy Campaign;
- Received an update on the 2026 QAC workplan;
- Approved the 2026 Practice Review cut score;
- Received orientation on Committee Member Roles and Responsibilities from E. Graham, SML Law;
- Received a presentation on the Quality Assurance Program from K. Stevenson;

Approved the following revised QAC:

- QAC Policy 40 – MLTs Not Compliant with QA Declarations at Annual Renewal



Briefing Report to Board of Directors

| | |
|-----------------------|--|
| Date | : May 8, 2026 |
| From | : Karen Persad, Board Chair |
| Subject | : Board Chair's Incidental Briefing Report |
| For the Period | : January 24 – May 8, 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 February 12 and 13, 2026 and April 13, 2026
- Worked on the Board Chair address for the FOCUS and Employer newsletters, and the Annual Report
- Chaired the Executive Committee meeting on April 15, 2026
- Continued mentorship program with new Board member
- Prepared and participated in CMLTO Board of Directors 1-1 Orientation Session on March 31, 2026 alongside the R/CEO for a new Board member
- Signed wall certificates for new Registrants
- Provided support/consultation with R/CEO on Board matters
- Provided guidance/support/feedback to other Board Members as needed
- Participated in April 2026 and May 2026 Board Meeting preparation sessions



Briefing Report to Board of Directors

Date : May 8, 2026

From : Dr. Lavern Bourne, Academic Member

Subject : Academic Member Incidental Briefing Report

For the Period : January 24 – May 8, 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 of Health

- Nothing for this reporting period

CSMLS

Certification Exam: February 2026

- Nationwide Passing Rate: 81.5% (295/362)

Please use the link below to access the full report.

<https://csmls.org/certification/medical-laboratory-professionals/how-to-become-a-medical-lab-professional/national-report-card/>

LABCON 2026

Will be held in Vancouver, B.C., from May 8-10. The event is a great opportunity



for MLT students and new graduates to attend Canada's largest conference for medical laboratory professionals.

MLPAO

Ontario Learn and Stay Grant Expansion

- In January, the Ontario government expanded the Ontario Learn and Stay Grant to include two new medical laboratory programs in Northern Ontario. Students enrolled at Canadore College and Confederation College will now have full tuition, books, and compulsory fees covered if they commit to working in Northern Ontario after graduation.

2026 Provincial Budget Request

- \$6.25 million over three years
- This investment would fund 52 full-time equivalent preceptors to support training for approximately 226 additional MLT students. These placements would be concentrated in rural, remote, and high-need hospital labs where staffing shortages are most severe.

Please use the link below to access the full report.

<https://www.mlpa.org/news-2/advocacy-updates>

CAMPLR

- No published results of the February 2026 certification exam
- Domestic students will be writing the certification exam from June 22-26.

Heads of Med Lab (HoHS)

Spring meeting, May 6, 2026.

Agenda items included:

- Phlebotomy requirements: didactic and clinical placement
- Number of weeks in clinical placement
- The use of simulation to sign off on CAMPLR competencies

EQual Accreditation Update:

Ten educational programs

- 6 Accredited
- 1 accredited with conditions
- 3 admitted

Please use the link below to access the full report.

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



Briefing Report to Board of Directors

| | |
|----------------|--|
| Date | : May 12, 2026 |
| From | : John Tzountzouris, Registrar & CEO |
| Subject | : Board Governance Scorecard (Q1) 2006 |

Report Purpose:

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

The Board approved the refreshed CMLTO Board Governance Scorecard, for implementation starting in 2026, at the September 22, 2025 meeting as one aspect of GP IV-70 CMLTO Board Effectiveness Evaluation Policy.

The refreshed scorecard includes indicators in four key areas of focus:

- Board Member Capacity
- Careholder Linkage Outcomes
- Critical Governance Process Outcomes
- Public Interest Impact

The reporting of these indicators would proceed through the following four processes:

- A quarterly report at the first three meetings of each year as a Consent Agenda item;
- An agenda item at the final Board meeting of the year with an intentional discussion about each indicator, considering what the metrics have revealed, identifying any risks that need to be addressed based on the



outcomes, and determining if there are additional risks that need to be monitored in the coming year;

- A publicly facing scorecard on the CMLTO website, updated after every Board meeting; and
- Selected indicators reported through the Annual Report.

The processes to capture the required data were implemented after the February 2026 Board meetings, and the publicly facing scorecard is currently live on the CMLTO website:

<https://www.cmlto.com/cmlto-governance-scorecard/>

Now that the processes are in place, the scorecard will be updated after each Board meeting. Selected indicators will be reported for the first time in the 2026 Annual Report, delivered to the Board of Directors in May 2027.

Finally, the scorecard will be discussed with the Board at the December 2026 meeting, from a risk-based lens.



Briefing Report to Board of Directors

Date : May 14, 2026
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 addition of Jeffrey Dorfman as a Public Board Members as attached as Appendix 1.



APPENDICES:

Appendix 1 – Board Policy Champion Assignments for 2026 (V2: May 14, 2026)



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

V2: May 14, 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 | J. Dorfman |
| II-50 | Corporate Identity and Public Image | J. Dorfman |
| 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 | : May 8, 2026 |
| From | : Maggie Cakar, Governance Specialist |
| Subject | : CMLTO Artificial Intelligence (AI) Implementation Plan: Board Update |

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

PUBLIC INTEREST:

The CMLTO Artificial Intelligence (AI) Strategy, Governance Framework, and Implementation Plan serve the public interest by ensuring that the College’s use of AI is ethical, transparent, and aligned with its statutory mandate to protect the public. Through clear boundaries, oversight mechanisms, and human-in-the-loop safeguards, the Board ensures that AI enhances regulatory effectiveness while maintaining fairness, accountability, and public confidence.

BACKGROUND:

In September 2024, the Board proactively approved [Governance Process Policy IV-180: Board Use of Generative Artificial Intelligence](#), establishing foundational principles for the ethical and transparent use of AI by the Board.

To support the responsible implementation of AI across the CMLTO, the CMLTO Board of Directors approved the following key documents at its meeting on November 21, 2025:

- **CMLTO Artificial Intelligence (AI) Strategy** defining the vision, guiding principles, and objectives for ethical and transparent AI use,



- **CMLTO Artificial Intelligence (AI) Governance Framework** setting out the oversight structures, roles, and accountability mechanisms required for implementation,
- **Executive Limitations EL II-60 Use of AI Policy** defining the boundaries within which the Registrar & CEO may operationalize AI, ensuring compliance with Board-approved principles and legal obligations.

Collectively, these documents establish the governance architecture for responsible, ethical, and transparent AI use at the CMLTO.

At the same meeting, the Board was also provided with the **CMLTO AI Implementation Plan (2025–2027)**. The Plan translates the AI Strategy and AI Governance Framework into measurable, phased actions that build the College’s capacity for responsible, ethical, and transparent AI adoption.

Together, these measures ensure that AI adoption at the CMLTO strengthens regulatory excellence, enhances organizational performance, and upholds public trust through ethical, human-centered innovation.

The purpose of this briefing report is to provide the Board with a status update on implementation of the CMLTO Artificial Intelligence (AI) Implementation Plan.

CMLTO AI IMPLEMENTATION PLAN PROGRESS UPDATE

Following the Board’s review of the CMLTO Artificial Intelligence (AI) Implementation Plan in December 2025, a more detailed Implementation and Operationalization Plan has been developed to translate the Board-approved framework into concrete milestones, timelines, and deliverables.

1.1 Board Approval and Oversight Setup [COMPLETED]

Purpose: *To establish formal Board approval of the CMLTO AI Strategy, Governance Framework, and Implementation Plan, and to define oversight responsibilities, reporting lines, and accountability structures for AI governance*

“Section 1.1 established the foundational Board approvals, oversight responsibilities, accountability structures, and reporting mechanisms required for responsible AI governance and implementation.

Specifically, this work included Board approval of the following foundational governance instruments:



- CMLTO Artificial Intelligence (AI) Strategy
- CMLTO Artificial Intelligence (AI) Governance Framework
- Executive Limitations Policy EL II-60 Use of Artificial Intelligence

In addition, the Board was formally informed of:

- CMLTO Artificial Intelligence (AI) Implementation Plan (2025–2027)
- CMLTO Artificial Intelligence (AI) Governance and Strategy Guidance / Reference Document

Collectively, these approvals and Board oversight mechanisms established the formal governance foundation for the ethical, transparent, and accountable implementation of AI at the CMLTO, including clear governance authority, oversight responsibilities, reporting expectations, and organizational accountability structures for AI use and implementation.

1.2 Policy Foundation & Governance Toolkit Development [COMPLETED]

Purpose: *To create the foundational policy suite and standardized governance tools that will guide the ethical, transparent, and compliant use of AI across all CMLTO functions*

Section 1.2 of the CMLTO Artificial Intelligence (AI) Implementation Plan – Policy Foundation & Governance Toolkit Development – has now been fully completed and operationalized.

Section 1.2 focused on translating Board-approved AI governance instruments into enforceable, proportionate, and operational controls appropriate to CMLTO’s current low-risk AI profile.

Specifically, this work operationalizes:

- CMLTO Artificial Intelligence (AI) Strategy
- CMLTO Artificial Intelligence (AI) Governance Framework
- Executive Limitations Policy EL II-60 Use of Artificial Intelligence
- Governance Process Policy GP IV-180 Board Use of Generative Artificial Intelligence

To support Phase 1 implementation, a Staff AI Use Baseline Survey was launched on January 28, 2026 to document current AI and AI-assisted tool use across the organization and establish a Phase 1 governance baseline. The survey supports Phase 1 implementation by informing development of the AI Register, organizational readiness assessment, and proportionate risk-tiering.



Key Activated Components of the CMLTO AI Governance Toolkit include:

CMLTO Responsible AI Use & Governance Manual:

The manual serves as the operational guidance document for the CMLTO Staff.

CMLTO AI Register

The Phase 1 CMLTO AI Register has been created, populated, and operationalized as part of Section 1.2.1 activation. The Register functions as CMLTO's central governance control for AI oversight and was populated using the results of the Staff AI Use Baseline Survey (89% response rate) and reflects current operational AI practices.

Current CMLTO AI Profile:

The CMLTO AI Register confirms that CMLTO's current AI use is:

- 100% assistive or informational in nature
- 0% automated or determinative decision-making
- 0% reported entry of registrant or applicant personal data
- Predominantly Tier 1 (Low Impact)
- Limited Low Tier 2 use (e.g., Scribe workflows; sentiment analysis)
- 87.5% weekly or daily usage
- 100% human review prior to operational use

CMLTO AI Governance Controls Matrix

The Matrix translates Board-approved AI governance instruments into enforceable operational controls and links those controls to monitoring, escalation, and accountability mechanisms.

CMLTO Data Classification & Handling Standard

As part of Phase 1 AI governance activation under Section 1.2, CMLTO developed and formalized the CMLTO Data Classification & Handling Standard to establish a structured information governance foundation for the AI Governance Toolkit.

While the toolkit operationalizes intake, monitoring, escalation, and oversight mechanisms, the Data Classification & Handling Standard establishes the data sensitivity boundaries supporting those controls. It ensures that statutory confidentiality, disclosure obligations, and privacy safeguards are clearly articulated before any AI-enabled processing occurs.

The **AI Governance Toolkit (v1)** now functions as CMLTO's integrated operational governance system for AI oversight.



With Section 1.2 – Policy Foundation & Governance Toolkit Development now operational, Phase 1 AI governance controls are active.

1.3 Capacity Building [IN PROGRESS]

Purpose: To strengthen AI literacy, ethical awareness, and governance competency among the Board, Statutory Committees, and staff, ensuring that all decision-makers are prepared to oversee, evaluate, and responsibly implement AI within CMLTO's governance and regulatory framework.

With the operationalization of Section 1.2, Phase 1 implementation now transitions into structured capability-building to ensure sustainable, informed, and proportionate AI oversight across governance and operations

High-level activities include, but are not limited to, delivery of additional AI literacy and ethics sessions for the Board and staff.

- On January 26, 2026, the CMLTO Staff participated in an AI literacy and governance training session covering the CMLTO AI Strategy, AI Governance Framework, Governance Process Policy GP IV-180, and Executive Limitation EL II-60.
- **Other Training Sessions the CMLTO Staff Attended**
 - CNAR: Regulation of AI in Professional Work: Options and Opportunities (January 21, 2026)
 - RCDSO Connect: AI in Dentistry – Guiding Your Practice Confirmation (January 21, 2026)
 - Governance Solutions Podcast with guest Michael Hartman Education Event (January 23, 2026)
 - MDR: AI in Regulation (February 2 & 3, 2026)
 - Governance Solutions - Michael Hartmann: Effective AI Governance (February 24, 2026)
- **Legal counsel-led briefing session (Scheduled for the May Board meeting) for Board and Staff, addressing:**
 - Legal implications of AI use in a regulatory context
 - Confidentiality and privacy considerations
 - Statutory obligations under RHPA and PHIPA
 - Emerging regulatory developments
 - Question-and-answer session to clarify governance boundaries



- **Structured staff training and facilitated session on the CMLTO Responsible AI Use & Governance Manual. Scheduled for June 2026**

Additional training sessions will be proposed as implementation progresses and as AI use evolves, ensuring that governance capacity scales proportionately with operational complexity.

Overall, implementation of Phase 1 AI governance activities continues to progress in alignment with the Board-approved AI Strategy, Governance Framework, and Executive Limitations. Consistent with the Board-approved governance approach, the current implementation remains intentionally focused on low-risk, assistive AI applications and proportionate to CMLTO's current AI risk profile, while continuing to emphasize human oversight, transparency, accountability, and protection of the public interest. Future implementation phases will scale proportionately based on organizational needs, risk profile, and governance maturity.



Briefing Report to Board of Directors

Date : May 13, 2026

From : John Tzountzouris, Registrar & CEO

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

For the Period : February 17 – May 13, 2026

Report Purpose:

- Board Policy**
 - Development/Enhancement**
 - Regular Policy Review
 - Policy Approval
 - Ends Policy
 - Executive Limitations Policy
 - Board-CEO Relationship Policy
 - Governance Process
 - Board Implementation of Policy
 - Board-CEO Relationship Policy
 - Governance Process
- Monitoring Report
 - Ends
 - Executive Limitations
 - Statutory Committee
 - Ownership Linkage Report
 - Incidental Report
 - Registrar & CEO
 - Board Chair
 - Other:

PUBLIC INTEREST:

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

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



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

- J. Tzountzouris met with two members of provincial parliament to discuss the regulatory initiative.
- J. Tzountzouris participated in bi-weekly with Strategy Corp. staff to discuss strategic approaches to raising the issue of regulation with political staff.
- The framework for a comprehensive plan / “playbook” for regulation was completed, and components of the plan have been drafted. Further, investigations into the regulatory changes and financial model to support regulation of MLA/Ts was advanced.



AGENDA ITEM 4.0

| 4.0 | EXECUTIVE LIMITATIONS POLICY IMPLEMENTATION |
|-----|---|
| 4.1 | EL II-12 Financial Audit and External Auditors – Presentation of the CMLTO 2025 Audited Financial Statements for Board Approval |
| | 4.1.1 Report to the Board of Directors <i>(To be approved at the meeting)</i> |
| | 4.1.2 Draft 2025 Audited Financial Statements <i>(To be approved at the meeting)</i> |



Briefing Report to Board of Directors

| | |
|----------------|---|
| Date | : May 12, 2026 |
| From | : John Tzountzouris, Registrar & CEO |
| Subject | : EL II-11 Financial Condition Policy – Approval of the CMLTO 2025 Audited Financial Statements |

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

Recommended Motion:

Be it resolved that:

The Board moves to approve the CMLTO 2025 Audited Financial Statements as presented.

Introduction

The 2025 Audited Financial Statements are being presented to the Board in accordance with Section 3.8.3.3 of the CMLTO By-Law, which states the following:

The auditor shall report to the Executive Committee at its last meeting before the Board meeting at which the audited financial statements of the College will be presented to the Board for approval.

The auditor shall report in writing to the Board of Directors at the meeting at which the financial statements of the College are to be presented.

Umar Saeed, Partner, Welch LLC presented the draft 2025 Audited Financial Statements to the Executive Committee at their April 15, 2025 meeting. The



Executive Committee members had no questions, comments or concerns which would alter the presentation of the 2025 Audited Financial Statements. As such, Mr. Saeed will be available at the May 25, 2026 Board meeting to present the 2025 Audited Financial Statements and take questions from the Board.



AGENDA ITEM 5.0

| | |
|------------|---|
| 5.0 | GOVERNANCE PROCESS: POLICY DEVELOPMENT / IMPLEMENTATION |
| 5.1 | Appointment of New Board Member to Statutory Committee (J. Dorfman) |
| 5.2 | Appointment of Auditors for Fiscal Year 2026 Executive Limitations Policy EL II-12 – Financial Audit and External Auditors |
| 5.3 | 2026 Board Priorities & Integrated Board Strategic Agenda |



Briefing Report to Board of Directors

Date : May 13, 2026

From : John Tzountzouris, Registrar & CEO

Subject : Appointment of New Public Board Member to Patient Relations Committee

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-Staff Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & CEO |
| <input checked="" type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> Governance Process | |
-

PUBLIC INTEREST RATIONALE:

This matter pertains to the public interest as it concerns the composition of the Statutory Committees which support the CMLTO Board of Directors in conducting its various regulatory responsibilities. The CMLTO Board of Directors sets out the strategic and policy direction for the College in the interest of the public.

Recommended Motion:

Be it resolved that;

- Public Board Member, Jeffrey Dorfman be appointed to the Patient Relations Committee, effective immediately.
-

The composition of the 2026 CMLTO Statutory Committees was approved by the Board of Directors on February 12, 2026.

On March 6, 2026, we were notified by the Ministry of Health that a new Public Board Member, Jeffrey Dorfman, was appointed to the CMLTO Board of Directors.

Section 5.4.6.8 of the CMLTO By-Law states: *“The Board of Directors may add or remove members to a committee as required for the efficient operation of the committee.”*

Accordingly, it is under this authority that the Board of Directors is asked to approve the proposed motion appointing Jeffrey Dorfman to the Patient Relations Committee.



Briefing Report to Board of Directors

Date : May 12, 2026
From : John Tzountzouris, Registrar & CEO
Subject : Appointment of the Auditor for Fiscal Year 2026 – CMLTO
By-Law & EL II-12 Financial Audit and External Auditors

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-Staff Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & Executive Director |
| <input checked="" type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> Governance Process | |

Recommended Motion:

Be it resolved that:

The Board moves to approve the appointment of Welch LLP as the CMLTO's auditors for fiscal year 2026.

CMLTO By-Law Section 3.8.2.1 states that the "Board shall annually appoint a chartered accountant or firm of chartered accountants duly licensed under the *Public Accounting Act, 2004* to audit the accounts of the College and to prepare financial statements for each fiscal year."

Further, the Board's Executive Limitations Policy EL II-12 Financial Audit and External Auditors states that "The maximum term that an external auditor can serve is five (5) consecutive years."



Welch LLP completed the second annual financial audit of the CMLTO in April 2026. The experience of staff and the Accounting Consultant was very positive, and this sentiment was mirrored by the Welch LLP staff.

Further, since this was their second year performing this task for the CMLTO, Welch LLP has not exceeded the maximum term outlined in the Board's Executive Limitations Policy EL II-12 Financial Audit and External Auditors, and there is no need to search for a new accounting firm to perform this function.

Based on the information presented, the Board of Directors is being asked to approve the appointment of Welch LLP as the CMLTO's auditors for fiscal year 2026.



Briefing Report to Board of Directors

Date : May 7, 2026

From : Karen Persad, Board Chair
John Tzountzouris, Registrar & CEO

Subject : Report on Planning Part 2 for 2026 Board Goals/Priorities and 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: |

PUBLIC INTEREST:

The Board’s ongoing governance planning, continuous improvement, and governance modernization efforts support effective oversight, informed decision-making, accountability, and strong governance stewardship in the public interest. These efforts contribute to organizational effectiveness and continued public confidence in the College’s public protection mandate.

BACKGROUND:

The CMLTO Board is committed to accomplish its job products (its deliverables) with a purpose-driven, proactive, focused, inclusive, and disciplined governance approach. The CMLTO Board prepares and follows its Annual Integrated Board Strategic Agenda/Work Plan (IBSA) and is responsible for managing its own strategic governance goals with the support of the Registrar & CEO, the staff, and external consultants, as required. The Board discusses, at least twice per year, the planning of the Board’s strategic goals and its related agenda and work plan (GP IV-30 Annual Planning Cycle & Annual Integrated Board Strategic Agenda/Work Plan Policy).

The Board held a Phase 1 planning discussion in December 2025 to provide the opportunity for the 2025 experienced Board to identify a preliminary set of Board goals/priorities and a Integrated Board Strategic Agenda/Work Plan (IBSA)for 2026.



In February 2026, the Board conducted its Phase 2 planning conversation to fine-tune and validate the 2026 Board goals/priorities as well as discussing the related implications for the Board's 2026 Integrated Strategic Agenda/Work Plan (IBSA). For 2026, there are a number of substantial governance learning, governance process improvements, and Board structural advancements that are being planned by the Board. Several of these changes/advancements will require a staged approach to designing, implementing, and educating these changes.

Board Feedback on 2026 Board Priorities Identified In December 2025 (Appendix 1)

Appendix 1 outlines the 2026 CMLTO Board goals as confirmed by the Board in February 2026 following further Board discussion. The chart also identifies the proposed actions and associated timelines.

Remaining Board Action Items for Future Board Development (Appendix 2)

Not all of the work of the Board's continuous governance process improvement and structural modernization can be accomplished in 2026. This was discussed with the Board at both the December 2025 and February 2026 Board planning sessions. Appendix 2 lists items that in December were identified by the Board as work ahead (coming from several sources – external review, GOVERN conference debrief, 2025 Board Effectiveness Self-Evaluation, and Board discussion) yet were not identified as top priorities for 2026 coming out of the February 2026 Board planning discussion. Appendix 2 outlines the current status of these items, including those completed and those incorporated into the CMLTO Governance Modernization Plan Refresh.

CMLTO Integrated Board Strategic Agenda/Work Plan (IBSA) (Appendix 1)

At the Board's December 2025 meeting, during Phase 1 of the 2026 Board planning, the Board reviewed the first draft of its 2026 CMLTO Integrated Board Strategic Agenda/Work Plan (IBSA) which at that time had incorporated the following elements:

- Regular and Special Policy Reviews scheduled for 2026,
- Regular Board Process (e.g. Annual Report, Budget, CEO Performance Evaluation, Annual Board Evaluation, Board Nominations),
- Ongoing Board work initiatives (e.g. Board competencies),
- CEO Initiatives – Regular incidental reporting (e.g. Health Human Resources),
- Regular Monitoring of CEO Results/Performance and compliance with values and risk boundaries, and
- Regular monitoring of Board achievement of its own Policies.



Following the Board's February 2026 Board Planning Phase 2 discussion, in alignment with the Board's thinking, the following components have now been added to the 2026 Integrated Board Strategic Agenda/Work Plan:

- Board actions required to achieve its 2026 priorities/goals for continuing education, continuous improvement of governance process, and Board structural modernization,
- Board generative thinking topics (as identified in the 2025 Annual Board Evaluation), and
- Board continuing education and development topics.

The planning of these 2026 Board work plan elements and flow is based on the awareness that Board meetings will continue to be hybrid and also recognizing that the Board in general finds convening in-person does enhance communication and teamwork. One meeting in particular is designed to be an in-person meeting, as much as possible, that being the April Board Strategic Thinking and Planning Working Session.

In Appendix 3, the 2026 updated Integrated Board Strategic Agenda/Work Plan is outlined. This Work Plan is designed to be a guide to the Board's workflow throughout the year. It is also designed to be a flexible tool supporting clearly defined 2026 Board goals and priorities with the flexibility to accommodate emerging governance matters as they arise throughout the year.

Based on the Board's policy, the Board will have an opportunity in September 2026 to informally assess its progress against its strategic agenda/work plan with a more formal assessment of its progress in achieving its goals/priorities and its work plan in December 2026 as part of its Annual Board Effectiveness Self-Evaluation.

APPENDICES:

Appendix 1 – Board Feedback on 2026 Board Priorities Identified In December 2025

Appendix 2 – Remaining Board Action Items for Future Board Development

Appendix 3 – 2026 Updated CMLTO Integrated Board Strategic Agenda/Work Plan (IBSA)

APPENDIX 1
BOARD FEEDBACK ON
2026 BOARD PRIORITIES IDENTIFIED IN DECEMBER 2025
(Following the February Board Meeting)

| STRATEGIC GOVERNANCE PRIORITY | KEY 2026 BOARD GOALS/INITIATIVES | PROPOSED ACTION |
|--|---|---|
| <p>1. Strengthening Board Orientation and Continuing Education</p> <p>Desired Outcome The Board will continue to invest in the development of its governance capacity through structured orientation, applied learning, and ongoing professional development opportunities designed to deepen Board Members’ understanding of governance, regulation, and the medical laboratory professional sector.</p> <p>Board Members possess strong governance knowledge, sector awareness, and decision-making capability to effectively oversee professional regulation.</p> | <p>1.1 Develop a Comprehensive New Board Member Orientation Framework {April to December}</p> <p>Design and implement a structured orientation program that supports the progressive development of new Board Members throughout their first year of service. The orientation framework will identify the core governance knowledge, competencies, and sector understanding required during the following stages:</p> <ul style="list-style-type: none"> • First 90 days: Foundational governance orientation and understanding of CMLTO’s mandate and regulatory responsibilities • Second 90 days: Deeper engagement with Board policies, strategic oversight, and regulatory context • Final 180 days: Applied governance participation, sector understanding, and strategic contribution | <p>A comprehensive Board Member Orientation Framework to be developed (implementation to start in 2027)</p> |
| | <p>1.2 Continue Board Learning and Professional Development {April to September}</p> <p>Advance Board Member knowledge, competencies, and governance wisdom through continuing education opportunities that engage directors at varying levels of governance experience.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Ongoing applied governance learning sessions and Board Rehearsals to strengthen Board effectiveness | <p>To be included in the IBSA, as appropriate.</p> |

| STRATEGIC GOVERNANCE PRIORITY | KEY 2026 BOARD GOALS/INITIATIVES | PROPOSED ACTION |
|--|--|--|
| | Expanded orientation and education regarding the medical laboratory professional sector, ensuring directors have sufficient contextual understanding to govern effectively (including MLTs, M/LATs, and other medical laboratory professionals) | |
| | <p>1.3 Applied Learning Sessions on Risk-Informed and Transparent Regulation [May]</p> <p>Conduct applied continuing education sessions focused on:</p> <ol style="list-style-type: none"> 1) Risk-informed regulations and 2) Transparent regulation, including an overview of key areas of professional practice risk relevant to the MLT regulatory environment as of 2026. <p><i>Note: Risk-informed regulation is a regulatory approach that prioritizes oversight, resources, and interventions based on the level and likelihood of risk to the public, focusing regulatory attention where potential harm is the greatest.</i></p> | To be included in IBSA (December) |
| | <p>1.4 Applied Learning on Effective Board Decision-Making [May or September]</p> <p>Facilitate a continuing education session focused on effective Board decision-making, including exploration of the conditions that support strong governance deliberation, sound judgment, and high-quality Board decisions.</p> <p><i>Note: A key reference to the CMLTO Board Policy (GP IV-25) on Board Policy Decision Process</i></p> | To be included in IBSA (December) |
| <p>2. Board Process Development and Continuous Improvement</p> <p><u>Desired Outcome</u> The Board will continue its commitment to governance excellence by strengthening</p> | <p>2.1 Exploration of Artificial Intelligence in Governance [May to December]</p> <p>Explore and plan the next phase of practical application of artificial intelligence (AI) development and its potential applications in Board governance at CMLTO. This will involve:</p> <ul style="list-style-type: none"> • Further building Board knowledge regarding potential AI tools and uses | Included in the CMLTO Artificial Intelligence (AI) Implementation Plan |

| STRATEGIC GOVERNANCE PRIORITY | KEY 2026 BOARD GOALS/INITIATIVES | PROPOSED ACTION |
|--|--|---|
| <p>Board processes, improving governance efficiency, and enhancing the Board’s capacity to focus on strategic foresight and regulatory outcomes.</p> | <ul style="list-style-type: none"> Identifying legitimate, safe, and appropriate applications for Board work at CMLTO Determining which AI-enabled practices the Board may officially begin to adopt | |
| <p>Board processes are efficient, future-focused, and support strong governance oversight and strategic foresight.</p> | <p>2.2 Strengthening Strategic and Generative Board Dialogue [May to September]</p> <p>Enhance the Annual Integrated Board Strategic Agenda/Work Plan to intentionally create more space for future-focused discussions related to CMLTO’s Ends (Critical Outcomes).</p> <p>This will support the Board in fulfilling its responsibilities for:</p> <ul style="list-style-type: none"> Strategic foresight Generative thinking Future-focused regulatory leadership <p>This work will also be supported and informed by advancing governance efficiency in areas such as risk register monitoring and CEO/organizational performance monitoring. Ensure Board Members understand the Board’s legislated requirements and those areas where the Board believes it should be making progress in order to achieve CMLTO’s purpose.</p> | <p>To be included in the IBSA, as appropriate.</p> <p>Included in IBSA (September):</p> <ul style="list-style-type: none"> Confirm the Design of the Review/Refresh Process for CMLTO Ends (Critical Outcomes) Policies Generative Discussion <ul style="list-style-type: none"> What are the Board expectations in terms of outcomes related to risk informed regulation (is this an Ends [Critical Outcomes] or Executive Limitations matter?) |
| | <p>2.3 Improving Board Monitoring Processes of CEO Results/Performance [May to September]</p> <p>Explore alternative approaches to Board process for monitoring the CEO results, in order to strengthen effectiveness and improve the efficient use of Board meeting time.</p> <p>This will include:</p> <ul style="list-style-type: none"> A Board dialogue exploring alternative monitoring approaches, concepts, and governance practices | <p>Included in IBSA (May)</p> <ul style="list-style-type: none"> Evaluation of Options for the Process for Monitoring CEO Results/Compliance with Board Policy |

| STRATEGIC GOVERNANCE PRIORITY | KEY 2026 BOARD GOALS/INITIATIVES | PROPOSED ACTION |
|--|---|--|
| | <ul style="list-style-type: none"> Consideration of the benefits and limitations of various approaches to the Board monitoring the CEO results | |
| <p>2. Board Process Development and Continuous Improvement (con't)</p> | <p>2.3.1 Applied Monitoring Learning Session Conduct an applied, real-time learning session including reviewing a Registrar & CEO Monitoring Report in order to ensure all Board Members have a strong understanding of:</p> <ul style="list-style-type: none"> The Board's goal and responsibility to evaluate objective evidence of outcomes achieved The key governance questions directors should ask when reviewing monitoring reports Appropriate Board responses to varying levels of compliance or performance results achieved <p><i>Note: Include exploration of a Monitoring Committee recognizing there are both risks and benefits.</i></p> <p>2.4 Review of Board Policy Expectations Related to Risk-Informed Regulation [September to December] Review relevant governance policies to ensure the Board has clearly articulated its expectations regarding risk-informed and transparent regulation. This work will also include strengthening Board knowledge and shared understanding of the importance and practical implications of risk-informed regulatory governance.</p> | <p>Included in IBSA (May)</p> <ul style="list-style-type: none"> A Practical Monitoring Report Case Study <p>Included in IBSA (December)</p> <ul style="list-style-type: none"> Risk-informed and Transparent Regulation - what, why, how |
| <p>3. Board Structural Modernization</p> <p>Desired Outcome The Board will explore opportunities to modernize aspects of its governance structure in order to enhance governance effectiveness, leadership succession, and Board capacity.</p> | <p>3.1 Exploration of Board Committee Structure [April to December] Explore the potential benefits and risks associated with establishing additional Board committees. Areas of consideration may include:</p> <ul style="list-style-type: none"> Nominations (and Board HR) Committee Governance Committee | <p>Included in the CMLTO Governance Modernization Plan Refresh</p> |

| STRATEGIC GOVERNANCE PRIORITY | KEY 2026 BOARD GOALS/INITIATIVES | PROPOSED ACTION |
|---|---|--|
| <p>Board structures and leadership roles support effective governance, leadership succession, and long-term Board capacity.</p> | <ul style="list-style-type: none"> Audit Committee (should it be Audit or Finance & Audit – why would a Finance Committee be needed?) Policy Review Committee (to reduce Board time involved and at the same time engage the full Board in all policy decisions) | |
| | <p>3.1.1 Development of Committee Terms of Reference Develop governance policies establishing the terms of reference for the first one or two committees that the Board chooses to implement.</p> <ul style="list-style-type: none"> Populate Board Committees with people with related skills <u>and</u> those who are very interested in the subject. | <p>Included in the CMLTO Governance Modernization Plan Refresh</p> |
| | <p>3.1.2 Review of the Executive Committee Re-examine the Executive Committee’s role and Terms of Reference (recognizing it as a statutory committee), including consideration of evolving its role into a Board Process Committee function.</p> | <p>To be addressed during the Regular Review of GP IV-20.05 Executive Committee Terms of Reference Policy scheduled for May 2027</p> |
| | <p>3.2 Integrating the Board Competency and Characteristics Framework {April to December and Ongoing} Implement the next phase of the Board’s work plan to integrate the Board Competency and Characteristics Framework into:</p> <ul style="list-style-type: none"> Board recruitment Nominations processes Board committee appointments | <p>The CMLTO Board Nomination and Election Processes have been updated for the 2026 CMLTO Board Elections to include the CMLTO Board Competency and Leader Characteristics Profile as per the CMLTO Board Competency Framework Implementation Plan</p> |
| | <p>3.2.1 Supporting Board Member Learning and Development re: Board Leader Character Knowledge and Application Seek input from current Board Members regarding their governance learning needs related to the Board competencies, characteristics, dynamics, and culture. Support individual Board learning and development needs.</p> | <p>Included in the CMLTO Board Competency Framework (Section: 7.4.2 Developing Learning and Development Opportunities for the Board Members)</p> |

| STRATEGIC GOVERNANCE PRIORITY | KEY 2026 BOARD GOALS/INITIATIVES | PROPOSED ACTION |
|---|--|---|
| <p>3. Board Structural Modernization (con't)</p> | <p>3.3 Strengthening Board Leadership Structure {May to September unless otherwise listed below} Evaluate the roles of Board Chair and Vice-Chair to determine whether increased leadership collaboration and work-sharing would strengthen governance effectiveness at CMLTO.</p> | |
| | <p>3.3.1 Update Board Officer Policy Update Board Officers Policy (GP IV-15) to reflect any agreed changes in Board Officer roles.</p> | Included in the CMLTO Governance Modernization Plan Refresh |
| | <p>3.3.2 Chair Term Structure Revise the term of service for the Board Chair to a two-year term, provided that the individual remains eligible to serve as a Board Member for the duration of the term. The policy may also permit one additional two-year term as Chair (i.e. a total of two [2] terms of two [2] years).</p> | Included in the CMLTO Governance Modernization Plan Refresh |
| | <p>3.3.3 Leadership Training {September to December} Develop targeted governance leadership training for the roles of Board Chair and Vice-Chair.</p> | Included in the CMLTO Governance Modernization Plan Refresh |
| | <p>3.3.4 Consideration of a Past Chair Role Discuss the potential value of establishing a formal Past Chair role and amend relevant Board policies and CMLTO By-Law as appropriate.</p> | The concept of a formal “Past Chair role” is not feasible, as “Past Chair” is not a role that can be created or assigned but simply refers to the individual who most recently served as Chair and may no longer be on the Board. It is recommended to reframe this as “Formalize a Chair Transition and Continuity Process.” This will be included in the Board Chair Orientation, where applicable, if |



| STRATEGIC GOVERNANCE PRIORITY | KEY 2026 BOARD GOALS/INITIATIVES | PROPOSED ACTION |
|-------------------------------|--|---|
| | | the Past Chair remains on the Board. |
| | 3.3.5 Board Leadership Succession Planning Develop a plan to clarify and strengthen Board leadership succession, ensuring continuity and effectiveness in Board officer roles. | Included in the CMLTO Governance Modernization Plan Refresh |

APPENDIX 3
REMAINING BOARD ACTION ITEMS FOR FUTURE BOARD DEVELOPMENT
IDENTIFIED THROUGH VARIOUS BOARD EVALUATION PROCESSES IN 2025 AND EARLY 2026

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 is underway and/or is addressed on a lower priority basis in the 2026 Annual Integrated Board Strategic Agenda/Work Plan. Some items will need to be addressed in subsequent years.

| ACTION ITEM | BOARD ACTION PLAN / STATUS |
|---|---|
| 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. | Included in the CMLTO Governance Modernization Plan Refresh |
| 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. | COMPLETED 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. | COMPLETED R/CEO provided 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 | Included in the CMLTO Governance Modernization Plan Refresh |
| CEO Performance Evaluation <ul style="list-style-type: none"> • More intentionally address CEO professional development in the process. | COMPLETED An intentional written R/CEO Development Plan was requested as part of the 2025 R/CEO Performance Evaluation process. The plan was shared with the Board at the February Board meeting. |

| ACTION ITEM | BOARD ACTION PLAN / STATUS |
|--|--|
| <p>Board Team Building</p> <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 | Included in the CMLTO Governance Modernization Plan Refresh |
| <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. | <p>COMPLETED</p> <p>A full orientation provided to the Board at the February 2026 Board meeting outlining the four (4) key roles of Policy Champions and the related processes.</p> |
| <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. | Included in the CMLTO Governance Modernization Plan Refresh |
| <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). | Included in the CMLTO Governance Modernization Plan Refresh |
| <p>Board Member Expense Workflow</p> <ul style="list-style-type: none"> Retain PDF-based expense form, confirm process in administrative procedure manual. | Included in the CMLTO Governance Modernization Plan Refresh |
| <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. | Included in the CMLTO Governance Modernization Plan Refresh |
| <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. | Included in the CMLTO Governance Modernization Plan Refresh |

| ACTION ITEM | BOARD ACTION PLAN / STATUS |
|--|---|
| Recognize Collective Board Achievements <ul style="list-style-type: none"> Share Board collective achievements in CMLTO Annual Report – Board Reporting Section. | Included in the CMLTO Governance Modernization Plan Refresh |
| GOVERNANCE OF RISK | |
| Cyber Security Risk Clause in Policy | <ul style="list-style-type: none"> Planned for policy review in 2026. |
| More Intentionally, Overtly Include Assessment of Risk in Board Conversations Leading to Decision-Making (public protection lens, EDIJ lens, governance of risk lens). | <ul style="list-style-type: none"> Board Decision-Making Continuing Education session, including use of governance of risk lens is planned for 2026. |
| BOARD STRUCTURE MODERNIZATION | |
| Continue to Focus on Policy Development Related to EDIJ (including use of the Global Diversity, Equity, and Inclusion Benchmark) | Included in the CMLTO Governance Modernization Plan Refresh |
| 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. | Included in the CMLTO Governance Modernization Plan Refresh |
| 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. | Included in the CMLTO Governance Modernization Plan Refresh |
| 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. | Included in the CMLTO Governance Modernization Plan Refresh |



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: FEBRUARY 12 & 13, 2026

| BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION | | | | BOARD LINKAGE AGENDA MONITORING | BOARD MONITORING AGENDA | |
|---|--|--|--|---|--|---|
| ENDS POLICIES | EXECUTIVE LIMITATIONS | GOVERNANCE PROCESS | BOARD / CEO RELATIONSHIP | | ENDS POLICIES | EXECUTIVE LIMITATIONS |
| <p>STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES</p> <ul style="list-style-type: none"> ✓ Registrar & CEO Incidental Briefing Report | <p>REGULAR POLICY REVIEW</p> <ul style="list-style-type: none"> ✓ EL II-09 Investment Policy | <p>REGULAR POLICY REVIEW</p> <ul style="list-style-type: none"> ✓ GP IV-20 Statutory and Board Committee Principles Policy ✓ GP IV-45.05 Board Meeting Process and Minutes Policy (Appendix) ✓ GP IV-130 Board Mentor Program Policy | <p>REGULAR POLICY REVIEW</p> <ul style="list-style-type: none"> ✓ BCR III-20 Board Support of the Registrar & CEO Policy | <ul style="list-style-type: none"> ✓ Board's Message in FOCUS Board Planning on the Careholdership Linkage Plan for 2026 and beyond (Scheduled for April Board Generative / Strategic Thinking Meeting) | <p>REGULAR R/CEO MONITORING REPORTS</p> <p>N/A</p> | <p>REGULAR R/CEO MONITORING REPORTS</p> <ul style="list-style-type: none"> ✓ EL II 10 Financial Health Policy ✓ EL II-50 Corporate Identity/Communications and Public Image Policy |
| <p>ENVIRONMENTAL SCANNING/DISCOVERY REPORTS</p> <ul style="list-style-type: none"> ✓ MLA/T Oversight Scanning Update ✓ CAMLPR Integration/ Professional Standards Update | <p>SPECIAL POLICY REVIEW</p> <ul style="list-style-type: none"> ✓ EL II-10 Financial Health Policy (EL II-10 Financial Planning and Budget Cycle Policy & EL II-11 Financial Condition Policy) | <p>POLICY IMPLEMENTATION</p> <ul style="list-style-type: none"> ✓ Board Governance Scorecard Report Analysis (Q4-2025) ✓ Board Policy Champion Assignments for 2026 ✓ Board Chair Incidental Report ✓ Academic Member Incidental Report ✓ Board Member Attendance at External Events - Report As Needed ✓ Board Mentor Program Report to Board (GP IV-130) – As Needed - (L. Lan, A. Chan, N. Clark) ✓ Executive Committee Recommendations for Composition of 2026 Board CMLTO Statutory Committees ✓ Planning for Board Generative / Strategic Directions Planning Session (For April Meeting) ✓ Planning Part 2 for 2026 Integrated Board Strategic Agenda (Finalizing the IBSA for 2026) ✓ Board Review of 2025 IBSA Work Plan Progress ✓ Review and Approval of 2026 Board Goals ✓ Governance Modernization Plan: Board Update ✓ CMLTO By-Law Consultation Results Re:CMLTO Board Competency and Leadership Characteristics Profile & Related Competency-Based Eligibility Requirements <p>NEW BOARD MEMBER ORIENTATION/BOARD MEMBER REFRESH AND CONTINUING EDUCATION</p> <ul style="list-style-type: none"> ✓ Overview of CMLTO Organization, CMLTO Strategic Framework 2024-2027, Cmlto Key Strategic Priorities (J. Tzountzouris) | <p>POLICY IMPLEMENTATION</p> <ul style="list-style-type: none"> ✓ Registrar & CEO 2026 Performance Evaluation Report (Jan-Dec 2025) <p>BOARD MONITORING OF BOARD POLICY COMPLIANCE</p> <p>No policies assigned for this meeting</p> | | <p>ACHIEVEMENT & COMPLIANCE</p> <ul style="list-style-type: none"> ✓ Registrar & CEO Performance Tracking Through Monitoring Reports YTD | <p>ACHIEVEMENT & COMPLIANCE</p> <ul style="list-style-type: none"> ✓ Registrar & CEO Performance Tracking Through Monitoring Reports YTD |



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: FEBRUARY 12 & 13, 2026

| BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION | | | | BOARD LINKAGE AGENDA MONITORING | BOARD MONITORING AGENDA | |
|---|-----------------------|--|--------------------------|---------------------------------|-------------------------|-----------------------|
| ENDS POLICIES | EXECUTIVE LIMITATIONS | GOVERNANCE PROCESS | BOARD / CEO RELATIONSHIP | | ENDS POLICIES | EXECUTIVE LIMITATIONS |
| | | <ul style="list-style-type: none"> ✓ Module 1 – The Why of Policy Governance (by K. Fryday-Field, Meridian Edge) - See summary in Appendix 1 Delegation to the CEO Case ✓ Legal Perspectives Of Regulation: Board Member’s Role & Responsibilities And Trends In Health Regulation (Steinecke Maciura LeBlanc) Relevant Government/Political Landscape <ul style="list-style-type: none"> o Provincial Policy Directions and Impacts on Health Regulation ✓ Board Policy Champion Role and Duties ✓ History of MLA/T Regulation <p>OTHER BOARD CONTINUING EDUCATION</p> <ul style="list-style-type: none"> ✓ Video - The Essentials of Building Board Strategic Direction (Key Building Bloks for Understanding and Creating Powerful Ends (Critical Outcomes) Policy Direction) ✗ CMLTO EDI-J Principles and Rationale (<i>Deferred to May</i>) ✓ New Board Members will be provided with 2023 Discovery Reports <p>BOARD MONITORING OF BOARD POLICY COMPLIANCE</p> <ul style="list-style-type: none"> ✓ GP IV-80 Board Code of Conduct, Confidentiality, and Conflict of Interest Policy (<i>Deferred from Dec 2025</i>) <p>STATUTORY COMMITTEE MONITORING REPORTS</p> <ul style="list-style-type: none"> ✓ Monitoring Reports from Statutory Committees that had a meeting during the reporting period: <ul style="list-style-type: none"> •Executive Committee •Inquiries, Reports and Complaints Committee •Registration Committee) | | | | |



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: APRIL 13, 2026

BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION

| BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION | | | | BOARD LINKAGE AGENDA MONITORING | BOARD MONITORING AGENDA | |
|---|-----------------------|---|--------------------------|---------------------------------|-------------------------|-----------------------|
| ENDS POLICIES | EXECUTIVE LIMITATIONS | GOVERNANCE PROCESS | BOARD / CEO RELATIONSHIP | | ENDS POLICIES | EXECUTIVE LIMITATIONS |
| | | POLICY IMPLEMENTATION ✓ CMLTO Governance Modernization Plan Refresh GP IV-70 CMLTO Board Effectiveness Evaluation Policy: 2025 External Evaluation of Board Effectiveness Outcomes & Recommendations Board Discussion and Consideration of Learnings from the 2025 Govern for Impact Annual Learning Conference ✓ CMLTO Board/Careholdership Linkage Plan Refresh Global Diversity, Equity and Inclusion Benchmark (GDEIB) Analysis <i>(Deferred to May Board Meeting)</i> ✓ CMLTO Financial Health: Current and Future State | | | | |



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: MAY 25 & 26, 2026

BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION

| BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION | | | | BOARD LINKAGE AGENDA MONITORING | BOARD MONITORING AGENDA | |
|--|---|--|---|--|--|--|
| ENDS POLICIES | EXECUTIVE LIMITATIONS | GOVERNANCE PROCESS | BOARD / CEO RELATIONSHIP | | ENDS POLICIES | EXECUTIVE LIMITATIONS |
| <u>STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES</u> <ul style="list-style-type: none"> Generative Discussion - Board's Required Duties vs. Board's Future-Focused Goals | <u>REGULAR POLICY REVIEW</u> <ul style="list-style-type: none"> EL II-25 Human Resources Parameters Policy | <u>REGULAR POLICY REVIEW</u> <ul style="list-style-type: none"> GP IV-50.10 Board Monitoring System Policy GP IV-166 Government Relations Policy | <u>REGULAR POLICY REVIEW</u> N/A | <ul style="list-style-type: none"> Board's Message in FOCUS Approval of 2025 CMLTO Annual Report | <u>REGULAR REGISTRAR & CEO MONITORING REPORTS</u> <ul style="list-style-type: none"> Registrar & CEO Performance Tracking Through Monitoring Reports YTD Ends Policy 2 – Accountable Professionals (Update to year-end report provided to the Board in December 2025 RE: Quality Assurance Program Outcomes) | <u>REGULAR REGISTRAR & CEO MONITORING REPORTS</u> <ul style="list-style-type: none"> EL II 10 Financial Health Policy EL II-16 Vendor Relations Policy |
| | <u>POLICY IMPLEMENTATION</u> <ul style="list-style-type: none"> EL II-10 Financial Health Policy – Revised 2026 CMLTO Budget | <u>SPECIAL POLICY REVIEW</u> GP IV-141 Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration Policy | N/A | | <u>ACHIEVEMENT & COMPLIANCE</u> <ul style="list-style-type: none"> Registrar & CEO Performance Tracking Through Monitoring Reports YTD | <u>EXTERNAL REVIEW</u> <ul style="list-style-type: none"> EL II-12 Financial Audit & External Auditor Policy |
| <u>ENVIRONMENTAL SCANNING/DISCOVERY REPORTS</u> <ul style="list-style-type: none"> MLA/T Oversight Scanning Update CAMLPR Integration/ Professional Standards Update Registrar & CEO Incidental Briefing Report | | <u>POLICY IMPLEMENTATION</u> <ul style="list-style-type: none"> Board Governance Scorecard Report Analysis (Q1-2026) Updated Board Policy Champion Assignments for 2026 - As Needed Board Chair Incidental Report Academic Member Incidental Report Board Member Attendance at External Events - Report As Needed Board Mentor Program Report to Board (GP IV-130) - As Needed Academic Member Incidental Report Board Chair Incidental Report CMLTO Artificial Intelligence (AI) Implementation Plan Update Board Member Attendance at External events Report - As Needed | <u>POLICY IMPLEMENTATION</u> Mid-Year Board (Executive Committee) Registrar & CEO Performance Discussion (June) <u>BOARD MONITORING OF BOARD POLICY COMPLIANCE</u> No policies assigned for this meeting | | <u>ACHIEVEMENT & COMPLIANCE</u> <ul style="list-style-type: none"> Registrar & CEO Performance Tracking Through Monitoring Reports YTD | <u>ACHIEVEMENT & COMPLIANCE</u> <ul style="list-style-type: none"> Registrar & CEO Performance Tracking Through Monitoring Reports YTD |



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: MAY 25 & 26, 2026

BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION

BOARD LINKAGE AGENDA MONITORING

BOARD MONITORING AGENDA

ENDS POLICIES

EXECUTIVE LIMITATIONS

GOVERNANCE PROCESS

BOARD / CEO RELATIONSHIP

ENDS POLICIES

EXECUTIVE LIMITATIONS

- Board Mentor Program Report to Board (GP IV-130) – As Needed
- Board Meeting to be Monitored / Evaluated by All Board Members (GP IV-70 Board Effectiveness Self-Evaluation Policy)
- Appointment of Auditor for Fiscal Year 2026
- Global Diversity, Equity and Inclusion Benchmark (GDEIB) Analysis (Deferred from April Board Meeting)
- Appointment of New Board Member to a Statutory Committee (J. Dorfman)

BOARD ORIENTATION/EDUCATION/DEVELOPMENT

- **Module 2 – Board Monitoring CEO/Organization Performance**
 - Part 1: Refresh of Monitoring Principles
 - Part 2: Evaluation of Options for the Process for Monitoring CEO Results/Compliance with Board Policy
- Artificial Intelligence - Legal Framework

BOARD MONITORING OF BOARD POLICY COMPLIANCE

No policies assigned for this meeting

STATUTORY COMMITTEE MONITORING REPORTS

Monitoring Reports from Statutory Committees that had a meeting during the reporting period:

- Executive Committee
- Inquiries, Reports and Complaints Committee
- Registration Committee
- Patient Relations Committee

2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: SEPTEMBER 14 & 15, 2026

| BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION | | | | BOARD LINKAGE AGENDA MONITORING | BOARD MONITORING AGENDA | |
|---|---|--|--|--|--|--|
| ENDS POLICIES | EXECUTIVE LIMITATIONS | GOVERNANCE PROCESS | BOARD / CEO RELATIONSHIP | | ENDS POLICIES | EXECUTIVE LIMITATIONS |
| <p><u>STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES</u></p> <ul style="list-style-type: none"> •Registrar & CEO Incidental Briefing Report •Confirm the Design of the Review/Refresh Process for CMLTO Ends (Critical Outcomes) Policies Generative Discussion -what are the Board expectations in terms of outcomes related to risk informed regulation (is this an Ends [Critical Outcomes] or Executive Limitations matter?) | <p><u>REGULAR POLICY REVIEW</u></p> <ul style="list-style-type: none"> • EL II-12 Financial Audit and External Auditors Policy • EL II-80 Executive Succession Plan Policy | <p><u>REGULAR POLICY REVIEW</u></p> <ul style="list-style-type: none"> • GP IV-170 Emergency Class of Registration Policy • GP IV-80 Board Code of Conduct, Confidentiality, and Conflict of Interest Policy (Deferred from May) <p><u>SPECIAL POLICY REVIEW</u></p> <ul style="list-style-type: none"> • GP IV-45 Board Linkage with Ownership/Careholdership <p><u>POLICY IMPLEMENTATION</u></p> <p>Board Governance Scorecard Report Analysis (Q2-2026)</p> <p>Updated Board Policy Champion Assignments for 2026 - As Needed</p> <p>Board Chair Incidental Report</p> <p>CMLTO Artificial Intelligence (AI) Implementation Plan Update</p> <p>Academic Member Incidental Report</p> <p>Board Member Attendance at External Events - Report As Needed</p> | <p><u>REGULAR POLICY REVIEW</u></p> <ul style="list-style-type: none"> • BCR III-04 Registrar & CEO Position Description Policy • BCR III-05 Registrar & CEO Job Products Policy <p><u>POLICY IMPLEMENTATION</u></p> <p>Board Chair's Report on Mid-Year R/CEO Registrar & CEO Performance Discussion – Verbal Report – (In-camera</p> <p><u>BOARD MONITORING OF BOARD POLICY COMPLIANCE</u></p> <p>No policies assigned for this meeting</p> | <ul style="list-style-type: none"> • Board's Message in FOCUS | <p><u>REGULAR R/CEO MONITORING REPORTS</u></p> <p>HLP 3 Effective Regulation with the Health System</p> | <p><u>REGULAR R/CEO MONITORING REPORTS</u></p> <ul style="list-style-type: none"> • EL II 10 Financial Health Policy • EL II-12 Financial Audit & External Auditor Policy • EL II-25 Human Resources Parameters Policy • EL II-35 Staff Conduct and Transparency Policy • EL II-80 Executive Succession Policy • EL II-10: Draft 2027 Budget <p><u>ACHIEVEMENT & COMPLIANCE</u></p> <p>Registrar & CEO Performance Tracking Through Monitoring Reports YTD</p> |
| <p><u>ENVIRONMENTAL SCANNING/DISCOVERY REPORTS</u></p> <p>MLA/T Oversight Scanning Update</p> <p>CAMLPR Integration/ Professional Standards Update</p> <p>HHR Framework</p> <p>2026 CMLTO Board Elections Report - Update</p> | <p><u>POLICY IMPLEMENTATION</u></p> <ul style="list-style-type: none"> • EL II 10 Financial Health Policy – Proposed 2027 CMLTO Budget | | | | <p><u>ACHIEVEMENT & COMPLIANCE</u></p> <p>Registrar & CEO Performance Tracking Through Monitoring Reports YTD</p> | <p><u>ACHIEVEMENT & COMPLIANCE</u></p> <p>Registrar & CEO Performance Tracking Through Monitoring Reports YTD</p> |

2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: SEPTEMBER 14 & 15, 2026

BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION

**BOARD LINKAGE AGENDA
MONITORING**

BOARD MONITORING AGENDA

ENDS POLICIES

EXECUTIVE LIMITATIONS

GOVERNANCE PROCESS

**BOARD / CEO
RELATIONSHIP**

ENDS POLICIES

EXECUTIVE LIMITATIONS

Board Mentor Program Report to Board (GP IV-130) - As Needed
 Report on Process to Launch 2026 Board Effectiveness Self-Evaluation (GP IV 70)
 May 2026 Board Meeting Effectiveness Evaluation Feedback
 Board Review of 2026 IBSA Work Plan Progress
 Global Diversity, Equity and Inclusion Benchmark Update
 CMLTO Governance Modernization Plan Refresh
 CMLTO Board/Careholdership Linkage Plan Refresh
 Appointment of Academic Board Member for 2027 CMLTO Board of Directors
 Proposed By-Law Amendments re Fee Increase

BOARD ORIENTATION/EDUCATION/DEVELOPMENT

Module 3 - Board Member Governing Financial Skills in the Context of CMLTO's Financial Model (live session with a pre-reading document)
 Key Questions Board Members Should Ask When Reviewing Financial Reports – Case Reviews
 Effective Board Decision-Making - key conditions, processes, case study

BOARD MONITORING OF BOARD POLICY COMPLIANCE

GP IV-70 CMLTO Board Effectiveness Evaluation
 GP IV-150 Board Member Use of Social Media

STATUTORY COMMITTEE MONITORING REPORTS

Monitoring Reports from Statutory Committees that had a meeting during the reporting period



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: DECEMBER 7 & 8, 2026

| BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION | | | | BOARD LINKAGE AGENDA MONITORING | BOARD MONITORING AGENDA | |
|---|------------------------------|--|--|---------------------------------|---|--|
| ENDS POLICIES | EXECUTIVE LIMITATIONS | GOVERNANCE PROCESS | BOARD / CEO RELATIONSHIP | | ENDS POLICIES | EXECUTIVE LIMITATIONS |
| STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES | REGULAR POLICY REVIEW | REGULAR POLICY REVIEW | REGULAR POLICY REVIEW | • Board's Message in FOCUS | REGULAR R/CEO MONITORING REPORTS | REGULAR R/CEO MONITORING REPORTS |
| Future Trends in Regulation | N/A | | BCR III-01 Overview of Board-CEO Relationship Policy | | HLP 1 - Effective Medical Laboratory Professions Regulation HLP 2 - Accountable Professionals Registrar & CEO 2027 Ends Interpretation | <ul style="list-style-type: none"> •EL II-01 General Executive Constraint Policy •EL II-09 Investment Policy •EL II 10 Financial Health Policy •EL II-20 Signing Authority / Authorization of Expenditures Policy •EL II 45 Communication & Support to Board Policy •EL II-60 Use of Artificial Intelligence |
| ENVIRONMENTAL SCANNING/DISCOVERY REPORTS | | POLICY IMPLEMENTATION | POLICY IMPLEMENTATION | | ACHIEVEMENT & COMPLIANCE | |
| MLA/T Oversight Scanning Update | | Board Governance Scorecard Report (Q3-2026) | Registrar & CEO 2026 Performance Evaluation (Jan-Dec 2026) | | Registrar & CEO Performance Tracking Through Monitoring Reports YTD | |
| CAMLPR Integration/ Professional Standards Update | | Updated Board Policy Champion Assignments for 2026 - As Needed | | | | |
| 2026 CMLTO Board Elections Report - Update | | Board Chair Incidental Report | | | | ACHIEVEMENT & COMPLIANCE |
| | | Academic Member Incidental Report | | | | Registrar & CEO Performance Tracking Through Monitoring Reports YTD |
| | | CMLTO Artificial Intelligence (AI) Implementation Plan Update | | | | |
| | | Board Member Attendance at External Events - Report As Needed | | | | |
| | | Board Mentor Program Report to Board (GP IV-130) (J. Dorfman) | BOARD MONITORING OF BOARD POLICY COMPLIANCE | | | |



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: DECEMBER 7 & 8, 2026

BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION

**BOARD LINKAGE AGENDA
MONITORING**

BOARD MONITORING AGENDA

ENDS POLICIES

EXECUTIVE LIMITATIONS

GOVERNANCE PROCESS

**BOARD / CEO
RELATIONSHIP**

ENDS POLICIES

EXECUTIVE LIMITATIONS

Conduct Part 1 of the Planning for the 2027 Integrated Board Strategic Agenda / Work Plan

Review of 2025 Board Effectiveness Self Evaluation and Individual Board Member Assessment Results and Possible Actions – K. Fryday-Field

Year End Evaluation of CMLTO Statutory Committee Effectiveness

CMLTO Board Competency Framework Implementation Plan - Update

Election of 2027 CMLTO Board Officers

Recognition of Board Members Completing Their Terms As Needed

Board Meeting Evaluation by Board Meeting Monitor

CMLTO By-Law Consultation Results RE: Fee Increase

Annual Review of CMLTO AI Strategy

BOARD ORIENTATION/EDUCATION/DEVELOPMENT

Module 4 – Board Role/Dynamics/Culture/Development

How the Board can advance its Leader Characteristics Profile to build stronger Board capacity and culture

Report on assessment of Board Leadership Characteristics Profile

Risk-informed and Transparent Regulation - what, why, how

BOARD MONITORING OF BOARD POLICY COMPLIANCE

GP IV-16 Guidelines for Academic Member/Role Description Policy

GP IV-45 Board Linkage with Ownership/Careholdership Policy

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

GP IV-170 Emergency Class of Registration Policy

GP IV-180 Board Use of Generative Artificial Intelligence Policy

BSR III-25 Registrar & CEO Compensation Program Policy (Board Self Evaluation Survey)



2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: DECEMBER 7 & 8, 2026

| BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION | | | | | | |
|---|-----------------------|---|--------------------------|---------------------------------|-------------------------|-----------------------|
| ENDS POLICIES | EXECUTIVE LIMITATIONS | GOVERNANCE PROCESS | BOARD / CEO RELATIONSHIP | BOARD LINKAGE AGENDA MONITORING | BOARD MONITORING AGENDA | |
| | | | | | ENDS POLICIES | EXECUTIVE LIMITATIONS |
| | | <p>STATUTORY COMMITTEE MONITORING REPORTS</p> <p>Monitoring Reports from Statutory Committees that had a meeting during the reporting period</p> | | | | |

Support Themes for the Board's Strategic Agenda/Work Plan

- 1) Some "on-tap" learning using online videos, etc. will be used to re-enforce information and to make it available on an as needed basis.
- 2) The Board is committed to enhancing their knowledge, skills, and wisdom in evaluating Monitoring Reports of R/CEO Performance, focusing on effective questions, strategic synthesis of knowledge gained, and evaluation of alignment and sufficiency of progress.
- 3) The Registrar & CEO presentation of Monitoring Reports can focus as the highlights and points that need discussion by the Board maximizing the use of the R/CEO-Board time to focus on evaluation and any action needed.

The Board is committed to read the detailed report in advance of the Board meeting.

- 4) The Board requests that the Registrar & CEO continues to share updates between Board meetings where there are changes in significant forward movement on critical Ends issues or where matters related to changing risk in the environment takes place, e.g. changes in M/LAT regulation progress.
- 5) The Board is committed to move forward from its 2025 plan any items that it has not completed or which are in progress and which remain relevant. This plan has been set up accordingly.

LEGEND

✓ - COMPLETED

✗ - NOT COMPLETED

▶ - IN PROGRESS

■ - INPUTS TO CMLTO STRATEGIC DIRECTIONS (ENDS
CRITICAL OUTCOMES) REFRESH PROCESS

APPENDIX 1**BOARD ORIENTATION****February Board Meeting (February 12 & 13, 2026)****The Essential Ingredients of Effective Governance**

Critical Governance Principles/Practices of High Impact Boards/CMLTO Governance Approach

Communicate with and Act as Owner Representatives of a Broader Ownership Group (Ambassadorship, Stewardship, Ownership)

Build Strategic Foresight and Determine Desired Critical Outcomes

Scan the environment for trends, themes, disruptions for key Board learning to influence Board decision making

Background and rationale for CMLTO Ends (Critical Outcomes Policies)

Protect the Organization Through Identifying and Governing Risk

Identify risk and set Executive Limitations and risk tolerances related to the Board ethics and prudence in achieving the Ends

Establish Clarity on the Board's Role/Job

- o Delegate the Work to the Registrar & CEO to Achieve the Desired Outcomes (Ends)
- o Ensure Organizational Accountability Through Evaluating/Monitoring Results and Risk Management Effectiveness
- o Evaluate Registrar & CEO performance in achieving results/outcomes through prudent and ethical means

Know the Board Job and Practice Board Discipline, Reflection, and Evaluation (Speak as One)

- o Ensure Board Values are Clearly Articulated in Clear Written Policies
- o Only Govern What You Should and Not All That You Can
- o Critical governance behaviours and practices covering the critical components of Policy

Board Members' Role & Responsibilities – Legal Perspective (Steinecke Maciura LeBlanc)

Relevant Government/Political Landscape

- o Provincial Policy Directions and Impacts on Health Regulation

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 6.0

| | |
|------------|--------------------------------------|
| 6.0 | BOARD LINKAGE AGENDA |
| 6.1 | Approval of CMLTO 2025 Annual Report |



Briefing Report to Board of Directors

Date : May 12, 2026
From : John Tzountzouris, Registrar & CEO
Subject : Approval of the CMLTO 2025 Annual Report

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 checked="" type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & Executive Director |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Governance Process | |

Recommended Motion:

Be it resolved that:

The Board moves to approve the CMLTO 2025 Annual Report, as presented.

Section 6(1) of the *Regulated Health Professions Act, 1991*, requires that all Colleges submit an annual report.

As part of the process of finalizing the Annual Report, the Auditors, Welch LLP, also need to review the document to confirm that the financial information contained therein is accurate. The Board will be reviewing the 2025 Audited Financial Statements at the May Board meeting. Therefore, after the May Board meeting, the Annual Report will be sent to Welch LLP to confirm that the financial information contained within the 2025 Annual Report is accurate.

The 2025 CMLTO Annual Report is attached for the Board's approval (Appendix 1). Once approved, the Annual Report will be:

1. Sent to the Ontario Minister of Health by email;
2. Shared with sector key partners by email;
3. Translated into French;
4. Posted, in both English and French to the CMLTO website;
5. Shared with CMLTO Registrants through the next issue of the CMLTO e-newsletter, FOCUS.

Appendix 1 – CMLTO 2025 Annual Report



College of Medical
Laboratory Technologists
of Ontario

2025 Annual Report

Excellence Accountability Leadership



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Mission

The CMLTO exists for the protection of the **public's right to safe, high-quality health care through self-regulation and leadership of the MLT profession.**

The CMLTO will be recognized, by our stakeholders, as a **successful leader in the health regulatory community** and as a **trusted, valued, and fair regulatory body.**

Exceptional customer service, high-quality programs, engaged members, and financial stability will be the hallmarks of the organization.

Vision



Values

Competence and
Trust

Leadership

Integrity

Accountability

Collaboration

Excellence

Caring



About the CMLTO

The College of Medical Laboratory Technologists of Ontario (CMLTO) **protects the public's right to safe, competent, ethical health care.** We do this by **regulating the professionals who conduct lab tests** across the province. The CMLTO is the regulatory body for medical laboratory technologists (MLTs) who practice in Ontario.

The CMLTO ensures you can have **confidence in MLTs doing your lab tests.** Qualified individuals must be registered with the CMLTO to work as MLTs in Ontario. As regulated health professionals, **MLTs are held accountable for their conduct and practice.**

Our role, programs, and governance all contribute to making the profession **of medical laboratory technology accountable to the public.**



A message from the 2024 CMLTO Board Chair, Karen Persad



2025 was a year of significant progress and continued commitment to the public interest for the College of Medical Laboratory Technologists of Ontario (CMLTO). As Chair of the CMLTO Board of Directors, it is my privilege to introduce this year's Annual Report, which is an important reflection of the College's work, achievements, and ongoing evolution in support of public protection and regulatory excellence.

Annual reports provide more than a record of activities and outcomes; they offer an opportunity to reflect on the direction of the organization, the strength of its governance, and the shared commitment of the Board of Directors, Committees, and staff to serving the public interest. I encourage readers to take the time to review this report in full to gain a comprehensive understanding of the scope and impact of CMLTO's work over the past year.

2025 was a particularly productive year for the College across all areas of its mandate. The Board of Directors and College staff remained focused on delivering on strategic priorities while responding to an evolving health regulatory environment. A key area of emphasis throughout the year was strengthening transparency and engagement with all key partner groups. These efforts continue to reinforce trust in the regulatory system and support informed participation from those we serve.

A significant focus in 2025 was the continued development and implementation of Careholder Linkage, which has been important to the Board's commitment to responsive governance. Through structured and intentional engagement with each key group, the Board has strengthened its understanding of the perspectives of those who were involved. We look forward to building on this work in the future.

A message from the 2024 CMLTO Board Chair, Karen Persad

Agenda Item: 6.1
Appendix: 1



The year also marked important progress in governance modernization. The Board was involved in strengthening governance structures and enhancing decision-making frameworks. These developments are part of an ongoing commitment to ensure that the College's governance model remains effective and contemporary in regulatory oversight. Work in this area has positioned the College well for continued responsiveness and accountability in the years ahead.

I would like to extend my sincere appreciation to my fellow Board Members, Committee Members, and College staff for their dedication and hard work throughout 2025. Their efforts continue to be instrumental in advancing the College's mission and maintaining public confidence in the regulation of medical laboratory technologists in Ontario.

I encourage all readers to stay connected with the College through our website, publications, social media channels, and engagement opportunities. It is through ongoing collaboration and dialogue that we continue to strengthen our regulatory system and serve the public interest effectively.

Sincerely,

Karen Persad, **BSc, MLT, C.Dir**

CMLTO Board Chair



2025 has been a vibrant and dynamic year for the College of Medical Laboratory Technologists of Ontario (CMLTO), marked by meaningful progress, ongoing evolution, and a continued focus on our core mandate of protecting the public through the effective regulation of Medical Laboratory Technologists (MLTs) in Ontario.

The CMLTO Annual Report remains an essential tool in supporting our commitment to transparency and public accountability. This year's report reflects both governance-level developments and operational outcomes, providing a comprehensive view of how the College continues to fulfill its responsibilities as a contemporary and responsive health regulator. I encourage readers to explore the report in detail to better understand the breadth of work undertaken across the organization.

Throughout 2025, the College has continued to emphasize transparency in all aspects of its work. From policy development and governance practices to program delivery and communications, we have remained focused on ensuring that our processes are open, accessible, and clearly communicated to all those we serve. This commitment supports trust in the regulatory system and reinforces our accountability to the public.

We have also made meaningful progress in advancing Equity, Diversity, Inclusion and Justice (EDI-J) initiatives. This work continues to be an important priority for the College, informing both governance and operations. By embedding EDI-J principles into the work that we do, we are working to ensure that our regulatory approach is fair, inclusive, and reflective of the diverse communities we serve.



In addition, 2025 saw an expansion of the College's public relations and outreach efforts. We engaged more actively than ever before with the public through a variety of channels and initiatives. These efforts have enhanced awareness of the College's role, strengthened relationships with key audiences, and supported greater understanding of our mandate and activities. Read further into this report for more information.

At the operational level, 2025 was also a highly successful year for the College's regulatory programs. Staff across registration, quality assurance, and professional conduct continued to demonstrate strong commitment, professionalism, and diligence in carrying out the College's mandate. Significant work was undertaken to support efficient, fair, and transparent processes that uphold public protection while supporting Registrants in meeting high professional standards. The outcomes achieved throughout the year reflect both the strength of the regulatory framework and the dedication of those who administer it.

As always, I extend my sincere appreciation to the Board of Directors, Committee members, staff, and Registrants for their ongoing dedication and professionalism. It is through this collective effort that the College continues to evolve and deliver on its mandate.

I look forward to building on this momentum in the year ahead, as we continue to strengthen our regulatory framework, enhance our engagement efforts, and serve the people of Ontario with integrity and purpose.

Sincerely,

John Tzountzouris, MA, BSc, BHA, MLT, GSP
Registrar & CEO, CMLTO

2025 Board Members

Board Officers

| | | |
|---------------------------|--------------------|---------------------|
| Karen Persad | Chair | Professional Member |
| Helen Meaney | Vice-Chair | Professional Member |
| Tammie Rix | Vice-Chair | Public Member |
| George Broukhanski | Interim Vice-Chair | Professional Member |

Public Members

Andrew Chan – Term start: August 14, 2025

Nathan Clark – Term start: September 04, 2025

Robert Hague – Resigned: April 15, 2025

Walter Hewus

Lin (Victor) Lan – Term start: June 11, 2025

Peter McLeman

Jennifer Pilzecker

Tammie Rix

Rohini Soni

Vivian Ufodike

Professional Members

Janette Aaltonen – Resigned: December 22, 2025

George Broukhanski

Mary Costantino

Paula Curti

Imaya Dharmasri Vithana

Jessica McBane

Shweta Pant

Karen Persad

Lucia Di Pietro

Helen Meaney – Resigned: November 04, 2025

Academic Members

Lavern Bourne

2025 Statutory Committee Compositions

EXECUTIVE COMMITTEE

Karen Persad – Chair, Professional Member

Helen Meaney – Vice-Chair, Professional Member

Paula Curti – Professional Member

Tammie Rix – Vice-Chair, Public Member

Walter Hewus – Public Member

George Broukhanski - Interim Vice-Chair, Professional Member

REGISTRATION COMMITTEE

Rohini Soni – Chair, Public Member

George Broukhanski – Professional Member

Paula Curti – Professional Member

Shweta Pant – Professional Member

Jennifer Pilzecker – Public Member

Vivian Ufodike – Public Member

James Jose – Non-Board Committee Member

Melissa Desaulnier – Non-Board Committee Member

Pamela Calverley – Non-Board Committee Member

Rosmol Stanes Pulikkotil – Non-Board Committee Member

Trina Gilley – Non-Board Committee Member

Wen Qin – Non-Board Committee Member

2025 Statutory Committee Compositions

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

Walter Hewus – Chair, Public Member
Jessica McBane – Professional Member
Lucia Di Pietro – Professional Member
Jennifer Pilzecker – Public Member
Robert Hague – Public Member
Alison Nimetz Severini – Non-Board Committee Member
Anthony Battista – Non-Board Committee Member
Chirag Vyas – Non-Board Committee Member
Danielle Menezes – Non-Board Committee Member
Lisa Mantifel – Non-Board Committee Member
Megan Spencer – Non-Board Committee Member
Rajan Kumar Dahal – Non-Board Committee Member

DISCIPLINE COMMITTEE

Tammie Rix – Chair, Public Member
Janette Aaltonen – Professional Member
Mary Costantino – Professional Member
Matthew Mackenzie – Public Member
Vivian Ufodike – Public Member
Andrew Chan – Public Member
Faris Joatar – Non-Board Committee Member
Kevin Tseng – Non-Board Committee Member
Lisa Lindner – Non-Board Committee Member
Masi Basiri – Non-Board Committee Member
Stephanie Cote Girard – Non-Board Committee Member
Tania Garshowitz-Dong – Non-Board Committee Member

2025 Statutory Committee Compositions

FITNESS TO PRACTISE COMMITTEE

George Broukhanski – Chair, Professional Member

Helen Meaney – Professional Member

Peter McLeman – Public Member

Rohini Soni – Public Member

Geeta Seocharan – Non-Board Committee Member

Mitzi Ann Estrada – Non-Board Committee Member

Omid Nouri – Non-Board Committee Member

QUALITY ASSURANCE COMMITTEE

Lavern Bourne – Chair, Professional Member

Imaya Vithana – Professional Member

Robert Hague – Public Member

Vivian Ufodike – Public Member

Peter McLeman – Public Member

Nathan Clark – Public Member

Amanda Godbout – Non-Board Committee Member

Anne Augustin – Non-Board Committee Member

Jenny Gan – Non-Board Committee Member

Samira Ahmed – Non-Board Committee Member

Tharani Thulaseetharan – Non-Board Committee Member

Vanessa Lad – Non-Board Committee Member

PATIENT RELATIONS COMMITTEE

Peter McLeman – Chair, Public Member

Janette Aaltonen – Professional Member

Mary Costantino – Professional Member

Matthew Mackenzie – Public Member

Lin (Victor) Lan – Public Member

Alfred Azenabor – Non-Board Committee Member

Hasit Patel – Non-Board Committee Member

Sanya Sohal – Non-Board Committee Member

CMLTO Ends (Critical Outcomes) Policies

High Level Ends Policy

The public receives **safe, high quality medical laboratory services provided by CMLTO Registrants**. Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following Ends (Critical Outcomes):

Ends Policy 1 – Effective Medical Laboratory Professions Regulation

The public interest is at the forefront of effective CMLTO regulatory processes.

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.

At What Worth/Cost

All Ends (Critical Outcomes) Policies will be achieved at a reasonable cost and reasonable fees for registrants and voluntary roster affiliates.

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

Ends Policy 3 – Effective Regulation with the Health System

Effective regulation and health care policy decisions are positively influenced through collaboration, relationship building, and partnerships.

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

3.2 Emerging health human resource trends impact future planning.

CMLTO Governance Approach

The CMLTO Board of Directors serves as the organization's governing body, setting strategic direction and **defining the outcomes necessary to advance the self-regulation of medical laboratory technologists in the public interest.**

The Board governs using the **Policy Governance®* Model**, which establishes clear **accountability**, supports **strategic leadership**, and maintains a distinct **separation between governance and operational management**. Within this framework, the Board defines the desired results through its **Ends (Critical Outcomes) Policies**, delegates operational authority to the Registrar & CEO within defined Executive Limitations, and **monitors performance** to ensure that outcomes are achieved and governance expectations are met.

This governance approach reflects the Board's commitment to **transparency, accountability, and ethical, prudent decision-making** in service of public protection. Supported by legislation, the CMLTO By-Law, and Board policies, the governance structure ensures **clarity of roles, strong oversight, and alignment with the public interest mandate**. The Board acts as a key link to the public, grounding its work in inclusive, future-focused, and principled governance, while maintaining clear distinctions between governance and management and fostering ongoing engagement with its broader Careholdership.

**Policy Governance® is the invention of Dr. John Carver and an internationally registered trademark of The Governance Coach Inc. Used with permission. The authoritative website for Policy Governance is: www.policygovernance.com*



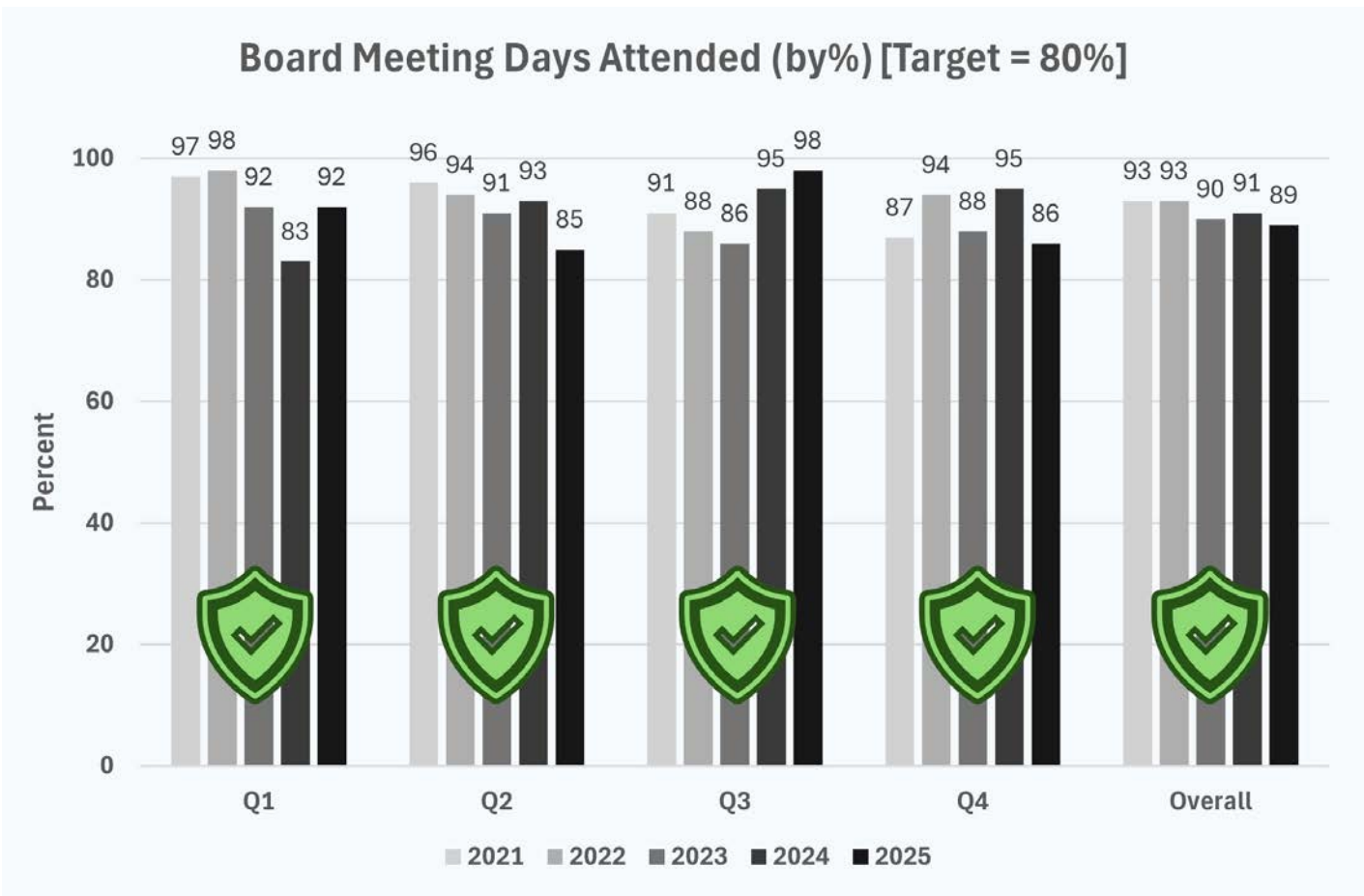
CMLTO Governance Scorecard

The CMLTO Board holds itself accountable for delivering on its vision, achieving CMLTO’s critical results, and delivering governance excellence. The Board has measured key governance and outcome indicators over the past five years. It recognizes that measuring meaningful indicators is a learning journey.

Board Participation

Targets met for 2025

Board Member participation and engagement in each Board meeting is crucial to ensuring diverse perspectives are heard and a consensus is achieved. The Board evaluates the attendance of all Board members carefully.



- Overall =89% (170 adjusted Board person days attended/190 adjusted Board person days possible)

Governance Scorecard

Board Orientation

Each year the Board undertakes an annual comprehensive orientation program to ensure Board members have a detailed knowledge of the CMLTO's mandate and governance approach, the Ontario health regulatory sector, the medical laboratory technologist profession, and the healthcare environment. The Board considers informed and knowledgeable Board members critical to achieving governance excellence.

Board Members Completed the Full Annual Board Orientation (by %)
[Target 100% New Board Members, Target 88% for Continuing Board Members]

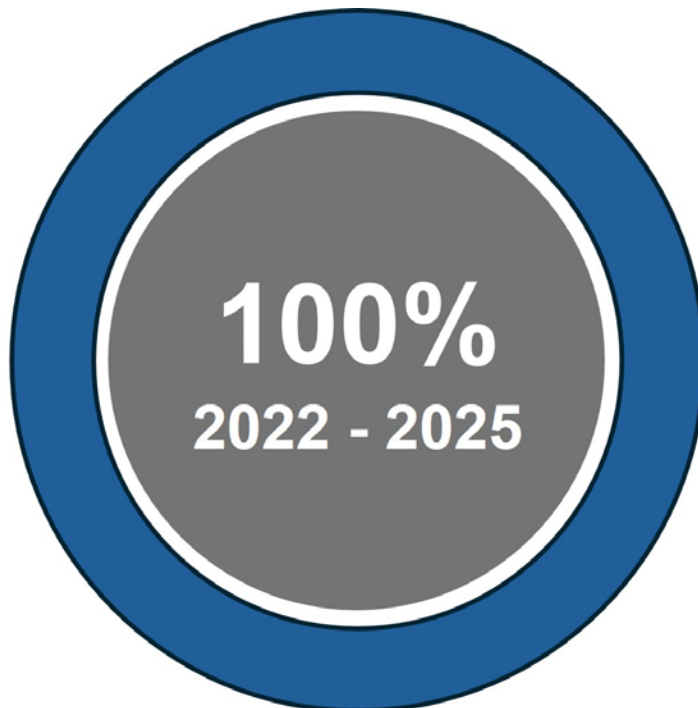
- Target Met for New Board Members
- Target Met for Continuing Board Members



Governance Scorecard

Board Monitoring of Operations

The Board monitors multiple operating parameters and assesses CEO performance annually in achieving these operating parameters related to results achieved within ethical, equitable, and prudent Board expectations. The Board is committed to enhancing its capacity to measure important governance processes and organizational outcomes. As a health regulatory governing body, the CMLTO Board shares indicators to advance accountability and transparency with the public and Careholders. The Board holds itself accountable for leading CMLTO with effective governance processes.



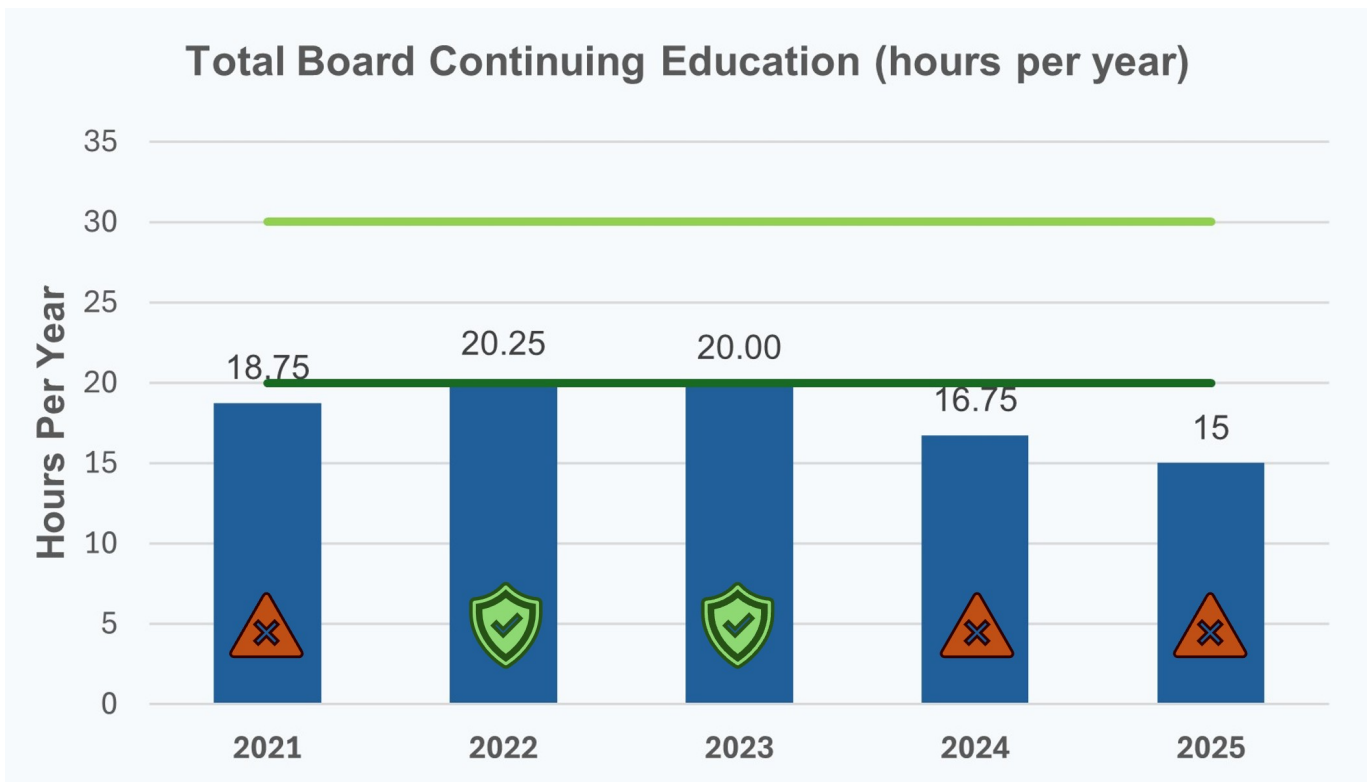
**100% of parameters scheduled to be monitored that were monitored.
(23/23 in 2022, 24/24 in 2023, 24/24 in 2024 and 15/15 in 2025)**

Governance Scorecard

Board Continuing Education

Target not met

Throughout the year the Board engages in comprehensive continuing education to ensure that their decisions are well informed. The Board participates in advanced learning around regulatory legislation, the healthcare environment, and key governance practices. This learning involves key Board discussions, presentations by subject matter experts, in-session learning workshops, and review of key literature and videos.



- *Note: Does not include external education for individual Board Members or self-learning using recorded videos.*
- [Target Range = 20-30 hours]

Governance Scorecard

Board Effectiveness Self-Assessment

Target Met

Each year the Board undertakes a comprehensive self-evaluation of its own processes, results/impact and working relationships. The Board members evaluate more than 70 factors contributing to their effectiveness as a group and individually. The percentage of Board members who have actively participated in this detailed assessment each year is shown.

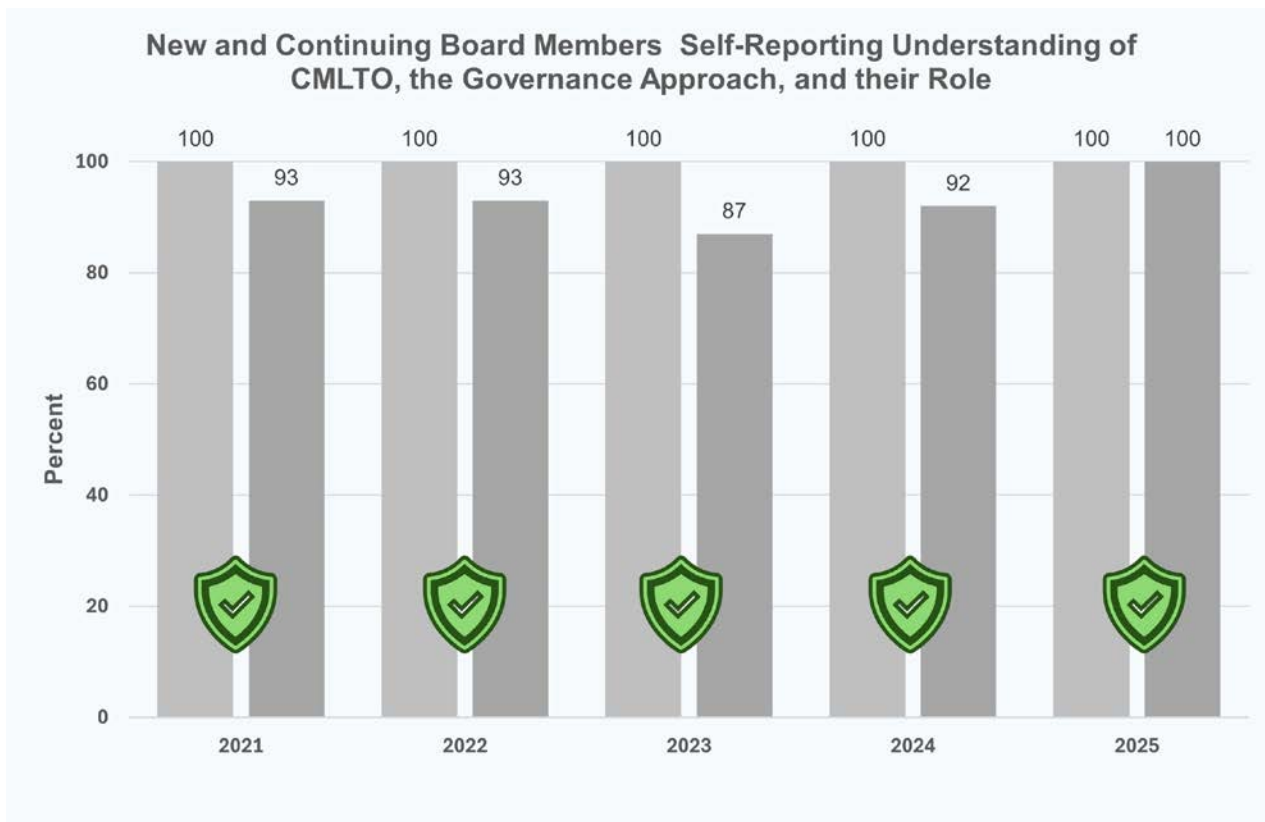


Governance Scorecard

Board Member Learning

Targets met

Incorporated in the annual comprehensive Board Orientation Program to ensure Board Members have detailed knowledge of CMLTO's mandate, role, purpose, and planned outcomes, Board Members participate in a brief assessment to demonstrate their learning resulting from the orientation. This assists with evaluating the effectiveness of the orientation and helps guide future Board continuing education.



Board Governance Outcomes

In 2025, the CMLTO Board of Directors held regular four (4) Board meetings and two (2) generative strategic discussions in a hybrid format. These meetings **supported effective governance oversight, strategic dialogue, and informed decision-making aligned with the College’s strategic priorities and statutory mandate to serve and protect the public interest.**

Throughout the year, the CMLTO Board continued to advance governance modernization, public interest decision-making, Board effectiveness, risk oversight, EDI-J, responsible use of artificial intelligence, and Careholdership linkage. The Board also continued to support transparent communication with Registrants and the public through published Board materials, meeting highlights, FOCUS newsletter updates, and public livestreaming of Board meetings.

BOARD DEVELOPMENT AND CONTINUOUS LEARNING

In 2025, the CMLTO Board continued to prioritize learning and development to support effective governance. Board education included governance risk, Board role and culture, decision-making discipline, responsible use of AI, and Board effectiveness. The December Board learning session focused on Board Chair leadership, decision-making courage, Board culture, emotional regulation, and whole-Board responsibility.

The CMLTO Board also reviewed the outcomes and recommendations of the 2025 External Evaluation of Board Effectiveness, prepared by Governance Solutions Inc. This work will inform continued governance modernization, including the Board’s Integrated Board Strategic Agenda and Board goals for 2026 and beyond.



Board Governance Outcomes

STRATEGIC GOVERNANCE AND ORGANIZATIONAL EXCELLENCE

The Board advanced several strategic governance priorities in 2025, including the approval of the 2025 Integrated Board Strategic Agenda/Work Plan. Priority areas included continued emphasis on public interest decision-making, regulation of medical laboratory assistants and technicians, EDI-J advancement, implementation of the Board Competency Framework, policy development and refresh, governance modernization, Careholdership linkage, MLT profession trends, and government relations/public policy.

The CMLTO Board also approved the composition of the 2025 Statutory Committees and welcomed a record number of incoming Non-Board Committee Members (NBCMs), supporting diverse perspectives and effective regulatory decision-making in the public interest.

STRENGTHENING GOVERNANCE AND OVERSIGHT

The CMLTO Board continued to strengthen its governance processes and oversight tools. This included further implementation of the Board Competency Framework, including approval of materials to support competency assessment in the 2026 election process.

The CMLTO Board also refreshed its governance of risk approach. Through learning and working sessions in April, May, and September, the Board identified, validated, and approved a refreshed 2025 Board Risk Register and Board Governance Risk Mitigation Action Plan.

The Board approved a refreshed CMLTO Board Governance Scorecard for implementation in 2026. The updated scorecard will include quarterly public-facing indicators related to Board Member Capacity, Careholder Linkage Outcomes, Critical Governance Process Outcomes, and Public Interest Impact.



ADVANCING EDI-J AND RESPONSIBLE AI GOVERNANCE

In 2025, the Board advanced its EDI-J work through the introduction of the Global Diversity, Equity & Inclusion Benchmark (GDEIB) Framework. The Framework supports CMLTO's efforts to assess progress, measure impact, and move from intention to action in advancing EDI-J in a regulatory context.

The Board also approved the CMLTO Artificial Intelligence Strategy, the CMLTO Artificial Intelligence Governance Framework, and a new Executive Limitations Policy EL II-60 Use of Artificial Intelligence. The Board was also briefed on the CMLTO Artificial Intelligence Implementation Plan 2025–2027, supporting responsible governance and continued modernization.

GOVERNANCE OVERSIGHT: PERFORMANCE AND ACCOUNTABILITY

Consistent with the Policy Governance® Model, the Board maintained oversight of organizational performance through monitoring of Ends (Critical Outcomes) Policies and Executive Limitations Policies. At its December meeting, the Board reviewed monitoring reports presented by the Registrar & CEO and accepted the reports as demonstrating reasonable achievement of Board policies. The Board also accepted the 2026 Ends interpretations as reasonable, establishing the foundation for operational initiatives in the coming year.


CAREHOLDERSHIP LINKAGE AND PUBLIC ENGAGEMENT

The CMLTO Board continued to strengthen transparency and engagement through its ongoing Board/Careholdership Linkage/Engagement Plan. In 2025, Careholdership engagement involved sharing key information via CMLTO's social media channels, blog, and website, FOCUS Newsletter, Employer Newsletter, a Public Questionnaire, and an Employer Survey. The Public Questionnaire received more than 300 responses, providing insight into the public's understanding and perception of CMLTO and its role in the public interest. Focus groups were also conducted with selected groups of the Careholdership to seek input on system-level matters.

The CMLTO also continued livestreaming public Board meetings through CMLTO's YouTube channel. The December 2025 Board meeting marked one year of livestreaming Board meetings as part of CMLTO's efforts to increase accessibility and transparency for the public of Ontario.

Governance Modernization at the CMLTO

CMLTO's governance modernization is grounded in a multi-year, principle-based approach established in 2022 to strengthen governance effectiveness, regulatory oversight, and public interest accountability. Since that time, the Board has advanced a range of foundational initiatives, including:

- 
- **Governance Modernization Through a Comprehensive By-Law Rewrite**
 - **Board Oversight of By-Law Alignment Through a Board Policies Gap Analysis**
 - **Embedding Public Interest Considerations Through a Public Interest Assessment Framework**
 - **Strengthening Board Effectiveness Through a Board Competency Framework**
 - **Implementation of the Global Diversity, Equity, & Inclusion Benchmark (GDEIB) Framework**
 - **Initiation of the Responsible Use of Artificial Intelligence (AI)**
 - **Completion of an External Evaluation of Board Effectiveness (2025)**

These efforts reflect a sustained commitment to continuous improvement, transparency, and alignment with evolving governance expectations in the public interest.

In 2026, the Board will reflect on these inputs to confirm the strategic direction for the Governance Modernization Plan Refresh. This will inform the next phase of governance modernization, ensuring continued alignment with the Board's role, strategic priorities, and statutory mandate to serve and protect the public interest.

Transparency & Public Interest

CMLTO prioritizes transparency in all aspects of its governance and operations, recognizing its importance in fostering trust and accountability with all key partner groups. To continuously increase transparency in College processes and decision-making, and to make more information available to Ontarians, CMLTO carried out the following activities in 2025:



New and revised Board and Statutory Committee policies and regulatory information were shared publicly on the CMLTO website to support transparency in statutory committee decision-making processes.



CMLTO submitted the College Performance Measurement Framework (CPMF) Reporting Tool to the Ministry of Health in March and posted the submission to the CMLTO website.



The Annual Ontario Fairness Commissioner (OFC) Fair Registration Practices Report was submitted to the OFC and posted to the CMLTO website.



Numerous key initiatives under the CMLTO's Public Interest Assessment Framework were advanced, including the development of the Board Competency Framework.



Most Board meetings were conducted in open session and were livestreamed on the CMLTO YouTube channel.

Engagement and Careholder Linkage Update

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

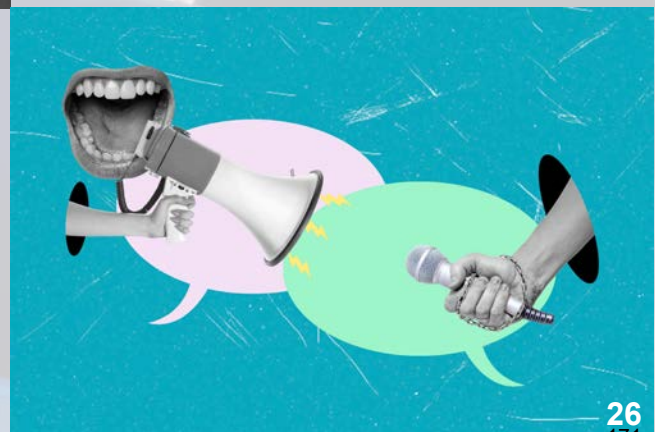
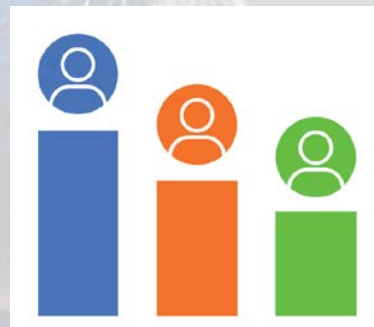
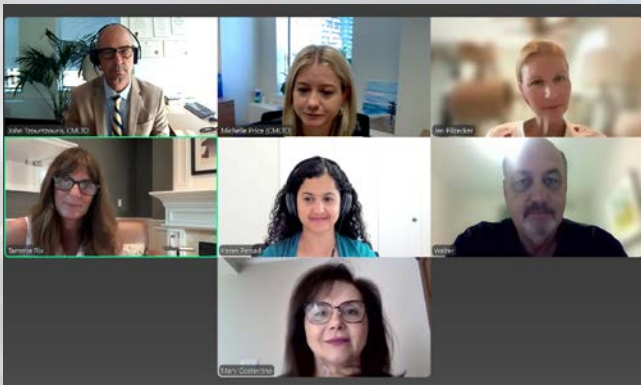
The CMLTO Board of Directors Ongoing Perpetual CMLTO Board/Careholdership Linkage Plan demonstrates its commitment to both ongoing Board connections with the Careholdership and to reach a broader, more diverse group of Ontarians.

In support of the Careholder linkage plan, CMLTO carried out the following engagement activities in 2025:

- **Engagement with the Public of Ontario through a survey and focus groups**
- **Engagement with MLT Employers through a survey and focus groups**
- **Engagement with MLTs through focus groups.**

The results of these engagements were presented to the Board of Directors, informing future focused discussions about the Board's Ends (Critical Outcomes) Policies.

Along with the activities outlined above, Board-level information was consistently shared out to all Careholder groups via CMLTO's public-facing channels.



Equity, Diversity, Inclusion and Justice (EDI-J) at the CMLTO

CMLTO's approach to Equity, Diversity, Inclusion, and Justice (EDI-J) reflects an ongoing commitment **to embedding these principles into governance, decision-making, and organizational culture in support of its public interest mandate.** Since initiating this work in 2022, the Board has taken a structured and deliberate approach to integrating EDI-J across policies, processes, and engagement practices, recognizing its importance to fairness, accountability, and public trust. **This work continues to evolve as part of a broader commitment to continuous learning, policy alignment, and inclusive governance.**

In 2025, CMLTO advanced this work by transitioning from EDI-J as principle to EDI-J as practice, with a focus on ensuring that actions are tangible, measurable, and aligned with organizational accountability. As part of this shift, the Board adopted the **Global Diversity, Equity & Inclusion Benchmark (GDEIB) Framework as a structured, evidence-based model to assess progress, identify gaps, and support informed decision-making.** The Framework provides a comprehensive and internationally recognized approach to evaluating EDI-J maturity across governance and organizational practices.

Implementation of the GDEIB Framework is being undertaken through a phased approach, including the development of an **inventory of existing EDI-J activities, a baseline assessment and gap analysis, and the establishment of a formal EDI-J strategy.** This work strengthens the Board's ability to oversee EDI-J as a core dimension of organizational performance, risk, and public trust, while ensuring that EDI-J remains integrated into governance structures and aligned with the College's statutory mandate.

Updates on the Pursuit of Regulating Medical Laboratory Assistants & Technicians

The regulation of medical laboratory assistants and technicians has been a strategic priority for the CMLTO Board of Directors since 2009. Since that time, the CMLTO has taken a deliberate and measured approach to advancing this initiative in Ontario. This approach has been shaped by the evolving political climate, as well as local and global trends in health profession regulation. A strategic lens has guided all actions in this area, ensuring the College is prepared should the Ministry of Health move forward with regulating these professionals.

Until the Government of Ontario approves this initiative, the CMLTO remains well positioned to assume responsibility for regulating medical laboratory assistants and technicians. Key partner groups, including government bodies, are aware of the College's work in this area. However, further effort is needed to inform and educate the public in Ontario about the current state of regulation within the medical laboratory profession.

Public awareness and information sharing are critical to advancing this initiative, particularly given the behind-the-scenes role of medical laboratory professionals. Public engagement initiatives in 2025 revealed that many individuals place “blind trust” in the safety and ethical practices of those handling their samples. At the same time, most are unaware that while Medical Laboratory Technologists (MLTs) are regulated, medical laboratory assistants and technicians, who often have the most direct patient contact during sample collection, are not. Participants in these engagements expressed strong concern about this gap in regulation. Building public awareness and support will be essential to moving this regulatory initiative forward.



Updates on the Pursuit of Regulating Medical Laboratory Assistants & Technicians

In support of this important regulatory initiative, CMLTO carried out the following activities in 2025:

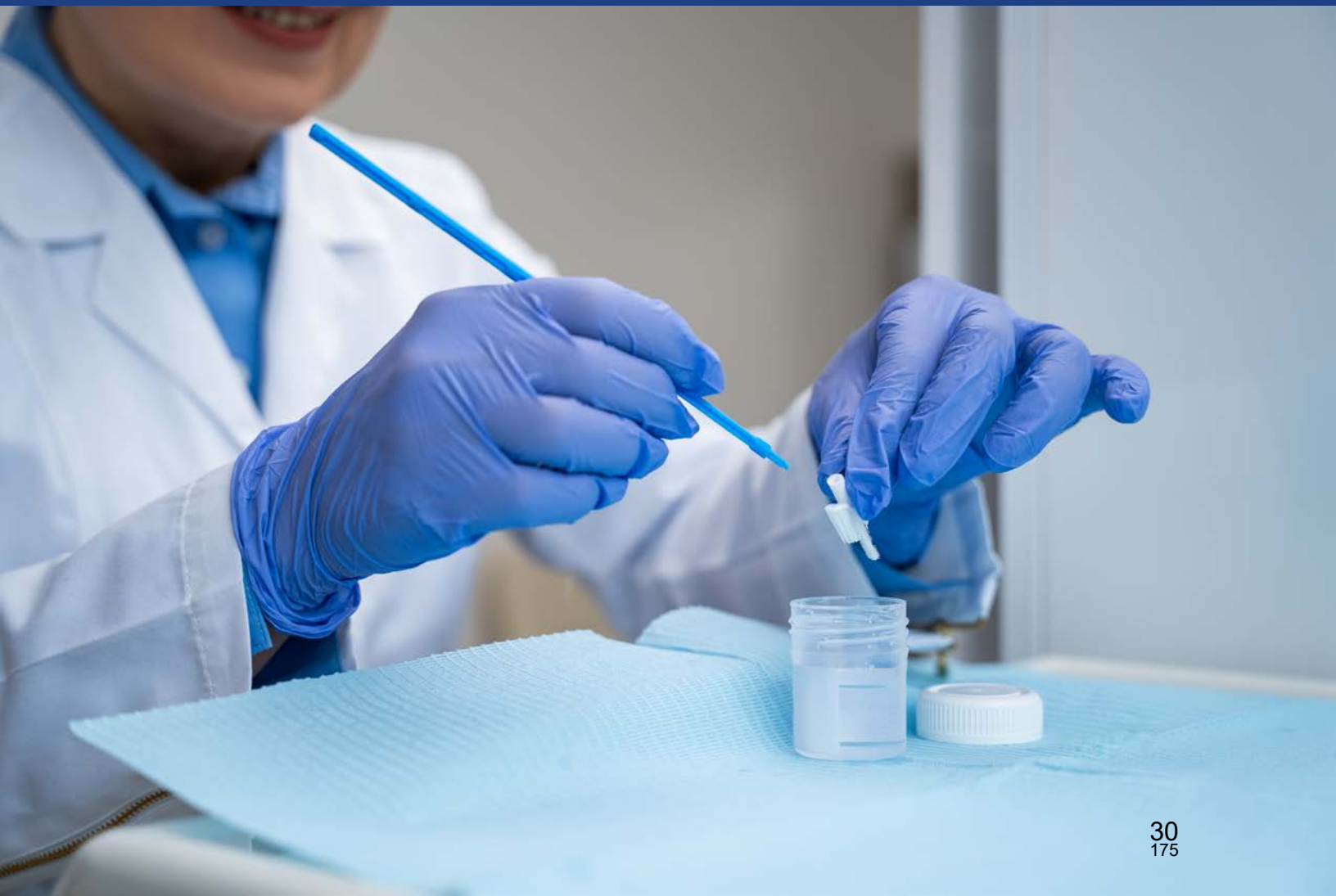
- **Ongoing linkage and engagement with key partner groups of the College, including the Ontario Government.**
- **Evolution of the CMLTO Voluntary Roster to include a mandatory Professional Portfolio for all Voluntary Roster Affiliates.**
- **Alignment of Voluntary Roster Affiliate registration and renewal process with that of CMLTO registered MLTs.**
- **Collaboration with a government relations firm to further advance the initiative.**

Updates were provided to the Board of Directors at each Board meeting throughout 2025, and included in public facing Board meeting packages, available on the CMLTO website.





Updates from CMLTO Regulatory Program Areas



Quality Assurance

Quality Assurance Committee

The Quality Assurance Committee's mandate is to ensure the quality of professional practice by developing and maintaining programs and standards to promote continuing competence amongst Registrants.

The Committee held three (3) meetings in 2025 and received updates on:

- Registrants who self-reported non-compliance with the quality assurance declarations during renewal
- Stage 1 and Stage 2 Professional Portfolio submissions
- Practice Review assessments

The Committee received presentations on:

- Orientation – Committee member roles and responsibilities, Risk-based decision-making framework
- Learning themes from the 2024 audit cycle
- Privacy, confidentiality, and security of the Quality Assurance Program (QAP)
- Quality Assurance Program updates

Reviewed and updated four (4) policies and nine (9) professional practice resources in support of the Quality Assurance Program focused on:

Quality Assurance audits

- QAC Policy 42: QAP Audit Criteria: this policy outlines the criteria for administering the QAP, ensuring transparency, fairness, and objectivity in its processes, while supporting MLTs in maintaining ongoing competence and meeting the highest standards of professional practice.

Quality Assurance

Quality Assurance Committee Cases

- **QAC Policy 45: Case Referral to the QAC**
This policy describes the circumstances under which QAP staff may refer Registrant cases to the QAC for review deliberation, particularly when a Registrant fails to comply with QAC requirements.
- **Interprofessional Collaboration (IPC) Case Study #1-8:** These case studies represent realistic professional practice scenarios that help MLTs reflect on and analyze complex issues, while supporting the development of practical skills and strategies for handling similar challenges in their roles. They use scenario-based learning to strengthen IPC knowledge and skills.
 1. Aligning laboratory practices with evolving clinical needs
 2. Streamlining laboratory processes for clinicians
 3. Implementing in-house diagnostic testing
 4. Reducing specimen integrity issues
 5. Dealing with unprofessional communication
 6. Misplaced specimen jeopardizes patient safety
 7. Helping others deliver quality laboratory services
 8. Dealing with confrontation
- **Learning Goal Development Guideline & Video:** This resource supports Registrants in actively advancing their professional practice. It includes self-reflection questions and learning goal examples to help Registrants assess their practice, identify their strengths, areas for improvement, emerging interest, and develop meaningful goals. A video has also been developed to further support Registrants in applying this guideline to their practice.

Quality Assurance

Reviewed and deliberated on four (4) Quality Assurance Cases. Registrants were directed to demonstrate their compliance with the Quality Assurance Program (QAP) by fulfilling various QA obligations. Currently, two (2) cases remain ongoing, and QAP staff will continue to support these Registrants in meeting their QAP obligations. Two (2) cases have been successfully concluded.

Stage 2 Professional Portfolio

| | | |
|---|--------------|-------|
| Total # of Practising Registrants randomly selected for audit | 1447 | |
| Number / percentage of Registrants ineligible for audit (i.e., change in registration class, resignation) | 47 | 3.2% |
| Total # of Practising Registrants eligible for audit | 1400* | |
| #/% of Practising Registrants who submitted an approved Stage 2 Portfolio | 1392 | 99.4% |
| #/% of Practising Registrants who did not submit their Stage 2 Portfolio | 1 | 0.07% |
| # of approved submissions on first attempt | 1088 | 77.7% |
| # of submissions that required edits on first attempt | 311 | 22% |

**as of April 24, 2026, the audit is on-going*

Practice Improvement Self-Assessment Module (PRISM)

| | |
|-----------------|--|
| 2025 Topic | Delegation Concepts for MLTs |
| Topic Relevancy | 77% of Registrants felt the topic was relevant to their practice |

Quality Assurance

Practice Review

| | | |
|---|-------------|------|
| Total # of Practising Registrants randomly selected for audit | 1143 | |
| #/% of Registrants ineligible for audit (i.e., change in registration class, resignation) | 4 | 0.3% |
| Total # of Practising Registrants eligible for audit | 1139 | |
| #/% of Practising Registrants who successfully completed the audit | 1139 | 100% |
| #/% of Registrants who required additional attempts | 10 | 0.8% |
| #/% of Registrants referred to the Quality Assurance Committee | 0 | 0% |

Competence Evaluation (CE)

CMLTO maintains a pool of **five (5)** eligible CE Assessors who complete annual requirements related to administering and reporting CE assessments. Every CE Assessor completed their annual training requirements and continued to remain competent in administering this assessment as required.

There were no CE assessments conducted in 2025.

Registration

Registration Committee

The Registration Committee reviews applications, makes orders, and provides direction regarding applications referred to by the Registrar & CEO or the Health Professions Appeal and Review Board.

The Registration Committee also develops policies and procedures to ensure that applications for assessment and other matters related to registration are dealt with in a transparent, objective, impartial, and fair manner.

The Registration Committee held three (3) regular meetings in 2025. The Committee:

- Received updates on:
 - 2024/2025 RC Case Decisions
 - 2025 Annual Registration Renewal
 - 2025 Registration Program Updates
 - 2025 CAMLPR PLA & Exam Updates

- Reviewed and approved the updated refresher course lists for:
 - Medical Laboratory Science
 - Cytology
 - Genetics
 - Institutions

Registration

Reviewed and approved eleven (11) revised policies as part of regular policy review:

- RC Policy 18 – Authorization to Practice in Prescribed Specialties.

The policy revisions reflect the specialties authorized based on the CAMLPR competency profile and assessment types (CAMLPR exam).

- RC Policy 06 – Applicants to Practice in Cytogenetics or Molecular Genetics.

This policy was rescinded and applicable information was merged into RC Policy 18.

- RC Policy 20 – Risk-based Decision-making.

The policy was merged with RC Policy 15 - Panel Decision-Making Process and now captures an overview of the decision-making process employed by the Registration Committee, which is based on the risk-based frameworks.

- RC Policy 15 – Panel Decision Making Process.

This policy was rescinded and applicable information was merged into RC Policy 20.

- RC Policy 24 – Decision Appeal Process.

The new policy outlines the appeal process for registration decisions made by the Registration Committee (RC).

- RC Policy 04 – Policy Permitting Registrar to Act on Similar Cases.

The policy updates included clearer language of the terms used, along with friendly edits.

- RC Policy 16 – Background Check of Applicants.

The policy reflects the updated definitions along with friendly edits.

Registration

- RC Policy 08 – Refresher Courses.
The policy was updated based on the results of a three-year trend analysis of refresher courses submitted by Applicants and Registrants as proof of their active engagement.
 - RC Policy 13 – Active Engagement.
Friendly amendments were made based on the regular review schedule. However, a further comprehensive review of the framework will be carried out in 2026.
 - RC Policy 14 – Active Engagement Exemption.
Friendly amendments were made based on the regular review schedule, with anticipated additional review taking place in 2026.
 - RC Policy 07 – Phlebotomy as a Specialty.
The policy incorporated additions aimed to clarify that all accredited MLT education programs in Ontario contain learning objectives and minimum competency assessments for both didactic and clinical phlebotomy knowledge.
- Reviewed and approved two (2) revised guidelines:
- Guidelines for Clinical Supervision of Students. The guidelines describe the importance of the clinical placement of medical laboratory science students and the expectations of the MLT(s) supervising them.
 - Guidelines for Supervision. The guidelines reflect many of the existing practices and information shared by regulatory bodies to their Registrants regarding the responsibilities of supervisors and those under who are under supervision.

Registration

Additionally, a Panel of the Registration Committee held eight (8) meetings in 2025 to review a total of 28 application cases:

- In one (1) application case, the Committee directed the Registrar & CEO to amend a certificate of registration to the Applicant.
- In twenty-one (21) application cases, the Committee directed the Registrar & CEO to issue a certificate of registration to the Applicants, with specified terms, conditions, and limitations.
- In six (6) application cases, the Committee directed the Registrar & CEO to refuse to issue a certificate of registration to the Applicants.

Annual Professional Liability Insurance Audit in 2025

CMLTO conducts an annual PLI audit in which randomly selected Registrants must provide proof of their coverage. The audited Registrants are notified about the audit by email and mail. The audit includes questions about a Registrant's insurance provider(s), policy number(s), and expiry date(s). Registrants have 30 days to complete and submit their audit to the CMLTO. Failure to provide proof of PLI coverage and/or failure to respond to the audit is considered professional misconduct.

The 2025 PLI audit demonstrated 100% compliance rate.

Registration

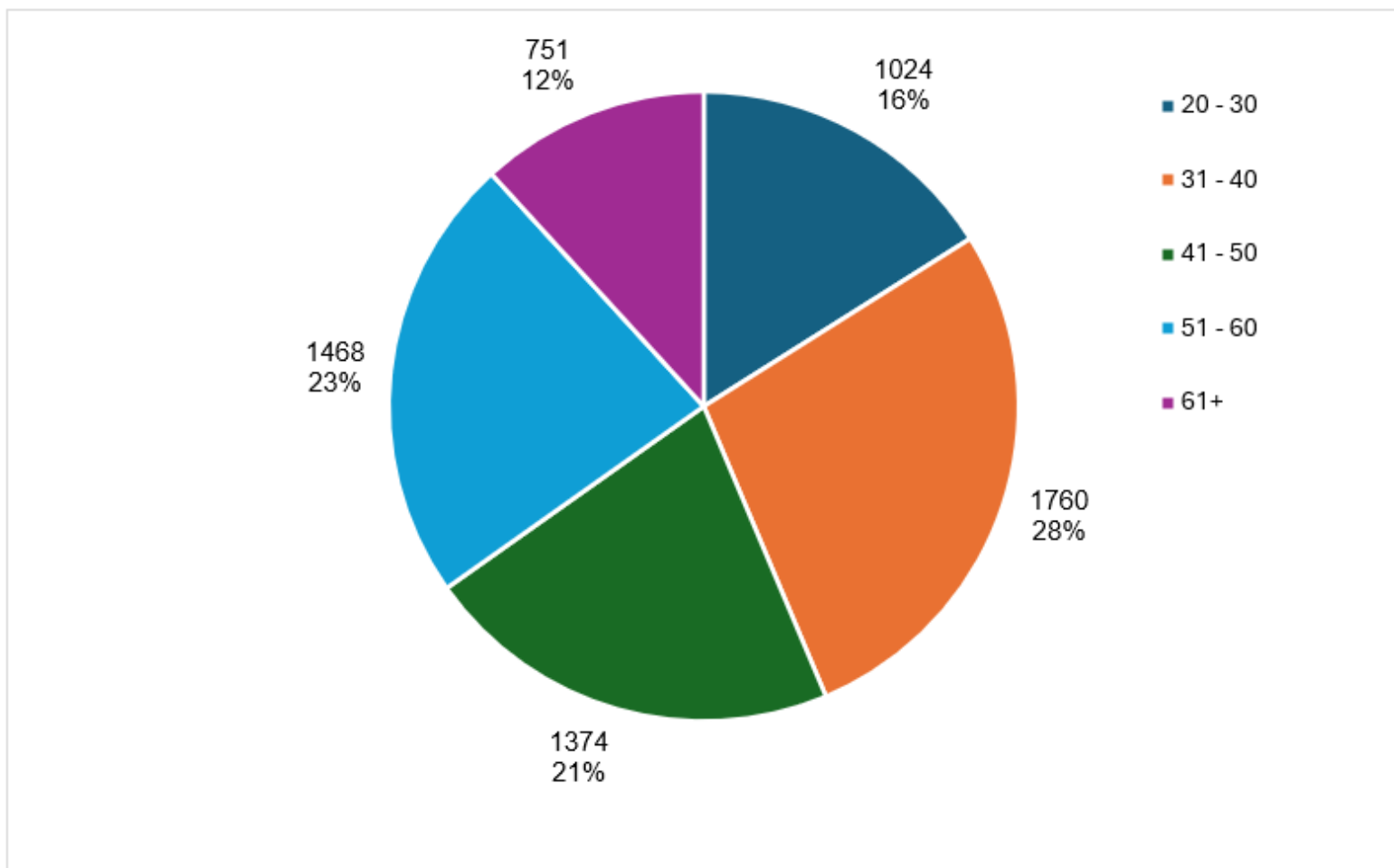
Annual Renewal Summary

The 2026 Annual Renewal was conducted through the new iMIS platform. Several improvements were made to ensure a smooth and user-friendly annual renewal site for the CMLTO Registrants.

| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|-----------------------------|---|---|---|---|---|---|
| Renewed | 6655 (94.8%) | 6628 (95.37%) | 6649 (95.96%) | 6676 (96.17%) | 6807 (96.57%) | 6925 (96.55%) |
| | Practising: 6174 | Practising: 6091 | Practising: 6058 | Practising: 6090 | Practising: 6223 | Practising: 6328 |
| | Non-practising: 481 | Non-practising: 537 | Non-practising: 591 | Non-practising: 586 | Non-practising: 584 | Non-practising: 597 |
| | On-time: 97% Late: 3% | On-time: 98% Late: 2% | On-time: 98% Late: 2% | On-time: 97% Late: 3% | On-time: 98% Late: 2% | On-time: 98% Late: 2% |
| Resigned | 265 (3.8%) | 261 (3.76%) | 217 (3.13%) | 225 (3.24%) | 191 (2.71%) | 204 (2.7%) |
| Suspended | 98 (1.4%) | 59 (0.85%) | 61 (0.88%) | 40 (0.58%) | 51 (0.72%) | 43 (0.6%) |
| Deceased | 4 (0.06%) | 2 (0.03%) | 2 (0.03%) | 1 (0.01%) | 0 | 1 (0.01%) |
| Total Renewal Notice | 7022 | 6950 | 6929 | 6942 | 7049 | 7173 |

Registration

Practising MLTs by Age Group



Registration

Applicants and Registrants in 2025

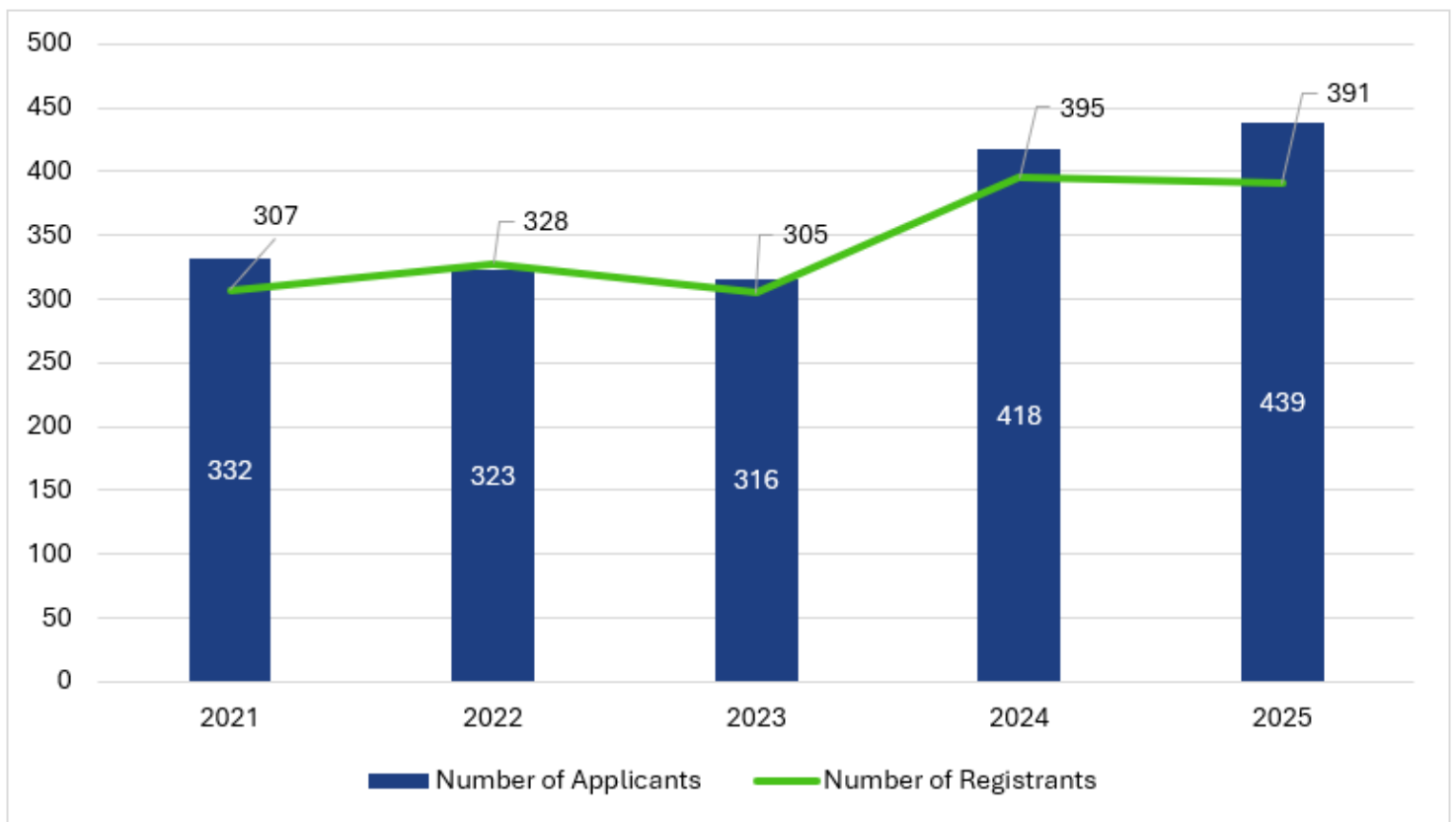
The Registration Department ensures that all applications are processed within 21 days. In 2025, the average turnaround time (from the date of complete application submission to the approval notice) was **7.12 days**.

| New Registrants | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------------------------|-------------|-------------|-------------|-------------|-------------|
| Canadian-educated/trained | 264 | 258 | 245 | 294 | 317 |
| Internationally educated/trained | 43 | 70 | 60 | 101 | 74 |
| Total | 307 | 328 | 305 | 395 | 391 |

| Application Type | General | Clinical Genetics | Diagnostic Cytology | Single Specialty | TOTAL |
|---------------------------|----------------|--------------------------|----------------------------|-------------------------|--------------|
| New Graduate | 247 | 16 | 16 | 0 | 279 |
| Canadian-educated | 18 | 0 | 1 | 5 | 24 |
| Labour Mobility Applicant | 17 | 1 | 0 | 0 | 18 |
| Internationally educated | 63 | 0 | 1 | 6 | 70 |

Registration

Applicants and Registrants in 2025 (continued)



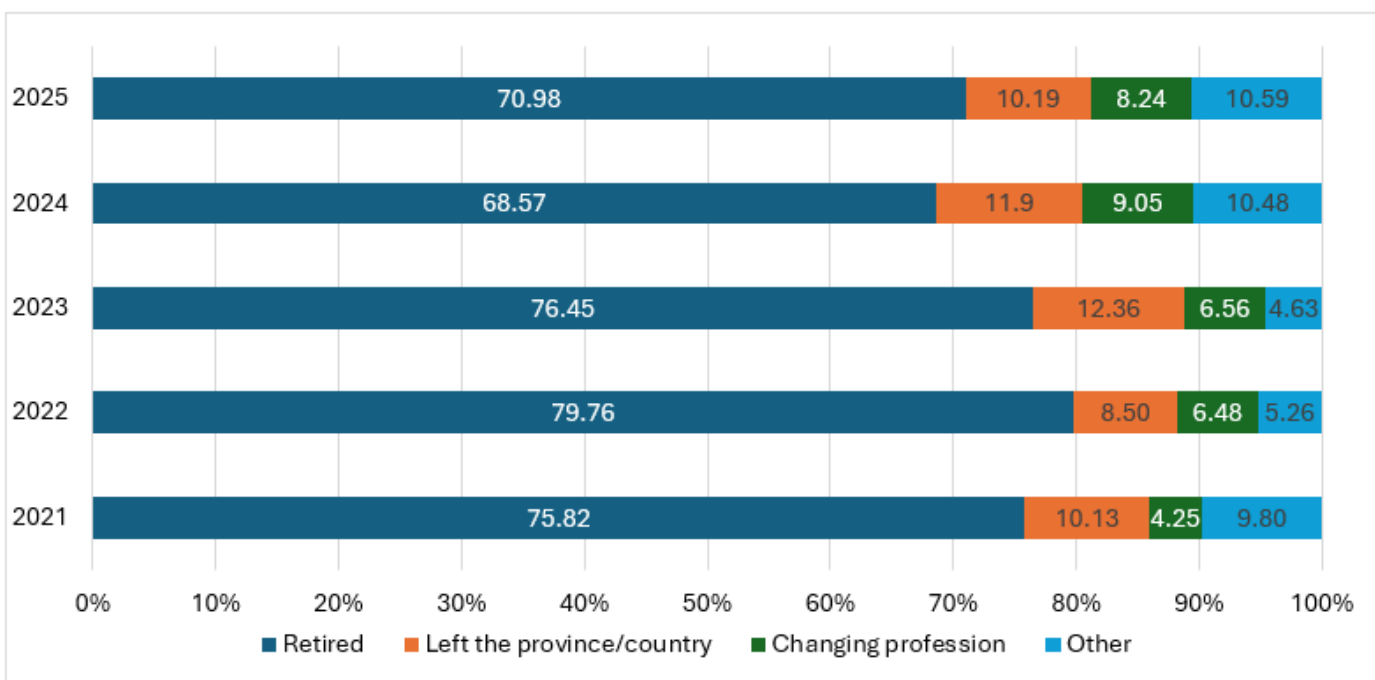
NOTE: The higher number of new registrants in 2025 is partly due to the processing of some applications that were submitted in 2024 but not completed until early 2025.

Registration

2025 Resignation Summary

Below is the number of total resignations completed throughout 2025 and during the 2026 annual renewal (November 1 – December 31, 2025).

| Reason for resignation | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------------------|------|------|------|------|------|
| Retired | 232 | 197 | 198 | 203 | 181 |
| Left the province/country | 31 | 21 | 32 | 25 | 26 |
| Changing profession | 13 | 16 | 17 | 19 | 21 |
| Other (i.e., health, family) | 30 | 13 | 12 | 24 | 27 |
| Total | 306 | 247 | 259 | 212 | 255 |



Professional Conduct



Inquiries, Complaints, and Reports Committee (ICRC)

The Inquiries, Complaints, and Reports Committee (ICRC) considers all complaints and investigation reports related to Registrant conduct. The Committee held eight (8) meetings in 2025 and completed the following actions:

- Received orientation on the Committee's mandate and authority under the *Regulated Health Professions Act, 1991*,
- Received presentation on the following:
 - Patient Relations Committee process on Sexual Abuse Prevention and Funding for Therapy,
 - Risk Based Decision Making Framework.
- Concluded eight (8) matters by requiring the registrants to complete a specified continuing education or remediation program (SCERP),
- Referred two (2) Registrants for Independent Medical Examinations,
- Approved the appointment of an investigator in fourteen (14) matters,
- Concluded four (5) conduct matters with reminders or no further action,
- No matters were referred to the Fitness to Practise Committee,
- Referred two (2) matters to the Discipline Committee.

Fitness to Practise Committee

The Fitness to Practise Committee holds hearings to determine if a Registrant is physically or mentally incapacitated and determines an appropriate order to be imposed. Fitness to Practise panels issue a decision and reasons in each case they hear. There was one (1) Fitness to Practise hearing in 2025.

Professional Conduct



Discipline Committee

The Discipline Committee considers allegations of professional misconduct or incompetence that are referred for a hearing and determine the penalty to be imposed. There was one (1) Discipline Committee hearing in 2025. A summary of the hearing and details are below:

Jennyfer Corneau

This matter was heard by a Panel of the Discipline Committee (the “Panel”) of the College of Medical Laboratory Technologists of Ontario (the “College”) on February 24, 2025.

Allegations

The Allegations against Jennyfer Corneau (“the Registrant”) were set out in the Notice of Hearing (“NOH”) dated July 25, 2024, and reads as follows:

At all material times the Registrant was a duly Practising Medical Laboratory Technologist Registrant in Ontario.

1. It is alleged that from in or around August 1, 2023 to in or around November 20, 2023, the Registrant accessed the health records of approximately 151 patients for reasons unrelated to her care of those patients.
2. It is also alleged that the Registrant also accessed and made modifications to the Registrant’s own health record.

Professional Conduct



Alleged Professional Misconduct

3. It is alleged that the above conduct constitutes professional misconduct pursuant to clause 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*, more particularly, the following paragraphs of section 1 of Ontario Regulation 752/93 under the *Medical Laboratory Technology Act, 1991*:

Paragraph 2 (contravening a federal, provincial or territorial law, a municipal by-law or a regulation, rule or by-law of a hospital if the law, by-law, regulation or rule is relevant to the Registrant's suitability to practise, more particularly, the *Personal Health Information Protection Act, 2004*); and/or

- a. Paragraph 16 (failing to maintain the standard of practice of the profession); and/or
- b. Paragraph 20 (engaging in conduct or performing an act relevant to the practice of medical laboratory technology that, having regard to all circumstances, would reasonably be regarded by the Registrants as disgraceful, dishonourable or unprofessional)

Summary of Evidence

The Discipline Panel was provided with an Agreed Statement of Facts ("ASF") that set out as follow:

- At all material times the Registrant was a duly Practising Medical Laboratory Technologist Registrant in Ontario.

Professional Conduct



1. It is agreed that from in or around August 1, 2023, to in or around November 20, 2023, the Registrant accessed the health records of approximately 151 patients for reasons unrelated to her care of those patients.
2. It is also agreed that the Registrant also accessed and made modifications to the Registrant's own health record.

Registrant's Admission of Professional Misconduct

The ASF and Admission of Misconduct included a plea inquiry in which the Registrant stated that she understands the nature of the allegations against her, that by admitting the allegations against her, she is waiving the right to have the College prove the case against her and the right to have a hearing, that any agreement with the College about the proposed penalty does not bind the Discipline Committee, and that the Panel's decision and a summary of its reasons including reference to her name will be published in the College's annual report and will be published in the College's publication and on its website. The Registrant also stated that having had the benefit of legal advice, she was executing the ASF and Admission of Misconduct voluntarily.

The Panel also conducted an oral plea inquiry at the Hearing, and was satisfied that the Registrant's admission was voluntary, informed, and unequivocal.

Professional Conduct



The College submitted that the Registrant's admitted conduct similarly constituted a breach of the standard of practice of the profession of medical laboratory technology and conduct that Registrants of the profession would reasonably regard as disgraceful, dishonourable and unprofessional.

The Registrant admitted that she breached patient privacy and confidentiality and stated that she is remorseful for her actions.

Findings

On the basis of the Registrant's admissions of professional misconduct and the facts set out in the ASF and Admission of Professional Misconduct, and having regard to the advice of its independent counsel, the Panel concluded that there is a sufficient grounds to find that the Registrant engaged in each of the acts of professional misconduct described in the NOH and the Panel should make those findings.

Accordingly, the Panel found that the Registrant engaged in professional misconduct pursuant to Clause 51 (1)(c) of the Health Professions Procedural Code, Schedule 2 to the Regulated Health Professionals Act, 1991, and as defined in the following paragraphs of section 1 of Ontario Regulation 752/93 under the Medical Laboratory Technology Act, 1991:

- i. Paragraph 2 (contravening a federal, provincial or territorial law, a municipal by-law or a regulation, rule or by-law of a hospital if the law, by-law, regulation or rule is relevant to the Registrant's suitability to practise, more particularly, the *Personal Health Information Protection Act, 2004*); and/or

Professional Conduct



- ii. Paragraph 16 (failing to maintain the standard of practice of the profession); and/or
- iii. Paragraph 20 (engaging in conduct or performing an act relevant to the practice of medical laboratory technology that, having regard to all circumstances, would reasonably be regarded by the Registrants as disgraceful, dishonourable or unprofessional).

Penalty

The Panel was presented with a Joint Submission on Penalty and Costs. The Joint Submission was signed by the Registrant and College counsel and sets out the parties' joint proposal. The Panel accepts the Joint Submission and accordingly makes the following order:

1. The Registrant is required to appear before a Panel of the Discipline Committee immediately following the hearing of this matter to be reprimanded, with the fact of the reprimand and the text of the reprimand to appear on the public register of the College.
2. The Registrar is directed to suspend the Registrant's certificate of registration for a period of three (3) months, to commence on the date of this Order.

Professional Conduct



The Panel was therefore satisfied that accepting the Joint Submission would not be contrary to the public interest, nor would doing so bring the administration of justice into disrepute; and the Panel accepted the advice of its independent counsel, who advised us as to the governing principles and endorsed the Joint Submission as calling for a penalty order that was within the appropriate range of penalty and further, that accepting it would be in the public interest.

In light of the reasons set out above, and having given due regard to the written submissions of the parties and the documents submitted to us in support of those submissions, it was the Panel's view that it should accept the Joint Submission.

Patient Relations Committee

The Patient Relations Committee plans, implements, and monitors the CMLTO's Patient Relations program, as required by the *Regulated Health Professions Act, 1991*. The Patient Relations program includes measures for preventing the sexual abuse of patients, educational requirements for Registrants, guidelines for the conduct of Registrants with patients, and the provision of information to the public. The program provides funding for therapy and counselling for patients who allege they were sexually abused by Registrants. In 2025, the Committee:

- Received orientation on the Committee's Mandate, Statutory Framework, the CMLTO's Sexual Abuse Prevention Plan, Funding for Therapy and Counselling, and Confidentiality and Conflict of Interest.
- Received presentation on the following:
 - **Application for Funding for Therapy for Sexual Abuse:** There were no requests made for therapy or counselling in 2025.



Summary of Financial Statements



**COLLEGE OF MEDICAL LABORATORY
TECHNOLOGISTS OF ONTARIO**

SUMMARY FINANCIAL STATEMENTS

DECEMBER 31, 2025

DRAFT
For Discussion Purposes Only

Report of the Independent Auditor on the Summary Financial Statements

To the Board of Directors of the College of Medical Laboratory Technologists of Ontario

Opinion

The summary financial statements, which comprise the summary balance sheet as of December 31, 2025, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Medical Laboratory Technologists of Ontario (the "College") for the year ended December 31, 2025.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria described in the note to the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated to be determined

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria described in the note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Complete audited financial statements are available upon request from the office of the Registrar.

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2025

| | <u>2025</u> | <u>2024</u> |
|---|---------------------|---------------------|
| <u>ASSETS</u> | | |
| CURRENT ASSETS | | |
| Cash | \$ 2,664,814 | \$ 3,067,623 |
| Investments-short term (note 3) | 1,159,600 | 1,099,943 |
| Other receivables | 47,149 | 60,310 |
| Prepaid expenses | <u>182,574</u> | <u>161,728</u> |
| | 4,054,137 | 4,389,604 |
| CAPITAL ASSETS (note 4) | 40,241 | 95,082 |
| INVESTMENTS - LONG TERM (note 3) | <u>1,951,458</u> | <u>1,994,997</u> |
| | <u>\$ 6,045,836</u> | <u>\$ 6,479,683</u> |
| <u>LIABILITIES AND NET ASSETS</u> | | |
| CURRENT LIABILITIES | | |
| Accounts payable and accrued liabilities (note 5) | \$ 441,288 | \$ 441,276 |
| Current portion of deferred lease inducement (note 6) | 2,071 | 12,360 |
| Deferred revenue | <u>2,216,350</u> | <u>2,185,520</u> |
| | 2,659,709 | 2,639,156 |
| DEFERRED LEASE INDUCEMENT (note 6) | <u>-</u> | <u>2,071</u> |
| | <u>2,659,709</u> | <u>2,641,227</u> |
| NET ASSETS | | |
| Operating Fund | 1,275,886 | 1,673,374 |
| Internally restricted: | | |
| Invested in capital assets | 40,241 | 95,082 |
| Abuse Therapy Fund | 60,000 | 60,000 |
| Professional Conduct Fund | 250,000 | 250,000 |
| Contingency Fund | 1,300,000 | 1,300,000 |
| Strategic Challenge Fund | 100,000 | 100,000 |
| Fee Stabilization Fund | <u>360,000</u> | <u>360,000</u> |
| | <u>3,386,127</u> | <u>3,838,456</u> |
| | <u>\$ 6,045,836</u> | <u>\$ 6,479,683</u> |

On behalf of the Board:

..... Director

..... Director

Complete audited financial statements are available upon request from the office of the Registrar.

STATEMENT OF OPERATIONS
YEAR ENDED DECEMBER 31, 2025

| | <u>2025</u> | <u>2024</u> |
|--|---------------------|---------------------|
| Revenue | | |
| Membership dues | \$ 2,379,950 | \$ 2,337,150 |
| Investment income | 150,329 | 177,575 |
| Other income | <u>15,703</u> | <u>25,636</u> |
| | <u>2,545,982</u> | <u>2,540,361</u> |
| Expenses | | |
| Corporate services | 2,264,573 | 2,099,185 |
| Board committees | 326,858 | 193,659 |
| Professional conduct | 236,822 | 188,589 |
| Amortization | 54,841 | 101,184 |
| Strategic development and projects | 39,407 | 34,606 |
| Registration | 34,945 | 53,548 |
| Corporate communications | 28,709 | 29,829 |
| Quality practice | <u>12,156</u> | <u>16,065</u> |
| | <u>2,998,311</u> | <u>2,716,665</u> |
| Excess of expenses over revenue | <u>\$ (452,329)</u> | <u>\$ (176,304)</u> |

Complete audited financial statements are available upon request from the office of the Registrar.

Note to Summary Financial Statements

1. Basis of presentation

These summary financial statements have been prepared from the audited financial statements of the College of Medical Laboratory Technologists of Ontario (the "College") for the year ended December 31, 2025, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of changes in net assets and cash flows and disclosed in the notes to the audited financial statements has not been presented.

DRAFT
For Discussion Purposes Only

Complete audited financial statements are available upon request from the office of the Registrar.



AGENDA ITEM 7.0

| | |
|------------|---|
| 7.0 | BOARD MONITORING AGENDA OF REGISTRAR & CEO – CMLTO ENDS POLICIES |
| 7.1 | Ends Policy 2 – Accountable Professionals (Update to year-end report provided to the Board in December 2025 RE: Quality Assurance Program Outcomes) |



Briefing Report to Board of Directors

Date : May 11, 2026
From : John Tzountzouris, Registrar & CEO
Subject : Ends Policy 2 – Quality Assurance Program Outcomes
For the Period : November 27, 2025 – May 11, 2026

Report Purpose:

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

PUBLIC INTEREST RATIONALE:

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

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

Recommended Motion:

Be it resolved that:

The Board moves to approve the Monitoring Report as understandable, and that the data/information provided gives sufficient evidence to demonstrate that the Registrar & CEO Interpretation of the High-Level Ends Policy 2 is reasonably being achieved.




Introduction


At the December 2025 Board meeting, the Board was presented with the monitoring report for the High Level Ends Policy 2 – Accountable Professionals by the Registrar & CEO. It was noted in this monitoring report that fulsome data regarding the outcomes of the Stage II Professional Portfolio audit process would not be available until April 2026. Further the Board was advised that a report would be provided at the May 2026 meeting to update the achievement of these observable conditions.

The data below demonstrates full compliance with the relevant Strategic Outcomes which are updated based on outcomes of the Stage II Professional Portfolio 2025 audit process:




| 2025 Observable Condition | Measure | Target | Actual Results | Variance Analysis or Explanation | Ends Achieved |
|---|---|--|--|----------------------------------|---|
| <p>2.2.1.1 Practising MLTs are compliant with their Professional Portfolio obligations and demonstrate learning.</p> | <p>2.2.1.1.a # and % of Practising MLTs, who are audited for Stage 2, and successfully complete the audit, or are referred to the QAC.</p> | <p>100 % of Practising MLTs, who are audited, successfully complete Stage 2 of the Professional Portfolio.</p> <p># of Practising MLTs referred to the QAC, and the outcomes of the QAC decisions.</p> | <p>1398 / 1400 (99.8%) have successfully completed the Stage 2 Professional Portfolio audit.</p> <p>One (1) Registrant is in the process of completing their Stage 2 requirement.</p> <p>One (1) Registrant will be referred to the QAC.</p> | <p>N/A</p> |  |



| 2025 Observable Condition | Measure | Target | Actual Results | Variance Analysis or Explanation | Ends Achieved |
|---------------------------|---|---|---|----------------------------------|---|
| | <p>2.2.1.1.b # and % of Practising MLTs, who are required to participate in the Professional Portfolio Support Program, and successfully complete the program, or are referred to the QAC.</p> | <p>100 % of Practising MLTs, who are required to participate in the Professional Portfolio Support Program successfully complete the program.</p> <p># of Practising MLTs referred to the QAC, and the outcomes of the QAC decisions.</p> | <p>Zero (0) Registrants were required to participate in the Professional Portfolio Support Program.</p> <p>Zero (0) Registrants were referred to the QAC.</p> | |  |



| | | | | | |
|--|--|---|--|--|---|
| | <p>2.2.1.1.c # and % of Practising MLTs who require QAP support for their Professional Portfolio, and the outcomes of the intervention.</p> | <p># and % of initial Stage 2 submissions which are approved upon resubmission.</p> <p># and % of MLTs that required Stage 2 coaching sessions, and the outcomes of the sessions.</p> | <p>312 / 1400 (32.3%) Registrants were required to resubmit their initial Stage 2 submission</p> <p>310 / 312 (99.4%) of Registrants who were required to resubmit their initial Stage 2 submission were approved upon resubmission.</p> <p>Only those Registrants who were required to resubmit Stage 2 twice are required to undergo a Stage 2 coaching session. 50 / 312 (16.0%) of MLTs required Stage 2 coaching sessions.</p> <p>48 / 50 (96%) successfully completed their Stage 2 coaching</p> | |  |
|--|--|---|--|--|---|

| 2025 Observable Condition | Measure | Target | Actual Results | Variance Analysis or Explanation | Ends Achieved |
|---------------------------|---------|--------|---|----------------------------------|---------------|
| | | | <p>sessions, leading to an approved Stage 2 submission.</p> <p>One (1) Registrant is in the process of completing their Stage 2 requirement.</p> <p>One (1) Registrant will be referred to the QAC.</p> | | |

| | |
|------------------------------------|---|
| Monitoring Report Analysis: | All High Level Ends Policy 2 outcomes related to the Stage II Professional Portfolio 2025 audit process have been fully achieved. |
| Overall Conclusions: | I believe that the evidence presented demonstrates exemplary regulatory program outcomes, which have had a direct impact on accountable, competent and ethical Medical Laboratory Technologists' ability to practise safely, effectively and collaboratively consistent with current and evolving practice standards. |

Respectfully submitted,



John Tzountzouris
Registrar & CEO

May 11, 2024

Date



AGENDA ITEM 8.0

| | |
|-----|---|
| 8.0 | ENDS POLICY BRIEFING, DEVELOPMENT & IMPLEMENTATION |
| 8.1 | Generative Discussion - Board's Required Duties vs. Board's Future-Focused Goals <i>(Presentation at Meeting)</i> |



AGENDA ITEM 9.0

| | |
|------------|--|
| 9.0 | GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING |
| 9.1 | Module 2 – Board Monitoring CEO/Organization Performance Part 1: Refresh of Monitoring Principles |
| 9.2 | Module 2 – Board Monitoring CEO/Organization Performance Part 2: Evaluation of Options for the Process for Monitoring CEO Results/Compliance with Board Policy |

Pre-Reading Briefing Note to Board of Directors

| | |
|----------------|--|
| Date | : Friday, May 8, 2026 |
| From | : Karen Fryday-Field, Senior Consultant, Governance and Strategy Meridian Edge Leadership & Governance Consulting |
| Subject | : Board Monitoring CEO/Organizational Performance – Part 1 – Refresh on Monitoring Principles |

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-R/CEO Relationship Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Governance Process | <input type="checkbox"/> Registrar & R/CEO |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Board Chair |
| <input type="checkbox"/> Board-R/CEO Relationship Policy | <input checked="" type="checkbox"/> Other: Board Orientation and Continuing Education |
| <input type="checkbox"/> Governance Process | |

BACKGROUND

At its May 25, 2026 meeting, the College of Medical Laboratory Technologists of Ontario Board of Directors will participate in a continuing education session focused on the Board's governance responsibility to monitor CEO and organizational performance. To support preparation for this session, Board members are being provided with a guide designed to strengthen understanding of the principles, discipline, and practical application of effective Board monitoring within a policy-driven governance framework.

The guide outlines the critical concepts associated with Board monitoring of CEO and organizational performance, including the Board's role in assessing achievement of the organization's strategic direction and Critical Outcomes (Ends), as well as evaluating compliance with the Board's values and risk boundaries established through Executive Limitations policies. In addition, the guide provides a series of critical governance-level questions intended to assist Board members in evaluating the reasonableness, sufficiency, and evidence base of CEO monitoring reports. Board members are encouraged to review the guide in advance of the meeting to support meaningful dialogue and applied learning during the session.

The continuing education session will include an interactive discussion exploring the purpose, value, and methodology of effective Board monitoring, with particular attention to how monitoring can become a strategic, insightful, and future-oriented governance process rather than a purely compliance-based exercise. This session builds upon the Board's previous online continuing education discussion regarding the critical elements of a strong CEO interpretation of Board policy. Following the conceptual discussion, Board members will participate in an applied learning exercise using a series of governance case vignettes designed to strengthen practical understanding of monitoring principles, evidence-informed evaluation, risk-informed governance oversight, and sound Board decision-making in the public interest.

GUIDE FOR BOARD MEMBERS ON MONITORING CEO (ORGANIZATION) PERFORMANCE

How to Successfully Evaluate CEO Monitoring Reports to the Board on CEO/Organization Achievement (i.e. outcomes/impact/risk/operations)

A practice field guide to support your oversight accountability, strategic insight, strengthen governance, and drive organizational success.

This guide is inspired by Policy Governance® principles.



FOCUS

On what matters most through disciplined oversight.



CLARITY

Bring clarity to expectations, evidence, and accountability.



EVIDENCE

Ensure information is understandable, verifiable, and decision-ready.



EVALUATION

Assess performance against policy expectations and seek understanding.



DECISION

Draw conclusions and determine appropriate actions together.



Karen Fryday-Field, Senior Consultant

1-519-439-7503 | kfryday-field@meridianedgeconsulting.com



*Purpose, Focus, and Courage
in Board Leadership.*

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A Guide for Board Members on How to Successfully Evaluate CEO Monitoring Reports to the Board (on Policy Achievement)

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Setting the Stage: The Board’s Monitoring Role in Governing CEO/Organization Performance

One of the Board of Directors’ most important strategic and fiduciary responsibilities is to monitor the CEO and organization’s performance to ensure that the Board’s strategic direction — its Ends/Critical Outcomes Policies — is being achieved, and that organizational strategies, decisions, and operations are carried out within the values, risk tolerances, and governance boundaries established by the Board. Effective monitoring enables the Board to determine whether the organization is producing the intended impact, for the intended people, at an acceptable level of quality, ethics, prudence, and worth.

While monitoring is a critical Board responsibility, as outlined in the Policy Governance® system principles, it must be appropriately balanced with the Board’s equally important other governing work, including:

- ongoing generative and strategic thinking about the future impact of the organization,
- governance of risk in an increasingly complex and poly-crisis environment, and
- meaningful connection with shareholders, owners, or careholders to ensure that Board policy decisions remain informed, relevant, and accountable to the owners/careholders.

The purpose of CEO/organizational monitoring is not simply retrospective evaluation or operational oversight. Retrospective evaluation of results is key; however, increasingly, high-performing Boards use monitoring information not only to assess past CEO/organizational performance, but also to inform future governance thinking, strategic direction, policy refinement, and risk-informed decision-making. Monitoring therefore becomes both an accountability mechanism and a strategic learning process for the Board. The brief overview below outlines the Board’s broader governing role and key governing job products. It is within this larger governance context that effective CEO/organizational monitoring should be understood and undertaken.

The Board’s role is to govern the organization by delivering on four governing job products including:

1) Strategic Direction

- Developing environmental scanning, forward-thinking, and outward focus to inform strategic direction leadership defining the desired organizational impacts/successes/outcomes/results /effects.
- Practicing collaborative exploration, problem-solving, opportunity creation to fuel the Board’s work on organizational purpose and outcomes.
- Emphasizing impact (obsessing on the Critical Outcomes [Ends] to be achieved) (not on the operational means to achieve these impact results).
- Using generative thinking to explore new possibilities, needs to be served, opportunities for impact.

2) Risk Protection – Governance of Risk

- Identifying key, high-level risks which could destabilize the organization/business and/or interfere with its ability to achieve its Ends (Critical Outcomes).
- Developing Board policy direction on values and risk boundaries/tolerances to protect the organization related to reasonable operational decisions.
- Establishing Board policy to mitigate, avoid, transfer significant risks.

3) Connection with Shareholders/Careholders

- Engaging with the broader shareholders/owners/careholders to inform Board policy direction regarding their values and expectations for impact (Ends).
 - Encouraging diverse perspectives and consensus building to one Board voice, as the Board develops its policy decisions.

4) Accountability

- Distinguishing between governance – the Board role and the management’s (CEO) role (two sides of a coin - different and linked).
- Being accountable for focusing on strategic leadership at the Board rather than administrative detail.
- Monitoring the CEO/organization to ensure ethical, prudent, and equitable approaches are used to achieve real impact/results/effects/critical outcomes (Ends).

To achieve these Board governance job products, the Board:

1) Sets Policies

- Stating the values, perspectives, and expectations of the Board with respect to:
 - Critical Outcomes/Results of the organization (including for whom, at what cost/priority).
 - Operational Boundaries (boundaries of executive authority – these set values and risk boundaries/expectations).
 - Governance Process (the governance philosophy and approach, the role and responsibilities of the Board, the officers, and committees, the processes the Board uses to govern).
 - Board-Staff Relationship (the manner in which Board/CEO relationship is governed, how delegation takes place, how authority and accountability are aligned, how the CEO is evaluated and supported, etc.).

2) Ensures Effective Executive CEO Leadership

- Securing the services of a committed and skilled CEO.
- Ensuring CEO is aligned with organizational values.
- Board Monitoring the CEO/Organization Performance
 - Holding CEO accountable for achieving results (Critical Outcomes policy direction within Operational Boundaries of prudence and ethics, i.e. determining the extent to which previously stated expectations, in Board policies, have been met).
- CEO Succession Planning
 - Emergency
 - Planned Exit
- Supporting the CEO

3) Links/Engages/Scans

- Ensuring that the decisions of the Board take into account the values and perspectives of the broader “ownership/careholdership”.
- Ensuring that the Board is accountable to the broader careholdership.
- Informing and educating the broader community in order to empower them to provide relevant input and influence Board policy.
- Being accountable to the broader community on organizational results achieved.

The Role of the CEO

The description of the CEO job products includes two major components, including:

- 1) Achieving the Purpose and Critical Outcomes (Ends) Policies and,
- 2) Leading operations and managing risks within operational boundaries/expectations set by the Board, i.e. conducting business within the Board’s values and risk boundaries on ethics, prudence, and equity.

All CEO responsibilities, accountabilities, plans, actions, activities, etc. stem from and should be linked to these two major responsibility areas.

The Board Information System – Three Parts

Prior to discussing the process, the Board uses for monitoring the CEO/organization performance, it is key to recognize that the Board requires three different categories of information in order to govern effectively, including:

1) Decision-making (policy decision support) Information

- Information for the Board to enable the Board to make well informed, wise policy decisions (results, strategic vision, risk, boundaries of ethics and prudence) on behalf of the broader ownership, careholders, and the beneficiaries (the people the organization serves/customers).

2) Monitoring Information (Evaluation of the CEO/Organization Performance)

- Board information to monitor organization progress through measuring CEO performance which is the same thing as organizational performance (reports demonstrating CEO policy interpretation, rationale, and evidence of achievement).
- CEO Monitoring Reports to the Board describe the CEO's interpretation to the Board's policy (observable impacts/measures/targets/rationale).

3) Incidental Briefing Information

- Board information to inform Board understanding regarding the organization, the industry, and the environment within which the Board is governing.
- Board information that helps the Board understand the context in which it is making decisions.

All of these types of information together are considered the essential ingredients of the Board's "Information System".

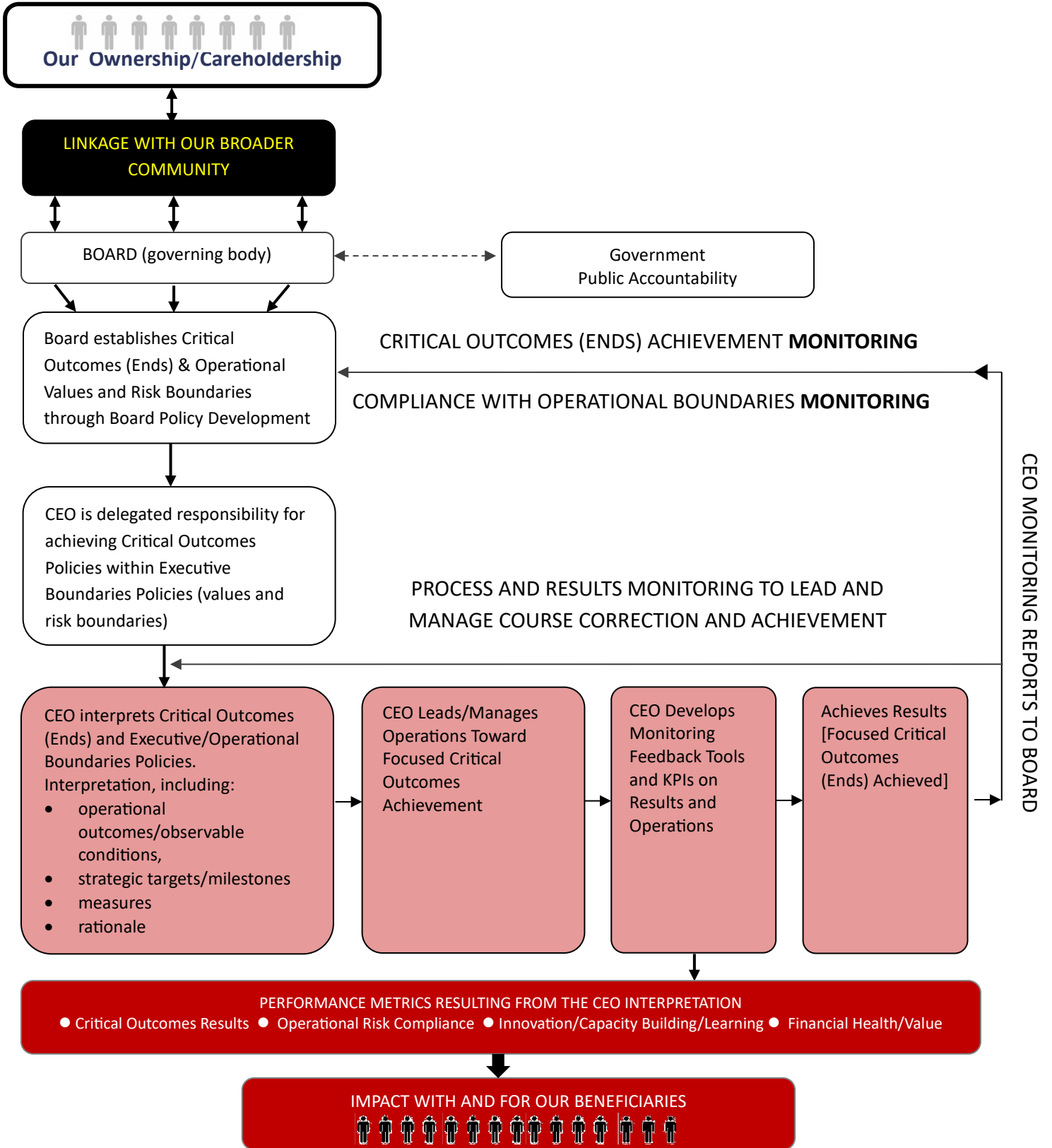
Overview of Governance Dimensions and Dynamics at Work – Where Monitoring Fits In

The diagram of this policy-driven governance approach demonstrates:

- how policy direction is formed,
- how it influences strategy and operations, and
- **how results are monitored by the Board to evaluate progress on achievement of and compliance with governing policies.**

A Guide for Board Members on How to Successfully Evaluate CEO Monitoring Reports to the Board (on Policy Achievement)

Figure 1 – Board Delegation and Monitoring At-A-Glance – Consistent with the Policy Governance® System



Understanding the Purpose of Board Monitoring

Why Does the Board Monitor the CEO/Organizational Performance?

When Boards first encounter the question, “*Why does the Board monitor CEO/organizational performance?*”, the answer may initially appear relatively simple and straightforward. While the answer is indeed foundational, it is also far more significant and multidimensional than has traditionally been recognized. Increasingly, Boards are coming to understand that the CEO monitoring process provides strategic insight, governance assurance, organizational learning, and future-focused intelligence that extend well beyond being limited to the conventional perception of “performance evaluation.”

Given that the Board of Directors is accountable for establishing governance-level policy direction — that is, defining the organization’s purpose, Critical Outcomes (Ends), Executive Boundaries, and expectations for the CEO — and subsequently delegating substantial authority, responsibility, and accountability to the CEO to achieve those expectations, the Board then has a fiduciary and strategic obligation to determine whether its policy direction is, in fact, being achieved. Accordingly, the Board monitors CEO/organizational performance in order to:

- determine the degree to which intended organizational and outcomes/impacts are being achieved;
- evaluate CEO compliance with Executive Boundary (Limitations) policies related to ethics, prudence, equity, and acceptable operational risk tolerances; and
- determine whether Board policy direction, assumptions, or expectations require refinement, course correction, or renewal over time.

The Board monitoring process is one cornerstone of policy-driven governance. It is the mechanism that provides the Board with informed confidence that the organization is achieving the intended results while operating within the Board’s established values, ethical expectations, and boundaries of prudence and risk. Until this governance component is meaningfully established and functioning effectively, Boards often remain uncertain about the strength and integrity of their governance system because they lack definitive evidence regarding whether the desired outcomes are being achieved within the Board’s framework for ethics, equity, prudence, and accountability.

Many Boards are distracted by hundreds of irrelevant facts but are starved to know if the organization is really achieving its desired outcomes and value for the investment being made. — Karen Fryday-Field

Although rigorous monitoring of CEO/organizational performance is critically important, some Boards lose momentum after developing their initial policy framework and before fully establishing an effective monitoring system. When meaningful monitoring processes are absent — or only partially developed — a significant governance gap emerges. One of the Board’s most essential accountability mechanisms is then missing, resulting in insufficient Board knowledge regarding the achievement of organizational outcomes and limited assurance that the operational means employed by the CEO are prudent, ethical, equitable, lawful, and aligned with Board policy. In these circumstances, the Board is not fully carrying out its governance responsibilities. It also creates the ethically problematic situation in which the Board lacks objective, evidence-informed information upon which to base a fair, credible, and defensible annual CEO performance evaluation.

What Does the Board Monitor?

Ultimately, the Board of Directors is accountable for ensuring that the organization is fulfilling its purpose, achieving its Critical Outcomes (Ends), and accomplishing these results within the operational boundaries established by the Board regarding ethics, prudence, equity, lawfulness, and organizational integrity. In an increasingly complex, rapidly changing, and risk-sensitive environment, the Board’s monitoring role extends beyond traditional oversight. It is a critical governance function through which the Board assures itself that organizational impact, values alignment, risk governance, accountability, and long-term sustainability are all being appropriately achieved through the CEO’s leadership and the organization’s operational practices.

What, then, is the Board actually monitoring when it sits down to review a CEO monitoring report?

At its core, the Board is monitoring two interdependent matters:

1. whether the CEO’s interpretation of the Board policy is reasonable; and
2. whether sufficient, credible evidence exists to demonstrate achievement of the Board’s policy expectations, as further defined by the CEO interpretation, or compliance with the Board’s operational boundaries.

The Board’s first responsibility is therefore to determine whether the CEO’s interpretation of the specific Board policy is reasonable. Within a policy-driven governance framework, reasonableness is not a vague or subjective concept. Rather, it is a disciplined governance assessment grounded in logic, evidence, alignment with Board intent, and measurable organizational impact. A reasonable CEO interpretation fundamentally includes:

- a measurable and observable condition, operational outcome, or organizational effect that demonstrates achievement of the Critical Outcome or compliance with the Executive Boundary policy;
- a metric, measure, indicator, or evidence methodology capable of demonstrating whether the observable condition has in fact been achieved;

A Guide for Board Members on How to Successfully Evaluate CEO Monitoring Reports to the Board (on Policy Achievement)

- a target or defined level of expected achievement, impact, or compliance; and
- a rationale that explains and justifies why the selected observable condition, metrics, and targets appropriately reflect the Board’s policy intent and represent a reasonable and meaningful standard of organizational performance.

These are the essential governance ingredients the Board must evaluate when determining whether a CEO interpretation is reasonable.

The test for reasonableness begins with assessing whether the observable condition or operational outcome selected by the CEO is genuinely aligned with the direction and intent established by the Board within its policy. For example, if the Board’s Critical Outcome (Ends) policy calls for the existence of ethical professionals, then the Board must determine whether the CEO’s proposed observable condition — such as professionals demonstrating fair, transparent, justifiable, evidence-informed, and jurisprudence-informed decision-making — appropriately reflects and advances the Board’s intended outcome.

The second dimension of reasonableness relates to the magnitude or sufficiency of the expected impact or compliance. The Board must determine whether the level of achievement being proposed by the CEO is substantial enough to justify the organizational resources, effort, public trust, and strategic focus being invested. For example, if a CEO interpretation proposes that 60% of professionals will demonstrate ethical decision-making, the Board must ask whether that level of achievement is sufficiently ambitious, responsible, and aligned with the Board’s expectations regarding public interest, organizational excellence, and risk governance.

Importantly, the Board must resolve the question of reasonableness before proceeding to evaluate the evidence itself. If the Board concludes that the CEO’s interpretation is not reasonable — meaning that the interpretation is not sufficiently aligned with Board intent, is inadequately measurable, lacks a justifiable rationale, or establishes insufficient expectations for impact or compliance — then there is little value in proceeding further with the assessment of evidence. Evidence demonstrating achievement of an unreasonable interpretation cannot, by definition, reasonably demonstrate achievement of the Board’s policy expectations.

Once the Board has determined that the CEO’s interpretation is reasonable, the Board is then positioned to evaluate the adequacy, credibility, relevance, and sufficiency of the evidence presented by the CEO. At this stage, the Board assesses whether the evidence reasonably demonstrates that the observable conditions defined by the CEO are in fact being achieved, sustained, or complied with in practice.

Figure 3 outlines the critical governance questions Boards should be asking when evaluating both the reasonableness of the CEO’s interpretation and the sufficiency of the evidence presented to demonstrate organizational achievement and compliance.

The Structure of an Effective CEO Monitoring Report to the Board

The critical elements of the structure of an effective CEO Monitoring Report include:

The Board Critical Outcomes Policy Criteria Stated

The CEO Interpretation

- narrowing/clarifying definitions (only if needed)
- observable condition/operational outcome/operating definition to be achieved
- specific metric to measure the observable condition
- target stating the level of impact or the degree of compliance to be achieved
- rationale for these

The Evidence/Results

- data, metrics, measures, or other evidence that systematically demonstrates achievement of desired outcome or compliance with operational boundary
- show trends, give context to support Board evaluation of the evidence
- use verifiable evidence to demonstrate achievement of the CEO policy interpretation

Note: It is the CEO reasonable interpretation that is used as the standard against which to evaluate achievement.

The CEO Conclusion

- was reasonable progress made in achieving the Critical Outcomes Policy
- is any further action by the CEO or Board needed

It is more important to know where you are going, than to get there quickly. Do not mistake activity for achievement.
– Mable Newcomer

Figure 3 – Key Questions the Board Should Ask/Evaluate in CEO Monitoring Reports to the Board

| ENDS (CRITICAL OUTCOMES) POLICY MONITORING | OPERATIONAL BOUNDARIES POLICY MONITORING |
|--|--|
| <p>Declaration of Critical Outcomes Policy Monitoring Report</p> <ul style="list-style-type: none"> Which policy is being monitored? What policy criteria are being reported on over what period of time? | <p>Declaration of an Operational (Executive) Boundaries Monitoring Report</p> <ul style="list-style-type: none"> Which policy is being monitored? What policy criteria from the Board policy are being reported on over what period of time? |
| <p>Critical Outcomes (Ends) CEO’s Interpretation</p> <ul style="list-style-type: none"> Operational definitions to focus the Critical Outcome and translate to achievable, measurable outcomes/impact. <ul style="list-style-type: none"> What is the observable condition/operational outcome the CEO will achieve and measure? Target for the level of impact that will be achieved. Metrics to demonstrate what results have been achieved toward the Critical Outcomes Policy within a specific business cycle(s). Rationale for the above. <p>Key Board Question: Is the interpretation reasonable?</p> | <p>Operational (Executive) Boundaries CEO’s Interpretation</p> <ul style="list-style-type: none"> Operational definition which defines the objective manner in which the CEO will demonstrate compliance with the operational/executive boundary. (Operational definitions translate the Board’s policy ideas/concepts into a measurable operational approach). <ul style="list-style-type: none"> What is the observable condition/operational outcome the CEO will achieve and measure? Target for the extent of compliance to be achieved. Metrics which demonstrate compliance or achievement of the observable condition. Rationale for the above. <p>Key Board Question: Is the interpretation reasonable?</p> |
| <p>CEO’s Evidence of Results</p> <ul style="list-style-type: none"> Does the data/proof provide/demonstrate evidence that the CEO interpretation and therefore the Critical Outcomes Policy has been achieved in the business cycle(s)? | <p>CEO’s Actual Evidence of Compliance</p> <ul style="list-style-type: none"> Does the data/proof provide/demonstrate that the CEO interpretation (and therefore Executive Limitations Policy) has been achieved/complied with, in the business cycle(s)? |

A Guide for Board Members on How to Successfully Evaluate CEO Monitoring Reports to the Board (on Policy Achievement)

| ENDS (CRITICAL OUTCOMES) POLICY MONITORING | OPERATIONAL BOUNDARIES POLICY MONITORING |
|---|---|
| <p>Conclusion The Board needs to make a conclusion as to whether the evidence demonstrates reasonable Critical Outcomes achievement in the business cycle (i.e. were the measurables in the interpretation achieved?).</p> <ul style="list-style-type: none"> • Are the concluding remarks, actions, course corrections required/recommended/planned by the CEO reasonable? • Does the CEO suggest updates or questions regarding the Board Policy? • Does the Board require the CEO to take any action in order to achieve the Critical Outcomes? | <p>Conclusion The Board needs to make a conclusion as to whether the evidence demonstrates that the Operational (Executive) Boundaries has/have been complied with over the business cycle (i.e. were the measurables in the interpretation achieved?).</p> <ul style="list-style-type: none"> • Are the concluding remarks, actions, course corrections required/recommended/planned by the CEO reasonable? • Does the CEO suggest updates or questions regarding the Board Policy going forward? • Does the Board require the CEO to take any action in order to achieve compliance? |

If it was important enough to say in policy, then it is important enough for the Board to check to see if it is being done/achieved!

The High-Level Board Process for Monitoring CEO Performance

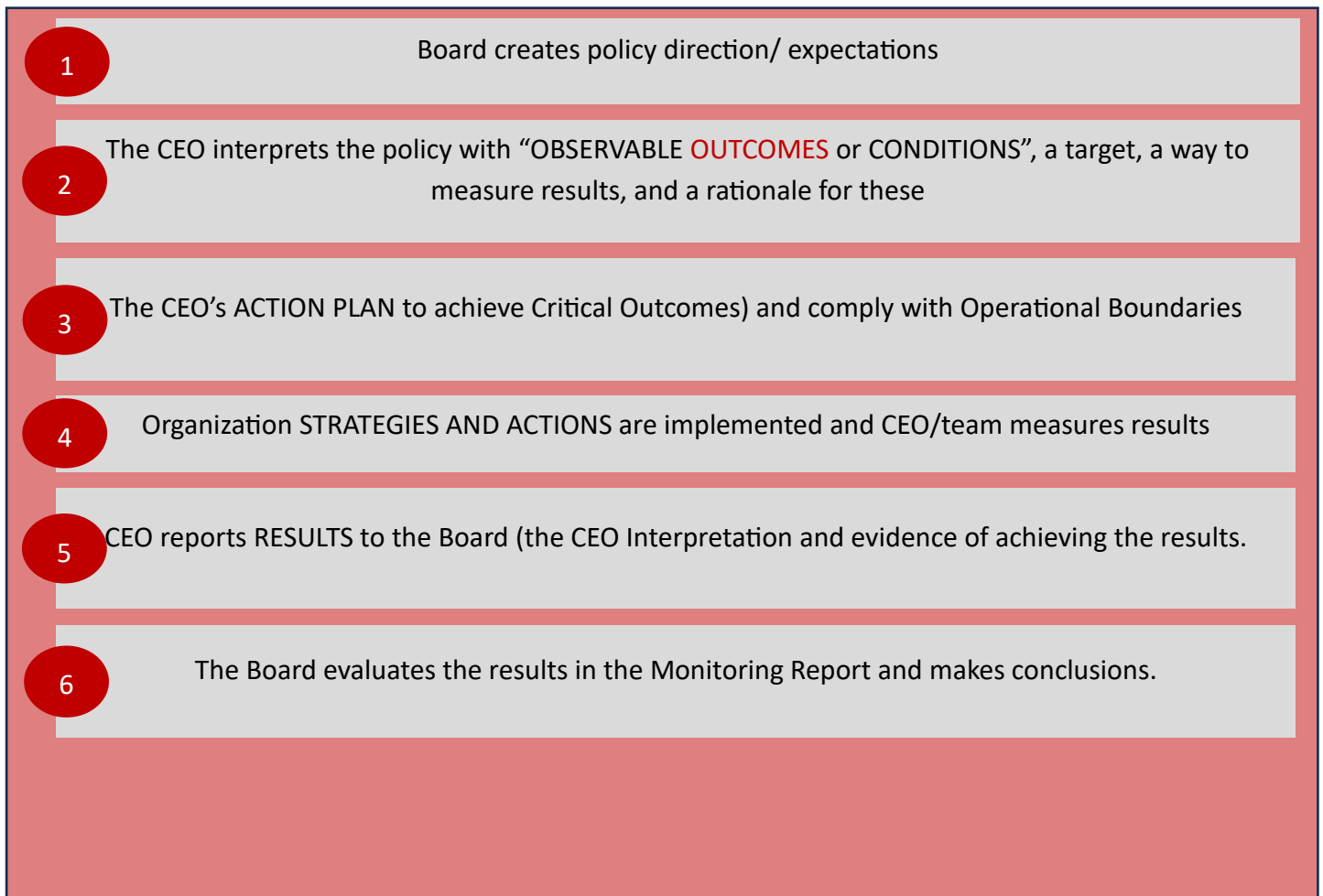
The critical steps in the Board’s monitoring of CEO/organizational performance are outlined in Figure 4 below. These steps reflect the Board’s high-level governance process for moving from the establishment of Board policy direction and expectations for the CEO, through to the Board’s evaluation of monitoring evidence, assessment of organizational and CEO performance, and determination of governance-level conclusions and any required policy or strategic course correction. Within a policy-driven governance framework, this monitoring continuum is a fundamental accountability mechanism through which the Board assures itself that the organization is achieving the Board’s stated Critical Outcomes (Ends) and operating within the Board’s established Executive Limitations/Boundaries related to ethics, prudence, equity, and lawfulness.

While the core governance principles and monitoring sequence remain consistent, Boards may operationalize these high-level monitoring steps in a variety of ways depending on governance design, organizational complexity, and Board preferences. For example, monitoring report evaluation may occur during regular Board meetings, through structured pre-meeting or between-meeting electronic review processes, or through blended approaches that combine individual director assessment with collective Board deliberation and decision-making.

A Guide for Board Members on How to Successfully Evaluate CEO Monitoring Reports to the Board (on Policy Achievement)

Regardless of the specific process utilized, the integrity of the monitoring system depends upon disciplined governance oversight, evidence-informed evaluation, and the Board’s consistent focus on governance-level accountability rather than operational management detail.

Figure 4 – High-Level Steps in the Board Monitoring the CEO/Organization Process



Monitoring Methods

If the Board adopts the discipline of monitoring only what it has already addressed in policy, its reasonable anxiety will drive it to develop all the policies needed. "If as a Board you haven't said how, it ought to be, then don't ask how it is," describes the principle that presses the Board to monitor in a focused manner instead of just sort of wandering through questions of the CEO to address any of the Board's one-off curiosities. The Board can monitor each policy at whatever frequency it desires by one or more of the three methods outlined below.



Executive Internal Report

The CEO makes available a report that directly addresses the policy and the policy criteria being monitored. Unlike common CEO reports to Board which state "here's what has happened lately," the monitoring report is geared to report evidence on a specific Board policy. The report follows the format of:

- the criteria spelled out in the particular Board policy being monitored,
- the CEO's interpretation of that policy, and
- monitoring data/information is then provided such that achievement/compliance or non-achievement/non-compliance is evident. It is the CEO's responsibility to select and produce metrics that enable a majority of the Board to be reasonably assured of appropriate performance (as defined by a reasonable interpretation).



External Review

The Board selects an external resource to measure achievement or compliance with respect to a specific policy. It is important that the external party assess performance against the Board's policy and the CEO's Interpretation of that policy. If the external person evaluates against their own standards, the resulting assessment confounds monitoring and decision information. Fiscal auditors are the most common example of this method, but external audits need not be confined to fiscal issues.



Direct Inspection

The Board officially assigns one or more Board Members to directly check compliance with a specific policy. Infrequently, the Board as a whole might perform this direct type of inspection. Direct inspection could require an on-site visit or review of documents or results/data. This monitoring method should not be used unless the Board role and discipline are in excellent order, lest it deteriorates into meddling in operations. Board Members involved have no authority to direct any staff nor may they make evaluations on any basis other than literally monitoring against the Board's policy criteria and the CEO's policy interpretation (observable condition, targets, metrics, rationale).



AGENDA ITEM 10.0

| | |
|-------------|--------------------|
| 10.0 | ADJOURNMENT |
|-------------|--------------------|



College of Medical
Laboratory Technologists
of Ontario

CMLTO BOARD MEETING

Tuesday, May 26, 2026

DAY 2

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

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

Tuesday, May 26, 2026 / Time: 9:00 a.m. – 5:00 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 |
| 2.0 | APPROVAL OF MEETING AGENDA | | | | N/A | 9:02 am |
| 2.1 | Review and Approval of Meeting Agenda | Board Approval <i>(Motion)</i> | K. Persad | Read Item 2.1 | N/A | 9:02 am |
| 2.2 | Declaration of Conflict of Interest | Declaration of Conflict of Interest | K. Persad | N/A | N/A | 9:04 am |
| 3.0 | BOARD POLICY REVIEW – GOVERNANCE PROCESS | | | | 236 | 9:05 am |
| 3.1 | Regular Policy Review: GP IV-50.10 Board Monitoring System Policy | Board Approval <i>(Motion)</i> | I. Vithana M. Cakar | Read Item 3.1 | 237 | 9:05 am |
| 3.2 | Regular Policy Review: GP IV-166 Government Relations Policy | Board Approval <i>(Motion)</i> | P. McLeman M. Cakar | Read Item 3.3 | 261 | 9:20 am |
| 3.3 | Special Policy Review: GP IV-141 Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration | Board Approval <i>(Motion)</i> | L. Bourne J. Tzountzouris | Read Item 3.3 | 271 | 9:35 am |
| 4.0 | BOARD POLICY REVIEW – EXECUTIVE LIMITATIONS | | | | 281 | 9:50 am |
| 4.1 | Regular Policy Review: EL II-25 Human Resources Parameters Policy | Board Approval <i>(Motion)</i> | V. Ufodike M. Cakar | Read Item 4.1 | 282 | 9:50 am |



| Agenda Item | Topic | Proposed Outcome | Lead | Report Type | Page Number | Start Time |
|--------------|--|-----------------------------------|--|--|---------------------|-----------------|
| 5.0 | ENDS POLICY BRIEFING, DEVELOPMENT & IMPLEMENTATION | | | | 298 | 10:05 am |
| 5.1 | CMLTO Global Diversity, Equity & Inclusion Benchmark (GDEIB) Analysis | Board Approval (Motion) | J. Tzountzouris M. Cakar D. Belisle <i>Decibel DEI Consulting</i> | Read Item 5.1 Presentation at Meeting | 299 | 10:05 am |
| BREAK | | | | | | 10:50 am |
| 5.1 | CMLTO Global Diversity, Equity & Inclusion Benchmark (GDEIB) Analysis | Board Approval (Motion) | J. Tzountzouris M. Cakar D. Belisle <i>Decibel DEI Consulting</i> | Read Item 5.1 Presentation at Meeting | 299 | 11:05 am |
| LUNCH | | | | | | 12:00 pm |
| 6.0 | BOARD MONITORING AGENDA OF REGISTRAR & CEO – EXECUTIVE LIMITATIONS POLICY | | | | 307 | 12:45 pm |
| 6.1 | EL II-10 Financial Health Policy (Criteria 7-16) | Board Approval (Motion) | J. Tzountzouris | Read Item 6.1 | 308 | 12:45 pm |
| 6.2 | EL II-16 Vendor Relations Policy | Board Approval (Motion) | J. Tzountzouris | Read Item 6.2 | 323 | 1:00 pm |
| 6.3 | EL II-10 Financial Health Policy – Revised 2026 CMLTO Budget | Board Approval (Motion) | J. Tzountzouris | Read Item 6.3 | 347 | 1:15 pm |
| 7.0 | MOTION TO CLOSE THE MEETING | | | | 352 | 1:45 pm |
| 7.1 | Motion to Close the Board Meeting in accordance with Section 7 (2) (d) of the Health Professions Procedural Code (Schedule 2 to the Regulated Health Professions Act (RHPA), 1991) re Personnel Matters | Board Approval (Motion) | K. Persad | N/A | N/A | 1:45 pm |



| Agenda Item | Topic | Proposed Outcome | Lead | Report Type | Page Number | Start Time |
|--------------|--|---------------------------------|--|--------------------------------|---------------------|----------------|
| 8.0 | BOARD MONITORING AGENDA OF REGISTRAR & CEO – CMLTO ENDS & EXECUTIVE LIMITATIONS POLICIES | | | | 353 | 1:50 pm |
| 8.1 | Board Performance Feedback to Registrar & CEO Regarding Policies Monitored at the May Meeting <i>(As Required)</i> | Board Approval (Motions) | K. Persad | N/A | N/A | 1:50 pm |
| 8.2 | Governance Support to the Board of Directors | Board Approval (Motion) | J. Tzountzouris K. Persad | Read Item 8.2 | 354 | 1:50 pm |
| BREAK | | | | | | 2:30 pm |
| 8.3 | Registrar & CEO Incidental Briefing / Environmental Scan Report | Board Approval (Motion) | J. Tzountzouris | Read Item 8.3 | 378 | 2:45 pm |
| 8.4 | Registrar & CEO Performance Tracking Through Monitoring Reports | Board is Informed | J. Tzountzouris | Read Item 8.4 | 430 | 3:00 pm |
| 8.5 | Mid-Year Board (Executive Committee) Registrar & CEO Performance Discussion (June) | Board is Updated | K. Persad | Verbal Report | N/A | 3:05 pm |
| 9.0 | MOTION TO REOPEN BOARD MEETING | | | | N/A | 3:20 pm |
| 9.1 | Motion to Open the Board Meeting to the Public | Board Approval (Motion) | K. Persad | N/A | N/A | 3:20 pm |
| 10.0 | RISE AND REPORT | | | | N/A | 3:25 pm |
| 10.1 | Report on Matters Discussed in Closed Meeting | Public is Informed | K. Persad | N/A | N/A | 3:25 pm |
| 11.0 | GOVERNANCE PROCESS: POLICY DEVELOPMENT / IMPLEMENTATION | | | | N/A | 3:30 pm |
| 11.1 | Artificial Intelligence Legal and Regulatory Considerations for Board Oversight | Board is Informed | J. Tzountzouris M. Cakar M. Power, The Michael Power Company Limited | Presentation at the meeting | N/A | |
| 12.0 | ADJOURNMENT | | | | | 5:00 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 | BOARD POLICY REVIEW – GOVERNANCE PROCESS |
|------------|---|
| 3.1 | Regular Policy Review: GP IV-50.10 Board Monitoring System Policy |
| 3.2 | Regular Policy Review: GP IV-166 Government Relations Policy |
| 3.3 | Special Policy Review: GP IV-141 Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration |



Briefing Report to Board of Directors

Date : May 13, 2026

From : Imaya Vithana, Policy Champion
Maggie Cakar, Governance Specialist

Subject : Regular Policy Review:
GP IV-50.10 Board Monitoring System 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-Staff Relationship Policy | <input type="checkbox"/> Statutory Committee |
| <input checked="" type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Ownership Linkage Report |
| <input type="checkbox"/> Board Implementation of Policy | <input type="checkbox"/> Incidental Report |
| <input type="checkbox"/> Board-Staff Relationship Policy | <input type="checkbox"/> Registrar & CEO |
| <input type="checkbox"/> Governance Process Policy | <input type="checkbox"/> Board Chair |
| | <input type="checkbox"/> Other: |

Recommended Motion:

Be it resolved that:

The Board moves to approve the updated **GP IV-50.10 Board Monitoring System Policy** outlined in Figure 2 as relevant and current.

BACKGROUND

GP IV-50.10 Board Monitoring System Policy sets out the Board's principles, system, and process for monitoring organizational performance and evaluating the performance of the Registrar & CEO through the achievement of Ends (Critical Outcomes) and compliance with Executive Limitations.

The policy was last reviewed on September 14, 2023, and is now coming forward for regular policy review at the May Board meeting.

As part of this review,

- **Figure 2** outlines the proposed revisions to the GP IV-50.10 Board Monitoring System Policy, and
- **Figure 3** presents the Policy with those proposed revisions incorporated.

SUMMARY OF PROPOSED REVISIONS

The proposed revisions are targeted and focused, and are intended to strengthen clarity, governance alignment, and transparency, without altering the overall intent or structure of the Board Monitoring System.

The revisions were guided by a **governance-informed review**, including:

- Alignment with Policy Governance® principles and governance practice, and
- Consideration of governance, accountability, and transparency expectations within the Ontario health regulatory environment.

Key updates include:

1. **Strengthening of the evaluation framework**, including explicit articulation that the Board assesses:
 - The reasonableness of the Registrar & CEO's interpretation of policy,
 - The adequacy, relevance, and reliability of the evidence provided, and
 - The extent to which the evidence demonstrates achievement of Ends (Critical Outcomes) or compliance with Executive Limitations.
2. **Clarification of the relationship between monitoring and performance evaluation**, confirming that monitoring is the primary and ongoing mechanism for evaluating the Registrar & CEO, and that the annual performance evaluation summary is a synthesis of monitoring conclusions rather than a separate evaluation process.
3. **Refinement of the open and in-camera review process**, including clearer articulation of:
 - The purpose of open session discussions (transparency, accountability, and shared understanding of results), and
 - The purpose of in-camera discussions (confidential performance evaluation and Board deliberation).
4. **Strengthening of transparency and public interest alignment**, including clearer linkage between open discussion of monitoring reports and the Board's responsibility to act in the public interest.
5. **Streamlining of procedural language**, ensuring that the policy remains focused on governance-level principles, with operational or meeting-specific detail minimized.
6. **Minor language and terminology refinements** to improve clarity, readability, and consistency with current CMLTO governance language.



To support ease of review:

- Policy Governance® refinements are identified in green font,
- Governance-informed adjustments are identified in blue font, and
- Administrative / Editorial Revisions are identified in red font.

in Figure 1 (Proposed Revisions).

This approach is intended to clearly distinguish the source and purpose of each revision while presenting a single, integrated policy for Board consideration.

The proposed changes and the rationale for the changes are outlined in Figure 3.

BOARD REVIEW CONSIDERATIONS

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

- Does the policy remain relevant for purpose within the Board's governance model?
- Does the revised evaluation framework clearly support the Board's role in assessing performance?
- Does the policy appropriately balance transparency and confidentiality in the monitoring process?
- Do the revisions appropriately reflect alignment with the Board's adopted governance model?
- Do the revisions appropriately support the Board's principles and values, including its commitment to the protection of the public interest?

APPENDICES:

Figure 1 – Current GP IV-50.10 Board Monitoring System Policy

Figure 2 – Proposed revisions to GP IV-50.10 Board Monitoring System Policy

Figure 3 – GP IV-50.10 Board Monitoring System Policy with the proposed revisions incorporated

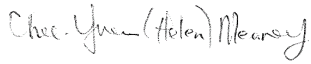
Figure 4 – Proposed Revisions Summary Table GP IV-50.10 Board Monitoring System Policy

Figure 5 – Board Feedback on the Proposed Revisions to GP IV-50.10 Board Monitoring System Policy



FIGURE 1

Current GP IV-50.10 Board Monitoring System Policy

| | | | |
|--|-------------------------------|---|--|
| Policy Title: BOARD MONITORING SYSTEM | | Policy Section: IV Governance Process | Policy Number: IV-50.10 |
| Approved By: Board of Directors | Date Approved: s96 | Date Reviewed/ Revised: May 4, 2006 May 29, 2009 May 7, 2012 Jan 24, 2014 May 15, 2017 May 12, 2020 Sept 14, 2023 | Board Chair's Signature:  |

PURPOSE

The purpose of the “Board Monitoring System Policy” (GP IV-50.10) is to define the Board’s principles, system, and process for monitoring executive performance (Registrar & CEO) related to achievement of the Board’s Ends (Critical Outcomes) Policies and compliance with the Board’s Executive Limitation Policies.

Board monitoring of the Registrar & CEO is synonymous to and the primary process for the evaluation of Registrar & CEO performance. This monitoring/evaluation of executive performance (Registrar & CEO) is also synonymous to the evaluation of CMLTO organizational. The primary criteria for this monitoring/evaluation is the achievement of the Ends (Critical Outcomes) and the Executive Limitations Policies, set by the Board, and the subsequent Registrar & CEO’s interpretation of these policies.

POLICY

1. The purpose of monitoring is specifically to determine the degree to which Board policies are being fulfilled. Board policies represent the voice of the Board and its direction to the Registrar & CEO. Only reports/information designed to directly address the degree to which Board policies are being achieved will be considered to be “monitoring information”.

The Board is committed to a thorough review of Monitoring Reports and to providing useful, evaluative feedback to, and in dialogue with, the Registrar & CEO. Monitoring will be as automatic as possible such that the majority of the Board’s time can be focused on designing the future.

2. A given policy may be monitored in one or more of three ways, including:



- a. Executive Internal Report: Disclosure of achievement and compliance information/evidence to the Board from the Registrar & CEO in the form of a recognized Monitoring Report.
 - b. External Report: Using achievement and compliance information by an impartial, qualified external reviewer, or consultant who is selected by and reports directly to the Board. Such reports must assess executive performance only against policies of the Board not those of the external party unless the Board has previously indicated the external party's opinion/policies to be the standard of the Board for performance evaluation of the Registrar & CEO.
 - c. Direct Board Inspection: Development of compliance and/or achievement information by a Board member, a Board Committee, or the Board as a whole. This can be made up of a Board review of documents, activities, or circumstances directed by the full Board which allows a "prudent person" test of policy achievement/compliance. This method of monitoring should be used sparingly and only where the Board holds appropriate expertise.
3. Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each Ends (Critical Outcomes) and Executive Limitations policy will be classified by the Board according to frequency and method of monitoring (see Appendix 1).
 4. The Board Members will review, in advance of the Board meeting, the Monitoring Reports submitted by the Registrar & CEO.

The criteria the Board will use to evaluate Monitoring Reports from the Registrar & CEO are outlined in each of the policies that will be monitored [Ends (Critical Outcomes) and Executive Limitations]. At the Board meeting, there will be minimal presentation of the reports by the Registrar & CEO as Board Members are expected to have read the reports. There will be a period of open discussion and questions by the Board with the Registrar & CEO. The Board will arrive at an evaluation of the reasonableness of the Monitoring Report and the actual results achieved, by the Registrar & CEO and will record the Board's conclusion by motion.

5. In the open session of the meeting, the Board will review and discuss the Monitoring Reports in the open Board meeting session; exploring the Board's understanding of the evidence on results achieved and the meaning of such results provided in these reports. The open session minutes will record any clarifications or additional insights arrived at through the Board exploration of the Monitoring Reports. Any related action that the Board requires of the Registrar & CEO and itself will also be recorded.



Later in the meeting, the Board will move to a Board “in-camera session” to make final conclusions and record a motion regarding the performance evaluation aspect and final feedback to the Registrar & CEO (as this is a confidential human resources matter). The in-camera minutes will record the Board’s final conclusions in a relevant motion.

The Board will then rise and report back to the general meeting session when the meeting is reopened.

6. Each year by November/December, the Board will conduct a formal Annual Performance Evaluation Summary for the Registrar & CEO. This evaluation will consider all of the monitoring data as defined here and as reviewed and discussed throughout the year along with the Board’s general feedback on performance trends.

Appendix 1 – Board Monitoring System Schedule of Registrar & CEO Re: GP IV-50.10



**APPENDIX 1
BOARD MONITORING SYSTEM SCHEDULE
OF REGISTRAR & CEO POLICY ACHIEVEMENT
RE: GP POLICY IV-50.10**

DECEMBER 09, 2025

| Policy # | Policy | Date Approved/ Date Last Revised | Policy Type | Method | Frequency | Monitoring Month |
|----------|---|--|----------------|--|---------------------------------------|--|
| I-01 | Ends (Critical Outcomes) Policies for 2024 to 2026/2027 | Feb 1, 2006 Sep 15, 2015 Nov 28, 2019 Sep 15, 2023 Sep 24, 2024 Dec 9, 2024 Sep 23, 2025 Dec 8, 2025 | Ends | Internal Review | Annual HLP 1 HLP 2 HLP 3 | Nov/Dec Nov/Dec Sept |
| II-01 | General Executive Constraint Policy | Sep 24, 2001 Sep 25, 2017 Sep 12, 2022 May 29, 2023 Dec 9, 2024 | EL | Internal Review | Every 2 years (odd year) | Nov/Dec |
| II-09 | Investment Policy | Nov 30, 2009 Nov 28, 2016 Dec 3, 2018 Dec 1, 2020 Dec 2, 2022 Dec 11, 2023 Dec 9, 2024 Dec 9, 2025 | EL | Internal Review | Annual | Nov/Dec |
| II-10 | Financial Planning and Budget Cycle Policy | Jan 23, 1996 Nov 28, 2016 Nov 28, 2019 Dec 2, 2022 May 29, 2023 May 28, 2024 May 27, 2025 | EL | Internal Review | Annual | May |
| II-11 | Financial Condition Policy | Jan 23, 1996 Feb 7, 2017 Feb 28, 2019 Mar 22, 2021 Feb 11, 2022 May 29, 2023 Sep 15, 2023 Dec 11, 2023 Feb 16, 2024 May 28, 2024 Sept 24, 2024 | EL | Internal Review External Review | Quarterly Annual | Feb May Sept Nov/Dec May |



| Policy # | Policy | Date Approved/ Date Last Revised | Policy Type | Method | Frequency | Monitoring Month |
|----------|---|--|----------------|--------------------|------------------------------|---------------------|
| | | Dec 9, 2024 Feb 21, 2025 May 27, 2025 Sept 23, 2025 Dec 8, 2025 | | | | |
| II-12 | Financial Audit & External Auditor Policy | Sept 14, 2023 Sept 23, 2025 | EL | Internal Review | Every 2 years (odd year) | Sept |
| II-15 | Asset Protection Policy | May 5, 2006 Sept 15, 2009 Nov 30, 2009 Nov 29, 2012 May 12, 2015 June 11, 2018 Sept 13, 2021 Sept 23, 2024 Sept 22, 2025 | EL | Internal Review | Every 2 years (odd year) | May |
| II-16 | Vendor Relations Policy | May 3, 2007 Nov 30, 2009 May 14, 2010 May 2, 2013 May 15, 2017 Sept 13, 2021 Sept 23, 2024 Sept 22, 2025 | EL | Internal Review | Every 2 years (even year) | May |
| II-17 | Summary of Financial Numerical Limitations Policy | Feb 6, 2007 Feb 7, 2017 Nov 28, 2018 Mar 22, 2021 Feb 16, 2024 | EL | Internal Review | N/A | N/A |
| II-20 | Signing Authority/ Authorization of Expenditures Policy | Sep 15, 2009 Jun 11, 2018 Feb 11, 2022 Feb 7, 2023 Dec 11, 2023 Dec 9, 2024 Dec 8, 2025 | EL | Internal Review | Annual | Nov/Dec |
| II-25 | Human Resources Parameters Policy | May 12, 2014 May 15, 2017 May 12, 2020 Sept 15, 2023 Sept 24, 2024 Sept 23, 2025 | EL | Internal Review | Annual | Sept |

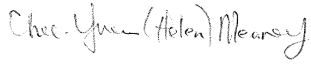


| Policy # | Policy | Date Approved/ Date Last Revised | Policy Type | Method | Frequency | Monitoring Month |
|----------|--|---|-------------|--|---|------------------|
| II-35 | Staff Conduct and Transparency Policy | Nov 30, 2009 Jun 11, 2018 Jun 3, 2021 Sept 24, 2024 | EL | Internal Review | Every 2 years (even year) | Sept |
| II-40 | Registrant Relations Policy | Feb 6, 2007 May 16, 2016 Feb 28, 2019 Feb 11, 2022 May 29, 2023 May 27, 2025 | EL | Internal Review External Review | Every 2 years (odd year) Every 3-5 years | May |
| II-45 | Communication and Support to the Board Policy | Jan 23, 1996 Sept 22, 2016 Sept 17, 2020 Dec 11, 2023 Dec 9, 2024 Dec 8, 2025 | EL | Internal Review | Annual | Nov/Dec |
| II-50 | Corporate Identity /Communications and Public Image Policy | May 3, 2007 May 15, 2017 May 12, 2022 Sept 15, 2023 Sept 24, 2024 | EL | Internal Review | Every 2 years (even year) | Feb |
| II-70 | Intellectual Property Policy | Sept 16, 2008 Sept 15, 2015 Nov 28, 2019 May 29, 2023 Feb 16, 2024 May 27, 2025 | EL | Internal Review | Every 2 years (odd year) | May |
| II-80 | Executive Succession Plan Policy | Jan 23, 1996 Sept 15, 2015 Nov 28, 2019 Sept 12, 2022 Sept 15, 2023 Sept 24, 2024 Sept 23, 2025 | EL | Internal Review | Annual | Sept |



FIGURE 2

Proposed Revisions to GP IV-50.10 Board Monitoring System Policy

| | | | |
|---|---------------------------------------|--|--|
| Policy Title: BOARD MONITORING SYSTEM | | Policy Section: IV Governance Process | Policy Number: IV-50.10 |
| Approved By: Board of Directors | Date Approved: Jan 23, 1996 | Date Reviewed/ Revised: May 4, 2006 May 29, 2009 May 7, 2012 Jan 24, 2014 May 15, 2017 May 12, 2020 Sept 14, 2023 May 26, 2026 | Board Chair's Signature:  |

PURPOSE

The purpose of the ~~GP IV-50.10~~ “Board Monitoring System Policy” (~~GP IV-50.10~~) is to define the Board’s principles, system, and process for monitoring executive performance (Registrar & CEO) related to achievement of the Board’s Ends (Critical Outcomes) Policies and compliance with the Board’s Executive Limitations Policies.

Board monitoring of the Registrar & CEO ~~is synonymous to and the primary process for the evaluation of Registrar & CEO performance.~~ serves as the primary mechanism for evaluating Registrar & CEO performance. This monitoring/evaluation of executive performance (Registrar & CEO) is ~~also synonymous to the evaluation of CMLTO organizational.~~ conducted through an assessment of the organizational performance of the College of Medical Laboratory Technologists of Ontario (CMLTO). The ~~primary criteria for this monitoring/evaluation is the achievement of the Ends (Critical Outcomes) and the Executive Limitations Policies, set by the Board, and the subsequent Registrar & CEO’s interpretation of these policies.~~ based on the extent to which the Board’s Ends (Critical Outcomes) are achieved and the Executive Limitations Policies are complied with, as reasonably interpreted by the Registrar & CEO and supported by appropriate and credible evidence.

POLICY

1. Definition of Monitoring

The purpose of monitoring is specifically to determine the degree to which Board policies are being fulfilled. Board policies represent the voice of the Board and its direction to the Registrar & CEO. Only reports/information designed to directly address the degree to which Board policies are being achieved will be considered to be “monitoring information”.



The Board is committed to a thorough review of Monitoring Reports and to providing useful, evaluative feedback to, and in dialogue with, the Registrar & CEO. Monitoring will be as automatic as possible such that the majority of the Board's time can be focused on designing the future.

2. Monitoring Methods

A given policy may be monitored in one or more of three ways, including:

- d. Executive Internal Report: Disclosure of achievement and compliance information/evidence to the Board from the Registrar & CEO in the form of a recognized Monitoring Report.
- e. External Report: Using achievement and compliance information by an impartial, qualified external reviewer, or consultant who is selected by and reports directly to the Board. Such reports must assess executive performance only against policies of the Board not those of the external party unless the Board has previously indicated the external party's opinion/policies to be the standard of the Board for performance evaluation of the Registrar & CEO.
- f. Direct Board Inspection: Development of compliance and/or achievement information by a Board member, a Board Committee, or the Board as a whole. This can be made up of a Board review of documents, activities, or circumstances directed by the full Board which allows a "prudent person" test of policy achievement/compliance. This method of monitoring should be used sparingly and only where the Board holds appropriate expertise.

3. Monitoring Schedule

Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each Ends (Critical Outcomes) and Executive Limitations policy will be classified by the Board according to frequency and method of monitoring (see Appendix 1).

4. Review of Monitoring Reports

The Board Members will review, in advance of the Board meeting, the Monitoring Reports submitted by the Registrar & CEO.

The criteria the Board will use to evaluate Monitoring Reports from the Registrar & CEO are outlined in each of the policies that will be monitored [Ends (Critical Outcomes) and Executive Limitations]. At the Board meeting, there will be minimal presentation of the reports by the Registrar & CEO as Board Members are expected to have read the reports. There will be a period of open discussion and questions by the Board with the Registrar & CEO.



In evaluating Monitoring Reports, the Board will assess:

- The reasonableness of the Registrar & CEO's interpretation of the relevant policy,
- The adequacy, relevance, and reliability of the evidence provided, and
- The extent to which the evidence demonstrates achievement of Ends (Critical Outcomes) or compliance with Executive Limitations.

The Board will arrive at an evaluation based on these criteria ~~of the reasonableness of the Monitoring Report and the actual results achieved, by the Registrar & CEO~~ and will record the Board's conclusion by motion.

5. Open and In-Camera Process

In the open session of the meeting, the Board will review and discuss the Monitoring Reports in the open Board meeting session; ~~exploring the Board's understanding of the evidence on results achieved and the meaning of such results provided in these reports~~ to support transparency, accountability, and the Board's responsibility to act in the public interest, unless otherwise determined to not be in the public interest in accordance with applicable legislation. ~~The open session minutes will record any clarifications or additional insights arrived at through the Board exploration of the Monitoring Reports. Any related action that the Board requires of the Registrar & CEO and itself will also be recorded.~~

The purpose of the open session is to explore and clarify the evidence, results achieved, and the Board's understanding of their meaning. The open session minutes will record any clarifications or key insights arising from this discussion, as well as any related actions required of the Registrar & CEO or the Board.

Later in the meeting, the Board will move to a Board "in-camera session" to make final conclusions and record a motion regarding the performance evaluation aspect and final feedback to the Registrar & CEO recognizing that this constitutes a confidential human resources matter. ~~(as this is a confidential human resources matter). The in-camera minutes will record the Board's final conclusions in a relevant motion.~~

The purpose of the in-camera session is to enable the Board to deliberate and reach its evaluative judgment regarding performance. The in-camera minutes will record the Board's final conclusions in a relevant motion.

The Board will then rise and report back to the general meeting session when the meeting is reopened.

6. Annual Performance Evaluation Summary

Each year by November/December, the Board will conduct a formal Annual Performance Evaluation Summary for the Registrar & CEO. This ~~evaluation will~~



~~consider all of the monitoring data as defined here and as reviewed and discussed throughout the year along with the Board's general feedback on performance trends.~~ summary is a synthesis of the Board's monitoring conclusions reached throughout the year and is based on all monitoring data reviewed and discussed during the year, together with the Board's observations regarding overall performance trends.

The Annual Performance Evaluation Summary does not introduce new monitoring or assessment. Rather, it consolidates and documents the Board's evaluative judgments already formed through the ongoing monitoring process into an overall performance assessment.

Appendix 1 – Board Monitoring System Schedule of Registrar & CEO Re: GP IV-50.10



**APPENDIX 1
BOARD MONITORING SYSTEM SCHEDULE
OF REGISTRAR & CEO POLICY ACHIEVEMENT
RE: GP POLICY IV-50.10**

~~DECEMBER 09, 2025~~ **MAY 26, 2026**

| Policy # | Policy | Date Approved/ Date Last Revised Monitored | Policy Type | Method | Frequency | Monitoring Month |
|----------|---|---|----------------|--|-----------------------------------|--|
| I-01 | Ends (Critical Outcomes) Policies for 2024 to 2026/2027 | Feb 1, 2006 Sep 15, 2015 Nov 28, 2019 Sep 15, 2023 Sep 24, 2024 Dec 9, 2024 Sep 23, 2025 Dec 8, 2025 | Ends | Internal Review | Annual HLP 1 HLP 2 HLP 3 | Nov/Dec Nov/Dec Sept |
| II-01 | General Executive Constraint Policy | Sep 24, 2001 Sep 25, 2017 Sep 12, 2022 May 29, 2023 Dec 9, 2024 | EL | Internal Review | Every 2 years (odd year) | Nov/Dec |
| II-09 | Investment Policy | Nov 30, 2009 Nov 28, 2016 Dec 3, 2018 Dec 1, 2020 Dec 2, 2022 Dec 11, 2023 Dec 9, 2024 Dec 9, 2025 | EL | Internal Review | Annual | Nov/Dec |
| II-10 | Financial Planning and Budget Cycle Policy | Jan 23, 1996 Nov 28, 2016 Nov 28, 2019 Dec 2, 2022 May 29, 2023 May 28, 2024 May 27, 2025 | EL | Internal Review | Annual | May |
| II-11 | Financial Condition Policy | Jan 23, 1996 Feb 7, 2017 Feb 28, 2019 Mar 22, 2021 Feb 11, 2022 May 29, 2023 Sep 15, 2023 Dec 11, 2023 Feb 16, 2024 May 28, 2024 | EL | Internal Review External Review | Quarterly Annual | Feb May Sept Nov/Dec May |



| Policy # | Policy | Date Approved/ Date Last Revised Monitored | Policy Type | Method | Frequency | Monitoring Month |
|----------|---|---|----------------|-----------------|---------------------------|---------------------|
| | | Sept 24, 2024 Dec 9, 2024 Feb 21, 2025 May 27, 2025 Sept 23, 2025 Dec 8, 2025 | | | | |
| II-12 | Financial Audit & External Auditor Policy | Sept 14, 2023 Sept 23, 2025 | EL | Internal Review | Every 2 years (odd year) | Sept |
| II-15 | Asset Protection Policy | May 5, 2006 Sept 15, 2009 Nov 30, 2009 Nov 29, 2012 May 12, 2015 June 11, 2018 Sept 13, 2021 Sept 23, 2024 Sept 22, 2025 | EL | Internal Review | Every 2 years (odd year) | May |
| II-16 | Vendor Relations Policy | May 3, 2007 Nov 30, 2009 May 14, 2010 May 2, 2013 May 15, 2017 Sept 13, 2021 Sept 23, 2024 Sept 22, 2025 | EL | Internal Review | Every 2 years (even year) | May |
| II-17 | Summary of Financial Numerical Limitations Policy | Feb 6, 2007 Feb 7, 2017 Nov 28, 2018 Mar 22, 2021 Feb 16, 2024 | EL | Internal Review | N/A | N/A |
| II-20 | Signing Authority/ Authorization of Expenditures Policy | Sep 15, 2009 Jun 11, 2018 Feb 11, 2022 Feb 7, 2023 Dec 11, 2023 Dec 9, 2024 Dec 8, 2025 | EL | Internal Review | Annual | Nov/Dec |
| II-25 | Human Resources Parameters Policy | May 12, 2014 May 15, 2017 May 12, 2020 Sept 15, 2023 | EL | Internal Review | Annual | Sept |



| Policy # | Policy | Date Approved/ Date Last Revised Monitored | Policy Type | Method | Frequency | Monitoring Month |
|----------|---|--|----------------|--|--|---------------------|
| | | Sept 24, 2024 Sept 23, 2025 | | | | |
| II-35 | Staff Conduct and Transparency Policy | Nov 30, 2009 Jun 11, 2018 Jun 3, 2021 Sept 24, 2024 | EL | Internal Review | Every 2 years (even year) | Sept |
| II-40 | Registrant Relations Policy | Feb 6, 2007 May 16, 2016 Feb 28, 2019 Feb 11, 2022 May 29, 2023 May 27, 2025 | EL | Internal Review External Review | Every 2 years (odd year) Every 3-5 years | May |
| II-45 | Communication and Support to the Board Policy | Jan 23, 1996 Sept 22, 2016 Sept 17, 2020 Dec 11, 2023 Dec 9, 2024 Dec 8, 2025 | EL | Internal Review | Annual | Nov/Dec |
| II-50 | Corporate Identity /Communications and Public Image Policy | May 3, 2007 May 15, 2017 May 12, 2022 Sept 15, 2023 Sept 24, 2024 | EL | Internal Review | Every 2 years (even year) | Feb |
| II-70 | Intellectual Property Policy | Sept 16, 2008 Sept 15, 2015 Nov 28, 2019 May 29, 2023 Feb 16, 2024 May 27, 2025 | EL | Internal Review | Every 2 years (odd year) | May |
| II-80 | Executive Succession Plan Policy | Jan 23, 1996 Sept 15, 2015 Nov 28, 2019 Sept 12, 2022 Sept 15, 2023 Sept 24, 2024 Sept 23, 2025 | EL | Internal Review | Annual | Sept |



FIGURE 3
GP IV-50.10 Board Monitoring System Policy
With the Proposed Revisions Incorporated

| | | | | |
|--|---------------------------------------|--|---|-----------------------------------|
| Policy Title: BOARD MONITORING SYSTEM | | Policy Section: IV Governance Process | | Policy Number: IV-50.10 |
| Approved By: Board of Directors | Date Approved: Jan 23, 1996 | Date Reviewed/ Revised: | | Board Chair's Signature: |
| | | May 4, 2006 May 29, 2009 May 7, 2012 Jan 24, 2014 | May 15, 2017 May 12, 2020 Sept 14, 2023 May 26, 2026 | |

PURPOSE

The purpose of the GP IV-50.10 Board Monitoring System Policy is to define the Board's principles, system, and process for monitoring executive performance (Registrar & CEO) related to achievement of the Board's Ends (Critical Outcomes) Policies and compliance with the Board's Executive Limitation Policies.

Board monitoring of the Registrar & CEO serves as the primary mechanism for evaluating Registrar & CEO performance. This conducted through an assessment of the organizational performance of the College of Medical Laboratory Technologists of Ontario (CMLTO). The evaluation is based on the extent to which the Board's Ends (Critical Outcomes) are achieved, and the Executive Limitations Policies are complied with, as reasonably interpreted by the Registrar & CEO and supported by appropriate and credible evidence.

POLICY

1. Definition of Monitoring

The purpose of monitoring is specifically to determine the degree to which Board policies are being fulfilled. Board policies represent the voice of the Board and its direction to the Registrar & CEO. Only reports/information designed to directly address the degree to which Board policies are being achieved will be considered to be "monitoring information".

The Board is committed to a thorough review of Monitoring Reports and to providing useful, evaluative feedback to, and in dialogue with, the Registrar & CEO. Monitoring will be as automatic as possible such that the majority of the Board's time can be focused on designing the future.

2. Monitoring Methods

A given policy may be monitored in one or more of three ways, including:



- a. Executive Internal Report: Disclosure of achievement and compliance information/evidence to the Board from the Registrar & CEO in the form of a recognized Monitoring Report.
- b. External Report: Using achievement and compliance information by an impartial, qualified external reviewer, or consultant who is selected by and reports directly to the Board. Such reports must assess executive performance only against policies of the Board not those of the external party unless the Board has previously indicated the external party's opinion/policies to be the standard of the Board for performance evaluation of the Registrar & CEO.
- c. Direct Board Inspection: Development of compliance and/or achievement information by a Board member, a Board Committee, or the Board as a whole. This can be made up of a Board review of documents, activities, or circumstances directed by the full Board which allows a "prudent person" test of policy achievement/compliance. This method of monitoring should be used sparingly and only where the Board holds appropriate expertise.

3. Monitoring Schedule

Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each Ends (Critical Outcomes) and Executive Limitations policy will be classified by the Board according to frequency and method of monitoring (see Appendix 1).

4. Review of Monitoring Reports

The Board Members will review, in advance of the Board meeting, the Monitoring Reports submitted by the Registrar & CEO.

The criteria the Board will use to evaluate Monitoring Reports from the Registrar & CEO are outlined in each of the policies that will be monitored [Ends (Critical Outcomes) and Executive Limitations]. At the Board meeting, there will be minimal presentation of the reports by the Registrar & CEO as Board Members are expected to have read the reports. There will be a period of open discussion and questions by the Board with the Registrar & CEO.

In evaluating Monitoring Reports, the Board will assess:

- The reasonableness of the Registrar & CEO's interpretation of the relevant policy;
- The adequacy, relevance, and reliability of the evidence provided; and
- The extent to which the evidence demonstrates achievement of Ends or compliance with Executive Limitations.

The Board will arrive at an evaluation based on these criteria and will record the Board's conclusion by motion.



5. Open and In-Camera Process

In the open session of the meeting, the Board will review and discuss the Monitoring Reports in the open Board meeting session to support transparency, accountability, and the Board's responsibility to act in the public interest, unless otherwise determined to not be in the public interest in accordance with applicable legislation.

The purpose of the open session is to explore and clarify the evidence, results achieved, and the Board's understanding of their meaning. The open session minutes will record any clarifications or key insights arising from this discussion, as well as any related actions required of the Registrar & CEO or the Board.

Later in the meeting, the Board will move to a Board "in-camera session" to make final conclusions and record a motion regarding the performance evaluation aspect and final feedback to the Registrar & CEO recognizing that this constitutes a confidential human resources matter.

The purpose of the in-camera session is to enable the Board to deliberate and reach its evaluative judgment regarding performance. The in-camera minutes will record the Board's final conclusions in a relevant motion.

The Board will then rise and report back to the general meeting session when the meeting is reopened.

6. Annual Performance Evaluation Summary

Each year by November/December, the Board will conduct a formal Annual Performance Evaluation Summary for the Registrar & CEO. This summary is a synthesis of the Board's monitoring conclusions reached throughout the year and is based on all monitoring data reviewed and discussed during the year, together with the Board's observations regarding overall performance trends.

The Annual Performance Evaluation Summary does not introduce new monitoring or assessment. Rather, it consolidates and documents the Board's evaluative judgments already formed through the ongoing monitoring process into an overall performance assessment.

Appendix 1 – Board Monitoring System Schedule of Registrar & CEO Re: GP IV-50.10



**APPENDIX 1
BOARD MONITORING SYSTEM SCHEDULE
OF REGISTRAR & CEO POLICY ACHIEVEMENT
RE: GP POLICY IV-50.10**

MAY 26, 2026

| Policy # | Policy | Date Approved/ Date Last Monitored | Policy Type | Method | Frequency | Monitoring Month |
|----------|---|--|----------------|-----------------|-----------------------------------|-------------------------------|
| I-01 | Ends (Critical Outcomes) Policies for 2024 to 2026/2027 | Dec 8, 2025 Sep 23, 2025 | Ends | Internal Review | Annual HLP 1 HLP 2 HLP 3 | Nov/Dec Nov/Dec Sept |
| II-01 | General Executive Constraint Policy | Dec 9, 2024 | EL | Internal Review | Every 2 years (odd year) | Nov/Dec |
| II-09 | Investment Policy | Dec 9, 2025 | EL | Internal Review | Annual | Nov/Dec |
| II-10 | Financial Health | N/A | EL | Internal Review | Quarterly | Feb May Sept Nov/Dec |
| | | N/A | | External Review | Annual | May |
| II-10 | Financial Planning and Budget Cycle Policy | May 27, 2025 Rescinded: Feb 13, 2026 | EL | Internal Review | Annual | May |
| II-11 | Financial Condition Policy | Feb 13, 2025 | EL | Internal Review | Quarterly | Feb May Sept Nov/Dec |
| | | May 27, 2025 Rescinded: Feb 13, 2026 | | External Review | Annual | May |
| II-12 | Financial Audit & External Auditor Policy | Sept 23, 2025 | EL | Internal Review | Every 2 years (odd year) | Sept |
| II-15 | Asset Protection Policy | May 27, 2025 | EL | Internal Review | Every 2 years (odd year) | May |
| II-16 | Vendor Relations Policy | May 27, 2024 | EL | Internal Review | Every 2 years (even year) | May |



| Policy # | Policy | Date Approved/ Date Last Monitored | Policy Type | Method | Frequency | Monitoring Month |
|----------|--|--|----------------|------------------------------------|---|---------------------|
| II-17 | Summary of Financial Numerical Limitations Policy | N/A | EL | Internal Review | N/A | N/A |
| II-20 | Signing Authority/ Authorization of Expenditures Policy | Dec 8, 2025 | EL | Internal Review | Annual | Nov/Dec |
| II-25 | Human Resources Parameters Policy | Sept 23, 2025 | EL | Internal Review | Annual | Sept |
| II-35 | Staff Conduct and Transparency Policy | Sept 24, 2024 | EL | Internal Review | Every 2 years (even year) | Sept |
| II-40 | Registrant Relations Policy | May 27, 2025 | EL | Internal Review External Review | Every 2 years (odd year) Every 3-5 years | May |
| II-45 | Communication and Support to the Board Policy | Dec 8, 2025 | EL | Internal Review | Annual | Nov/Dec |
| II-50 | Corporate Identity /Communications and Public Image Policy | Feb 13, 2026 | EL | Internal Review | Every 2 years (even year) | Feb |
| II-60 | Use of Artificial Intelligence | | EL | Internal Review | Annual | Nov/Dec |
| II-70 | Intellectual Property Policy | May 27, 2025 | EL | Internal Review | Every 2 years (odd year) | May |
| II-80 | Executive Succession Plan Policy | Sept 23, 2025 | EL | Internal Review | Annual | Sept |



FIGURE 4

Proposed Revisions Summary Table GP IV-50.10 Board Monitoring System Policy

| Section | Summary of Revision | Rationale |
|--|--|--|
| Purpose | Clarified that monitoring is the primary mechanism for evaluating the Registrar & CEO through organizational performance | Strengthens Policy Governance® integrity and reinforces monitoring = evaluation principle |
| Purpose | Added explicit reference to “reasonable interpretation” and supporting evidence | Aligns with core PG evaluation standard and ensures disciplined, evidence-based oversight |
| Section 4 Review of Monitoring Reports | Introduced explicit evaluation criteria: interpretation, evidence quality, and demonstrated achievement/compliance | Aligns with core PG principles and strengthens clarity and consistency of Board evaluation |
| Section 4 Review of Monitoring Reports | Removed imprecise language referring to “reasonableness of the Monitoring Report and results achieved” | Improves precision and avoids ambiguity in evaluation standard |
| Section 5 Open and In-Camera Process | Clarified purpose of open session as supporting transparency, accountability, and public interest | Aligns with Ontario regulatory expectations and enhances public trust |
| Section 5 Open and In-Camera Process | Clarified purpose of in-camera session as confidential performance evaluation and Board deliberation | Reinforces appropriate handling of HR matters and governance boundaries |
| Section 5 Open and In-Camera Process | Streamlined procedural language and removed duplication | Improves readability and maintains policy at governance level |
| Section 6 Annual Performance Evaluation Summary | Clarified that annual evaluation is a synthesis of monitoring conclusions | Ensures alignment with PG principle that monitoring is the primary evaluation mechanism |
| Section 6 Annual Performance Evaluation Summary | Refined wording for clarity and flow | Improves readability without altering intent |
| Throughout Policy | Minor terminology, grammar, and formatting updates | Ensures consistency with current CMLTO governance language and improves usability |



FIGURE 5

**Board Feedback on the Proposed Revisions to
GP IV-50.10 Board Monitoring System Policy**

BOARD MEMBER FEEDBACK RECEIVED

6/20 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING

- Mary Costantino
- Jessica McBane
- Lucia Di Pietro
- Tammie Rix
- Walter Hewus
- Lavern Bourne

SUMMARY OF BOARD MEMBER FEEDBACK

Overall, feedback received from six Board Members was supportive of the proposed policy revisions, with most Board Members indicating that they had additional revisions. Feedback generally confirmed that the revised policy was clear, appropriate, and aligned with the intended governance approach.

Several comments and refinement suggestions were also provided for consideration, including:

1. Consideration of whether additional clarification or guidance may be helpful to support consistent interpretation and application of the concept of *“reasonableness”*,
2. Consideration of whether reference should be made to the Board’s authority to move in camera in accordance with the RHPA when addressing personnel matters,
3. Requests for clarification regarding the change from *“revised”* to *“monitored”* starting on page 14 of 23, and
4. A minor refinement suggestion regarding the wording in the context of Direct Board Inspection monitoring (e.g., *“access to the necessary expertise”*):



f. *Direct Board Inspection: Development of compliance and/or achievement information by a Board member, a Board Committee, or the Board as a whole. This can be made up of a Board review of documents, activities, or circumstances directed by the full Board which allows a "prudent person" test of policy achievement/compliance. This method of monitoring should be used sparingly and only where the Board holds **appropriate expertise**.*

5. Suggestions to remove certain text sections (in purple font below):

Open and In-Camera Process

In the open session of the meeting, the Board will review and discuss the Monitoring Reports in the open Board meeting session; ~~exploring the Board's understanding of the evidence on results achieved and the meaning of such results provided in these reports to support transparency, accountability, and the Board's responsibility to act in the public interest, unless otherwise determined to not be in the public interest in accordance with applicable legislation. The open session minutes will record any clarifications or additional insights arrived at through the Board exploration of the Monitoring Reports. Any related action that the Board requires of the Registrar & CEO and itself will also be recorded.~~

Annual Performance Evaluation Summary

Each year by November/December, the Board will conduct a formal Annual Performance Evaluation Summary for the Registrar & CEO. This ~~evaluation will consider all of the monitoring data as defined here and as reviewed and discussed throughout the year along with the Board's general feedback on performance trends.~~ summary is a synthesis of the Board's monitoring conclusions reached throughout the year and is based on all monitoring data reviewed and discussed ~~during the year,~~ together with the Board's observations regarding overall performance trends.

The Annual Performance Evaluation Summary does not introduce new monitoring or assessment. Rather, it consolidates and documents the Board's evaluative judgments already formed through the ongoing monitoring process into an overall performance assessment.



Briefing Report to Board of Directors

Date : May 14, 2026

From : Peter McLeman, Policy Champion
Maggie Cakar, Governance Specialist

Subject : Regular Policy Review:
GP IV-166 Government Relations 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-Staff Relationship Policy <input checked="" type="checkbox"/> Governance Process Policy <input type="checkbox"/> Board Implementation of Policy <input type="checkbox"/> Board-Staff 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: |
|--|--|
-

PUBLIC INTEREST:

Revisions to the GP IV-166 Government Relations Policy strengthen governance clarity, role discipline, and accountability, ensuring that the Board's engagement with government is conducted in a manner aligned with the CMLTO's statutory mandate and public interest responsibilities.

Recommended Motion:

Be it resolved that:

The Board moves to approve the updated **GP IV-166 Government Relations Policy** outlined in Figure 3 as relevant and current.

BACKGROUND

GP IV-166 Government Relations Policy was last reviewed on May 30, 2023, and is presented for review as part of the regular policy review cycle.

At the April Generative / Strategic Directions Planning Session, the CMLTO Board engaged in a comprehensive discussion regarding its Board/Careholdership Linkage approach and the development of a refreshed Board Linkage Plan. This discussion identified the need to a future revision to GP IV-45 Board Linkage with Ownership/Careholdership Policy.

As a result, GP IV-166 Government Relations Policy has been **conceptually separated from the Board's linkage policy framework**. This reflects a governance distinction between:



- Board linkage with ownership/careholdership (the public), and
- The Board's role in government relations as part of its broader governance responsibilities.

Accordingly, GP IV-166 has been brought forward not only for regular review, but for **structural and conceptual refinement** to align with this direction.

APPROACH TO REVISION

Given the above, the proposed changes to GP IV-166 go beyond incremental updates.

The policy has been **substantively rewritten** to:

- Improve governance clarity,
- Remove conceptual overlap with GP IV-45 Board Linkage with Ownership/Careholdership Policy,
- Strengthen alignment with Policy Governance® principles, and
- Ensure appropriate distinction between governance and operations.

While the **intent of the policy remains unchanged** (i.e., to define the Board's approach to government relations), the **structure, language, and framing have been significantly streamlined and refocused**.

SUMMARY OF PROPOSED REVISIONS

The proposed revisions reflect a shift from a **descriptive and partially operational policy** to a **clear, principle-based governance policy**.

Key updates include:

1. Separation from Ownership/Careholdership Linkage Framework

- Removed all references to:
 - Ownership/careholdership linkage,
 - GP IV-45 Board Linkage with Ownership/Careholdership Policy,
- Clarified that this policy stands independently from the Board's linkage policies, and
- Eliminated duplication of linkage concepts addressed elsewhere in the policy set.

2. Clarification of the Board's Governance Role

- Refocused the policy on the Board's **governance-level responsibilities only**
- Removed language suggesting:
 - Strategy development,



- Relationship management, and
- Operational engagement
- Established that the Board's role is limited to:
 - Governance-level engagement,
 - Statutory mandate, and
 - Public interest considerations

3. Strengthened Role Clarity (Board vs. Registrar & CEO)

- Clearly defined that:
 - The Board is responsible for governance-level engagement with government.
 - The Registrar & CEO is responsible for all operational and administrative relationships with government.
- Removed references to:
 - Political vs. Bureaucratic engagement distinctions.
 - Operational interaction details.

4. Reinforcement of One-Voice Governance

- Clarified that:
 - The Board speaks with one voice,
 - Engagement with government must reflect Board-approved positions, and
 - Individual Board Members are not authorized to act independently.

5. Refinement of Government Engagement Language

- Replaced language such as:
 - "Influencing government policy" with "engagement".
- Removed advocacy-oriented or political framing
- Ensured alignment with:
 - Statutory mandate,
 - Regulator role, and
 - Public interest positioning.

6. Removal of Non-Governance Content

The following elements were removed to improve clarity and governance discipline:

- Detailed explanation of linkage processes,
- Ends-style framing (e.g., "For Whom / What Good / At What Worth"),
- Annual planning and strategy references,
- Operational detail and engagement tactics, and
- References not directly relevant to governance.



7. Streamlining and Simplification

- Reduced overall policy length significantly,
- Reorganized content into a **clear, principle-based structure**,
- Improved readability and usability for Board application, and
- Eliminated duplication across governance policies.

NATURE OF THE REVISION

While the proposed changes represent a **substantive rewrite of the policy**, they:

- **Do not alter the core intent** of GP IV-166,
- **Do not introduce new governance functions**, and
- **Do not change the Board's authority or responsibilities.**

Rather, the revisions clarify existing intent, strengthen governance alignment, and improve policy usability and discipline by replacing the previous structure with a simplified, principle-based governance approach.

BOARD REVIEW CONSIDERATIONS

Board Members are asked to consider:

- Does the policy clearly define the Board's role in government relations as a governance function?
- Does the policy appropriately distinguish between Board and Registrar & CEO responsibilities?
- Does the policy appropriately stand as a distinct governance policy, separate from ownership/careholdership linkage?
- Does the policy avoid operational or strategic detail?
- Does the revised policy improve clarity, simplicity, and governance discipline?
- Does the revised policy appropriately reflect the Board's governance-level role without introducing operational or strategic direction?

APPENDICES:

Figure 1 – Current GP IV-166 Government Relations Policy

Figure 2 – New GP IV-166 Government Relations Policy

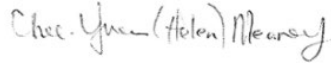
Figure 3 – Proposed Revisions Summary Table GP IV-166 Government Relations Policy

Figure 4 – Board Feedback on the New GP IV-166 Government Relations Policy



FIGURE 1

Current GP IV-166 Government Relations Policy

| | | | |
|---|--|---|--|
| Policy Title: GOVERNMENT RELATIONS | | Policy Section: IV Governance Process | Policy Number: IV-166 |
| Approved By: Board of Directors | Date Approved: Nov. 28, 2008 | Date Reviewed/ Revised: Nov. 29, 2011 May 12, 2014 May 14, 2017 May 12, 2020 May 30, 2023 | President's Signature:  |

BACKGROUND

The Board recognizes that a significant part of the Board's role is to link with the ownership/careholdership of the CMLTO. The purpose of the linkage process is to:

- Inform the ownership/careholdership regarding the CMLTO's mandate and Ends (Critical Outcomes) Policies, and
- Seek feedback on ownership/careholdership perspectives in order to better inform Board decision-making regarding primarily the Ends (Critical Outcomes) Policy development, and to be accountable to the ownership/ careholdership for the results achieved. This ownership/careholdership includes the broader public, the registrants as members of the public, and the government (as part of the public).

For further details, see the Board's Governance Process Policy GP #IV-45 on Board Linkage with the Ownership/Careholdership.

PURPOSE

The "Government Relations Policy", GP #IV-166, is to outline the Board's principles related to its linkage with specifically the government, as part of the public. The Board recognizes that the government is also a governing body designed to represent and work in the public interest.

POLICY

As part of the Board's overall approach to ownership linkage, the Board is committed to establishing appropriate linkage with the government. The Board recognizes its duty to link with the government regarding governance issues given that the government also represents the people of Ontario who are served by CMLTO. The government also provides a small portion of funding for the regulatory process via some funding for the public members on the Board.



The Board believes its role with regard to government relations includes the following:

1. Developing ongoing awareness of key government policy and direction related to health regulation, including MLT regulation and other regulations relevant to the CMLTO.
2. Ensuring that all accountability reports required by the government are submitted accurately and on time while demonstrating excellent results.
3. Influencing government policy and legislation as required to achieve the Board's Ends (Critical Outcomes) Policies and the legislative mandate(s) and requirements of the College.

The Board will focus its attention on building relationships at the political level with the elected government officials as needed. The Board has delegated to the Registrar & CEO the accountability for the working relationship between the government administration at the bureaucrat level and the CMLTO.

Each year at its annual planning process, the Board will dedicate some time to discussing any key government relations issues which the Board believes should be addressed over the next year. This planning will be done in consultation with the Registrar & CEO who is managing the administrative government relationships.

In general, it is anticipated that the Board will focus on interacting with the government using the framework of governance topics outlined below:

For Whom?

- Focus on the Ontario Public

What Good is the CMLTO Doing?

- CMLTO's Mandate and the Board's Commitment to Intentionally and Transparently Evaluate the Impact of Its Decisions on the Protection of the Public
- Input to Government Policy Direction
- Insight for CMLTO's Ends (Critical Outcomes) Policy Direction
- Leadership and Innovation in the Health Profession Regulation Field including any regulation which could impact on Equity, Diversity, Inclusion, and Justice within the Health Regulatory System in Ontario
- Accountability of CMLTO and the Government

At What Worth or Priority?

- Efficiency with which CMLTO Achieves Results



Once the key issue(s) is/are identified, the Board will develop key positions on these themes and build a strategy for how the Board will advance the appropriate relevant agenda with appropriate politicians. Various Board Members may be engaged in the Board linkage with the government on behalf of the Board, based on their relevant expertise and positioning to advance the Board's agreed upon key messages. All such communication and linkage will be conducted under the umbrella of the Board's authority, by official Board motion, with the full knowledge of all Board Members and keeping with the Board's expressed values.

The Board recognizes that although its primary government relations focus is expected to be at the provincial government, there are issues which may require linkage with the federal government, as well as other stakeholders. The Board will address all of these in its annual planning for government relations linkage.



FIGURE 2

New GP IV-166 Government Relations Policy

| | | | | |
|---|---|---|--|-------------------------------------|
| Policy Title: GOVERNMENT RELATIONS | | Policy Section: IV Governance Process | | Policy Number: IV-166 |
| Approved By: Board of Directors | Date Approved: Nov. 28, 2008 | Date Reviewed/ Revised: | | Board Chair's Signature: |
| | | Nov. 29, 2011 May 12, 2014 May 14, 2017 | May 12, 2020 May 30, 2023 May 26, 2026 | |

BACKGROUND

The CMLTO Board recognizes the importance of maintaining appropriate and effective relationships with government, consistent with the CMLTO's statutory mandate and public accountability.

PURPOSE

GP IV-166 Government Relations Policy defines the Board's role and approach to government relations.

POLICY

The CMLTO Board will ensure that its engagement with government is appropriate, principled, and consistent with its governance role.

Accordingly:

1. The Board's engagement with government will be limited to governance-level matters related to CMLTO's statutory mandate and the public interest.
2. Any engagement with government must reflect Board-approved positions. The Board will speak with one voice in its relations with government.
3. No individual Board Member has authority to represent or communicate Board positions to government unless authorized by the Board.
4. Responsibility for all operational and administrative relationships with government is delegated to the Registrar & CEO.
5. The Board will ensure that statutory requirements to government are met.



FIGURE 3
Proposed Revisions Summary Table GP IV-166 Government Relations Policy

| Section | Summary of Revision | Rationale |
|------------|---|---|
| Overall | Policy has been substantively rewritten and simplified | Improves clarity, removes duplication, and strengthens alignment with Policy Governance® principles |
| Background | Removed ownership/careholdership linkage framing | Reflects decision to separate this policy from GP IV-45 and linkage framework |
| Background | Streamlined to focus on Board’s governance role and public accountability | Enhances clarity and maintains governance-level focus |
| Purpose | Refocused to define the Board’s role in government relations | Ensures conceptual clarity and separation from linkage policies |
| Policy | Reframed to establish clear governance-level principles only | Aligns with Policy Governance® approach and avoids operational or strategic detail |
| Policy | Clarified Board’s role as limited to governance-level engagement | Reinforces appropriate Board scope and responsibilities |
| Policy | Strengthened distinction between Board and Registrar & CEO responsibilities | Ensures clear separation between governance and operational roles |
| Policy | Removed advocacy-oriented and strategic language (e.g., “influencing policy”) | Maintains regulatory neutrality and appropriate Board posture |
| Policy | Reinforced one-voice governance and Board authority | Supports consistent and disciplined external engagement |
| Policy | Removed detailed frameworks, planning elements, and operational content | Improves readability and avoids duplication across governance policies |



FIGURE 4

Board Feedback on the New GP IV-166 Government Relations Policy

BOARD MEMBER FEEDBACK RECEIVED

6/20 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING

1. Lavern Bourne
2. George Broukhanski
3. Lucia Di Pietro
4. Jessica McBane
5. Imaya Vithana
6. Peter McLeman

SUMMARY OF BOARD MEMBER FEEDBACK

Overall, feedback from the five Board Members was supportive of the proposed revisions to GP IV-166 Government Relations Policy. Board Members generally indicated that the revisions strengthened governance integrity, improved role clarity, reduced overlap, and enhanced alignment with Policy Governance® principles while maintaining the original intent of the policy.

In addition, two governance-related considerations were raised by Peter McLeman, Policy Champion, for further reflection and discussion:

1. **Whether the policy should recognize that there may be situations where government initiatives, CMLTO Ends (Critical Outcomes), and broader public interest objectives align, and in those situations, the Board may wish to communicate support, provide input, and/or facilitate careholdership communications regarding that alignment.**

“As a stakeholder ourselves of Government and Ministry there may be times when there is an alignment of government/ministry initiatives with CMLTO ends and we can be supportive in communicating that to our careholder group and that action could fall under Government Relations.”

2. **Whether Board Members may participate in government engagement activities coordinated through the Registrar & CEO using Board-approved messaging.**

“We might add that board members could be useful to engage in government relations if encouraged to do so by Board/CEO/Registrar. Not rogue activity but if relations with MPPs exist for a board member that could be a useful channel to communicate need for registration of MLAs as an example.”



Briefing Report to Board of Directors

Date : May 11, 2026

From : Lavern Bourne, Policy Champion
John Tzountzouris, Registrar & CEO

Subject : Special Policy Review:
GP IV-141 Approved Courses of Study in Medical Laboratory
Technology for CMLTO Registration 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-Staff Relationship Policy <input checked="" type="checkbox"/> Governance Process Policy <input type="checkbox"/> Board Implementation of Policy <input type="checkbox"/> Board-Staff 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: |
|--|--|
-

PUBLIC INTEREST:

GP IV-141 Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration Policy meets the Board’s responsibility under Ontario Regulation 207/94 of the Medical Laboratory Technology Act, 1991 to approve courses of study in medical laboratory technology for the purposes of the educational requirements for registration. This ensures, as a matter of public interest, that individuals applying for registration with the CMLTO have met the entry to practice competencies to provide safe, effective laboratory services to the public of Ontario.

Recommended Motion:

Be it resolved that:

The Board moves to approve the updated **GP IV-141 Approved Courses of Study in Medical Laboratory Technology** outlined in Figure 2 as relevant and current.

BACKGROUND

GP IV-141 Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration Policy was last reviewed on December 12, 2023, and is presented for review as part of a special policy review.

In April 2026, CMLTO received its first application for registration from a graduate of the Medical Laboratory Science Program at Georgian College (the “Program”). Registration staff noted through the process of reviewing the application that the



Accreditation Status of the Program was listed on the Accreditation Canada website as “Admitted”, and raised this to the Registrar & CEO for review.

The issue was whether or not an applicant for Registration with the CMLTO, who graduated from a program which had not yet received full or partial accreditation, met the requirement in Section 6 of the CMLTO Registration Regulations, as outlined in Ontario Regulation 207/94 as follows:

6. The applicant must have satisfied one of the following educational and training requirements:
 - i. successful completion of a course of study in medical laboratory technology in a Canadian institution which has been approved by a body or bodies designated by the Council or by the Council itself,
 - ii. possession of a baccalaureate degree from a Canadian university, whose major course content, both lecture and practical, is relevant to medical laboratory technology, and which is approved by the Registration Committee, or
 - iii. possession of education or a mixture of education and experience which is considered by the Registration Committee to be equivalent to that which is described in subparagraph i or ii, and demonstrated by the successful completion of a Prior Learning Assessment which, in the opinion of the Registration Committee, is comprehensive and objective.

Under the GP IV-141 Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration Policy, the Board has designated the Health Standards Organization and its affiliate Accreditation Canada as the body to approve education programs. However, the Policy does not define what “approval” entails.

Where an applicant for registration does not seem to meet the registration requirements, the Registrar & CEO will refer their application for Registration to the Registration Committee for deliberation. However, in this situation, the Registrar determined that the applicant met the education requirement, based on the “Admitted” status of the Program. This was based in part on the fact that CAMLPR, the body that determines eligibility for the registration examination and the body that conducts Prior Learning Assessments, considers a program with “Admitted” status to be an approved program. In addition, it did not seem reasonable to the Registrar to delay and prolong the applicant’s registration due to the accreditation status of the educational institution, unless there were reasonable doubts about the quality of the educational program.



INVESTIGATION & OUTCOMES

The Registrar & CEO undertook the following actions in order to become fully informed of the potential risks associated with this situation:

Georgian College & EQual Accreditation

The Registrar & CEO met with representatives from Georgian College and the EQual Accreditation team first. It was understood from that meeting that Georgian College had completed much of the work required to enable an on-site accreditation visit, which was scheduled for March 2026. However, the EQual Accreditation team, through its document review process, had asked for additional information, which ultimately led to a postponement of the accreditation visit.

Georgian College provided the Registrar & CEO with a letter outlining the Program's progress throughout the accreditation process, as well as the Program's "Action Plan", which was submitted to EQual Accreditation.

The Registrar & CEO also met with Candice Anderson, Senior Manager, Health Education Accreditation, EQual. Candice sent a letter to the Registrar & CEO outlining the various steps in the accreditation process, which demonstrated the depth of work and engagement that an educational program at the stage of the process that Georgian is currently have already undertaken.

CSMLS & CAMLPR Policy

The Registrar & CEO reached out to both CAMLPR and CSMLS to determine what policy direction they had taken with regards to graduates from a "Non-Accredited" MLS program, with respect to access to the national competency examination(s).

Both organizations allow graduates from a Medical Laboratory Sciences (Technologist) Education Program with a Health Standards Organization (HSO) EQual accredited or admitted status to challenge their examinations.

Feedback from CAMLPR was particularly important on this topic as they duly noted that there are a few mitigating factors that keep the risk of an applicant for Registration with a health regulatory College in this situation relatively low.

First, the exam itself functions as a standardized, competency-based checkpoint, independent of the education pathway. Regardless of program status, all candidates must demonstrate entry-to-practice competence aligned with the national competency profile.



Second, Equal Accreditation oversight is ongoing, even at the “Admitted” stage, meaning programs are actively progressing toward full accreditation and are not operating without external quality expectations.

Finally, the approach is consistent across both CSMLS and CAMLPR.

Ultimately, it is important to recognize that the accreditation status of an educational institution and the attainment of competence by MLS program students are related, but not interchangeable indicators. Accreditation speaks to program quality and consistency, while the exam speaks to individual readiness. Both are important safeguards, but in this case, the exam provides a strong control at the point of entry.

Other MLT Regulatory Colleges

The Registrar & CEO canvassed the other MLT regulatory Colleges in Canada, however, no other Registrar has had to deal with this situation to date.

Board Chair & Academic Member

The Registrar & CEO briefed the Board Chair & Academic Member after the April 2026 Board meeting. A few options were discussed, however at that time, the Registrar was still waiting for responses from the other key partners listed above.

RISK ASSESSMENT & DECISION

In determining the risks associated with registering an applicant from Georgian College, the Registrar took all the information presented above into consideration and sought legal advice on the situation.

The Registrar considered that the Program’s curriculum is based on a curriculum used by an accredited program.

The Registrar further considered that the organizations that offer the entry-to-practice examinations consider a program with “Admitted” status to be an approved education program. It would not be reasonable for the College to require a graduate from such a program to complete a Prior Learning Assessment with an organization that already considers their education to be approved.

Accreditation Canada provided information that demonstrates that an educational program holding an accreditation status of “Admitted” has clearly undergone educational program scrutiny including an application process which assesses key themes such as program resources, oversight and administration, curriculum development and review, adequacy of trained staff with appropriate certification, formal arrangements for supervised clinical or practicum learning opportunities, and mechanisms for continuous program improvement. Further, the program will have



submitted a readiness assessment, and will be scheduled for an accreditation visit, unless, after the submission of the required additional evidence, the specified conditions remain unmet, at which time the program would lose its “Admitted” status and the regulatory College(s) would be notified.

There have been no significant concerns raised with the Program. The accreditation process has been delayed, but Georgian College is actively participating in the accreditation process.

In terms of risk, even if the student would have successfully completed their didactic and clinical education but had still not demonstrated competence to the national competency profile(s), they likely would not have been successful on the national certification examination.

The individuals who have applied for registration as graduates of the Georgian College Program have successfully completed the academic program and have successfully challenged a certification examination recognized by the CMLTO.

Based on the information gathered, as described above, the Registrar felt it reasonable to conclude that an applicant for Registration with the CMLTO, who had successfully graduated from Georgian College, which currently holds an “Admitted” status of accreditation with the Equal Accreditation program, meets the education requirement outlined in the regulations. Therefore, these individuals have been registered with the CMLTO without having been referred to the Registration Committee and without any terms, conditions or limitations on their Certificate of Registration.

IMPLICATIONS FOR BOARD POLICY

Throughout the process described above it became apparent that the current Board Governance Process Policy, GP IV-141 Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration Policy, did not adequately address the situation described by this briefing report. In particular, the Policy did not define what it meant to be approved.

As such, the current policy is being presented with proposed amendments in Figure 2 (deletions in red font, additions in blue font) for the Board’s deliberation as a special review of the policy.

BOARD REVIEW CONSIDERATIONS

Board Members are asked to consider:



- Does the policy clearly define the Board's risk tolerance in relation to MLS educational programs, their accreditation status, and the potential ability of a graduate of such programs to practice safely and effectively?
- Does the policy appropriately distinguish between Board and Registrar & CEO responsibilities?
- Does the revised policy improve clarity, simplicity, and governance discipline?

APPENDICES:

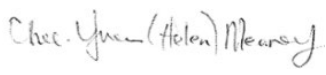
Figure 1 – Current GP IV-141 Approved Courses of Study in Medical Laboratory Technology

Figure 2 – Proposed revisions to GP IV-141 Approved Courses of Study in Medical Laboratory Technology



FIGURE 1

Current GP IV-141 Approved Courses of Study in Medical Laboratory Technology

| | | | |
|--|---------------------------------------|---|--|
| Policy Title: APPROVED COURSES OF STUDY IN MEDICAL LABORATORY TECHNOLOGY FOR CMLTO REGISTRATION | | Policy Section: IV Governance Process | Policy Number: IV-141 |
| Approved By: Board of Directors | Date Approved: Nov 28, 2008 | Date Reviewed/ Revised: Nov 29, 2011 Nov 27, 2014 Nov 27, 2017 Dec 1, 2020 Dec 12, 2023 | President's Signature:  |

BACKGROUND

The CMLTO Board has a responsibility to approve courses of study in medical laboratory technology for the purposes of the educational requirements for registration. "The Board can either do this directly, or through a third-party as per clause 2(1)6.i of Regulation O. Reg. 207/94, as amended. which states:

2. (1) The following are the standards and qualifications for the issuance of a practicing certificate of registration:
 6. The applicant must have satisfied one of the following education and training requirements:
 - i. successful completion of a course of study in medical laboratory technology in a Canadian institution which has been approved by a body or bodies designated by the Council or by the Council itself

POLICY

For the purposes of clause 2(1)6.i of Ontario Regulation 207/94, the CMLTO Board designates the Canadian Medical Association as the body that will approve a course of study in medical laboratory technology for a Canadian educational institution prior to February 1, 2018 and the Board designates the Health Standards Organization and its affiliate Accreditation Canada on February 1, 2018 and thereafter.



For the purposes of clauses 2(1) 6 ii and iii of Ontario Regulation 207/94, the Board recognizes that it is the Registration Committee that assesses educational and training programs (and experience) for substantial equivalency to clause 2(1)6 i of Ontario Regulation 207/94 utilizing a comprehensive framework, including a distinct focus on the quality of education.



FIGURE 2

Proposed revisions to GP IV-141 Approved Courses of Study in Medical Laboratory Technology

| | | | |
|--|---------------------------------------|---|---------------------------------|
| Policy Title: APPROVED COURSES OF STUDY IN MEDICAL LABORATORY TECHNOLOGY FOR CMLTO REGISTRATION | | Policy Section: IV Governance Process | Policy Number: IV-141 |
| Approved By: Board of Directors | Date Approved: Nov 28, 2008 | Date Reviewed/ Revised: Nov 29, 2011 Nov 27, 2014 Nov 27, 2017 Dec 1, 2020 Dec 12, 2023 May 26, 2026 | President's Signature: |

BACKGROUND

The CMLTO Board has a responsibility to approve courses of study in medical laboratory technology for the purposes of the educational requirements for registration. The Board can either do this directly, or through a third-party as per clause 2(1)6.i of Regulation O. Reg. 207/94, as amended. which states:

2. (1) The following are the standards and qualifications for the issuance of a practicing certificate of registration:
 6. The applicant must have satisfied one of the following education and training requirements:
 - i. successful completion of a course of study in medical laboratory technology in a Canadian institution which has been approved by a body or bodies designated by the Council or by the Council itself

POLICY

For the purposes of clause 2(1)6.i of Ontario Regulation 207/94, the CMLTO Board designates the Canadian Medical Association as the body that will approve a course of study in medical laboratory technology for a Canadian educational institution prior to February 1, 2018 and the Board designates the Health Standards Organization and its affiliate Accreditation Canada on February 1, 2018 and thereafter.



The CMLTO Board considers an education program to be approved by Accreditation Canada if the program has the status of “Accredited”, “Accredited with Condition” or “Admitted”.

For the purposes of clauses 2(1) 6 ii and iii of Ontario Regulation 207/94, **the Board recognizes that** it is the Registration Committee that assesses educational and training programs (and experience) for substantial equivalency to clause 2(1)6 i of Ontario Regulation 207/94 utilizing a comprehensive framework, including a distinct focus on the quality of education.



AGENDA ITEM 4.0

| | |
|------------|--|
| 4.0 | BOARD POLICY REVIEW – EXECUTIVE LIMITATIONS |
| 4.1 | Regular Policy Review: EL II-25 Human Resources Parameters Policy |



Briefing Report to Board of Directors

Date : May 14, 2026

From : Vivian Ufodike, Policy Champion
Maggie Cakar, Governance Specialist

Subject : Regular Policy Review:
EL II-25 Human Resources Parameters 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-Staff Relationship Policy <input checked="" type="checkbox"/> Governance Process Policy <input type="checkbox"/> Board Implementation of Policy <input type="checkbox"/> Board-Staff 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: |
|--|--|
-

PUBLIC INTEREST:

Revisions to EL II-25 Human Resources Parameters Policy strengthen governance clarity, reinforce accountability, and ensure that the Registrar & CEO's management of employee relations supports a fair, ethical, and respectful workplace aligned with the College's public interest mandate.

Recommended Motion:

Be it resolved that:

The Board moves to approve the updated EL II-25 Human Resources Parameters Policy outlined in Figure 3 as relevant and current.

BACKGROUND

EL II-25 Human Resources Parameters Policy sets out the Board's executive limitations regarding the Registrar & CEO's management of employee relations, workplace environment, dispute mechanisms, and compensation practices.

The policy was last reviewed on May 27, 2024, and is now coming forward for regular policy review at the May Board meeting.

As part of this review:

- **Figure 1** outlines the proposed revisions to EL II-25 Human Resources Parameters Policy, and
- **Figure 2** presents the Policy with those proposed revisions incorporated.

SUMMARY OF PROPOSED REVISIONS

The proposed revisions are targeted and focused and are intended to strengthen clarity, governance alignment, and consistency with Policy Governance® principles, without altering the overall intent of the policy.

The revisions were guided by a governance-informed review, including:

- Alignment with Policy Governance® principles and executive limitation structure, and
- Consideration of governance expectations within the regulatory environment, particularly with respect to fairness, equity, transparency, and organizational accountability.

Key Updates Include:

1. Full Alignment with Policy Governance® Executive Limitations Structure

The policy has been revised to consistently reflect Executive Limitations format by:

- Ensuring all provisions define clear, monitorable boundaries rather than management instructions
- Improving consistency and discipline across all clauses

2. Removal of Instructional and Prescriptive Language

Detailed and operational language (e.g., onboarding processes, development plans, and program-level HR practices) has been removed and replaced with governance-level expectations focused on outcomes.

This ensures the policy:

- Defines what must not fail, rather than how management should act
- Preserves management flexibility while strengthening Board oversight

3. Strengthening of Clarity and Monitorability

All clauses have been refined to improve:

- Clarity of expectations
- Consistency of wording
- Ability of the Board to reasonably assess compliance

Ambiguous or subjective terms (e.g., “best practices,” “supportive environment”) have been removed or replaced with clearer, governance-level language.

4. Refinement of Employee Relations Provisions

Employee relations provisions have been streamlined to:

- Focus on fairness, safety, respect, and legal compliance
- Reinforce alignment with employment and human rights legislation
- Integrate the CMLTO’s commitment to equity, diversity, inclusion, and justice (EDI-J)



Redundant and overlapping provisions have been removed to improve clarity and readability.

5. Clarification and Streamlining of Dispute Mechanisms

The dispute mechanisms section has been significantly refined by:

- Removing detailed and procedural grievance pathways (including direct Board grievance processes)
- Establishing clear expectations for:
 - fair, transparent, and accessible dispute resolution
 - appropriate escalation of unresolved concerns
 - safe, confidential, and non-retaliatory whistleblower protections

This strengthens governance oversight while maintaining appropriate separation between Board and management roles.

6. Simplification of Compensation Provisions

Compensation provisions have been streamlined to:

- Remove detailed program components (e.g., specific benefits structures)
- Focus on high-level principles of fairness and equity, market alignment, fiscal responsibility

This ensures the policy remains governance-focused and avoids operational prescription.

7. Removal of Redundancy and Structural Improvements

Throughout the policy:

- Duplicative and overlapping provisions have been removed
- Language has been standardized for clarity and consistency
- Structure and flow have been improved to enhance readability and usability

To support ease of review:

- Policy Governance® refinements are identified in green font,
- Governance-informed adjustments are identified in blue font, and
- Administrative / Editorial Revisions are identified in red font.

in Figure 1 (Proposed Revisions).

This approach is intended to clearly distinguish the source and purpose of each revision while presenting a single, integrated policy for Board consideration.

The proposed changes and the rationale for the changes are outlined in Figure 4.



BOARD REVIEW CONSIDERATIONS

Board Members are asked to consider:

- Does the policy clearly establish appropriate and monitorable executive limitations?
- Does it maintain a clear distinction between governance and management?
- Does the policy remain relevant and aligned with the Board's principles, values, and public interest mandate?
- Does it appropriately support fairness, equity, and a respectful workplace?
- Are there any areas of the policy that are unclear or require further refinement?
- Do the revisions improve clarity, consistency, and usability?
- Are there any emerging risks or considerations that require additional or revised executive limitations?

APPENDICES:

Figure 1 – Current EL II-25 Human Resources Parameters Policy

Figure 2 – Proposed revisions to EL II-25 Human Resources Parameters Policy

Figure 3 – EL II-25 Human Resources Parameters Policy with the proposed revisions incorporated


Figure 4 – Proposed Revisions Summary Table EL II-25 Human Resources Parameters Policy

Figure 5 – Board Feedback on the Proposed Revisions to EL II-25 Human Resources Parameters Policy



FIGURE 1

Current EL II-25 Human Resources Parameters Policy

| | | | | |
|--|---|---|--|--|
| Policy Title: HUMAN RESOURCES PARAMETERS POLICY | | Policy Section: II Executive Limitations | | Policy Number: II-25 |
| Approved By: Board of Directors | Date Approved: May 12, 2014 | Date Reviewed/ Revised: | | Chair's Signature:  |
| | | Feb 6, 2007 Sep 9, 2009 May 28, 2009 May 7, 2012 Nov 29, 2012 | May 12, 2014 Sep 18, 2014 May 15, 2017 May 12, 2020 May 29, 2023 May 27, 2024 | |

PURPOSE

The purpose of this policy is to outline the Board's executive boundaries related to ethics, equity, prudence, and risk for the Registrar & CEO regarding CMLTO's relationship with its employees.

POLICY

Employee Relations

With respect to the CMLTO's relationship with its employees, the Registrar & CEO shall not operate in an unfair, disrespectful, unsafe, or unclear manner. Further, the Registrar & CEO shall not operate without due process and without creating a supportive professional environment respectful of human rights.

Accordingly, the Registrar & CEO will not operate without:

1. Establishing human resources policies and procedures that are consistent with government legislation, human resource standards and best practices, and the values of the organization including CMLTO's overarching commitment to equity, diversity, inclusion, and justice in its work and workplace. These policies will clarify terms of employment and guard against wrongful, discriminatory, and unsafe conditions.
2. Providing a respectful work environment that values the contribution of employees and that provides harassment-free relations, transparent communications, and teamwork.
3. Ensuring employees are informed of the CMLTO's Ends (Critical Outcomes) Policies, including the primary focus of CMLTO, which is the protection of the public.
4. Ensuring that employees are informed, engaged in, and practising the CMLTO values, including CMLTO's commitment to equity, diversity, inclusion, and justice within CMLTO and beyond.



5. Orienting employees to their job responsibilities and expectations and to their protections and duties under Board policies, and under Operating and Human Resources Policies, and further that employees achieve and comply with these policies.
6. Ensuring that external and internal stakeholder relationships are conducted professionally, respectfully, and with integrity.
7. Evaluate candidates for employment and current employees for promotion or termination using other than objective criteria, while ensuring compliance with CMLTO By-Law Section 7.9: Cooling-off Period.
8. Providing reasonable and relevant opportunities for professional growth based on development plans and regular performance management feedback.

Dispute Mechanisms

With respect to employee dispute mechanisms, the Registrar & CEO will not operate without:

9. Prohibiting discrimination against any employee for non-disruptive, respectful expression of dissent related to workplace issues, based on personal or professional ethics, or contrary to the CMLTO's overarching commitment to equity, diversity, inclusion, and justice.
10. Providing fair and transparent, alternate dispute mechanisms or conflict resolution processes regarding employment issues.
 - 10.1 Enabling employees to grieve to the Board when an employee alleges that:
 - (a) The internal grievance procedures have been exhausted;
 - (b) The Board policy has been violated to their legal and/or ethical detriment; and/or
 - (c) The Board policy does not adequately protect their human rights.
 - 10.2 Providing an appropriate whistle-blower process.

Employee Compensation

With respect to employment, compensation, and benefits for employees, the Registrar & CEO shall not operate without using sound principles of human resource recruitment, management, promotion, and compensation, in accordance with the fiscal integrity, public image, equity commitment, and reputation of the CMLTO.

Accordingly, the Registrar & CEO shall not:

11. Promise or imply permanent or guaranteed employment for any reason.
12. Operate without establishing current employee compensation and benefits which:



- 12.1 Create a competitive and equitable compensation program, including salary, vacation, sick and personal leave, a basic level of employee benefits and retirement savings program, which support the recruitment and retention of high-quality staff.
- 12.2 Are in keeping with the geographic and professional market trends for the skills employed, the scope of work undertaken, the expected deliverables, and the legislated compensation and benefits requirements.
- 12.3 Create compensation programs which recognize reasonable performance as the key criteria for progress through the salary grid and which avoid discriminatory structural bias in the compensation framework.

Registrar & CEO Compensation

13. Change their own compensation and benefits except as their own benefits are consistent with the benefits program for all other employees.


DEFINITIONS

Note: The term employee(s) refers to all full time and part time employees working for and paid by the College.



FIGURE 2

Proposed Revisions to EL II-25 Human Resources Parameters Policy

| | | | | |
|--|---|---|--|--|
| Policy Title: HUMAN RESOURCES PARAMETERS POLICY | | Policy Section: II Executive Limitations | | Policy Number: II-25 |
| Approved By: Board of Directors | Date Approved: May 12, 2014 | Date Reviewed/ Revised: | | Board Chair's Signature:  |
| | | Feb 6, 2007 Sep 9, 2009 May 28, 2009 May 7, 2012 Nov 29, 2012 May 12, 2014 | Sep 18, 2014 May 15, 2017 May 12, 2020 May 29, 2023 May 27, 2024 May 26, 2026 | |

PURPOSE

The purpose of this policy is to outline the Board's executive boundaries related to ethical **conduct**, equity, prudence, and risk **management** for the Registrar & CEO regarding CMLTO's relationship with its employees.

POLICY

Employee Relations

With respect to the CMLTO's relationship with its employees, the Registrar & CEO shall not ~~operate in cause or allow conditions that are an~~ unfair, disrespectful, unsafe, ~~or~~ unclear **manner**, or inconsistent with applicable employment and human rights legislation and the College's values, including its commitment to equity, diversity, inclusion, and justice. ~~Further, the Registrar & CEO shall not operate without due process and without creating a supportive professional environment respectful of human rights.~~

Accordingly, the Registrar & CEO will not operate without:

1. Establishing **and maintaining** human resources policies ~~and procedures~~ that are ~~consistent~~ compliant with **government** applicable legislation and supporting fair, equitable, and safe working conditions. ~~human resource standards and best practices, and the values of the organization including CMLTO's overarching commitment to equity, diversity, inclusion, and justice in its work and workplace. These policies will clarify terms of employment and guard against wrongful, discriminatory, and unsafe conditions.~~
2. Providing a respectful, **safe, and harassment-free** work environment. ~~that values the contribution of employees and that provides harassment-free relations, transparent communications, and teamwork.~~



3. Ensuring employees are informed of their roles, responsibilities, CMLTO Ends (Critical Outcomes), relevant Board and organizational policies. ~~the CMLTO's Ends (Critical Outcomes) Policies, including the primary focus of CMLTO, which is the protection of the public.~~

4. Ensuring that organizational values, including equity, diversity, inclusion, and justice, are reflected in workplace practices. ~~employees are informed, engaged in, and practising the CMLTO values, including CMLTO's commitment to equity, diversity, inclusion, and justice within CMLTO and beyond.~~

~~.5 Orienting employees to their job responsibilities and expectations and to their protections and duties under Board policies, and under Operating and Human Resources Policies, and further that employees achieve and comply with these policies.~~

~~6. Ensuring that external and internal stakeholder relationships are conducted professionally, respectfully, and with integrity.~~

~~Evaluating candidates for employment and current employees for promotion or termination using other than objective and non-discriminatory criteria, while ensuring compliance with CMLTO By-Law Section 7.9: Cooling-off Period.~~

5. Using objective, fair, and non-discriminatory criteria in hiring, promotion, discipline, or termination decisions.

6. ~~Providing reasonable and relevant opportunities for professional growth based on development plans and regular performance management feedback.~~ Supporting appropriate employee performance management and development, consistent with organizational needs.

Dispute Mechanisms

With respect to employee dispute mechanisms, the Registrar & CEO will not operate without:

7. Protecting employees from ~~Prohibiting~~ discrimination or retaliation against any employee for raising concerns or ~~non-disruptive, respectful expression~~ of expressing respectful dissent related to workplace matters. ~~issues, based on personal or professional ethics, or contrary to the CMLTO's overarching commitment to equity, diversity, inclusion, and justice.~~

8. Providing fair, ~~and~~ transparent, alternate accessible dispute resolution mechanisms. ~~or conflict resolution processes regarding employment issues.~~



9. Providing appropriate mechanisms for escalation of unresolved concerns, including, where appropriate, access to Board-level review in exceptional circumstances.

~~10.1 Enabling employees to grieve to the Board when an employee alleges that:~~

~~(d) The internal grievance procedures have been exhausted;~~

~~(e) The Board policy has been violated to their legal and/or ethical detriment; and/or~~

~~(f) The Board policy does not adequately protect their human rights.~~

10.10.2 Providing Maintaining an appropriate whistle-blower process that supports safe, confidential, and non-retaliatory reporting.

Employee Compensation

With respect to employment, compensation, and benefits ~~for employees~~, the Registrar & CEO shall not establish or maintain practices that are inconsistent with fair, equitable, and fiscally responsible principles. ~~operate without using sound principles of human resource recruitment, management, promotion, and compensation, in accordance with the fiscal integrity, public image, equity commitment, and reputation of the CMLTO.~~

Accordingly, the Registrar & CEO shall not:

11. Promise or imply permanent or guaranteed employment ~~for any reason~~.

12. Operate without establishing and maintaining ~~current employee~~ compensation and benefits which:

12.1 ~~Create a competitive and equitable compensation program, including salary, vacation, sick and personal leave, a basic level of employee benefits and retirement savings program, which support the recruitment and retention of high-quality staff. Are fair and equitable,~~

12.2 ~~Are in keeping with the geographic and professional market trends for the skills employed, the scope of work undertaken, the expected deliverables, and the legislated compensation and benefits requirements. aligned with relevant market conditions and legislative requirements, and~~

12.3 ~~Create compensation programs which recognize reasonable performance as the key criteria for progress through the salary grid and which avoid discriminatory structural bias in the compensation framework. Support the recruitment and retention of qualified staff.~~



13. Fail to ensure that compensation practices support fair, performance-based progression and avoid discriminatory bias.

Registrar & CEO Compensation


14. Change their own compensation ~~and~~ or benefits, except as ~~their own benefits are~~ consistent with the compensation and benefits program applicable to ~~for~~ all ~~other~~ employees.

DEFINITIONS:

~~Note: The term e~~Employee(s) refers to all full-time and part-time individuals employed ~~employees working for~~ and paid by the ~~College~~CMLTO.



FIGURE 3
EL II-25 Human Resources Parameters Policy
With the Proposed Revisions Incorporated

| | | | | |
|--|---|--|--------------|--|
| Policy Title: HUMAN RESOURCES PARAMETERS POLICY | | Policy Section: II Executive Limitations | | Policy Number: II-25 |
| Approved By: Board of Directors | Date Approved: May 12, 2014 | Date Reviewed/ Revised: | | Board Chair's Signature:  |
| | | Feb 6, 2007 | Sep 18, 2014 | |
| | | Sep 9, 2009 | May 15, 2017 | |
| | | May 28, 2009 | May 12, 2020 | |
| | | May 7, 2012 | May 29, 2023 | |
| | | Nov 29, 2012 | May 27, 2024 | |
| | | May 12, 2014 | May 26, 2026 | |

PURPOSE

The purpose of this policy is to outline the Board's executive boundaries related to ethical conduct, equity, prudence, and risk management for the Registrar & CEO regarding CMLTO's relationship with its employees.

POLICY

Employee Relations

With respect to the CMLTO's relationship with its employees, the Registrar & CEO shall not cause or allow conditions that are unfair, disrespectful, unsafe, unclear, or inconsistent with applicable employment and human rights legislation and the College's values, including its commitment to equity, diversity, inclusion, and justice.

Accordingly, the Registrar & CEO will not operate without:

1. Establishing and maintaining human resources policies that are compliant with applicable legislation and supporting fair, equitable, and safe working conditions.
2. Providing a respectful, safe, and harassment-free work environment.
3. Ensuring employees are informed of their roles, responsibilities, CMLTO Ends (Critical Outcomes), relevant Board and organizational policies.
4. Ensuring that organizational values, including equity, diversity, inclusion, and justice, are reflected in workplace practices.
5. Using objective, fair, and non-discriminatory criteria in hiring, promotion, discipline, or termination decisions.
6. Supporting appropriate employee performance management and development, consistent with organizational needs.



Dispute Mechanisms

With respect to employee dispute mechanisms, the Registrar & CEO will not operate without:

7. Protecting employees from discrimination or retaliation for raising concerns or expressing respectful dissent related to workplace matters.
8. Providing fair, transparent, and accessible dispute resolution mechanisms.
9. Providing appropriate mechanisms for escalation of unresolved concerns, including, where appropriate, access to Board-level review in exceptional circumstances.
10. Maintaining a whistle-blower process that supports safe, confidential, and non-retaliatory reporting.

Employee Compensation

With respect to employment, compensation, and benefits, the Registrar & CEO shall not establish or maintain practices that are inconsistent with fair, equitable, and fiscally responsible principles.

Accordingly, the Registrar & CEO shall not:

11. Promise or imply permanent or guaranteed employment.
12. Operate without establishing and maintaining compensation and benefits which:
 - 12.1 Are fair and equitable,
 - 12.2 Are aligned with relevant market conditions and legislative requirements, and
 - 12.3 Support the recruitment and retention of qualified employees.
13. Operate without ensuring that compensation practices support fair, performance-based progression and avoid discriminatory bias.

Registrar & CEO Compensation

14. Change their own compensation or benefits, except as consistent with the compensation and benefits program applicable to all employees.

DEFINITION:

Employee(s) refers to all full-time and part-time individuals employed and paid by the CMLTO.



FIGURE 4
Proposed Revisions Summary Table EL II-25 Human Resources Parameters Policy

| Section | Summary of Revision | Rationale |
|--------------------------|--|---|
| Purpose | Refined wording for clarity and precision (e.g., “ethical conduct,” inclusion of risk management) | Improves clarity and consistency with governance terminology |
| Throughout | Removed duplicative, ambiguous, and non-monitorable language; standardized wording and structure | Enhances readability, consistency, and usability |
| Employee Relations | Streamlined provisions to focus on fairness, safety, respect, and legal compliance; integrated EDI-J and human rights considerations | Strengthens governance clarity and alignment with regulatory expectations |
| Employee Relations | Removed detailed and instructional HR practices (e.g., onboarding, development processes) | Eliminates operational prescription and preserves management flexibility |
| Employment Decisions | Corrected logic and clarified requirement for objective, fair, and non-discriminatory decision-making; removed specific by-law reference | Improves clarity, legal alignment, and governance-level focus |
| Dispute Mechanisms | Replaced procedural grievance processes with governance-level expectations for fair, transparent, and accessible dispute resolution, escalation, and whistleblower protections | Strengthens oversight while maintaining Board–management role clarity |
| Compensation (Employees) | Simplified provisions to focus on fairness, equity, market alignment, and fiscal responsibility; removed detailed program components | Maintains governance focus and avoids operational detail |



FIGURE 4

**Board Feedback on the Proposed Revisions to
EL II-25 Human Resources Parameters Policy**

BOARD MEMBER FEEDBACK RECEIVED

6/20 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. Jessica McBane
4. George Broukhanski
5. Lucia Di Pietro
6. Walter Hewus

SUMMARY OF BOARD MEMBER FEEDBACK

Feedback from the six Board Members was supportive of the proposed policy revisions.

Several Board Members indicated that they had no additional feedback or questions and viewed the revisions as appropriate, clearer, less ambiguous, and more effective in strengthening governance clarity while maintaining the original intent of the policy.

Feedback also indicated that the revisions improved the distinction between governance and management, strengthened monitorability, and enhanced alignment with fairness, equity, safety, and the Board's public interest mandate.

A number of refinement suggestions and considerations were also provided, including:

- Suggestions to simplify the following paragraph and clarification request regarding the rationale for removing or revising specific terminology such as "due process";

"With respect to the CMLTO's relationship with its employees, the Registrar & CEO shall not ~~operate in cause~~ or allow conditions that are ~~an~~-unfair, disrespectful, unsafe, ~~or~~-unclear manner, or inconsistent with applicable employment and human rights legislation and the College's values, including its commitment to equity, diversity, inclusion, and justice. ~~Further, the~~



~~Registrar & CEO shall not operate without due process and without creating a supportive professional environment respectful of human rights."~~

- Requests for additional clarification regarding the phrase "Providing appropriate mechanisms for escalation of unresolved concerns, including, where appropriate, access to Board-level review in exceptional circumstances," including whether "exceptional circumstances" should be more clearly defined or threshold-based,
- Consideration of whether emerging workplace considerations should be more explicitly reflected in the policy framework (e.g., "Should hybrid or remote work be addressed here? It refers to the workplace but what about working remotely? Harassment and discrimination is covered but work environments are starting to talk about psychological safety (like if an employee makes an error, feels safe to bring that forward with out fear of retribution or ask questions without judgement)",
- Consideration of whether references to employee compensation should align with or reference Ontario provincial government standards or guidelines.

Overall, the feedback reflected broad support for the proposed revisions, with comments focused primarily on clarification, readability, and consideration of emerging workplace and governance issues.



AGENDA ITEM 5.0

| | |
|------------|---|
| 5.0 | ENDS POLICY BRIEFING, DEVELOPMENT & IMPLEMENTATION |
| 5.1 | CMLTO Global Diversity, Equity & Inclusion Benchmark (GDEIB) Analysis |



Briefing Report to Board of Directors

Date : May 12, 2026
From : Maggie Cakar, Governance Specialist
Subject : CMLTO Global Diversity, Equity & Inclusion Benchmark (GDEIB) Analysis

Report Purpose:

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

PUBLIC INTEREST RATIONALE:

The CMLTO Board is responsible for ensuring that its governance, direction, and oversight support equitable, fair, and inclusive regulatory outcomes in the public interest. Advancing equity, diversity, inclusion, and justice (EDI-J) strengthens CMLTO’s ability to ensure fair and accessible regulatory processes, support equitable access to the profession, and maintain public trust and confidence in its decisions and oversight. The GDEIB Analysis supports the Board in assessing whether EDI-J is effectively embedded and translating into measurable, equitable outcomes, consistent with its public protection mandate.

PURPOSE

The purpose of this briefing report is to provide background information on CMLTO’s activities related to EDI-J and explore the preliminary results of the GDIEB Analysis, with the goal to support interactive workshops wherein Board Members provide perspectives on CMLTO initiatives as well as engage in a learning and knowledge sharing exercise that replicates the GDEIB analysis.

BACKGROUND

Recognizing the significant impact of EDI-J affairs in Ontario, and the implications for Boards in health regulation, the CMLTO Board of Directors set the following goal in 2022:



“To begin, together as a Board, the learning process around Equity, Diversity, Inclusion and Justice matters including the issues/concerns, the impact and action needed by the Board, and the related influence/direction the Board wishes to have on CMLTO as an organization.”

This commitment initiated the integration of EDI-J considerations into the foundation of the Board’s future approach to regulating the profession of medical and laboratory technology in a challenging social and political environment. In other words, the Board recognizes that advancing EDI-J is not a finite initiative or single deliverable, but rather an ongoing, iterative process.

CMLTO Equity, Diversity, Inclusion, and Justice Plan

As a critical element of this evolution, the Board approved an Equity, Diversity, Inclusion, and Justice Plan with four (4) foundational pillars:

- Equity: Ensuring fairness and allocating resources to achieve equal outcomes.
- Diversity: Embracing the variety of individual and collective identities that enrich our society.
- Inclusion: Fostering a sense of belonging and access for all, regardless of background.
- Justice: Upholding fairness and restorative practices within the regulatory context.

In keeping with this plan, the Board has methodically reviewed all policies with EDI-J in mind.

GP IV-01.05 CMLTO Board Equity, Diversity, Inclusion, and Justice Policy

In 2024, following the establishment of the EDI-J Plan, the Board approved the Governance Process GP IV-01.05 CMLTO Board Equity, Diversity, Inclusion, and Justice Policy. This policy affirms the Board’s commitment to fostering a respectful, inclusive, and equitable environment for all individuals involved with CMLTO, and to modeling these values in its governance and leadership practices.

Global Diversity, Equity & Inclusion Benchmarks (GDEIB) Framework Refresher

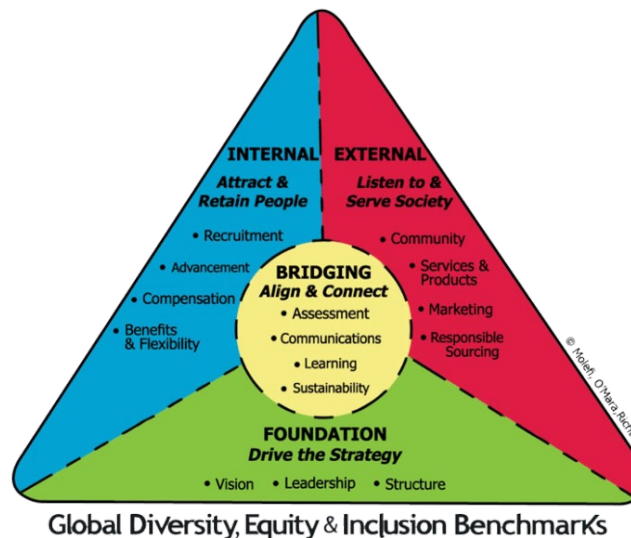
The following year, in May 2025, the Board approved the use of the GDEIB Framework as the foundation for this work. The approval of this framework initiated a strategic shift from policy development to measurable practice.

As was discussed at the May 2025 Board meeting, the GDEIB is a structured, internationally recognized framework used to assess organizational maturity in advancing EDI. It provides a practical model to evaluate current practices, identify



opportunities for improvement, and support progression toward more integrated, measurable, and sustainable approaches.

More specifically, the GDEIB Framework¹ includes 275 benchmarks across fifteen (15) categories within four (4) groups, evaluated through five (5) progressive levels of maturity. The following provides an overview of the GDEIB's various elements:



Above you will see **4 groups**:

1. *Foundation* – Drive the Strategy
2. *Internal* – Attract & Retain People
3. *External* – Listen to & Serve Society
4. *Bridging* – Align & Connects (this group integrates the other three groups)

These four groups organize **15 categories**, which cover the full scope of DEI work, (e.g. Vision, Community, Recruitment, Learning, etc.).

While not pictured in the image above, each of these 15 categories are broken down into separate sets of questions or “benchmarks”. These **275 benchmarks** are proven standards of organisational DEI performance. In other words, they are used by analysts to interrogate, measure, and evaluate the organizations performance.

Based on how an organization scores using the benchmarks, **5 maturity levels** emerge for each of the 15 categories:

- Level 1: Inactive
- Level 2: Compliance-focused
- Level 3: Aware and beginning systemic implementation
- Level 4: Improved results beyond what is required
- Level 5: Best practice; exemplary and sustainable

¹ For more detail on the GDEIB, please see <https://organizationdesignforum.org/wp-content/uploads/2025/02/Global-DEI-Benchmarks-Feb2025.pdf>

GDEIB Framework Phased Process at CMLTO

In order to apply the GDEIB framework, the CMLTO Staff undertook a phased approach to the process:

Step 1 – Inventory of Current EDI-J Activities and Evidence [COMPLETED]

The first step was assessing the current state of EDI-J-related activity. This process involved identifying and documenting existing EDI-J practices, processes, and supporting evidence across the CMLTO. The result of the assessment was the creation of an inventory (CMLTO EDI-J Implementation Activities and Supporting Evidence) which will form part of the exercises at the May Board meeting. (This inventory has been uploaded to the Board Portal as a stand-alone document for Board reference.)

Notably, this up-to-date inventory of EDI-J-related activities forms the evidence or informational base required for the GDEIB Analysis.

Step 2 – GDEIB Analysis [COMPLETED]

As described above, the GDEIB has a structured set of benchmarks that support analyses related to the level of EDI-J maturity of an organization. The CMLTO Staff have conducted a preliminary analysis, which illuminates gaps and the current state of progress in terms of the implementation of the GDEIB. Again, this process involved evaluating CMLTO's EDI-J activities/practices/initiatives across all GDEIB categories, including 275 benchmarks.

The results being presented to the Board are preliminary and for Board Members' information; a final report will be provided to the Board at a future meeting. Importantly, the assessment findings should be understood as a baseline snapshot within a broader developmental journey, rather than as a final or fixed state of organizational maturity.

Step 3 – Implementation Planning

While CMLTO is not currently at the implementation phase, the final step involves harnessing the assessment results to develop an implementation plan with measurable outcomes and to ultimately inform a formal EDI-J Strategy.

GDEIB ANALYSIS – HIGHLIGHTS OF RESULTS

Strengths

The GDEIB Analysis confirms that CMLTO has established a strong foundation for advancing EDI-J, with meaningful integration across governance, strategy, workforce practices, and external regulatory functions, aligned with its public interest mandate.

Key strengths include strong governance integration, embedded leadership commitment, and well-established internal workforce practices.

Preliminary Analysis Findings

Overall, foundational maturity (Levels 1 and 2) is largely achieved across the organization. Thus, CMLTO is operating at a transitional Level 3 (Proactive) stage, with this level being partially achieved with some remaining opportunities for enhanced consistency.

Looking more closely at the various categories that were evaluated, maturity is strongest in governance and internal workforce supports, particularly where EDI-J is well embedded in policy, decision-making, and organizational practices.

Moderate maturity is evident across bridging functions such as communications, learning, and sustainability alignment.

Earlier-stage maturity is observed in specific operational areas, including recruitment, organization-wide measurement, and responsible sourcing.

With these preliminary results, a consistent and overarching insight emerges across all four GDEIB groups:

EDI-J is well embedded in intent, governance, and practice; however, it is not yet supported by formalized, organization-wide systems for measurement, accountability, coordination, and evidence of impact.

Key Governance Implications

Regarding system-wide opportunities for improvement, CMLTO has not yet developed a comprehensive, organization-wide EDI-J measurement and reporting framework that supports data analysis and outcome measurement. Similarly, while leadership commitment is strong, accountability mechanisms are not yet consistently formalized or linked to measurable results.

In addition, EDI-J responsibilities are embedded across the CMLTO but are not supported by structured coordination mechanisms, which creates variation of behaviours across functions. Alignment across the full organizational lifecycle

remains uneven, from recruitment through advancement, governance, and external engagement. This pattern does not mean that practices are not well established; rather, they are not yet consistently coordinated and measured across the organization, which limits consistency and ultimately Board-level oversight.

From a governance perspective, these findings position the Board at an important point of organizational and governance maturation.

The next phase requires strengthening the Board's ability to oversee and demonstrate what impact these efforts are achieving, for whom, and with what measurable outcomes, particularly in relation to maintaining equitable public protection and ensuring public trust.

Strategic Direction and Priority Areas

The analysis indicates that advancement will require a deliberate and proportionate shift toward, at a high level, the strategic directions outlined below, which are each contextualized with general examples:

- Enhancing the collection and use of data insights to support oversight and decision-making. Generalized examples include:
 - Collecting demographic data on registrants, applicants, and complaint outcomes; and using it to spot patterns
 - Tracking whether certain groups are disproportionately subject to discipline or registration barriers
- Establishing organization-wide measurement and reporting systems. Generalized examples include:
 - Having a consistent, recurring EDI-J report (e.g., annual) rather than one-off assessments
 - Setting baseline metrics so progress can be tracked year over year
 - Ensuring data collected by staff is reported up to governance, not siloed
- Strengthening leadership accountability frameworks. Generalized examples include:
 - Requiring reporting on EDI-J outcomes, not just activities
- Formalizing governance and coordination structures. Generalized examples include:
 - Embedding EDI-J considerations into existing governance processes like strategic planning, budget approval, and policy review cycles
 - Moving from ad hoc EDI-J conversations at the Board level to standing agenda items with assigned owners



- Ensuring EDI-J responsibilities are explicitly named in existing committee mandates rather than assumed or informal

These strategic directions are not intended to fundamentally change CMLTO's existing commitments or values, but rather to strengthen its existing mandate.

MAY BOARD MEETING

At the May Board meeting, the CMLTO Board will participate in a dedicated session regarding the CMLTO's EDI-J implementation journey and the brief results of the GDEIB Analysis. The session will include presentations, discussion, and interactive workshop components focused on the organization's current EDI-J maturity profile and future implementation considerations.

Darcy Belisle, Decibel DEI Consulting, who introduced the GDEIB Framework to the Board in 2025, will also attend the session to support discussion and provide additional context regarding the framework and assessment approach.

The session is intended to provide the Board with an opportunity to:

- Reflect on CMLTO's current EDI-J maturity profile,
- Consider the governance and public interest implications of the assessment findings, and
- Help inform the next phase of implementation planning and organizational accountability.

Importantly, the May discussion is not intended to finalize a comprehensive implementation strategy or establish immediate operational directives. Rather, it is intended to support shared Board understanding, strategic reflection, and governance-level discussion regarding the of this work. The session will also reinforce that advancing EDI-J maturity is an ongoing organizational and governance journey that will continue to evolve over time through continued refinement.

The session will involve the following components:

1. Background Information on CMLTO's EDI-J Commitment

Review of the Board's EDI-J journey since 2022, including governance commitments, organizational developments, and integration of EDI-J principles into Board governance and organizational strategy.

2. Inventory of Current EDI-J Activities and Supporting Evidence: Overview and Interactive Workshop



Review and workshopping of the inventory of current EDI-J inventory, which includes activities, initiatives, governance mechanisms, policies, and supporting evidence identified across the organization as part of Step 1 of the implementation process.

3. GDEIB Refresher

Overview of the GDEIB Framework structure, maturity model, assessment methodology, and rationale for its use as CMLTO's EDI-J implementation and accountability framework.

4. CMLTO (GDEIB) Analysis Highlights

Brief presentation of the overall assessment findings, organizational maturity profile, key strengths, key opportunities for improvement, governance implications, and emerging strategic priorities identified through the analysis.

5. GDEIB and Interactive Workshop

Interactive Board discussion regarding observations, reflections, governance considerations, organizational priorities, implementation considerations, and areas for future focus.

The May session is designed to allow the Board to build on previous discussions and engage with the organization's baseline EDI-J maturity profile, reflect on the governance and public interest implications of the findings, and help shape the future direction and evolution of CMLTO's EDI-J implementation journey.

Advancing EDI-J maturity is an ongoing governance and organizational journey that will continue to evolve through ongoing Board discussion. The May session is designed to support the Board in building on previous discussions and engage with the organization's baseline EDI-J maturity profile. Looking forward, it is hope that these critical discussions will support the process of shaping the evolution of CMLTO's EDI-J implementation journey.



AGENDA ITEM 6.0

| | |
|------------|--|
| 6.0 | BOARD MONITORING AGENDA OF REGISTRAR & CEO – EXECUTIVE LIMITATIONS POLICY |
| 6.1 | EL II-10 Financial Health Policy (Criteria 7-16) |
| 6.2 | EL II-16 Vendor Relations Policy |
| 6.3 | EL II-10 Financial Health Policy – Revised 2026 CMLTO Budget |

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

Date : May 12, 2026
From : John Tzountzouris, Registrar & CEO
Subject : Financial Health, Executive Limitations Policy EL II-10
For the Period : January 1, 2026 – March 31, 2026 (Q1)

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 <input type="checkbox"/> Governance Process | <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 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-10 Financial Health 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-10 Financial Health Policy for the period January 1 to March 31, 2026 in pursuit of public interest.

Recommended Motion:

Be it resolved that the Board moves to approve:

- The Monitoring Report as understandable and that the data provided gives sufficient evidence to demonstrate full compliance with the EL II-10 Financial Health Policy, criteria 7 through 16, for the period of January 1 to March 31, 2026.
- The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-10 Financial Health Policy, criteria 7 through 16, is reasonable, and that the data/evidence provided demonstrate reasonable achievement of the Registrar & CEO Interpretation. The Board confirms this is evidence of successful Registrar & CEO performance in this area.

LEGEND: Level of Achievement



**Compliance
Fully
Achieved**




**Compliance
Partially Achieved**






**Compliance Not
Achieved**



THE 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.

| The Registrar & CEO will not: | | | |
|---|--|---|---|
| Policy Criteria | Registrar & CEO Interpretation of the Policy Criteria | Evidence | Conclusion |
| FINANCIAL RISK | | | |
| 7. Finish any fiscal year with an operating deficit or without sufficient liquidity for the following 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>The March 31, 2026 interim Financial Statements (Appendix 1) provide evidence that the College's earned revenue (membership dues, investment income, other income) as of the end of Q1 2026 was \$613,227.</p> <p>Total disbursements as of March 31, 2026 were \$616,398 (total expenses – depreciation).</p> <p>The College had an operating deficit of \$3,171 as of the end of Q1 2026 (total revenue-total disbursements).</p> <p>It was projected in the 2026 budget that the College would end the year with an operating surplus of \$55,739 (before depreciation). Current year-end projections (as shown in the Budget vs. Actual analysis), suggest a surplus of \$84,184. However, it is reasonable to expect that value to shift as the year progresses and budgeted expenses are realized.</p> <p>As of March 31, 2026, there is a cumulative surplus of working capital (current assets-current liabilities) of \$2,092,505, which represents an increase from December 31, 2025 of \$1,685,745. This change can largely be attributed to higher cash on deposit at the beginning of the year from 2026 Membership renewal receipts received late 2025, as well as the shift in HST liability for Q4 2025 (due to Membership renewals) to HST receivable for Q1 2026, as HST on expenses outweigh HST on Membership and other accounts receivable at this time of year.</p> |  |

| The Registrar & CEO will not: | | | |
|--|---|---|---|
| Policy Criteria | Registrar & CEO Interpretation of the Policy Criteria | Evidence | Conclusion |
| 8. Borrow or lend funds or use long-term reserves without Board authorization. | No further interpretation is required. | <p>No funds were borrowed from any financial institution during the reporting period. Corporate credit card expenditures for recurring monthly charges such as software licenses are paid monthly and reported through expense authorization processes.</p> <p>Any borrowed funds would appear as Liability on the Balance Sheet. The Balance Sheet as at March 31, 2026 provides evidence that this has not occurred. (See Balance Sheet - Appendix 1)</p> <p>The College has not loaned CMLTO funds to any party. Any funds that were loaned to another party would appear as a loan receivable on the Balance Sheet.</p> <p>The Balance Sheet as at March 31, 2026 provides evidence that this has not occurred. (See Balance Sheet - Appendix 1)</p> <p>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.</p> <p>The Balance Sheet provides evidence the Reserve Funds currently exceed the Board's designated level of \$2,070,000 (\$3,292,228 in short & long-term investments).</p> |  |
| 9. Cause or allow the organization to incur debt or financial obligations that cannot be repaid within 90 days from certain revenues that are not already restricted or committed. | No further interpretation is required. | The College is in a healthy financial position with a cash balance of \$1,700,113 as at March 31, 2026. 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) |  |
| 10. 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 |  |

| The Registrar & CEO will not: | | | |
|---|---|--|------------|
| Policy Criteria | Registrar & CEO Interpretation of the Policy Criteria | Evidence | Conclusion |
| | | designated level of \$2,070,000 (\$3,292,228 in short & long-term investments) per the Balance Sheet. | |
| 11. Hold surplus funds in financial instruments outside approved investment policies. | No further interpretation is required. | Based on the information presented to the Board at the May 25, 2026 meeting, there was an annual operating deficit in 2025 of \$452,329 (Excess Expenses Over Revenue, less Amortization). As such, this policy criteria does not apply for 2026. | ✓ |
| The Registrar & CEO will not: | | | |
| Policy Criteria | Registrar & CEO Interpretation of the Policy Criteria | Evidence | Conclusion |
| FINANCIAL OPERATIONS | | | |
| 12. Make a single unbudgeted purchase exceeding \$40,000 without Board approval. | No further interpretation is required. | There has been no unbudgeted commitment greater than the Board designated level of \$40,000 in Q1. | ✓ |
| 13. Deviate from the approved budget by more than 25% in any quarter without updating the financial plan. | 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 Q1. | ✓ |
| 14. Miss accounts payable due dates. | | <p>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 March 27, 2026 (Appendix 2)</p> <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 March 30, 2026 EFT payment record is attached as 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> | ✓ |

| The Registrar & CEO will not operate without: | | | |
|--|--|--|---|
| Policy Criteria | Registrar & CEO Interpretation of the Policy Criteria | Evidence | Conclusion |
| REPORTING AND ACCOUNTABILITY | | | |
| 15. Reporting quarterly on actual versus budgeted revenues and expenditures (including material variances and corrective plans as needed), and a Budgeted Statement of Operations and a resulting Statement of Financial Position Condition. | 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: Late 2026 renewals of Voluntary Roster memberships received, in addition to new applicant fees.</p> <p>Registration & Professional Practice: Lower requirement for legal counsel support in this quarter.</p> <p>Corporate Communications: Anticipated projects will be completed throughout the year and were not scheduled for this quarter.</p> <p>There are no remediation strategies/options required for this report as financial performance is in accordance with the overall financial plan and budget.</p> |  |
| 16. Reporting on any annual surplus including proposed allocations for these surpluses. | No further interpretation is required. | Based on the information presented to the Board at the May 25, 2026 meeting, there was an annual operating deficit in 2025 of \$452,329 (Excess Expenses Over Revenue, less Amortization). As such, this policy criteria does not apply for 2026. |  |

NOTE: This EL monitoring report re CMLTO's Financial Condition in Q1 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 March 31, 2026. Please note however, that the figures represented in this report have not been independently audited.

Respectfully submitted,



May 12, 2026

John Tzountzouris
Registrar & CEO

Date

APPENDICES:

1. CMLTO Financial Report – March 31, 2026
2. Payworks Journal Entry Report – March 27, 2026 - **CONFIDENTIAL**
3. CMLTO EFT Report – March 30, 2026 - **CONFIDENTIAL**
4. Accounting Consultant declaration

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
FINANCIAL REPORT
MARCH 31, 2026

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BALANCE SHEET
AS AT MARCH 31, 2026

ASSETS

| | |
|--------------------------|---------------------|
| Current Assets | |
| Cash | \$ 1,700,113 |
| Accounts Receivable | 404 |
| HST Receivable | 18,612 |
| Investments - Short Term | 319,783 |
| Prepaid expense | 140,875 |
| | <u>2,179,786</u> |
| Investments - long-term | 2,972,445 |
| Property and equipment | 33,207 |
| | <u>\$ 5,185,439</u> |

LIABILITIES

| | |
|---------------------------|---------------|
| Current Liabilities | |
| Accounts payable | \$ 41,521 |
| Accrued liabilities | 45,760 |
| | <u>87,282</u> |
| Unearned 2026 revenue | 1,725,551 |
| Deferred lease inducement | - |

NET ASSETS

| | |
|----------------------------|---------------------|
| Appropriated | |
| Invested in capital assets | 33,207 |
| 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 | 1,269,399 |
| | <u>3,372,606</u> |
| | <u>\$ 5,185,439</u> |

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
STATEMENT OF OPERATIONS
FOR THE PERIOD JANUARY 1, 2026 TO MARCH 31, 2026

| | | |
|--------------------------------------|----|-----------------|
| REVENUES | | |
| Dues | \$ | 575,184 |
| MLAT | | 3,153 |
| Investment income | | 29,798 |
| Other income | | 5,093 |
| | | <u>613,227</u> |
| | | |
| <u>EXPENSES</u> | | |
| Membership services | | |
| Registration & professional practice | | 2,257 |
| Professional conduct | | 47,189 |
| Corporate communications | | 2,073 |
| | | <u>51,519</u> |
| | | |
| Board and committees | | 54,094 |
| | | |
| Strategic leadership office | | 6,453 |
| | | |
| Payroll & Staff Benefits | | 320,817 |
| | | |
| Office & Administration | | 183,514 |
| | | |
| Depreciation | | 10,348 |
| | | |
| Total expenses | | <u>626,745</u> |
| | | |
| Net surplus for the period | \$ | <u>(13,519)</u> |

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BUDGET ANALYSIS
PRORATED REVENUE BASIS
FOR THE PERIOD JANUARY 1, 2026 TO MARCH 31, 2026

| | 2026 Budget | Budget | Year To Date Actual | Variance | Projected Apr - Dec | Projected To Year End | % |
|--|------------------|----------------|------------------------|-----------------|------------------------|--------------------------|-----------|
| | | | | | | | Variance |
| REVENUE | | | | | | | |
| Dues (See Note 1) | \$ 2,400,000 | \$ 600,000 | \$ 575,184 | \$ (24,816) | \$ 1,845,551 | \$ 2,420,734 | 1% |
| MLAT | 4,000 | 1,000 | 3,153 | 2,153 | 3,000 | 6,153 | 54% |
| Investment income | 100,000 | 25,000 | 29,798 | 4,798 | 75,000 | 104,798 | 5% |
| Other income | 25,000 | 6,250 | 5,093 | (1,157) | 18,750 | 23,843 | -5% |
| Total Receipts | 2,529,000 | 632,250 | 613,227 | (19,023) | 1,942,301 | 2,555,527 | 1% |
| EXPENSES | | | | | | | |
| Board and committees | 220,000 | 55,000 | 54,094 | (906) | 165,000 | 219,094 | 0% |
| Strategic leadership office | 50,000 | 12,500 | 6,453 | (6,047) | 37,500 | 43,953 | -12% |
| Registration & professional practice | 68,500 | 17,125 | 2,257 | (14,868) | 51,375 | 53,632 | -22% |
| Professional conduct | 175,000 | 43,750 | 47,189 | 3,439 | 131,250 | 178,439 | 2% |
| Corporate communications | 30,000 | 7,500 | 2,073 | (5,427) | 22,500 | 24,573 | -18% |
| Payroll & Staff Benefits (See Note 2) | 1,406,261 | 351,565 | 320,817 | (30,748) | 1,054,696 | 1,375,513 | -2% |
| Office & Administration | 523,500 | 130,875 | 183,514 | 52,639 | 392,625 | 576,139 | 10% |
| Total operating expenses | 2,473,261 | 618,315 | 616,398 | (1,918) | 1,854,946 | 2,471,344 | 0% |
| Net revenue before strategic expenses | 55,739 | 13,935 | (3,171) | (17,106) | 87,355 | 84,184 | |
| Strategic budget | - | - | - | - | - | - | |
| Net revenue before capital budget or depreciation | 55,739 | 13,935 | (3,171) | (17,106) | 87,355 | 84,184 | |
| Capital budget | - | - | - | - | - | - | |
| Net Operating Surplus (Deficit) with Capital Budget | 55,739 | 13,935 | (3,171) | (17,106) | 87,355 | 84,184 | |
| Depreciation | 76,000 | 19,000 | 10,348 | (8,652) | 57,000 | 67,348 | -11% |
| Net Operating Surplus (Deficit) with Depreciation | (20,261) | (5,065) | (13,519) | (8,453) | 30,355 | 16,836 | |

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BUDGET ANALYSIS
ACTUAL REVENUE RECEIVED BASIS
FOR THE PERIOD JANUARY 1, 2026 TO MARCH 31, 2026

| | 2026 Budget | Budget | Year To Date Actual | Variance | Projected Apr - Dec | Projected To Year End | % Variance |
|--|------------------|------------------|------------------------|----------------|------------------------|--------------------------|---------------|
| REVENUES | | | | | | | |
| Dues (See Note 1) | \$ 2,400,000 | \$ 2,280,000 | \$ 2,300,734 | \$ 20,734 | \$ 120,000 | \$ 2,420,734 | 1% |
| MLAT | 4,000 | 1,000 | 3,153 | 2,153 | 3,000 | 6,153 | 54% |
| Investment income | 100,000 | 25,000 | 29,798 | 4,798 | 75,000 | 104,798 | 5% |
| Other income | 25,000 | 6,250 | 5,093 | (1,157) | 18,750 | 23,843 | -5% |
| Total Receipts | 2,529,000 | 2,312,250 | 2,338,777 | 26,527 | 216,750 | 2,555,527 | 1% |
| EXPENSES | | | | | | | |
| Board and committees | 220,000 | 55,000 | 54,094 | (906) | 165,000 | 219,094 | 0% |
| Strategic leadership office | 50,000 | 12,500 | 6,453 | (6,047) | 37,500 | 43,953 | -12% |
| Registration & professional practice | 68,500 | 17,125 | 2,257 | (14,868) | 51,375 | 53,632 | -22% |
| Professional conduct | 175,000 | 43,750 | 47,189 | 3,439 | 131,250 | 178,439 | 2% |
| Corporate communications | 30,000 | 7,500 | 2,073 | (5,427) | 22,500 | 24,573 | -18% |
| Payroll & Staff Benefits (See Note 2) | 1,406,261 | 351,565 | 320,817 | (30,748) | 1,054,696 | 1,375,513 | -2% |
| Office & Administration | 523,500 | 130,875 | 183,514 | 52,639 | 392,625 | 576,139 | 10% |
| Total operating expenses | 2,473,261 | 618,315 | 616,398 | (1,918) | 1,854,946 | 2,471,344 | 0% |
| Net revenue before strategic expenses | 55,739 | 1,693,935 | 1,722,380 | 28,445 | (1,638,196) | 84,184 | |
| Strategic budget | - | - | - | - | - | - | |
| Net revenue before capital budget or depreciation | 55,739 | 1,693,935 | 1,722,380 | 28,445 | (1,638,196) | 84,184 | |
| Capital budget | - | - | - | - | - | - | |
| Net Operating Surplus (Deficit) with Capital Budget | 55,739 | 1,693,935 | 1,722,380 | 28,445 | (1,638,196) | 84,184 | |
| Depreciation | 76,000 | 19,000 | 10,348 | (8,652) | 57,000 | 67,348 | -11% |
| Net Operating Surplus (Deficit) with Depreciation | (20,261) | 1,674,935 | 1,712,032 | 37,097 | (1,695,196) | 16,836 | |



I, Stephanie Vass, declare that I have reviewed EL II-11 Financial Condition Monitoring Report for Q1 (March 31, 2026) for accuracy.

Stephanie Vass
Enterprise Accountant

Welch LLP - Chartered Professional Accountants
1070 - 36 Toronto Street, Toronto, Ontario, M5C 2C5
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Executive Limitations Annual Monitoring Report to Board

Date : May 11, 2026

From : John Tzountzouris, Registrar & CEO

Subject : Vendor Relations Executive Limitations EL II-16

For the Period : May 1, 2024 to April 30, 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 RATIONALE:

The Registrar & CEO is responsible for maintaining fiscal responsibility to serve the public interest, and fulfilling its legislative and organizational regulatory obligations.

The Board's Executive Limitations Policy #EL-II-16 – Vendor Relations ensures that the College deals with vendors of supplies and services to the CMLTO in a prudent, transparent and ethical manner which promotes the public interest through appropriate business processes and use of CMLTO funds.



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 Vendor Relations Executive Limitations EL II-16 Policy for the period: May 1, 2024 to April 30, 2026.
- The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-16 Vendor Relations Executive Limitations Policy is reasonable, and that the data/evidence provided demonstrate reasonable achievement of the Registrar & CEO Interpretation. The Board confirms this is evidence of successful Registrar & CEO performance in this area.

The Policy


All vendors’ proposals and/or offerings will be assessed for alignment with the College of Medical Laboratory Technologists of Ontario (CMLTO)’s strategic purpose and Ends (Critical Outcomes) Policies and for alignment with safeguarding the confidentiality, availability, and integrity of data systems and information used related to the provision of products and services provided. All contracts established with vendors must be aligned with and/or not interfere with CMLTO’s commitment to protecting the public interest.

With respect to interactions with vendors, or those applying to be vendors, it is essential that CMLTO contracts be awarded in a manner that is fair and equitable to vendors, reasonable, and in the best interest of CMLTO. For this reason, the Registrar & CEO shall not cause or allow conditions, procedures, or decisions which are unfair,




inequitable, unclear, unnecessarily intrusive, or which do not provide appropriate confidentiality and protection of vendors and CMLTO.


Further, the Registrar & CEO shall not operate without:

| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|---|--|---|---|---|
| 1 | A standardized framework and processes for procurement of goods and services that clearly outline the purpose, the required criteria for quality and price, roles and responsibilities, obligations, and the criteria for selection of a vendor. | Standardized framework & process for vendors is interpreted to mean that the vendor selection process is fair and transparent. All potential vendors receive the same RFQ document, response time and opportunity to a fair bidding process. The RFQ document must clearly outline the purpose and requirement(s) needed. | <p>CMLTO Vendor Management processes are in compliance with the Asset Protection (II-15) policy, Signing Authority / Authorization of Expenditures (II-20) policy and Vendor Relations (II-16) policy</p> <p>CMLTO's RFP responses are reviewed and analyzed by relevant parties (e.g Corporate Services, Program Area Director, Board Chair), as required, then approved by the R/CEO.</p> <p>The CMLTO RFP document clearly outlines the purpose of the request, timelines for submission, specification(s), and opportunity to disclose conflicts of interest and contact details.</p> <p>To further demonstrate that the vendor selection process is transparent and fair, a sample email is attached (Appendix 1), which was sent by the</p> |  |




| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|-----|---|---|---|---|
| | | | <p>Registrar & CEO to the respective vendors for the external assessment of governance effectiveness project. All vendors were sent identical emails clearly outlining the purpose of the request.</p> <p>Appendix 2 is the RFP request letter that was sent to vendors for the external assessment of governance effectiveness project, clearly outlining the timeline for submissions, and specifications.</p> | |
| 1.1 | <p>A competitive bidding process for individual purchases over the Board designated level of \$55,000, where competitors are available. Once a competitive process has been undertaken, subsequent follow-up contracts can be negotiated by the Registrar & CEO as needed and consistent with all Board policies.</p> | <p>A “competitive bidding process” is interpreted to include a request for proposal with clear criteria for deliverables and for approval of the quotation.</p> <p>“Individual purchases” is interpreted to mean all purchases relating to a single service or product.</p> <p>“Available” is interpreted to mean available in the marketplace and will not</p> | <p>There was one (1) purchase that was over \$55,000 during the reporting period. This was the leasehold on the CMLTO premises at 25 Adelaide Street East.</p> <p>The process was facilitated by Lennard Realty, and overseen by the Registrar & CEO. The process included solicitation for three (3) quotations, followed by negotiations, and final decisions, made by the Registrar & CEO in accordance with Board policies.</p> |  |




| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|-----|--|---|--|---|
| | | jeopardize CMLTO's business processes. | | |
| 1.2 | 1.2 Ensuring that any written contract with a supplier includes specific performance expectations of both parties. | Performance expectations is interpreted to mean the terms agreed to by both parties for such provisions as scheduling service, timely provision of services, payment for services, etc. | <p>All supply/service agreements include performance provisions to which both parties have agreed. There have been no occurrences in the reporting period where performance expectations have not been met.</p> <p>During the reporting period, there have been a total of forty-two (42) supply/service agreements that had agreed upon performance expectations:</p> <p>This is confirmed by the following self-declaration:</p> <p>"I declare that upon my review of vendor contracts from the reporting period, there were a total of 42 contracts supply/service agreements identified, all containing performance expectations of both parties per the R/CEO's interpretation. Contracts pertained to a variety of matters including facilities management, records management, insurance,</p> |  |




| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|-----|--|---|---|---|
| | | | <p>consulting, media services, IT and web services, and broad business operations services. Corporate Services is aware of 0 instances where such performance expectations were not met.” C. Fitzpatrick, Administrator, Corporate Services & Executive Office</p> <p>Services were provided in a timely fashion and met expectations, as per the supply/service agreements, in all (100%) instances.</p> <p>Further, there are no supply/service agreements which do not contain performance expectations.</p> | |
| 1.3 | Ensuring that all contract decisions are aligned with and are in the best interest of public protection. | This is interpreted to mean that procurement, vendor selection, contract terms, renewals, and ongoing vendor relationships support the organization’s statutory mandate, regulatory responsibilities, and duty to safeguard the public interest. This implies that decisions are based on appropriate due diligence, risk assessment, | <p>Contract decisions are conducted through the process of ongoing review, critical checklist review, and time of purchase review, depending on the nature of the contract and services required by the College.</p> <p>Decisions follow a defined review process, and are in line with all relevant Executive Limitations Policies and internal policies and procedures,</p> |  |



| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|-----|---|---|---|---|
| | | oversight, supported by appropriate documentation. | and are documented and stored accordingly. | |
| 1.4 | Proper protection against conflict of interest within the purchase process. | This is interpreted to mean that all staff involved in procurement avoid any real or perceived conflict of interest with either the vendor or the nature of the purchase. | <p>The CMLTO Human Resources Policy Manual defines conflict of interest and staff declare their compliance annually.</p> <p>No vendors that were approached during the reporting period informed CMLTO of any conflicts of interest, nor did CMLTO staff have any conflict of interest related to those vendors.</p> <p>Further, the College guards against conflict of interest by ensuring that all consultants and contractors sign a conflict of interest declaration in the onboarding phase, except for cases deemed appropriate by the R/CEO associated with relevant legislation.</p> |  |






| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|-----|--|---|---|---|
| 1.5 | Ensuring that all supply/service contracts are reviewed at least once every three (3) years. | Supply/service contracts are interpreted to mean the written agreements for supplies or services between the College and vendor organizations.(e.g. photocopiers, computers, stationery, cleaning services, etc). | <p>The CMLTO's Critical Checklist process, facilitated by Corporate Services and reported to the R/CEO, ensures that all supply/service contracts are continuously tracked and regularly reviewed. All supply/service contracts as well as key assets including subscriptions, order-based suppliers, and other ongoing vendors are indicated, tracked, and reviewed quarterly through Corporate Services' Critical Checklist process.</p> <p>Corporate Services maintains the Critical Checklist on its secure SharePoint location and ensures all assets, service/supply contracts, and vendors are listed and current. The Critical Checklist houses key data about supply/service contracts and assets including: description of the asset, vendor, broker, date of initiation, date of expiration, last review details, review schedule and date of next review, current cost, details about the process for renewing/extending the asset and/or discontinuing the service relationship, and additional information.</p> |  |



| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|---|-----------------|--------------------------------|--|------------|
| | | | <p>Corporate Services uses the Critical Checklist to create quarterly Critical Checklist reports to the R/CEO and meets with the R/CEO to ensure contracts are sufficiently reviewed and maintained. During the reporting period, eight (8) Critical Checklist reports were delivered to the R/CEO and eight (8) review meetings were held between Corporate Services and the R/CEO. Where required, contracts were reviewed in depth and/or refreshed by Corporate Services (with R/CEO approval) or managed directly by the R/CEO, depending on the nature of the asset.</p> <p>As of April 30, 2026, the Critical Checklist indicates 71 assets. During the reporting period, 3 assets were terminated and 71/71 (100%) supply/service contracts and vendors were sufficiently reviewed and maintained.</p> <p>The date of last review for all existing contracts was March 31, 2026.</p> | |




| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|-----|---|---|---|---|
| 1.6 | Policies in place that prohibit the acceptance of inappropriate considerations by CMLTO staff. Note: Modest considerations/expenses by vendors are appropriate as needed to conduct necessary business. | No further interpretation is required. | <p>The CMLTO Human Resources Policy Manual defines conflict of interest and describes some examples of unacceptable conduct such as accepting rewards or other benefits to the employee.</p> <p>No inappropriate inducements were accepted by staff during the reporting period.</p> |  |
| 1.7 | Ensuring non-disclosure agreements are signed by relevant parties prior to onboarding any vendor. | I interpret “non-disclosure agreements” to mean the CMLTO Confidentiality and Conflict of Interest form for vendors, unless the same underlying provisions are included in the contract provided by the vendor. | <p>As part of its standard onboarding processes, the CMLTO issues a CMLTO Confidentiality and Conflict of Interest form to vendors for review and signature prior to providing services to the CMLTO.</p> <p>Non-disclosure agreements, as interpreted, are in place for all vendors, as confirmed by Corporate Services.</p> |  |
| 1.8 | Ensuring that contracts with vendors with potential significant legal, financial, or reputational implications are reviewed by legal counsel prior to execution, based on their level of risk to the CMLTO. | No further interpretation is required. | The revised lease agreement was the only contract during the reporting period that the Registrar & CEO requested legal review of, based on the risk to the CMLTO. |  |





| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|-----|--|--|---|------------|
| 2 | Conducting a request for Proposal and the competitive bidding process in a manner that will not harm the bidding organization or CMLTO, including but not limited to: | | | ✓ |
| 2.1 | Keeping information confidential regarding vendor quotes, competitive knowledge, and proprietary products/services/approaches particularly but not limited to other vendors, | <p>Confidential information is interpreted to mean all information declared by the prospective vendor as confidential. Vendors are asked to indicate what parts of their proposal are confidential.</p> <p>If the vendor's requirements for confidentiality are so restrictive that the proposals are not useful to the CMLTO, the proposal can be disqualified and returned to the vendor</p> | <p>In keeping with the College's commitment to integrity in business dealings, all information received from prospective vendors is treated confidentially and retained/destroyed according to the record retention schedule.</p> <p>During the reporting period, there were no proposals from vendors that were so restrictive in relation to confidentiality to be deemed not useful to CMLTO.</p> <p>All contracts are stored on the Corporate Services SharePoint library, which can only be accessed by Corporate Services, and the Registrar & CEO.</p> | ✓ |
| 2.2 | Ensuring that Requests for Proposals and/or other related forms do not elicit information from a vendor which is not | Seeking information that only has a clear purpose for the proposal is interpreted to | No vendors were solicited for information on products or services without the express desire to pursue | ✓ |




| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|-----|--|---|---|--|
| | required for the purpose of the specific proposal, and | mean that the RFP is not meant to be a mechanism that solicits information from vendors just to explore the market situation or to seek proprietary information from the vendor that would then be used by CMLTO. | <p>possible purchases, lease or equipment or the contracting of services.</p> <p>During the reporting period, CMLTO contacted and sent RFPs to five (5) vendors for the External Evaluation of Board Effectiveness.</p> <p>Appendix 2 is the RFP request letter that was sent to vendors for the integrated regulatory database solution project. All vendors were sent the same request forms, clearly outlining the purpose of the request and the specific requirements.</p> | |
| 2.3 | Ensuring that information regarding CMLTO and its requirements are shared equitably with vendors, during the tendering process, to avoid giving an advantage to any one party over others. | Inequitably share information is interpreted to mean providing information about one (or more) vendor's proposal to another vendor which would allow the vendor to underbid. | <p>During the reporting period, there were no occurrences where the College provided confidential information in an RFP to another vendor.</p> <p>This is ensured through our Human Resource Policy and Procedural manual, as all staff sign a confidentially agreement form annually, agreeing to not divulge Confidential information about the CMLTO, the College's members, stakeholders, suppliers, or employees</p> |  |



| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|---|---|---|---|---|
| | | | to anyone other than persons who are authorized to receive such information. | |
| 3 | The use of prudent measures for the assessment of capital asset acquisition decisions (lease or purchase) ensuring an appropriate balance is achieved between cost and benefit. | I interpret "capital asset" to mean tangible properties, such as land, buildings and equipment, which require a depreciation schedule. | Capital assets acquired during the reporting period include: <ul style="list-style-type: none"> • Office lease • Laptops In each case, RFP processes are completed, if required by the purchase amount. |  |
| 4 | Responding to any vendor who makes a proposal in response to a formal Request for Proposals. | A response is interpreted to mean that all proposals submitted by vendors and which qualify (e.g. are submitted on time) will be reviewed by management using due process. All vendors will be notified in writing that their proposal has been received. | During the reporting period, all vendors who submitted RFP's were notified in writing of the receipt of their proposal. To demonstrate that all vendor proposals were responded to, three emails are attached (Appendix 3, 4 & 5). Appendix 3 is an example of an email response confirming receipt of an RFP from a vendor. Appendix 4 is an email response informing a vendor that they were not selected for the project. |  |



| # | Policy Criteria | Registrar & CEO Interpretation | Evidence <i>I believe compliance with the policy is demonstrated by the following evidence:</i> | Conclusion |
|---|---|---|--|---|
| 5 | Allow a payment process for vendors that does not meet CMLTO's contractual obligations based on the vendor meeting contract performance requirements. | This is interpreted to mean that all vendors should be paid in net 30 days as per CMLTO's payment policy, unless some other payment period has been agreed to in the contract. If another payment period is agreed to, CMLTO must meet that commitment. | <p>The Corporate Service department and/or Registrar/CEO receive invoices from all vendors via mail, email, or online account.</p> <p>These invoices are immediately filed and are sent to the Registrar/CEO on a weekly basis to be processed. This process is further captured in the Corporate Services' Policy and Procedural manual, CS-12 Processing Invoices.</p> <p>Receipts for payments processed via credit card are received by the Corporate Services department or Registrar/CEO.</p> <p>During the reporting period, all vendors have been paid promptly upon receipt of invoices, and in accordance with the terms of their agreement of contract.</p> |  |



OVERALL CONCLUSION:



The evidence provided indicates that I am in full compliance with Executive Limitations Vendor Relations Policy EL II-16.

Respectfully submitted,

John Tzountzouris, Registrar & CEO

May 12, 2026

Date

APPENDICES

Appendix 1 – Sample CMLTO Request for Proposal Email

Appendix 2 – Sample Request for Proposal Letter to Vendor

Appendix 3 – Sample Request for Proposal Confirmation Email

Appendix 4 – Sample Request for Proposal Denial Email

From: [John Tzountzouris](#)
To: [REDACTED]
Subject: CMLTO RFQ: Board of Directors External Effectiveness Assessment
Date: Tuesday, November 26, 2024 8:46:16 AM
Attachments: [RFQ CMLTO Governance Review 261124 final](#) [REDACTED]

Message sent on behalf of Karen Persad, CMLTO Board Chair

Dear [REDACTED]

Please find an invitation for you to respond to a request for proposal for an independent evaluation of the CMLTO Board of Directors.

We invite you to submit a proposal, using the attached RFP document as a guide, to my attention by email at executiveoffice@cmlto.com by 4:00 pm, Friday, December 13, 2024.

Sincerely,

John Tzountzouris (he, him, his), MA, BSc, BHA, MLT, GSP
Registrar & CEO
College of Medical Laboratory Technologists of Ontario
25 Adelaide Street East, Suite 2100
Toronto, Ontario
M5C 3A1
P: 416.861.9605, x.227
F: 416.861.0934

www.cmlto.com

PLEASE NOTE: In order to reduce the spread of COVID-19, the CMLTO office at 25 Adelaide Street East closed on March 18, 2020, and moved to a virtual office for all College operations until further notice. The College continues to provide uninterrupted service efficiently and effectively. The CMLTO is only able to accept mail delivered by Canada Post at this time. No in-person deliveries can be accommodated until further notice. Please consult the website at cmlto.com for updates regarding the CMLTO's operations.

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November 12, 2024

Vendor Name
Vendor Address

RE: Request for Proposal for Independent Evaluation of the CMLTO Board of Directors

Dear Vendor Contact:

The CMLTO is the regulatory body for the province's approximately 6800 medical laboratory technologists (MLTs). Each MLT is a regulated health care professional as mandated by the *Regulated Health Professions Act, 1991* (RHPA). As such, each MLT has professional responsibilities related to registration, quality assurance and professional conduct, and the CMLTO has obligations in each of these statutory areas as defined by the RHPA and *Medical Laboratory Technology Act, 1991*, and its regulations.

The College of Medical Laboratory Technologists (CMLTO) is governed by a Board of Directors. The Board establishes CMLTO's strategic direction and the outcomes that will lead self-regulation of medical laboratory technologists (MLTs) forward in the interest of public safety in accordance with the legislation. A Policy Governance® model is used to form policy direction, influence strategy and operations, and monitor results and progress on policy achievement and compliance. Further information regarding the Board's approach to governance is attached as Appendix 1. All Board policies on line...

As required by the Ontario Ministry of Health's College Performance Management Framework (CPMF) and by Therefore, the CMLTO is seeking an integrated regulatory database solution to be operational by the summer of 2024, based on its current needs and functionality. The requirement for future project(s) or services will be determined based on the outcomes of the implementation and forecasted changes and needs.

CMLTO will give all selected vendors an opportunity to provide a competitive bid through a clear and fair bidding process. The selected vendors' quotations will demonstrate how they will meet CMLTO's technical, security and privacy, price, and customer service requirements.

Selected vendors may be requested to meet with CMLTO staff and provide a demonstration of how their solution meets the specifications and standards set by



CMLTO. The successful respondent will be required to sign CMLTO's non-disclosure agreement.

CMLTO expects the service provider to always quote the best price and service level possible and to advise the CMLTO of any industry updates that will help it lower the net cost and increase the efficiency in its service to members.

I invite you to submit a proposal, using the attached RFP document as a guide, to my attention of by 4:00 pm, Friday, March 22, 2019. CMLTO will inform vendors of the proposal outcome and if applicable, next steps on or about Friday, March 29, 2019.

If you require additional information about the CMLTO's regulatory responsibilities and programs, please visit our website www.cmlto.com, or reach out to me directly.

Sincerely,

John Tzountzouris, MA, BSc, BHA, GSP, MLT
Registrar & CEO
College of Medical Laboratory Technologists of Ontario
25 Adelaide Street East, Suite 2100
Toronto, Ontario M5C 3A1
T: 416 861 9605 x: 227
F: 416 861 0934



CMLTO Request for Proposal Guidelines

Although your proposal does not need to follow the headings below, it should address the following information, at a minimum.

1. Company Background

- 1.1. Company overview (mandate and core business)
- 1.2. Years in business
- 1.3. Location of headquarters and branch offices
- 1.4. Experience meeting the needs of health professional regulatory Colleges
- 1.5. Number of employees
- 1.6. Provide name(s), title(s) and contact information for the account team/manager responding to this RFP

2. CMLTO Database Requirements

- 2.1. Explain how your company will meet CMLTO's regulatory requirements (see system requirements document).
- 2.2. Additional features your company would like to highlight.
- 2.3. Sample Terms of Service/Contract for a similar project.
- 2.4. High level timelines for the various phases of the project (i.e., scoping, customization, installation, data migration, testing, go-live)
- 2.5. Overall quote for the solution.
- 2.6. Itemized costs, describing the various phases of the project (i.e., scoping, customization, installation, data migration, testing, daily/weekly/yearly updates or maintenance, additional update and other fees, IT support, User fees).
- 2.7. Payment options (i.e., year-to-year, multi-year, leasing, purchasing, per module/feature). Please note any discounts and taxes.

3. Technology

- 3.1. How many IT employees does your company employ including customer support?
- 3.2. Does your company have an IT Security policy?
- 3.3. What methods do you take to ensure your customer's data is secure and accessible at all times?
- 3.4. Who (if any) are the third party or contracted vendors associated with your solution and services that CMLTO may interact with? How do you manage these stakeholder relationships?
- 3.5. What are the details for your solution's latest update? Please describe any resolved issues, new features, etc.
- 3.6. Could CMLTO conduct pilot testing prior to committing (i.e., full payment) to the solution? If applicable, please describe the process.



4. Quality/Customer Service

- 4.1. Will your company provide a dedicated account manager?
- 4.2. Are your phones answered live during business hours?
- 4.3. What is your response time on any messages left regarding service issues?
- 4.4. What is your company's procedure to manage a situation where the end product did not meet the agreed upon standards?
- 4.5. Does your company offer clients any training services?

5. Other Information

- 5.1. Disclose actual or potential conflicts of interest.
- 5.2. Supporting documents, if desired, e.g., company brochures, fee schedules, rate cards, etc.

6. References

- 6.1. Provide at least two references for projects of similar size and scope, including the following information:
 - 6.1.1. Contact name
 - 6.1.2. Company name
 - 6.1.3. Address
 - 6.1.4. Telephone number
 - 6.1.5. Number of years using your service
 - 6.1.6. Project description including how client needs were met

From: John Tzountzouris
Sent: Monday, December 23, 2024 10:26 AM
To: [REDACTED]
Subject: RE: Attention: Karen Persad RE: Independent Board Evaluation RFP

Good morning [REDACTED],

On behalf of Karen Persad, CMLTO Board Chair, I am acknowledging receipt of your proposal.

The Executive Committee will be reviewing all proposals in the coming weeks, and we hope to have a commitment in mid-January.

Sincerely,

John Tzountzouris (he, him, his), MA, BSc, BHA, MLT, GSP
Registrar & CEO
College of Medical Laboratory Technologists of Ontario
25 Adelaide Street East, Suite 2100
Toronto, Ontario
M5C 3A1
P: 416.861.9605, x.227
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From: [REDACTED]
Sent: Friday, December 20, 2024 4:06 PM
To: John Tzountzouris <john.tzountzouris@cmlto.com>
Subject: RE: Attention: Karen Persad RE: Independent Board Evaluation RFP

Hi John,

I'm pleased to be able to submit this proposal to the CMLTO for consideration in response to its RFP for a Board Evaluation.

I also want to thank you for your responsiveness the last few days, and for CMLTO's willingness to extend the deadline for submission.

I am confident all you need is in the proposal and clearly laid out, however I am happy to respond to any questions should they arise.

All the best, and happy holidays!



From: John Tzountzouris
Sent: Monday, January 6, 2025 11:39 AM
To: [REDACTED]
Cc: Karen Persad <karen.persad@cmlto.com>
Subject: RE: Attention: Karen Persad RE: Independent Board Evaluation RFP

Message sent on behalf of Karen Persad, CMLTO Board Chair

Dear [REDACTED],

The Executive Committee of the CMLTO Board of Directors would like to express our sincere appreciation for the time and effort you invested in the proposal submission for CMLTO's Board of Directors External Governance Effectiveness Assessment.

The Executive Committee carefully reviewed all submissions and after much consideration, we have made a decision regarding our vendor selection.

After careful evaluation, we regret to inform you that we have chosen not to move forward with your proposal for this project. Please understand that this decision was not made lightly, and we genuinely appreciate the effort and resources you dedicated to the proposal.

We received several competitive proposals, and the decision-making process was challenging due to the high quality of submissions. Ultimately, we have selected a vendor whose proposal aligns more closely with our specific needs and criteria for this project.

We want to thank you once again for your interest in working with us and we wish you continued success in your business endeavors.

Sincerely,

John Tzountzouris (he, him, his), MA, BSc, BHA, MLT, GSP
Registrar & CEO
College of Medical Laboratory Technologists of Ontario
25 Adelaide Street East, Suite 2100
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From: [REDACTED]
Sent: Friday, December 20, 2024 4:06 PM
To: John Tzountzouris <john.tzountzouris@cmlto.com>
Subject: RE: Attention: Karen Persad RE: Independent Board Evaluation RFP

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I also want to thank you for your responsiveness the last few days, and for CMLTO's willingness to extend the deadline for submission.

I am confident all you need is in the proposal and clearly laid out, however I am happy to respond to any questions should they arise.

All the best, and happy holidays!

[REDACTED]

Monitoring Report to Board of Directors

| | | |
|----------------|---|---|
| Date | : | May 11, 2026 |
| From | : | John Tzountzouris, Registrar & CEO |
| Subject | : | Revised 2026 Budget (Executive Limitations Policy – EL #II-10 Financial Health) |

Report Purpose:

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

PUBLIC INTEREST RATIONALE:

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

As the governing body, the Board of Directors is accountable, along with the Registrar & CEO, in delivering the desired critical outcomes at a reasonable cost or investment, maintaining fiscal responsibility to serve the public interest, and fulfilling its legislative obligations.

The College Performance Measurement Framework (CPMF) requires that: “The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.”

The CMLTO Budget, which is developed pursuant to EL-II-10 Financial Health Policy on an annual basis, ensures that the College operates with effective financial planning and budgeting that allocates the resources in direct alignment with the CMLTO Critical Outcomes/Ends Policies priorities in pursuit of public interest.

Recommended Motion:

Be it resolved that;

The Board moves to approve the revised 2026 Budget as presented.

BACKGROUND

The Executive Limitations Financial Health Policy, EL #II-10 requires that the Registrar & CEO (R/CEO) render the first draft of the operating Budget for the next fiscal year no later than September. The proposed 2026 Budget was approved by the Board of Directors at the September 23, 2025 meeting.

The same Executive Limitations policy requires that the Registrar & CEO provides the Board with a revised budget between February and May if significant changes occur.

At the December 9, 2025 Board meeting, the Registrar & CEO presented the 2026 Ends Interpretation, which the Board acknowledged as reasonable.

Under High Level Ends Policy 3 – Effective Regulation with the Health System, the conceptual outcome “Regulation of Medical Laboratory Assistants & Technicians is Advanced” included a 2026 Observable Condition which states that CMLTO is prepared for regulation of medical laboratory assistants and technicians under the RHPA and MLT Act. The measure for this outcome is that a comprehensive plan and "playbook" for the regulation of medical laboratory assistants and technicians under the RHPA and MLT Act is developed.

Operationalizing this Observable Condition has proceeded, with the development of a framework for a comprehensive plan, which was presented to the Board of Directors at the February 12, 2026 meeting. Two key components of this plan include proposed amendments to the RHPA and the MLT Act, and a financial model to determine the College’s budget in the short, medium and long term, ultimately leading to the definition of the fee structure for the registration of this group of health care professionals under the College.

The proposed amendments to the RHPA and the MLT Act are foundational to all other aspects of the comprehensive plan, including proposed By-Law changes, governance and College structure, and regulatory processes across Registration, Quality Assurance and Professional Conduct. In other words, these changes need to be clearly defined before any further work can proceed to clarify the other requirements and processes.

Both the proposed regulatory amendments and the proposed financial modelling are not within the current internal capacity of the College to deliver. The former is best done by legal counsel, specializing in health law and more specifically an intimate knowledge of the regulatory framework in Ontario. The latter is best done by an independent party with expertise in financial modelling in the health professional regulation sector.

PROPOSED REVISED 2026 BUDGET

The proposed revised 2026 Budget is included as Appendix 1. Based on quotations received from the organizations who have been approached to potentially provide services to deliver on proposed regulatory amendments and the proposed financial modelling, the budget projection for “Professional Services” under the “Strategic Leadership Office” section of Expenses has been increased from \$15,000 to \$140,000 (\$125,000 increase from the approved 2026 Budget).

The overall anticipated effect for 2026 is a change from a projected surplus of \$55,739 to a projected deficit of \$69,261. This is represented in Appendix 1 in a column titled “2026 Revised”, and the changes are included in greyed out cells.

GOVERNANCE CONSIDERATIONS

The budget cycle, as described by Executive Limitations Policy EL II-10: Financial Health, requires that budget assumptions for the coming year are presented to the Board in June, followed by a proposed budget for approval in September. At the December Board meetings, the Registrar & CEO provides an updated End Interpretation, including a granular explanation of the observable conditions to meet the Ends (Critical Outcomes) Policies of the Board. If, during the operationalization of the observable conditions, additional unexpected expenditures are identified, then EL II-10 has provisions for that, whereby the Registrar & CEO must come to Board with a revised budget. This is exactly the situation described by this briefing report.

The Board’s Ends (Critical Outcomes) Policies have three components: the observable conditions that the Board has prescribed, the target of those outcomes (i.e. the Careholders), and the reasonable cost of achieving these outcomes. Therefore, when a Board provides the Registrar & CEO with strategic priorities, it also has a responsibility to determine whether or not to fund these priorities, which is the key governance question being presented to the Board.

The regulation of medical laboratory assistants and technicians has been identified by the Board as a key strategic priority since 2009. A great deal of progress has been made on this initiative since that time. However, the Registrar & CEO feels that the College is currently closer than it ever has been to achieving the ultimate goal of regulation of these individuals by the CMLTO, under the RHPA and the MLT Act. As such, the initiative to create a comprehensive plan and roadmap for

regulation, should the College be directed to do so, is an important outcome for 2026 and beyond.

Although the proposed revised 2026 Budget does create a deficit for 2026, the College is still in a very health financial position, as reported to the Board at the February 13, 2026 meeting. Furthermore, the overall budget is still based on all previous assumptions and approaches, including being conservative with revenue and presenting “worst case” in terms of spending, notwithstanding those items that are highly variable, such as regulatory costs based on volumes.

Finally, and as reported to the Board at the February 13, 2026 meeting, short, medium and long term financial models, and a proposed fee structure for MLTs will be coming to the Board in September to ensure the long-term financial health of the College.

If the Board were not to approve of the proposed revisions to the 2026 Budget, the completion of core aspects of the comprehensive plan for regulation of medical laboratory assistant and technicians could not be completed this year. This risk associated with this is that if the College were to be directed to move forward with regulation, these items would need to be undertaken in more of a reactionary fashion. Further, the Government of Ontario has expressed an interest in this regulatory initiative, and have identified both the proposed regulatory amendments and the proposed financial modelling as key aspects that they would like to see as soon as reasonably possible to facilitate tangible support for the initiative.

LOOKING FORWARD

If Board members have any questions about the revised 2026 Budget prior to the meeting, please contact John Tzountzouris, Registrar & CEO at john.tzountzouris@cmlto.com

APPENDICES:

Appendix 1 – Proposed Revised 2026 Consolidated (Operating) Budget

CMLTO CONSOLIDATED BUDGET

| | 2023 Actuals | 2024 Actuals | 2025 YTD Actuals (June) | 2025 Projected | 2025 Final Budget | 2026 Minimum | 2026 Expected | 2026 Maximum | 2026 Revised | 2027 Expected | 2028 Expected |
|---|------------------|------------------|-------------------------|------------------|-------------------|------------------|-------------------|-------------------|--------------------|------------------|------------------|
| INCOME | | | | | | | | | | | |
| MLT Registrant Fees | 2,296,557 | 2,332,600 | 2,315,102 | 2,435,102 | 2,400,000 | 2,280,000 | 2,400,000 | 2,520,000 | 2,400,000 | 2,400,000 | 2,400,000 |
| MLAT Rostering Fees | 6,920 | 4,550 | 890 | 2,890 | 4,000 | 3,800 | 4,000 | 4,200 | 4,000 | 4,000 | 4,000 |
| Investment Income | 150,631 | 177,575 | 83,195 | 145,695 | 125,000 | 95,000 | 100,000 | 105,000 | 100,000 | 100,000 | 100,000 |
| Other income | 23,571 | 25,636 | 7,746 | 25,246 | 35,000 | 23,750 | 25,000 | 26,250 | 25,000 | 25,000 | 25,000 |
| TOTAL INCOME | 2,477,679 | 2,540,360 | 2,406,934 | 2,608,934 | 2,564,000 | 2,402,550 | 2,529,000 | 2,655,450 | 2,529,000 | 2,529,000 | 2,529,000 |
| EXPENSES | | | | | | | | | | | |
| <i>Board & Committees</i> | | | | | | | | | | | |
| Board | 41,497 | 68,139 | 41,989 | 71,989 | 60,000 | 67,500 | 75,000 | 82,500 | 75,000 | 75,000 | 75,000 |
| Committees | 21,056 | 24,409 | 13,335 | 25,835 | 25,000 | 22,500 | 25,000 | 27,500 | 25,000 | 25,000 | 25,000 |
| Professional Services | 81,903 | 101,111 | 69,198 | 129,198 | 120,000 | 108,000 | 120,000 | 132,000 | 120,000 | 80,000 | 80,000 |
| | 144,456 | 193,659 | 124,522 | 227,022 | 205,000 | 198,000 | 220,000 | 242,000 | 220,000 | 180,000 | 180,000 |
| <i>Strategic Leadership Office</i> | | | | | | | | | | | |
| Strategy - Planning, Development, Implementation | 14,645 | 21,712 | 21,789 | 39,289 | 35,000 | 31,500 | 35,000 | 38,500 | 35,000 | 35,000 | 35,000 |
| Professional Services | 36,481 | 12,895 | 3,464 | 10,964 | 15,000 | 13,500 | 15,000 | 16,500 | 140,000 | 15,000 | 15,000 |
| | 51,125 | 34,607 | 25,253 | 50,253 | 50,000 | 45,000 | 50,000 | 55,000 | 175,000 | 50,000 | 50,000 |
| <i>Registration & Professional Practice</i> | | | | | | | | | | | |
| Registration | | | | | | | | | | | |
| Professional Services | 35,331 | 40,073 | 3,785 | 23,785 | 40,000 | 36,000 | 40,000 | 44,000 | 40,000 | 40,000 | 40,000 |
| Registration expenses | 9,660 | 13,475 | 1,355 | 6,355 | 10,000 | 9,000 | 10,000 | 11,000 | 10,000 | 10,000 | 10,000 |
| Quality Assurance Program | | | | | | | | | | | |
| Professional services | 12,304 | 5,655 | 1,632 | 9,132 | 15,000 | 9,000 | 10,000 | 11,000 | 10,000 | 10,000 | 10,000 |
| Quality Assurance expenses | 4,008 | 7,502 | 875 | 5,875 | 10,000 | 5,400 | 6,000 | 6,600 | 6,000 | 6,000 | 6,000 |
| Registrant Relations | | | | | | | | | | | |
| | 1,412 | 2,908 | 1,613 | 2,863 | 2,500 | 2,250 | 2,500 | 2,750 | 2,500 | 2,500 | 2,500 |
| | 62,715 | 69,612 | 9,260 | 48,010 | 77,500 | 61,650 | 68,500 | 75,350 | 68,500 | 68,500 | 68,500 |
| <i>Professional Conduct</i> | | | | | | | | | | | |
| Professional Services | 87,657 | 188,589 | 122,561 | 177,561 | 110,000 | 157,500 | 175,000 | 192,500 | 175,000 | 175,000 | 175,000 |
| <i>Corporate Communications</i> | | | | | | | | | | | |
| Communications (registrants, public, stakeholders) | 6,074 | - | - | 5,000 | 10,000 | 9,500 | 10,000 | 10,500 | 10,000 | 10,000 | 10,000 |
| Communication Professional Services | 17,415 | 29,829 | 12,194 | 22,194 | 20,000 | 19,000 | 20,000 | 21,000 | 20,000 | 20,000 | 20,000 |
| | 23,489 | 29,829 | 12,194 | 27,194 | 30,000 | 28,500 | 30,000 | 31,500 | 30,000 | 30,000 | 30,000 |
| <i>Corporate Services</i> | | | | | | | | | | | |
| Salaries & Benefits | 1,088,651 | 1,209,128 | 656,772 | 1,384,843 | 1,470,000 | | 1,406,261 | | 1,406,261 | 1,630,461 | 1,709,888 |
| Office Operations | 131,295 | 113,364 | 38,096 | 100,596 | 125,000 | | 100,000 | | 100,000 | 100,000 | 100,000 |
| Membership Fees (to other organizations) | 26,326 | 37,523 | 19,941 | 37,441 | 35,000 | | 37,500 | | 37,500 | 37,500 | 37,500 |
| Rent | 347,434 | 349,611 | 176,926 | 354,426 | 355,000 | | 185,000 | | 185,000 | 335,630 | 342,712 |
| Repairs & Maintenance | 3,862 | 650 | 325 | 2,825 | 5,000 | | 5,000 | | 5,000 | 5,000 | 5,000 |
| Computer Systems | 80,465 | 70,794 | 66,443 | 106,443 | 80,000 | | 110,000 | | 110,000 | 110,000 | 110,000 |
| Internet | 3,422 | 5,645 | 3,664 | 5,914 | 4,500 | | 6,000 | | 6,000 | 6,000 | 6,000 |
| Professional Services | 50,025 | 312,470 | 88,731 | 128,731 | 80,000 | | 80,000 | | 80,000 | 80,000 | 80,000 |
| | 1,731,481 | 2,099,186 | 1,050,898 | 2,121,219 | 2,154,500 | 1,833,273 | 1,929,761 | 2,026,250 | 1,929,761 | 2,304,591 | 2,391,100 |
| Total Expenses | 2,100,924 | 2,615,482 | 1,344,687 | 2,651,258 | 2,627,000 | 2,323,923 | 2,473,261 | 2,622,600 | 2,598,261 | 2,808,091 | 2,894,600 |
| Net Operating Profit (Loss) Before Capital Expenditures and Depreciation | 376,755 | -75,123 | 1,062,247 | -42,324 | -63,000 | 78,627 | 55,739 | 32,850 | -69,261 | -279,091 | -365,600 |
| Capital Budget | | | | | | | | | | | |
| Office Upgrade (Hybrid Work Environment) | 213,092 | - | - | | | | | | | 60,000 | 60,000 |
| Net Operating Profit (Loss) Before Depreciation | 163,663 | -75,123 | 1,062,247 | -42,324 | -63,000 | 78,627 | 55,739 | 32,850 | -69,261 | -339,091 | -425,600 |
| Depreciation | 146,405 | 101,185 | 27,420 | 65,420 | 76,000 | 84,000 | 76,000 | 110,000 | 76,000 | 76,000 | 76,000 |
| Net Profit (Loss) Including Depreciation | 17,257 | -176,308 | 1,034,827 | -107,745 | -139,000 | -5,373.37 | -20,261.44 | -77,149.51 | -145,261.44 | -415,091 | -501,600 |
| Proposed Reserves | | | | | | | | | | | |
| Professional Conduct Fund | 250,000 | | | | | | | | | | |
| Contingency Reserve Fund | 1,300,000 | | | | | | | | | | |
| Fee Stabilization Fund | 360,000 | | | | | | | | | | |
| Strategic Challenge Fund | 100,000 | | | | | | | | | | |
| Abuse Therapy Fund | 60,000 | | | | | | | | | | |



AGENDA ITEM 7.0

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| 7.0 | MOTION TO CLOSE THE MEETING |
| 7.1 | Motion to Close the Board Meeting in accordance with Section 7 (2) (d) of the Health Professions Procedural Code (Schedule 2 to the <i>Regulated Health Professions Act (RHPA), 1991</i>) re Personnel Matters |



- CONFIDENTIAL -

AGENDA ITEM 8.0

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| 8.0 | BOARD MONITORING AGENDA OF REGISTRAR & CEO – CMLTO ENDS & EXECUTIVE LIMITATIONS POLICIES |
| 8.1 | Board Performance Feedback to Registrar & CEO Regarding Policies Monitored at the May Meeting <i>(As Required)</i> |
| 8.2 | Governance Support to the Board of Directors |
| 8.3 | Registrar & CEO Incidental Briefing / Environmental Scan Report |
| 8.4 | Registrar & CEO Performance Tracking Through Monitoring Reports |
| 8.5 | Mid-Year Board (Executive Committee) Registrar & CEO Performance Discussion (June) |



AGENDA ITEM 9.0

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| 9.0 | MOTION TO REOPEN BOARD MEETING |
| 9.1 | Motion to Open the Board Meeting to the Public |



AGENDA ITEM 10.0

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| 10.0 | RISE AND REPORT |
| 10.1 | Report on Matters Discussed in Closed Meeting |



AGENDA ITEM 11.0

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| 11.0 | GOVERNANCE PROCESS: POLICY DEVELOPMENT / IMPLEMENTATION |
| 11.1 | Artificial Intelligence Legal and Regulatory Considerations for Board Oversight <i>(Presentation at the meeting)</i> |



AGENDA ITEM 12.0

12.0

ADJOURNMENT